

No. 26-10419-G

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**In the United States Court of Appeals  
for the Eleventh Circuit**

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CHIANNE D., *ET AL.*,

*Plaintiffs/Appellees,*

v.

SECRETARY, FLORIDA AGENCY FOR  
HEALTH CARE ADMINISTRATION, *ET AL.*,

*Defendants/Appellants,*

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On Appeal From the United States District Court  
For the Middle District of Florida  
No. 3:23-cv-00985-MMH-LLL

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**APPELLANTS' TIME-SENSITIVE MOTION  
TO STAY INJUNCTION PENDING APPEAL**

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Appellants, the Secretary of Health Care Administration and the Secretary of Children and Families (together, “Florida” or the “State”), respectfully request a stay of the district court’s Injunction (ECF No. 186) pending appeal. Given the April deadlines the district court established when it took Florida’s motion to stay under advisement, ECF No. 195,<sup>1</sup> the State respectfully requests a ruling on this motion by **March 27, 2026**.

### INTRODUCTION

Medicaid is a federal-state cooperative program that provides medical assistance to needy individuals. It is a need-based program: only low-income individuals are eligible. When a recipient no longer satisfies the income requirements, Florida sends the recipient a termination notice and terminates the recipient’s benefits. For 35 years, Florida has used the same mainframe system—the FLORIDA system—to determine eligibility and generate termination notices.

Seventeen months after a six-day trial, the district court issued a 273-page classwide injunction order. The court concluded that Florida’s termination notices—the notices that Florida has provided to recipients for 35 years—violate due process. It reasoned that, to satisfy the minimum requirements of due process, termination notices must recite individualized data on which Florida relied, such as the

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<sup>1</sup> The State will notify this Court when the district court rules on the motion to stay.

recipient's Modified Adjusted Gross Income. The court's order detailed the particulars that termination notices must include.

The Injunction prohibits Florida from enforcing Medicaid's income eligibility requirements against current recipients until it develops and sends termination notices that meet the court's specifications. Until then, Florida may not terminate recipients whose incomes now exceed the program's income limits. In compliance with the Injunction, Florida has already discontinued income-based terminations—a move that will cost an estimated \$16.5 million in the first month alone.

The Injunction also looks backwards: it provides relief to more than 1 million recipients whose Medicaid benefits were terminated because of income since March 31, 2023 (the "Retrospective Group"). Florida must send these former recipients a "corrective" notice that meets the court's specifications. If it cannot send these notices by April 3—which it cannot—then, until it can, Florida must reinstate the entire class to full Medicaid coverage. It must reinstate their benefits even though it found them ineligible, and regardless of their current eligibility or ineligibility.

Florida estimates that the cost to provide benefits to more than 1 million reinstated class members will be \$439 million per month. That assumes reinstatement is even possible. Currently, it is a manual process; there is no IT solution. Staff must individually reopen each recipient's case in the FLORIDA

system, one by one. Restoring benefits until corrective notices are mailed—and then turning those benefits off again—will doubtless create widespread public confusion.

In the corrective notices, Florida must offer the class of more than 1 million people the right to challenge past termination decisions—sometimes years-old decisions—at a fair hearing. It must also offer to restore their benefits pending the outcome of the hearing. Florida does not have hearing officers and personnel available to process tens or hundreds of thousands of hearing requests, so the restoration of benefits pending the outcome of the hearing will continue with no end in sight.

All of these expenses will drain resources from top agency priorities: needy people who are actually eligible, the programs that serve them, and ongoing system enhancements that are crucial to Florida’s administration of public-assistance programs.

Finally, Florida will soon replace the FLORIDA system. The State is in the fourth year of a six-year modernization project for which the Legislature has already appropriated nearly \$100 million. Newly designed termination notices might go live as early as next year. The Injunction requires Florida to expend significant resources to modify a dated mainframe system that will soon be sunsetted.

This Court should grant a stay. Florida is likely to succeed on the merits—or at least has a substantial case on the merits. The flexible due-process requirement of

reasonable notice does not require notice letters to particularize the case-specific data that informed the State's income calculations.

