

**Testimony of the NYC Department of  
Social Services, the Health & Hospital Corporation, and the Mayor's Office of Federal  
Legislative Affairs**

**Committee on Governmental Operations, State and Federal Legislation  
Jointly with the Committee on General Welfare and the Committee on Hospitals.**

**September 15<sup>th</sup>, 2025**

**Introduction:**

Good afternoon, Deputy Speaker Ayala, Chairs Restler and Narcisse, and Members of the Committees.

On behalf of the City of New York, below is the testimony by key City agencies in response to your committees' request regarding the impact of potential federal funding cuts. These agencies include the:

- NYC Health + Hospitals (H+H)
- NYC Department of Social Services (DSS)
- NYC Office of Federal Legislative Affairs (FLA)

Whenever federal funds have been reduced, or in the threat of continuing cuts, our Administration has acted decisively — filing lawsuits, submitting affidavits, pressing officials in Washington, and taking every step necessary to secure the critical resources our City needs. New Yorkers can be confident that we are focused on ensuring they receive the services and resources they depend on. Protecting and serving New Yorkers has always been this Administration's North Star — and that will never change.

The City relies heavily on federal funding — \$9.7 billion in FY 2025 (8.3% of spending) and a projected \$7.4 billion in FY 2026 (6.4% of spending). These funds are essential to support critical services like healthcare, childcare, education, housing, and social programs. The impacts of H.R. 1, also known as The Big Beautiful Bill Act, remain a concern and threat to the welfare of the City. However, given that many of the cuts will depend on state decisions and agency-specific strategies for implementing the changes, it remains too early to fully understand how the changes will take shape.

Additionally, the current federal fiscal year ends on September 30, 2025. Currently, no appropriations bills for FY 2026 have been enacted. Instead, both chambers of Congress and the White House have proposed a continuing resolution (CR) to preserve current spending levels, which aim to prevent a potential government shutdown. Proposals for whether there will be a CR and when it would expire remain under negotiation in Congress, amid partisan debate and no final vote has taken place thus far. At the same time, the Trump Administration has initiated freeze and rescission directives targeting over \$30 billion in funding across domestic agencies.

Proposed cuts to federal programs such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid would be the largest in the history of these programs, stripping billions from NYC's economy and pushing hundreds of thousands of New Yorkers into food insecurity and housing instability. These cuts and the people affected are not abstract numbers on a spreadsheet; they represent real services that protect real people; the New Yorkers who strengthen our city.

Some of the ways in which we have mitigated against these federal cuts include:

- The FY 2026 Adopted Budget protects the City with a record \$8.5 billion in reserves—and a Rainy-Day Fund that has reached an all-time high of \$2 billion.
- Created a \$2 million LGBTQ+ Emergency Support Fund to provide urgent financial relief to LGBTQ+ organizations harmed by federal funding cuts. Priority will go to community-based providers working with the City that offer housing, healthcare, legal aid, and crisis services for LGBTQ+ New Yorkers, especially those in marginalized and underserved communities.
- Invested \$3.2 million to keep AmeriCorps service alive in New York City—supporting volunteers who strengthen communities and expand civic engagement. With federal support gone, the City is stepping up to build a program of its own.
- Maintained a consistent line of communication with the federal administration, which has helped us avoid some of the consequences of its broader policies. For example, when the federal government halted wind projects nationwide, our engagement ensured that the stop-work order was lifted for New York City's multi-billion-dollar offshore wind project off the Brooklyn coastline.
- Filed or joined in litigation and or participated in legal actions to defend the City, and which resulted stopped or delayed cuts. For example, in February 2025, New York City filed a federal lawsuit against the Trump administration after it unlawfully seized over \$80 million in FEMA funds intended to reimburse the city for expenses related to the asylum seeker crisis. In May 2025, New York City, as part of a national coalition of eight local governments, filed a lawsuit against the U.S. Department of Housing and Urban Development (HUD), challenging the federal administration's imposition of unlawful conditions on Continuum of Care funding. These conditions threaten over \$53.5 million in grants intended for rental assistance to chronically homeless households, potentially jeopardizing housing stability for more than 2,700 NYC residents.

