Florida failed to give due process to thousands kicked off Medicaid, court finds

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Christopher O'Donnell January 7, 2026

Judge orders state to cease terminations of Medicaid benefits based on income until it gives families enough information with which to appeal.

A federal judge has ruled that Florida deprived families due process when it terminated their Medicaid coverage. She has ordered that the state cease removing families from the federal benefit unless it can provide case-specific notices that include household size and income used in the decision.

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Florida failed to provide due process to tens of thousands of low-income residents whose Medicaid coverage was terminated after the pandemic but who were not given sufficient information to appeal, a federal judge has found.

U.S. District Judge Marcia Morales Howard wrote in an order issued Tuesday that the notices sent by the Department of Children and Families informing families that they were losing Medicaid coverage because they earned too much were “incorrect, confusing, misleading, and often so vague and general as to provide no reason at all.”

It likely means that residents were wrongly removed from the federal health program and suffered “significant and irreparable harms,” Morales Howard wrote.

Her order requires that Florida immediately cease terminating Medicaid benefits based on income unless families receive detailed notices that include case-specific information on the household size and income used to reach that decision.

Her order also gives the state 60 days to reissue enhanced notices to those who were removed from the state’s Medicaid rolls after it in 2023 resumed annual reviews of Medicaid eligibility, a process that was suspended during the COVID-19 public health emergency.

Florida agencies must also inform those who lost health coverage of their right to a fair hearing to seek reinstatement to the federal program if eligible and provide a way for them to seek payment of past due medical bills if they were wrongly terminated.

Morales Howard stopped short of ordering the state to reinstate residents who lost coverage as was requested in a class action lawsuit filed on behalf of four families who lost health coverage by health care advocacy groups Florida Health Justice Project and the National Health Law Program.

But she said the confusing notices deprived families of the opportunity to know if the state had taken away their health coverage by mistake.

“This increases the likelihood that when the state makes an error, which is inevitable in a program of this size and complexity, impoverished parents, children, pregnant women, and infants will lose vital medical benefits for which they are eligible,” she wrote in her order.

The class action lawsuit filed in 2023 in the Middle District of Florida named as defendants Shevaun Harris, secretary for the Florida Agency of Health Care Administration, which administers Florida’s Medicaid program, and Taylor Hatch, secretary for the Florida Department of Children and Families, which conducts eligibility checks.

“This is a game changer for the millions of Floridians who rely on Medicaid for their health care,” a joint statement provided by Florida Health Justice Project and the National Health Law Program read. “The reality is that countless families have been left in the dark about their healthcare eligibility—until now."

Neither state agency had responded to a request for comment as of Wednesday morning.

Attorneys for the state argued during a six-day bench trial that the changes to include case specific details on notices would constitute an “extra-large project and entail on DCF an enormous expense of time and money that must be diverted from other important agency initiatives.”

In her order, Morales Howard said those details are already stored in the state’s computer systems but conceded that the template for notices would need to be changed.

It's unclear is the state agencies will appeal the order of how many notices they would have to reissue to comply with it.

Florida's Medicaid rolls swelled to more than 5 million during the pandemic when the federal government provided states with additional funding to keep people in the program. Enrollment had fallen back to pre-pandemic levels of roughly 3.6 million as of September, an analysis by KFF found.

Many of those removed were so-called red-tape terminations of families and individuals that did not respond to requests for up-to-date information on income and other details.

The lawsuit contended that the computer-generated notices sent by the state used a set of reason codes to explain for the termination of benefits, "many of which provide little or no explanation."

The notices also inform those losing Medicaid that they can request a fair hearing by "writing, calling the call center or coming into an office within 90 days." But they did not specify where to mail a hearing request, nor the address of a local office.

Florida's call center was among the worst-performing in the nation, with wait times averaging 32 minutes in May 2023, when 38% of callers gave up waiting for an answer, according to state data.

In April 2024, only 444,319 callers of the 1.38 million callers, roughly 32%, who requested to speak to a live agent succeeded in doing so, according to evidence presented during the bench trial.

Two of the four residents named in the lawsuit were mothers who received notices they were losing health coverage despite having recently given birth, which made them eligible for a further 12 months of coverage through a provision approved for postpartum women by Florida lawmakers in 2022.

One, a Jacksonville mother of two, identified in the lawsuit as Chianne D., received a notice in April 2023 stating that her Medicaid review was denied for all family members and that her coverage would end the following month. Her denial of benefits was listed on page 8 of the 12-page document.

Her 2-year-old daughter has cystic fibrosis and has been on Medicaid since 2021. The child needs constant medical care, including "expensive prescription drugs, medical daycare, physician and therapy visits, medical equipment and periodic hospitalizations," the lawsuit states.

Audio recordings of her three calls to the Department of Children and Families to try and get her coverage reinstated were introduced as evidence by her attorneys. Agents who took the calls gave her "conflicting, confusing, and inaccurate information."

Even a senior-level agent at the Department of Children and Families failed to understand why she would still be eligible, which Howard classified as a “compelling example of the problem with the (notices) and the limitations of the call center.”

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