The equities and public interest strongly favor Florida. The Injunction saddles the public with extraordinary and unrecoverable costs that could quickly exceed \$1 billion. It prohibits Florida from enforcing duly enacted statutes governing Medicaid eligibility. It forces Florida to expend federal funds on ineligible individuals, placing Florida in jeopardy with its federal partners. It directs Florida to do the impossible—*i.e.*, immediate manual reinstatement of more than 1 million people and the completion of fair hearings in 90 days without the necessary personnel, including hearing officers. And its sudden on-again, off-again regime of Medicaid benefits will cause widespread public confusion.

This Court should hear Florida's appeal first. It should consider the merits before Florida must carry out the sweeping classwide relief ordered by the district court. The State respectfully asks this Court to stay the Injunction.

#### **LEGAL STANDARD**

Courts consider four factors when ruling on a motion to stay:

(1) whether the stay applicant has made a strong showing that [it] is likely to succeed on the merits; (2) whether the applicant will be irreparably injured absent a stay; (3) whether issuance of the stay will substantially injure the other parties interested in the proceeding; and (4) where the public interest lies.

*Nken v. Holder*, 556 U.S. 418, 434 (2009). A stay may also be “granted upon a lesser showing of a substantial case on the merits when the balance of the equities identified in factors 2, 3, and 4 weighs heavily in favor of granting the stay.” *Garcia-Mir v. Meese*, 781 F.2d 1450, 1453 (11th Cir. 1986) (internal marks omitted). When a public agency seeks a stay, the balance of equities and the public interest “merge.” *Friends of the Everglades, Inc. v. Sec’y of U.S. Dep’t of Homeland Sec.*, No. 25-12873, 2025 WL 2598567, at \*10 (11th Cir. Sep. 4, 2025) (quoting *Nken*, 556 U.S. at 435).

## ARGUMENT

### **I. THE INJUNCTION IMPOSES SEVERE COSTS AND BURDENS.**

#### **A. The Prospective Class.**

The Injunction requires Florida—and specifically, the Department of Children and Families (“DCF”)—to develop and send termination notices that meet the court’s specifications. ECF No. 186 at 271. In the meantime, Florida must discontinue income-based terminations and provide benefits to existing recipients whose incomes now exceed the program’s income limits. *Id.*

***Revised Notices.*** Florida had no choice but to discontinue income-based terminations. Revising the notices is a costly project that will take time.

The Injunction directs Florida to modify its termination notices to include individualized data. *Id.* It also directs Florida to change the way that its termination

notices inform the affected recipient of the State's intent to terminate Medicaid benefits. *Id.* at 265. The court reasoned that the current notices sometimes contain multiple sections, that a section sometimes refers to multiple individuals, and that the relevant section sometimes appears at the end of the notice. *Id.* at 207–18.

Modifications to address these findings will be time-consuming. The multi-section layout and groupings that appear on the notices are deeply engrained in the FLORIDA system. The required modifications are not simple and will require investments of considerable resources.

DCF's vendor, Deloitte, estimates that modifications to the current notice would require 2,368 hours and cost \$370,899.84. ECF No. 193-1 ¶ 3. DCF does not have these funds in its budget. ECF No. 193-2 ¶¶ 3–4. To secure budget approval, DCF must submit a budget amendment to the Governor's Office. *Id.* Meanwhile, DCF must revise the planning documents it submits for federal approval of IT projects to which its federal partners contribute. ECF No. 193-1 ¶ 4. Only then may Deloitte even begin the necessary work.

***Suspension of Income-Based Terminations.*** For now, to comply with the Injunction, Florida has suspended income-based terminations of class members—all of whom have been found ineligible—and continues to provide them with benefits. ECF No. 193-1 ¶ 6.