On April 16, 2025, the New York City (NYC) Administration for Children's Services (ACS), Department of Housing Preservation and Development (HPD), Department of Health and Mental Hygiene (DOHMH), Department of Social Services (DSS), the Police Department (NYPD), Emergency Management (NYCEM), the Office of Federal Legislative Affairs (FLA), and NYC Public Schools (NYCPS) provided testimony for a related oversight hearing entitled Preparing NYC for Changes in Federal Funding. As shared in testimony for that hearing, this



Administration remains steadfastly committed to protecting and serving every New Yorker. That focus drives everything we do.

Thank you to Deputy Speaker Ayala, Chairs Restler and Narcisse, and the Members of the Committees on General Welfare, Governmental Operations, and Hospitals for holding today's hearing on *The Impacts of Federal Budget Cuts* and for your ongoing partnership. We appreciate the Council's continued focus on federal policy impacts on vulnerable New Yorkers and our shared communities and commitments, as well as this opportunity to consider the direct, tangible impacts that reductions in federal funding have on our communities.

### **NYC Health and Hospitals**

NYC Health + Hospitals ("Health + Hospitals" or "H+H") plays a crucial role in providing healthcare to vulnerable populations. Approximately 70% of patient discharges are covered by Medicaid or the Essential Plan, underscoring how vital these programs are for our patients. At H+H, 97% of babies are born to Medicaid-covered mothers, and 70% of patients under 18 rely on Medicaid for their care. As outlined during the Executive Budget hearing in May, H+H initially estimated that an earlier version of the Reconciliation Act could have a financial impact in the range of hundreds of millions of dollars. This remains a major concern, as we operate on very tight margins while providing quality care for all New Yorkers, regardless of insurance status or ability to pay.

H+H cannot absorb the full brunt of these cuts alone. The ultimate impact will depend on decisions made at the State level as the final version of the law is implemented. Since those decisions are not yet final, the precise financial effects remain uncertain.

Our mission will not change due to these cuts, and we will not back away from serving NYC. We are committed to maintaining stability and safety for our system, patients, and staff. We are committed to maximizing efficiencies while preserving the high-quality care our communities deserve. H+H has repeatedly proven we can meet challenges head on. In coordination with leadership, we are advancing financial and strategic plans to adapt and continue serving our patients safely. In coordination with our System leadership, we are working on financial and strategic plans to support our problem-solving, and we will continue to adapt to best serve our patients and communities safely.

### **NYC Department of Social Services**

At the Department of Social Services (DSS), we have an enduring commitment to serving our fellow New Yorkers by administering public benefits that are crucial components of our social safety net. Comprised of both the Human Resources Administration (HRA) and the Department of Homeless Services (DHS), DSS is the largest local government social services agency in the country and serves approximately three million New Yorkers annually.

Several threads of federal policy impact DSS clients and our agency workflows that we continue to monitor closely. At the same time, we must continue to advocate at all levels of government for a course that is guided by our enduring commitment to uplifting our clients' wellbeing. A

central focus of concern has been H.R. 1 in the 119th Congress and its specific budget provisions and impacts on the social safety net, in particular SNAP and Medicaid. Additionally, the compounded effects of these cuts when taken together with other federal policy actions could hurt hundreds of thousands of New Yorkers and impose significant fiscal harm to NYC. These policy actions include Executive Order 14218 (“Ending Taxpayer Subsidization of Open Borders”), the United States (U.S.) Justice Department’s subsequent order regarding the Personal Responsibility and Work Opportunity Act of 1996 (PRWORA) and Executive Order 14321 (“Ending Crime and Disorder on America’s Streets”); all of which involve dramatic federal policy shifts that could result in serious changes in who is able to access public housing, shelter, and a range of other benefits.

## SNAP

As the US Department of Agriculture’s (USDA) Food and Nutrition Service (FNS) states, “No one in America should have to go hungry.” FNS describes their mission as “to increase food security and reduce hunger in partnership with cooperating organizations by providing children and people with low-income access to food, a healthy diet, and nutrition education in a manner that supports American agriculture and inspires public confidence.” FNS further describes SNAP’s work, “SNAP provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being.”

In contrast to that mission and SNAP’s stated purposes, H.R. 1 imposes an estimated \$200 billion to \$300 billion in cuts to SNAP over the coming decade which are the largest cuts in the history of SNAP.

In NYC, SNAP helps approximately 1.8 million New Yorkers access nutritious food, including approximately 550,000 children and 545,000 older adults. We currently estimate that H.R. 1 could result in up to \$1.4 billion in lost funding to the City. This includes \$570 million annually in lost benefits to more than 300,000 NYC residents as well as up to \$861M in costs shifted from the federal government to the state and local level.

