

Exhibit I

DECLARATION OF HUNTER MALONE

1. My name is Hunter Malone, and I live in Berea, Kentucky. I have personal knowledge regarding the facts pertaining to me in this document.
2. I am making this declaration on my own behalf in support of my effort—and my effort as a class representative of others who need Medicaid—to stop certain harmful provisions of the Kentucky 1115 waiver from taking effect.
3. I am 21 years-old, and am a household of one. My only source of health care coverage outside of services provided by Berea College is Medicaid.
4. I expect to begin receiving SNAP benefits in November 2018. I do not know the exact anticipated amount at this time.
4. I have been receiving Medicaid benefits since approximately 2016.
5. I am a full-time student. I work two jobs, one is approximately 15 hours per week at the Center for Excellence and Learning Through Service and the other is approximately 5 hours per week. I get paid monthly and receive approximately \$350 per month.
6. Because of my low income, I can't yet afford private health insurance and need Medicaid.
7. The health benefits I get through Medicaid give me the stability to continue in school to be able to be better to be a higher wage earner than I am now or would be otherwise. Without Medicaid, I would likely not be able to stay in school. Recently, I temporarily lost my Medicaid and was unable to pick up my ongoing maintenance medicines, including Sertialine and Truvada, which keep my mind working and my body from getting AIDS. During the short period without my medicines, I had to take a week off of work and struggled with school and considered that I would need a full time job to be able to have private health insurance if Medicaid was not available for me. The out of pocket cash cost for just one month for those two medicines was \$3,000 (three thousand dollars). I had to reveal a lot of my mental health status and sexuality to people and professionals in my life that I would not have otherwise chosen to come out to because I had to go without my medicine during the period of temporary Medicaid disenrollment.
9. I got a notice that I was required to pay a premium for the new Medicaid program, approximately \$1. I will prioritize making sure this is paid because I can not afford my medications otherwise, but it is a burden for my finances. I do not believe it is appropriate for individuals who are getting healthcare because of their low income to then have to pay for it. I do not think it is a realistic expectation for many of the Kentuckians with Medicaid. I am concerned about not being able to buy single stamps and having to have enough to buy a book of stamps to

even be able to mail in the premium. The changes to this program is assuming a lot of intellectual privilege that makes me concerned about Kentuckians ability to maintain their coverage. I have a lot of people to ask and I am a college student and am still confused by some of the notices and mailings I receive from the state. I call the KY Department of Medicaid and am told something like “that was just spam you can throw it away”, which concerns me that if things are changing it will be different to know what I have to do.

10 I am worried that I will be unable to keep up with the changing requirements. I am worried that paperwork may not be received or filed in my account with my employment and income, which does change, especially with semesters. If I lose coverage and then re-apply, I could end up in a period like recently this year with uncovered medical bills from periods when I didn't have coverage through no fault of my own, and longer term effects of from the fear and administrative hurdles. Every time I get a notice in the mail that looks like insurance at all, my heart drops a little bit. I ask myself if this is the day when I have to decide if I am able to stay in school or not to be able to survive.

11. I have agreed to be named as a plaintiff and to participate in this lawsuit as a class action representative. I am participating in this lawsuit not just because I need Medicaid to live but also to help countless others, whose voices have not been heard, who are in danger of losing Medicaid or receiving reduced benefits under Kentucky HEALTH if approved under Section 1115 of the Social Security Act.

I declare under penalty of perjury that the above information is true and correct.

Dated this 18th day of October, 2018.

A handwritten signature in black ink, appearing to read "Hunter Malone", written over a horizontal line.

Hunter Malone