



Louisiana Civic Coalition
1710 Franklin St Apt 7
Gretna, LA 70053

October 29, 2025

State of Louisiana Office of the Governor
Angelique Freel, Executive Counsel
1201 Capitol Access Rd
Baton Rouge, LA 70802

RE: Pre Action Notice Louisiana Civic Coalition vs State of Louisiana, Jeff Landry, LDH, USDA, XYZ; Pursuant [RS 13:5101](#); and Injunctive Relief pursuant to Americans With Disabilities Act, Medicaid Act, Rehabilitation Act

Dear Executive Counsel Angelique Freel,

On October 21, 2025, the Louisiana Dept. of Health told SNAP recipients they will have to follow ABAWD rules (Also called the SNAP Time Limit). Additionally, some who were previously identified as exempt are no longer exempt, in violation of the Americans with Disabilities Act.

LDH, Public Law 119-21, and ABAWD violate the [Medicaid Act](#), the [Americans with Disabilities Act](#), and the [Rehabilitation Act](#) by failing to adequately enroll disability recipients in SNAP benefits, who were previously identified as exempt from work requirements.

The Public Law 119-21 violates the Medicaid Act by imposing cuts that have led to millions of Americans losing coverage and access to care, harming those with disabilities who rely on Medicaid. Reducing health-related services, the law violates the Americans with Disabilities Act (ADA) and the Rehabilitation Act by limiting equal access to healthcare, support, and community-based services, particularly for people with disabilities.

Violations alleged

Medicaid Act:

Provisions in Public Law 119-21 include significant funding cuts that have led to millions of people losing Medicaid coverage and access to services.

These cuts impact individuals with disabilities and older adults who rely on Medicaid for essential health and long-term care services.

The bill's changes, which reduce the number of people with Medicaid coverage and limit access to services, are in direct conflict with the goals of the Medicaid Act.

Americans with Disabilities Act (ADA) & Rehabilitation Act:

Public Law 119-21 violates the ADA and the Rehabilitation Act by creating barriers to equal access to healthcare for people with disabilities.

By cutting Medicaid funding for essential services, the law limits access to the community-based services, medical care, and mental health treatment that many people with disabilities need to live independently and participate in community life.

These changes force individuals with disabilities to rely on institutional care, which is contrary to the principles of the ADA and Rehabilitation Act that promote community integration and non-discrimination.

Study: [The Impact of ABAWD Time Limit Reinstatement on SNAP Participation and Employment](#) Vericker T, Wheaton L, Baier K, Gasper J. The Impact of ABAWD Time Limit Reinstatement on SNAP Participation and Employment. J Nutr Educ Behav. 2023 Apr;55(4):285-296. doi: 10.1016/j.jneb.2023.01.006. Epub 2023 Mar 2. PMID: 36868947.

Results: Time limit reinstatement reduced SNAP participation by 7 to 32 percentage points in the 12th month of time limit reinstatement but did not generate evidence of improved employment or annual earnings (1 year after time limit reinstatement, employment decreased by 2 to 7 percentage points and annual earnings decreased by \$247 to \$1,230).

Conclusions and implications: The ABAWD time limit reduced SNAP participation but did not improve employment and earnings. SNAP may provide helpful support to participants as they seek to enter or re-enter employment, and removing this support may be detrimental to their employment prospects. These findings can inform decisions about requesting waivers or pursuing changes to ABAWD legislation or regulations.

Civil immunity for official acts is a court-developed doctrine, not explicitly in the Constitution.

This is a good faith effort to resolve the dispute and to adequately provide SNAP benefits to Louisiana citizens with disabilities previously identified as exempt from work requirements.

If not, please let this serve as notice to seek class certification and injunctive relief from the court.

Respectfully submitted,

Tracie Burke, President
Louisiana Civic Coalition

UNITED STATES DISTRICT COURT

for the
Eastern District of Louisiana

 —

) Case No. _____
)
) (to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

) Jury Trial: (check one) Yes No
)
)
)

-v-

UNITED STATES DEPARTMENT OF
AGRICULTURE; BROOKE ROLLINS, in her official
capacity as U.S. Secretary of Agriculture; see attached

Defendant(s)

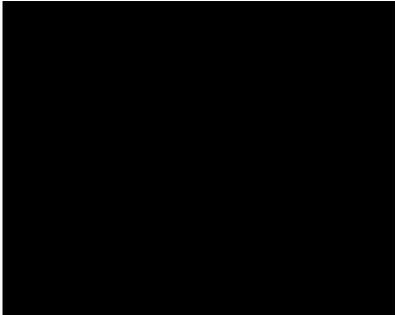
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name		_____
Street Address		_____
City and County		_____
State and Zip Code		_____
Telephone Number		_____
E-mail Address		_____

