



Testimony submitted to the NYC Council Committee on Governmental Operations, State, & Federal Legislation, Committee on General Welfare, and the Committee on Hospitals

Oversight Hearing: on the Impacts of Federal Budget Cuts

September 15th, 2025

Introduction and Thanks: My name is Eric Lee, and I am the Director of Public Policy for Volunteers of America- Greater New York (VOA-GNY). We are a local affiliate of the national organization, Volunteers of America, Inc (VOA). I would like to thank Deputy Speaker Ayala, Chair Restler, Chair Narcisse, and members of the Committees on Governmental Operations, State & Federal Legislation, General Welfare, and Hospitals, for the opportunity to testify today.

About Us: VOA-GNY is an anti-poverty organization that aims to end homelessness in Greater New York through housing, health and wealth building services. We are one of the region's largest human service providers, impacting more than 12,000 adults and children annually through 70+ programs in New York City, Northern New Jersey, and Westchester. We are also an active nonprofit developer of supportive and affordable housing, with a robust portfolio of over 1,500 combined units of permanent supportive housing, affordable and senior housing properties—with more in the pipeline.

VOA-GNY is gravely concerned about the impact H.R.1 will have on the stability and wellbeing of families and individuals residing in our permanent supportive and affordable housing buildings and homeless shelters. Eligibility changes for Medicaid and Essential Plan coverage and SNAP food assistance will result in partial or complete loss of critical food and medical benefits for low and extremely low-income households, including the elderly, veterans, former foster care youth, people experiencing homelessness, families with teenage children, refugees, asylees, and survivors of domestic violence and sex and labor trafficking. And while many of the people that we serve may remain categorically eligible for benefits, it will take our staff and the people we house and shelter significantly more time to apply for and maintain their benefits because of onerous reporting and verification standards.

Families and individuals experiencing homelessness will have even more difficulty trying to stabilize their lives and exit shelter, and low-income households living in the community will find it harder to make ends meet with the loss of SNAP benefits and one illness away from falling into medical debt if they no longer have Medicaid or Essential Plan coverage.



Expanded work requirements for SNAP will impact able-bodied heads of household who are 55 to 64 years old, while lowering the age for dependents to under the age of 14 years old and removing exemptions for homelessness, veterans, and former foster youth. That means a 62-year-old veteran who served our country will have to work or volunteer a minimum of 80 hours a month until the age of 65 to maintain their SNAP benefits.

New work requirements for Medicaid will further destabilize households who are struggling to get by. The 80-hour work requirement could cause someone to lose their health coverage due to an occasional illness or chronic condition. An individual living in supportive housing with Chronic Obstructive Pulmonary Disease (COPD) who does not yet meet the disability standard for their illness could lose their Medicaid coverage if they have a flare up which prevents them from working 80-hours in any given month.

Households who should be exempt from the new work requirements may still be at risk of interruption in SNAP and Medicaid benefits due to onerous verification and reporting requirements going into effect. A single mother who is the caregiver for her teenage child with a disability will need to prove her child's disability and recertify every 6 months to receive a work exemption to be able to receive Medicaid benefits, all trying to juggle her child's appointments and her own affairs.

How VOA-GNY is preparing to support our tenants and clients:

In anticipation of the implementation of these dire changes from HR1., VOA-GNY is in the initial stages of implementing a vulnerability index tool for all our programs, to preemptively identify which households are most at risk of reductions or loss of their benefits. From an initial analysis of our almost 1,200 SRO units alone, 450 tenants, or 38%, currently receive SNAP benefits, are younger than 65 and do not work. Of that, 75 are veterans and, almost all are formerly homeless with barriers to economic self-sufficiency.

We encourage our City partners and fellow human services providers to undertake similar exercises if they have not already begun to do so, to analyze which clients are most at-risk of being impacted, to enable their agency and organizations to make strategic choices regarding



which supplemental resources and linkage agreements can be created to support New Yorkers if and when these changes are enacted to SNAP and Medicaid and Essential Plan coverage.

VOA-GNY is using this knowledge to prepare resources and strategies to help impacted tenants maintain benefits or connect to alternate supports where possible. For the Council's reference we are appending two charts (see Appendix A and B) our team created to clearly identify which populations are impacted by the changes in federal benefits and the corresponding implementation date targets in the event it is useful to plan.

We are deeply appreciative of the Council's continued support of VOA-GNY's programs including funding for Food Pantries through the Brooklyn Delegation to provide additional assistance to residents in our East New York supportive housing residence and New Hope and Safe Dwellings. Our residents may also be referred to our Bronx Economic Empowerment Center to assist with employment services, given the pending work requirement changes for Medicaid and SNAP. In addition to what we can accomplish in-house, we recognize that maximizing coordination with HRA creating referral guides for program staff to help connect tenants and clients to nearby resources will also be key to assisting impacted households.