The public cost of this suspension is significant. Each month, DCF terminates approximately 45,000 people due to income. ECF No. 193-3 ¶ 3. At the time of trial, the estimated average monthly cost of one class member's benefits was \$313.23. ECF No. 186 at 123. Now, it is \$365.76. ECF No. 193-4 ¶ 2. Thus, the estimated cost of compliance for the first month alone is **\$16,459,200** ( $\$365.76 \times 45,000$  people). *Id.* Each additional month, the cost will grow by another \$16,459,200, since another 45,000 ineligible recipients will retain their Medicaid benefits. At that rate, the total cost to suspend income-based terminations for six months would be \$345,643,200. The federal government will bear 57.2 percent of this cost, but that is irrelevant. Federal dollars are public dollars too.

**B. The Retrospective Group.**

The Retrospective Group contains more than 1 million people. ECF No. 193-3 ¶ 4. Florida must provide a corrective notice to each one by April 3 or else reinstate them by April 7. ECF No. 195. Both alternatives are labor-intensive and enormously expensive, if feasible at all.

***Corrective Notices.*** Florida cannot provide corrective notices by April 3.

Creating the corrective notices involves substantial IT work by the same personnel who just completed the technical work necessary to discontinue income-based terminations. ECF No. 193-1 ¶ 7. Deloitte estimates that this work will require 824 hours and cost \$116,686.64. *Id.* The process has begun, but much work remains.

DCF must also implement a batching process, secure funding, and prepare and mail the notices. ECF No. 193-3 ¶ 5.

At 78 cents per notice, postage alone will be expensive. *Id.* ¶ 6. DCF’s budget for mailings does not include these funds. ECF No. 193-2 ¶ 6. Before corrective notices can be mailed, DCF must secure funding. *Id.* ¶ 7. If it must divert funding from other sources, then other programs and populations will suffer. *Id.* ¶ 8.

Florida estimates that it cannot feasibly provide corrective notices earlier than April 29. ECF No. 193-1 ¶ 9.

***Fair Hearings.*** The Injunction requires corrective notices to advise recipients of their right to a fair hearing—and entitles them to request restoration of their benefits in the interim. This is particularly burdensome if even a modest fraction of recipients request hearings.

“Ordinarily” a fair-hearing decision must be issued within 90 days after receipt of the request. 42 C.F.R. § 431.244(f)(1). If any appreciable number of recipients request hearings, then compliance with this deadline will be impossible.

If 10 percent of the Retrospective Group request hearings, then DCF will receive more than 100,000 requests practically at once. While some cases might not progress to a final hearing, DCF staff begins work on fair-hearing requests shortly after receipt. ECF No. 193-3 ¶ 7.

DCF has 37 staff who perform the preliminary work for all Medicaid fair hearings, such as conducting pre-hearing reviews and preparing hearing packets. *Id.* ¶ 8. It also employs 26 hearing officers who handle nearly 1,700 Medicaid fair-hearing requests monthly. ECF No. 193-5 ¶ 4. All 63 of these individuals already work at full capacity. *Id.* ¶ 5; ECF No. 193-3 ¶ 8.

It will take significant time to find new funding and hire and train new personnel to conduct these ad-hoc fair hearings. ECF No. 193-5 ¶ 6. DCF's budget does not include funds to support the new hires. ECF No. 193-2 ¶ 9. Even if budgetary constraints can be overcome, managing and conducting this number of hearings is unworkable; completing them in 90 days is impossible.

If recipients who request hearings also seek reinstatement of their benefits pending the hearing decision, then, for the foreseeable future, Florida will incur another enormous cost to provide benefits to individuals it has found ineligible. If 50,000 people request reinstatement of benefits pending their hearings, then the cost will be an estimated **\$18,288,000 monthly** (\$365.76 x 50,000 people).

***Reinstatement.*** If Florida does not provide corrective notices to all members of the Retrospective Group by April 3, then it must reinstate the entire Retrospective Group, despite their ineligibility. ECF No. 186 at 272–73; ECF No. 195. This mandate not only imposes a staggering financial cost, but also entails legal jeopardy and extreme logistical hardships.

First, the process of reinstating more than 1 million people is a *manual* process that would take months. ECF No. 193-1 ¶¶ 9–10. There is no automated process to reinstate benefits, and the development of an IT solution requires time and presently unavailable funding. *Id.* Staff who would complete this project are engaged on the Injunction’s other IT projects. *Id.* ¶ 11.