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Defendant No. 1

Name UNITED STATES DEPARTMENT OF AGRICULTURE; BROOKE R
Job or Title *(if known)* U.S. SECRETARY OF AGRICULTURE
Street Address 1320 Braddock Place
City and County Alexandria
State and Zip Code VA 22314
Telephone Number (703) 305-2062
E-mail Address *(if known)* _____

Defendant No. 2

Name U.S. OFFICE OF MANAGEMENT AND BUDGET; RUSSELL VOUG
Job or Title *(if known)* DIRECTOR U.S. OFFICE OF MANAGEMENT AND BUDGET
Street Address 1600 Pennsylvania Ave NW
City and County Washington
State and Zip Code DC 20500
Telephone Number _____
E-mail Address *(if known)* _____

Defendant No. 3

Name LOUISIANA DEPARTMENT OF HEALTH BRUCE GREENSTEIN
Job or Title *(if known)* SECRETARY
Street Address 628 N. 4th St
City and County Baton Rouge
State and Zip Code LA 70802
Telephone Number 225-342-9500
E-mail Address *(if known)* _____

Defendant No. 4

Name RALPH ABRAHAM, M.D.
Job or Title *(if known)* LOUISIANA SURGEON GENERAL
Street Address 628 N. 4th St
City and County Baton Rouge
State and Zip Code LA 70802
Telephone Number 225-342-9500
E-mail Address *(if known)* _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

- Federal question Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Americans With Disabilities Act; Medicaid Act; Rehabilitation Act; Discrimination based on age, disability, family/parental status, and income from public assistance.

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an _____
The plaintiff, *(name)* _____, is a citizen of the
State of *(name)* Louisiana.

b. If the plaintiff is a corporation
The plaintiff, *(name)* _____, is incorporated
under the laws of the State of *(name)* _____,
and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual
The defendant, *(name)* Jeff Landry, is a citizen of
the State of *(name)* Louisiana. Or is a citizen of
(foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) USDA, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.
Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:
Age discrimination \$50, 000. ADA violations \$75,000. SNAP benefits \$249.00. Total \$125,249.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On 11/21/25, the Louisiana Dept. of Health told me I have to follow ABAWD rules. Additionally, although I was previously identified as exempt from work requirements, I'm no longer exempt, because of my age, have no children in the home, and was incorrectly labeled as able bodied without opinion by my doctor or a judge. This could adversely affect my SSI and Medicaid benefits. On 10/29/25, I reported physical mental health reasons why I may be exempt from ABAWD requirements. In 2018 I was identified as completely and permanently disabled and began receiving SSI and Medicaid to treat arthritis, diabetes, and depression. On 11/1/25, the USDA failed to provide my SNAP benefits so I filed a discrimination complaint with the USDA. It was received with an auto reply.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I respectfully request, by motion, injunctive relief and \$125,249. This includes punitive and actual damages for the irreparable harm and grievous loss I suffered as a result of the discrimination committed by the USDA and other agencies and directors as follows: Age discrimination \$50, 000. ADA violations \$75,000. SNAP benefits \$249.00. Total \$125,249.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/01/2025

Signature of Plaintiff

Printed Name of Plaintiff



B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address



State of Louisiana
Louisiana Department of Health
Bureau of Legal Services

November 10, 2025



Re: SNAP benefits and new ABAWD work requirements



Please let this letter serve as follow-up to the telephone conversation on Friday, November 7, 2025, between you and staff from the Louisiana Department of Health ("LDH"), Bureau of Legal Services. The telephone conversation related to the correspondence you previously received from the LDH, Supplemental Nutrition Assistance Program ("SNAP"), dated October 21, 2025, regarding your SNAP benefits and the new ABAWD work requirements.

As discussed on Friday, November 7th, the correspondence contained language that indicated that to continue to receive your SNAP benefits you would now have to work or volunteer at least 80 hours per month. This was an error. You remain exempt under the new ABAWD work requirements and you are currently not required to work or volunteer to receive your SNAP benefits.

The Louisiana Department of Health apologizes for the inaccurate information in the October 21, 2025 notice and any inconvenience it may have caused. Please know that the Department is working to send out amended and clarifying notices. If you have any questions, please do not hesitate to reach out directly to Mark Semien at (225) 342-1309 or to Doris Weston at (225) 342-3276 or (225) 342-1128.

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Thank you for your attention to this matter.

Sincerely,

LDH Bureau of Legal Services

A handwritten signature in blue ink that reads "Kimberly L. Humbles". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Kimberly L. Humbles
LDH Deputy Executive Counsel