Indices we are tracking to determine vulnerability include age, veteran status, employment status and income source (SSI, SSD, SSA, pension, Cash Assistance) and annual income, SNAP, housing voucher, Medicaid or Medicare, medical and mental health diagnoses, and Domestic Violence survivors at high risk (Murray-Wellstone). We are happy to circle back with the Council with additional information as we further refine and implement our vulnerability index.

How our government partners can help:

Streamlined and user-friendly processes to maintain SNAP and Medicaid benefits, and more accessible real-time assistance from HRA staff to help access/maintain them. VOA-GNY's staff stand ready to work with HRA to help the people we serve access public benefits, and we urge DSS/HRA to collaborate with providers and benefits advocates in developing clear guidelines and simplified processes that minimize paperwork and unnecessary steps to apply for and maintain SNAP and Medicaid benefits, including monthly work requirement verifications. To help households through the more onerous public benefits process, we urge the administration to expand headcount for HRA staff at FIA Benefits Access Centers and HRA's helplines in anticipation of expanded need for assistance.



Streamline access to CityFHEPS Rental Assistance and fully implement LL 99 - 102 of 2023 and call on NYS to expand funding for the Housing Access Voucher Program (HAVP). In response to the anticipated exhaustion of Federal funding for the Emergency Housing Voucher Program in 2026, NYCHA is planning to freeze the Section 8 waitlist to use their limited vouchers to backfill the approximately 5,100 EHV vouchers with Section 8 to preserve the housing of these tenants. Given the anticipated lack of Section 8 for waitlisted households, plus the approximately 2,100 households who have HPD administered EHV vouchers who unfortunately cannot similarly transition to a different voucher, the City and State should seek to bolster CityFHEPS and HAVP rental assistance vouchers.

We urge the City to fully implement the CityFHEPS legislation, Local Laws 99- 102 of 2023, passed by the City Council to widen eligibility to assist more households, and continue to work with advocates and providers to simplify and streamline the application process to shorten the time to utilize the voucher. Additionally, we urge the Council to call on New York State to increase funding for the newly created Housing Access Voucher Program (HAVP) which was funded in the NYS 2025-26 Budget at \$50 million, to help even more households to stabilize their housing situation. Given the extraordinary circumstances of Federal Budget cuts, the State should prioritize resources to access and maintain stable housing to keep New Yorkers safe.

Additional case managers for our housing and homelessness programs to meet the increased workload to help people maintain their benefits or seek alternatives. Changes from annual to 6-month renewals for Medicaid, removal of the automatic annual renewal for Essential Plan participants, and monthly verification that someone worked a minimum of 80 hours, will make maintaining SNAP and Medicaid even more time-consuming for our case managers who are already asked to do so much. In addition to assisting with these bureaucratic barriers, our social work staff will need to assist households who will lose their SNAP or Medicaid because of new eligibility restrictions. Refugees, asylees, certain survivors of DV and sex and labor trafficking will lose Medicaid and SNAP eligibility. And the working poor will lose affordable healthcare, as New York State is requesting to terminate its Section 1332 waiver in response to substantially less federal funding, which will result in households earning between 200% and 250% of the Federal Poverty Limit (FPL) losing their Essential Plan coverage through the Affordable Care Act (ACA), effective July 1, 2026. We urge our government funders to expand case management staff lines within our shelter and supportive housing contracts to bolster headcount to help manage these more onerous processes while maintaining our capacity to support our tenants and clients.



Legislation VOA-GNY supports:

Int 1372-2025

VOA-GNY supports 1372, seeking to cap the rent contribution for rental assistance voucher holders at 30% their gross income. Thank you, Deputy Speaker Ayala, for your vigilance on behalf of households who rely on rental assistance to access permanent housing. We recognize that the State needs to put more money in to support rental assistance, but New York City should not seek to balance its Budget on the back of poor people. The CityFHEPS voucher program is DSS' most effective tool for getting people out of shelter and into permanent housing, and it should not risk rent-burdening voucher holders.

Int 791-A-2024

Thank you to Chair Restler and the entire City Council for passing this bill to further transparency on availability of Supportive Housing units in the city. VOA-GNY is one of the largest providers of supportive housing in New York, and this report will help the city and providers understand where gaps in the process exist to help rehouse more New Yorkers. We urge Mayor Adams to sign this bill into law without delay.

Thank you to the Council for your unwavering leadership and protection of low-income and vulnerable New Yorkers experiencing housing instability and food insecurity. Through expanding investments in the city's safety net and non-profit human services infrastructure, we can continue to rise and meet the moment for seniors, veterans, survivors of domestic violence and human trafficking, families and individuals experiencing homelessness and others in need.