Manual reinstatement of so many people would divert staff from their job responsibilities related to the administration of important programs. *Id.* ¶ 12. Repurposing swaths of DCF staff into full-time reinstatement workers is not a feasible option.

Second, the cost of reinstatement is staggering. If the Retrospective Group contains 1.2 million people, then, at an estimated per-person cost of \$365.76, the cost of benefits would be **\$438,912,000 monthly**. The public should not be forced to bear this extraordinary and unrecoverable cost while an appeal is pending.

Third, temporarily reinstating more than 1 million people whose Medicaid coverage was terminated up to three years ago will cause mass confusion. Each class member will be notified of the reinstatement; then, once corrective notices are mailed, each will be notified of the sudden termination of their recently reinstated benefits. Many might now have other health coverages that could be impacted by their unsolicited reinstatement and equally unexpected re-termination. On-again, off-again benefits will be confusing and highly disruptive. It will prompt a wave of

calls to DCF's call center, but DCF does not have available funding to hire more call-center staff. ECF No. 193-2 ¶ 10.

The Injunction requires reinstatement even if class members have become ineligible for non-financial reasons as well. Individuals who have passed away, aged out of Medicaid, moved out of state, or receive Medicaid from another State are all slated for reinstatement, virtually guaranteeing unfavorable audit findings for DCF.

States may not provide Medicaid benefits to ineligible individuals. 42 U.S.C. § 1396c (authorizing the withholding of funds for failure to comply with federal requirements); 42 C.F.R. § 435.930(b) (requiring States to furnish Medicaid services to “eligible individuals until they are found ineligible”). By mandating the reinstatement of ineligible individuals, the Injunction forces Florida to violate the Medicaid Act and places Florida at risk of adverse action by its federal partners.

## **II. ALL FOUR FACTORS FAVOR A STAY.**

### **A. Likelihood of Success on the Merits.**

Florida is likely to succeed on the merits—or at least presents a substantial case on the merits.

Due process requires notice that is “reasonably calculated, under all the circumstances, to apprise interested parties of the pendency of the action and afford

them an opportunity to present their objections.” *Mullane v. Cent. Hanover Bank & Tr. Co.*, 339 U.S. 306, 314 (1950).

“Due process is a flexible concept that varies with the particular circumstances of each case, and myriad forms of notice may satisfy the *Mullane* standard.” *Arrington v. Helms*, 438 F.3d 1336, 1350 (11th Cir. 2006). Notice need not be “ideal”—only “reasonable under all the circumstances.” *Id.* The “constitutional minimum” is “any reasonable procedure appropriate to the circumstances which fairly protects an individual from arbitrary action.” *Burgess v. Miller*, 492 F. Supp. 1284, 1290 (N.D. Fla. 1980).

An objective standard determines whether notice is reasonable, and standardized notices comport with the reasonableness requirement. *See Jordan v. Benefits Review Bd. of U.S. Dep’t of Labor*, 876 F.2d 1455, 1459 (11th Cir. 1989); *LeBeau v. Spirito*, 703 F.2d 639, 641, 643 (1st Cir. 1983) (denying preliminary injunction where notices were “cursory in language and nearly identical”); *Adams v. Harris*, 643 F.2d 995, 997 (4th Cir. 1981) (approving notices that used “stock paragraphs” and “standardized reasons for denial”); *Garrett v. Puett*, 707 F.2d 930, 931 (6th Cir. 1983) (holding that form notices were sufficient and concluding that notices need not include “mathematical calculations”); *Hames v. City of Miami*, 479 F. Supp. 2d 1276, 1289 (S.D. Fla. 2007) (explaining that “due process does not require notice of ‘specific facts,’ much less a Bill of Particulars”); *Gaines v. Hadi*,

No. 06-60129-CIV, 2006 WL 6035742, at \*14 (S.D. Fla. Jan. 30, 2006) (explaining that *Jordan* found “stock paragraphs” sufficient and that *Adams* approved notices that “made no mention of the particular individual’s facts and circumstances”).

Due process evaluates the totality of available information—not only the four corners of a written notice. *Rosen v. Goetz*, 410 F.3d 919, 931 (6th Cir. 2005). In *Arrington*, in concluding that the plaintiffs received adequate notice, this Court cited the availability of a website and hotline and state statutes, administrative rules, and agency policy manuals. 438 F.3d at 1349–53.

Florida satisfies the flexible due-process standard. When it terminates benefits, it provides a written notice advising that Medicaid coverage is ending, identifying a reason, and apprising the recipient of the right to a hearing. Recipients can access ample information outside the four corners of the notices, including statutes, rules, and agency manuals and DCF’s website, call center, and offices. Plaintiffs’ witnesses availed themselves of these resources and successfully pursued appeals.

***The Notices.*** The top of the notice states: “The following is information about your eligibility.” DX-98.<sup>2</sup>

Recipients who are terminated for income are simultaneously enrolled in the Medically Needy program. T(2) 13:2–6, 180:3–8; T(4) 120:13–122:22.<sup>3</sup> When this

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<sup>2</sup> Trial exhibits are available at ECF Nos. 155 and 156.

happens, the notice informs the recipient that the recipient's Medicaid benefits "will end on" a date certain and that the recipient is being enrolled in the Medically Needy program. T(4) 122:23–123:4. The notice explains: "We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid." T(4) 145:7–148:10; DX-121; DX-98 at DCF-0005273. The notice's "Medically Needy" section further explains that "[i]ndividuals enrolled in the Medically Needy program have income or assets that exceed the limits for regular Medicaid." T(4) 135:7–12; DX-98 at DCF-005275.

In the notice's "Medicaid" section, some individuals who were terminated for income received the following additional explanation: "YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM." DX-32; PX-40 at 2; PX-130 at 5. Soon after trial, the parties stipulated that DCF had put into production a system change designed to display this explanation on *all* income-based termination notices. ECF No. 172; T(5) 208:03–210:5, 261:13–17; T(6) 18:10–19:19, 88:25–89:3.

The notices provide information about fair hearings. They inform recipients of their right to a hearing and the different ways that recipients may request hearings. DX-121 at DCF-007410; T(4) 143:11–144:7.

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<sup>3</sup> The trial transcript is available at ECF Nos. 143 and 162–66 and is cited here by volume number (*e.g.*, Volume 2 is cited as "T(2)").

***Class Members' Understanding of the Notices.*** All class members who testified at trial, including the named Plaintiffs, understood from the notices that they were being terminated from Medicaid because of income. T(1) 51:6–15 (Kimber Taylor); T(3) 20:17–24:15 (Chianne D.); T(3) 109:2–111:19 (Jennifer V.); T(3) 158:10–165:23 (Lily Mezquita). Some requested fair hearings, T(3) 32:6–12 (Chianne D.); T(3) 143:5–7, 152:24–153:3 (Lily Mezquita), while others understood their rights but did not request hearings, T(1) 54:1–12 (Kimber Taylor); T(3) 114:18–115:5 (Jennifer V.).

***Additional Information in the Notices.*** The notices refer recipients to additional sources of information. They include a link to the Medicaid page on DCF's website, which contains information about eligibility. DX-121 at DCF-007410; T(4) 144:8–145:6. All notices provide DCF's call-center phone number multiple times, a link to information about DCF's office locations, and information about free legal services. T(4) 130:6–131:13, 139:22–140:17; DX-121 at DCF-007410.

***DCF's Call Center.*** DCF operates a call center that can answer questions about recipients' public-assistance cases. T(4) 193:10–14. Agents can provide case-specific information, such as a recipient's income limits and reported income. T(2) 172:1–4; T(4) 85:8–11, 216:1–18. The call center has about 960 team members and 700 allocated positions for call-center agents. T(4) 199:24–200:2.