Testimony respectfully submitted by Eric Lee on behalf of Volunteers of America-Greater New York.



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Appendix A: Medicaid Changes

Program/Voucher:	Medicaid					
Change Area	Proposed Changes	Affected Groups	New Exceptions	Current Exceptions/Laws Being Terminated	Veteran Eligibility	Effective Date
Medicaid Community Engagement/Work Requirements	States must require "able-bodied adults" aged 19 to 64 without dependents and who are enrolled in the adult expansion or waiver program equivalent to minimum essential coverage to complete 80 hours/month of work, education, community service, or a combination, or earn an income representing at least 80 hours of minimum wage per month.	Able-bodied adults aged 19 to 64	parents of a dependent child aged 13 or younger or someone with a disability; pregnant women; people under 19 or over 64; former foster youth under 26; tribal members and Alaska Natives; veterans with rated disabilities; medically frail individuals; people participating in a substance use or alcohol use disorder treatment program; people who are compliant with SNAP work requirements; people who are currently incarcerated or have been released within the past 90 days; family caregiver as defined in RAISE Family Caregivers Act	The requirements can no longer be waived under Section 1115; section 1115 previously allowed the Secretary of Health and Human Services (HHS) to waive certain federal Medicaid requirements.	Must meet the work requirement	December 31, 2026.
Immigrant Medicaid Eligibility	Restricts Medicaid eligibility to a smaller group of non-citizens.	Refugees, asylees, LPRs, DACA recipients	Limits federal Medicaid funding only to U.S. citizens, nationals, lawful permanent residents, those granted the status of Cuban and Haitian entrants, and individuals under the Compacts of Free Association.	broader group of qualified non-citizens to be eligible for Medicaid, including refugees, asylees, and	Must be a green card holder	October 1, 2026.
State Provider Taxes	Reduces the safe-harbor threshold of the current 6% to 0% for states and local governments that impose new or increase existing provider taxes. For states and local governments that have expanded Medicaid (40 states currently), the law reduces existing thresholds by 0.5% every year starting in FY28, until it reaches 3.5% starting in FY32. Impact: limits the amount of provider tax revenue that qualifies for federal match, reducing total Medicaid funding available to states.	States and local governments, especially the 40 expansion states.	None	6% safe-harbor threshold for provider taxes	N/A	Directly upon enactment.
State Directed Payments	limit the total payment rates allowed through Medicaid managed care State Directed Payments (SDP's) starting with services provided after this law takes effect as follows: For expansion states: Payments for services must not exceed 100% of the Medicare rate. For non-expansion states: Payments must not exceed 110% of the Medicare rate. Impact: Many states currently pay well above Medicaid rates to ensure providers don't lose money treating Medicaid patients. This cap could mean billions less in funding for hospitals.	State Medicaid agencies using SDPs; rural hospitals that receive supplemental payments through SDP; expansion/non-expansion states	None	New Expansion States: If a state begins providing ACA expansion coverage on or after the enactment date, it is immediately subject to the 100% Medicare cap for SDPs, regardless of any prior approval.	N/A	Directly upon enactment.
Rural Health Transformation Program	Creates a Rural Health Transformation Program under the Social Security Act to support rural health systems. It provides \$50 billion in funding to states to improve access, outcomes, and sustainability of rural health care through a competitive, one-time application process.	Rural hospitals and facilities; states' rural population and providers; other healthcare providers	Application process: states must apply to HHS by December 31, 2025.	N/A	N/A	FY26-30
Reducing Duplicate Enrollment Under the Medicaid and CHIP Programs	Beginning no later than 2027, states must regularly obtain the address of Medicaid and CHIP enrollees from specified authorized sources. Beginning no later than FY2030, states must report on at least a monthly basis the Social Security number of enrollees to the CMS' newly established system. Disenroll individuals confirmed to be residing in another site unless they meet a federal exception.	Enrollees in Medicaid and CHIP, especially those enrolled in more than one state	The U.S. Department of Health and Human Services (HHS) may waive state participation in the Public Assistance Reporting Information System (PARIS) once this new system is in place.	Previously, individuals might remain enrolled in multiple states if not flagged or tracked. The law now requires those enrollees to disenroll.	N/A	No later than October 1, 2029.
Eligibility Redeterminations	State agencies must conduct redeterminations of eligibility for adults enrolled under the Affordable Care Act (ACA) expansion group once every six months. HHS must issue guidance within 180 days of the law's enactment to support implementation.	Adults enrolled under the ACA expansion group	Exemptions are included for those who receive Social Security Income benefits. Tribal members are also exempt.	Currently, state agencies conduct redeterminations once every 12 months, which will now be reduced to once every 6 months.	N/A	December 31, 2026.
Prohibition on Planning Clinics/Abortion	This section prohibits federal Medicaid payment for 10 years to nonprofit health care providers that serve predominantly low-income, medically underserved individuals if the provider (1) primarily furnishes family planning services, reproductive health, or related care; (2) offers abortions in cases other than that of rape, incest, or life-threatening conditions for the woman; and (3) in FY2024, received federal and state Medicaid payments totaling more than \$1 million.	Non-profit health care providers; mothers	None	None	N/A	Directly upon enactment
Prohibition on Specified Gender Transition Procedures.	Prohibits federal payment under Medicaid or CHIP for specified gender transition procedures for individuals under the age of 18. This section defines those procedures to mean those that are intended to change the body of an individual to no longer correspond to the individual's biological sex (male or female), including specified surgeries, implants, and medications.	Individuals under the age of 18.	This section excludes procedures that are provided to an individual under the age of 18 with the consent of a parent or legal guardian and that are intended to (1) rectify early puberty, genetic disorders, or chromosomal abnormalities; (2) reverse prior gender transition procedures; or (3) prevent imminent death or impairment of a major bodily function.	Individuals under 18 were previously able to undergo gender transition procedures.	N/A	Directly upon enactment



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Appendix B: SNAP Changes

Change Area	Proposed Changes	Affected Groups	New Exceptions	Current Exceptions Being Terminated	Veteran Work Requirement	Effective Date
Program/Voucher:	SNAP					
Work Requirements	<p>The age to become exempt from work requirements for "able-bodied adults without dependents" increases from 55 to 64</p> <p>Requires able-bodied adults ages 18-64 to work at least 20 hours/week (80 hours/month)</p> <p>Limits ABAWD waivers to only be permissible if an area has an unemployment rate above 10% and removes the ability for waivers to be based on lack of sufficient jobs.</p>	ABAWDs ages 55-64	Under 18 or over 64 years of age; medically certified as physically or mentally unfit for employment; Indians, Urban Indians, California Indians, and other Indians who are eligible for the Indian Health Services.	Exemptions from the ABAWD work requirements for homeless individuals, veterans, and certain foster care individuals (those who are 24 years old or younger and were in foster care on the date of attaining 18 years of age or a higher age) will no longer apply on October 1, 2030 .	Must meet the work requirements after 10/1/30.	1-Oct-25
Parent Exemptions	The ABAWD exemption for a parent or household member with responsibility for a dependent child is restricted to a dependent child under the age of 14.	Parents of children aged 14-18.	A person is only exempt from ABAWD work requirements if they (1) are responsible for a dependent child under age 14 OR (2) are responsible for a dependent child age 14 or older and is married to and resides with an individual who complies with the SNAP work requirements.	Currently, the child must be under the age of 18.	N/A	1-Oct-25
Benefits	Limits benefits to 3 months every 3 years if work requirements are not met	All non-exempt ABAWDS	Same as above	Same: Veterans, homeless, foster youth exempt through October 1, 2030 .	Must meet the work requirements after 10/1/30.	1-Oct-25
Thrifty Food Plan (TFP)	Eliminates USDA's authority to update the contents of the TFP based on dietary standards or food cost studies. Future updates will be limited to annual inflation adjustments (CPI-U) only.	All SNAP recipients	None	USDA previously reevaluated TFP every 5 years based on dietary guidelines.	Not exempt	FY27
Availability of Standard Utility Allowances Based on Receipt of Energy Assistance	Limits the SNAP and Low-Income Home Energy Assistance Program (LIHEAP) connection to only apply to households with an elderly or disabled member. Limits the exclusion of energy assistance from countable income to households with an elderly or disabled member.	Households without an elderly or disabled member under LIHEAP	None	Currently, households without an elderly or disabled member have access to LIHEAP.	N/A	1-Oct-25
State Cost Share	less than 6% must contribute a 5% match for the cost of SNAP program allotments. This section reduces the amount that USDA may pay a state agency for administrative costs for the operation of SNAP to 25% of all administrative costs, thereby increasing the state share of administrative costs from 50% to 75%.	State SNAP agencies	None	None	N/A	FY28
Immigrant SNAP Eligibility	Restricts SNAP access to a smaller group of non-citizens	with humanitarian status (including refugees, asylees, trafficking survivors, VAWA petitioners, and	SNAP benefits are limited to individuals who reside in the United States and are (1) a citizen, or (2) an immigrant lawfully admitted for permanent residence as an immigrant.	Currently, SNAP eligibility extends to additional individuals who are classified as an immigrant under federal law, including an alien who has qualified for conditional entry under the asylum and refugee laws.	Lawfully residing veterans with honorable military service remain eligible for SNAP	FY26