Many witnesses utilized the call center. Chianne D. was informed on four calls that she and her daughter were being terminated because their income was too high; the call center informed her of the exact amount of income DCF used in its eligibility determination. T(3) 34:8–20.

The call center informed Kimber Taylor that she and her son were being terminated because of their income and that she could request a hearing to challenge the decision. T(1) 53:16–54:12.

Jarvis Ramil, an advocate who assists families with Medicaid eligibility, had called the call center more than 1,000 times because he found it beneficial to do so. T(4) 54:18–55:18, 96:9–24.

When Lily Mezquita called the call center, she was told the amount of income that DCF had on file for her and the income limit for a family of five. PX-128 at 7:19–8:38; T(3) 167:10–168:14.

***Fair Hearings.*** Once DCF receives a fair-hearing request, a supervisor conducts an independent review of the challenged determination. The supervisor then contacts the recipient to conduct a supervisory conference, discussing the facts on which DCF relied and answering any questions. T(5) 44:5–47:7, 56:20–23; DX-10 at DCF-002438–39.

DCF also provides the recipient with the evidence it plans to present at the hearing. T(5) 48:2–49:19; DX-10 at DCF-002439.

DCF always issues a fair-hearing acknowledgment letter to the recipient. This letter provides the name and contact information of the supervisor who is assigned to the case and whom the recipient is invited to contact with questions. T(5) 48:19–49:11, 60:21–61:2, 87:21–89:2.

***DCF's Website.*** DCF's website provides substantial information about Medicaid. The Medicaid page contains links to such resources as the Policy Manual, which describes eligibility rules; Medicaid Fact Sheets; and the Medically Needy Brochure. PX-285 at 00:20–00:50; T(2) 154:11–16, 165:17–24; T(5) 12:10–13:11, 19:15–20:7.

The Medicaid page also displays high-level information about Medicaid eligibility and eligibility categories (*e.g.*, parents, children, and pregnant women) and describes the Medically Needy program as a program for individuals whose income exceeds Medicaid's income limits. PX-285 at 00:16–5:00; T(5) 13:14–14:8, 16:2–17:12.

***The Policy Manual.*** The Policy Manual on DCF's website contains the program's rules of operation and is the chief resource for evaluating the correctness of eligibility decisions, including the calculation of income, T(2) 8:10–14, 153:21–154:2; PX-186 at DCF-002949, the income limits, T(5) 7:14–8:8, the eligibility categories covered by Medicaid, T(5) 8:9–9:2, and the composition of each person's household for eligibility purposes, DX-6 at DCF-003136–37.

**Appendix A-7.** The Policy Manual’s appendices are also available on DCF’s website. Appendix A-7 is a chart that sets forth the Medicaid income limits. ECF No. 128 at 7–8 ¶¶ 11–12; PX-178; T(2) 16:6–13. One recipient testified that she consulted Appendix A-7, which she found through a Google search. T(3) 156:6–16.

**Medicaid Fact Sheets.** DCF’s fact sheets are a resource available on DCF’s website to assess Medicaid eligibility, including eligibility categories, and to understand a recipient’s enrollment in the Medically Needy program. D. Exs. 27, 28; T(2) 165:25–166:7; T(5) 9:4–10:19, 17:19–19:6; PX-285 at 11:50–23:14. One witness located the fact sheets through a Google search. T(3) 130:18–131:1, 168:20–169:7.

**Medically Needy Brochure.** The Medically Needy Brochure, which is also available on DCF’s website, explains the Medically Needy program and states that the Medically Needy program is for “individuals who would qualify for Medicaid except for having income that is too high.” T(5) 14:22–15:24; DX-30.

**DCF Offices.** DCF operates 40 customer-service offices, known as family resource centers, across Florida. T(5) 185:17–24, 187:25–188:2.

Each office employs at least one self-service representative who can assist recipients with questions about termination notices. T(5) 186:13–25, 196:11–16.

A self-service representative can explain the recipient’s income limit and the amount of income that DCF attributed to the recipient. T(5) 187:19–24.

Each month, more than 100,000 recipients visit DCF's offices; of these, about 23 percent make individualized case inquiries. T(5) 189:23–190:6.

***State and Federal Laws.*** Of course, state and federal statutes and regulations are available to Medicaid recipients. One class member testified that she performed her own online research to identify statutes related to Medicaid coverage for pregnant women and determined that her coverage had been erroneously terminated. T(3) 132:2–19, 168:20–170:9.

***Actual Knowledge.*** Class members knew their rights, understood why they were terminated, and successfully navigated the fair-hearing process. ECF No. 174 at 51–57, 81–86. Their actual knowledge should have defeated indiscriminate classwide relief. In finding a classwide violation, the district court disregarded cases holding that actual knowledge of one's rights defeats a due-process claim, *see Jordan*, 876 F.2d at 1460, and overlooked the duty of diligent inquiry that all individuals must exercise, *see* ECF No. 174 at 125–27.

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Taken together, these sources comfortably satisfy due process. The district court imposed a more stringent standard than due process requires and gave insufficient weight to the totality of available information. The first stay factor is satisfied. *See Doe v. Surgeon Gen.*, No. 24-11996, 2024 WL 4132455, at \*2–3 (11th

Cir. Aug. 26, 2024) (concluding that misapplication of a legal standard established likelihood of success).

**B. The Equities and the Public Interest.**

The equities and the public interest also favor a stay.

First, States suffer irreparable injury when they may not enforce statutes duly enacted by the people’s elected representatives. *Trump v. CASA, Inc.*, 606 U.S. 831, 860–61 (2025); *Friends of the Everglades*, 2025 WL 2598567, at \*10.

By congressional design, Medicaid is a need-based program that makes health coverage available to low-income individuals. 42 U.S.C. § 1396-1 (appropriating funds for medical assistance provided to individuals “whose income and resources are insufficient”); *id.* § 1396a(a)(10)(A) (establishing income limits); 42 C.F.R. § 430.0 (authorizing federal funds “for medical assistance to low-income persons”); Fla. Stat. § 409.903 (limiting eligibility to low-income recipients).

Courts have long recognized the need-based nature of the Medicaid program and the centrality of income limits to the program’s design. *See Douglas v. Indep. Living Ctr. of S. Cal., Inc.*, 565 U.S. 606, 610 (2012) (“Medicaid . . . provides medical care to needy individuals.”); *Frew v. Hawkins*, 540 U.S. 431, 433 (2004) (“Medicaid . . . provides federal funding for state medical services to the poor.”); *Moore ex rel. Moore v. Reese*, 637 F.3d 1220, 1232 (11th Cir. 2011) (“Medicaid is . . . designed to help states furnish medical treatment to their needy citizens.”).

The Injunction discards this fundamental feature of Medicaid and prohibits Florida from enforcing duly enacted state and federal laws that limit Medicaid to low-income individuals. Until court-ordered notices can be designed and implemented, the Injunction requires Florida to provide benefits to class members whose income has been determined to exceed income limits, and who might be ineligible for non-financial reasons to boot. It frustrates Florida's interest in enforcement of duly enacted statutes and forces Florida to violate federal law.

Second, the significant costs and harms of compliance detailed above argue forcefully for a stay. The public should not be compelled to bear these extreme costs while an appeal is pending, with no ability to recoup them. An “unrecoverable monetary loss is an irreparable harm.” *Georgia v. President of the U.S.*, 46 F.4th 1283, 1302 (11th Cir. 2022); accord *Nat’l Insts. of Health v. Am. Pub. Health Ass’n*, 145 S. Ct. 2658, 2659 (2025). The unrecoverable loss of tens or hundreds of millions of public dollars easily qualifies as irreparable harm.

In *Friends of the Everglades*, this Court stayed a preliminary injunction that would have forced a state agency to spend between \$15 and \$20 million to dismantle a detention facility. 2025 WL 2598567, at \*11. If the injunction were later dissolved, then the agency would have had no option but to spend the same amount to reconstruct the facility. *Id.* This Court emphasized that the expended funds would be “unrecoverable.” *Id.*

Here too, the Injunction will force Florida to make enormous, unrecoverable expenditures. Indeed, the extraordinary price tag of this Injunction dwarfs that in *Friends of the Everglades*: \$370,899.84 to revise Florida's notices (which will be replaced anyway, perhaps as early as next year, as part of Florida's ongoing modernization effort, ECF No. 193-1 ¶ 5; ECF No. 174 at 67–72); \$116,686.64 to develop corrective notices; \$936,000 for postage; \$16,459,200 per month for benefits for every 45,000 recipients who cannot be terminated; \$438,912,000 per month for benefits for reinstatement of the Retrospective Group; and, once corrective notices are sent, another exorbitant amount for benefits for individuals who request reinstatement pending fair hearings.

The Injunction also imposes heavy opportunity costs, compelling DCF to divert resources from time-sensitive IT projects. ECF No. 193-1 ¶ 13. At least four IT enhancements already planned for implementation will be delayed or sidelined:

- Modifications to the State On-Line Query Internet (SOLQ-I), the interface with the Social Security Administration that allows DCF to verify social-security information in real time;
- Implementation of the federally required SNAP National Accuracy Clearinghouse, a program designed to notify States when applicants receive SNAP benefits from other States;
- Implementation of legislatively mandated changes the Relative Caregiver Program to automatically adjust payments to caregivers who apply to become foster-care providers; and

- Implementation of changes to the DSNAP Pre-Registration Application to comply with federal limitations on SNAP eligibility during disaster periods, when DCF receives an influx of non-citizen applications.

*Id.* ¶¶ 13–14.

The first two projects are especially critical because they are tied to Florida’s Payment Error Rate—a federal performance measure for the administration of SNAP benefits. ECF No. 193-3 ¶ 11. Recent federal legislation requires States to contribute to the cost of SNAP benefits based on their Payment Error Rate. 7 U.S.C. § 2013(a)(2). Under this provision, Florida must shoulder 15 percent of its share of SNAP benefits—about \$1 billion—if it does not quickly reduce its Payment Error Rate. ECF No. 193-3 ¶ 12.

DCF planned to imminently implement technological enhancements to reduce its Payment Error Rate and avoid a massive state share. ECF No. 193-1 ¶ 14. Implementing the IT aspects of the Injunction will divert resources from these enhancements, ECF No. 193-3 ¶ 13, and could expose Florida to an avoidable penalty, adding another \$1 billion to the Injunction’s monumental cost.

Finally, the system modifications the district court ordered would duplicate and interrupt DCF’s work to replace the FLORIDA system—the very system the Injunction targets—and its termination notices. The court ignored the tens of millions of dollars that Florida has spent to replace the system’s outdated and cumbersome technology. ECF No. 174 at 20–22, 67–72. Rather than allow DCF to

complete these efforts, the Injunction has caused a scramble to reallocate resources to an outgoing system and find new funding at the expense of important projects that the Legislature and DCF's federal partners have already funded and approved.

**CONCLUSION**

The Injunction's costs are extraordinary. The burden falls on taxpayers and needy populations. No pressing emergency counsels against a stay. More than 17 months elapsed between trial and the issuance of the Injunction. This Court should stay the Injunction and consider this appeal before Florida must shoulder the Injunction's exceptionally expensive and burdensome requirements.

Dated March 4, 2026.

Respectfully submitted,

*/s/ Andy Bardos*

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**CERTIFICATE OF COMPLIANCE**

Pursuant to Federal Rule of Appellate Procedure 32(g)(1), undersigned counsel certifies, in reliance on the word count of the word-processing system used to prepare this document, that this document contains 5,200 words and therefore complies with the type-volume limitation in Federal Rule of Appellate Procedure 27(d)(2)(A).

Undersigned counsel further certifies that this document was prepared in a proportionally spaced typeface using Microsoft Word in 14-point Times New Roman font and therefore complies with the typeface requirements of Federal Rule of Appellate Procedure 32(a)(5) and the type-style requirements of Federal Rule of Appellate Procedure 32(a)(6).

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