This is part of a larger national trend. The Congressional Budget Office’s (CBO) August 2025 Supplemental Information brief (on Title I, Subtitle A, Public Law 119-21) estimated reduced participation in SNAP at the national level by roughly 2.4 million people in an average month over the 2025-2034 period (noting that does not account for interactions among H.R. 1 provisions). Feeding America’s most recent meal gap report (Map of the Meal Gap 2025: A Report on Local Food Insecurity and Food Costs in the United States in 2023) findings included the points that:

- 100% of counties and congressional districts are home to people facing hunger;
- Child food insecurity affects every county and district;
- More than 12 million seniors and older adults experience food insecurity;
- More than 2 out of 5 people facing hunger are unlikely to qualify for SNAP.

SNAP dollars also support economic development in local communities. The USDA estimates each SNAP dollar generates \$1.54 of local economic activity; that supports supermarkets, small

businesses, employment, and has resulting waves of positive community impacts contributing to a stronger, more resilient economy. Given the multiplier effects of SNAP dollars, lost SNAP benefits translate to almost \$900 million in lost NYC economic activity.

### SNAP Error Rates

For the first time in the history of SNAP, H.R. 1 will shift costs of SNAP benefits onto states. Prior to H.R. 1, the federal government paid the entirety of the SNAP benefit and 50% of administrative costs. H.R. 1 shifts a proportion of SNAP benefit costs to states based upon their SNAP payment error rate (as described below) and reduces the federal portion of administrative costs to 25%.

NYS Office of Temporary and Disability Assistance (OTDA) estimates the reduced federal administrative cost share provision will reduce funding to New York State by about \$168 million annually. Of that total, approximately \$36 million will be borne by the State, while local social service districts will be responsible for the remainder. The NYC share will be approximately \$111 million annually.

With respect to SNAP benefit costs, H.R. 1 sets forth a table of cost shifting that is dependent on the state's payment error rate. The error rates and corresponding state responsibility to pay for SNAP benefits are as follows:

- Error rate below 6% results in a 0% state match
- Error rate 6%-8% results in a 5% state match
- Error rate 8%-10% results in a 10% state match
- Error rate over 10% results in a 15% state match

It is important to note that the error rate does not truly reflect current SNAP program administration. These calculations are based on a very small sample size, do not distinguish between client and agency errors, have no review or appeal process, and factor in errors made as far back as three years ago. H.R. 1 has converted this very fragile metric into an enormously high-stakes indicator.

Although the actual cost share will be based on the New York State error rate for federal fiscal year 2026, if it were to be based on NYS' projected error rate for FY25, the state would be subject to a 15% state match once this provision of HR1 becomes effective; OTDA estimates that cost at \$1.17 billion, of which approximately \$750 million is NYC cost. DSS/HRA is committed to reducing our overall error rate through on-going training and maximization of technology to keep pace with the evolving landscape of federal and state guidance and regulations.

In terms of community and broader national impacts, these changes erode SNAP's ability to act as an automatic stabilizer (meaning quickly expanding when the economy is contracting so as to combat downturns and recessions without legislative intervention). States and localities do not have the fiscal capacity of the federal government to borrow in a recession, yet H.R. 1 puts states and localities on the hook to take on partial responsibility for SNAP benefits payments even when their own state and municipal budgets may simultaneously be hard hit by a recession.

### SNAP Work Requirement

The resumption and expansion of SNAP Able-Bodied Adult Without Dependents (ABAWD) work requirement rules will further exacerbate issues for New Yorkers and New York City. Most of New York state, including all of NYC, has had a long-standing waiver from the requirement that ABAWD clients work 80 hours a month in order to receive SNAP benefits. H.R. 1 both severely constrains these waivers and expands the universe of recipients covered by the work requirements. We estimate approximately 221,000 SNAP households could lose some or all of their benefits as a result. Furthermore, the resumption of ABAWD requirements, which do not align with cash assistance work requirements, will likely result in errors negatively impacting the overall SNAP payment error rate. H.R. 1 also removed the ability for states to qualify for a waiver of ABAWD rules when there is a lack of jobs in a particular area, meaning even if there is a demonstrated lack of opportunity, states must have an unemployment rate of greater than 10% to qualify for a waiver.

As DSS testified to the Council earlier this year: Food insecurity intersects with many aspects of both individual and community well-being. From poorer school attendance and academic performance to poorer health outcomes including depression, diabetes, heart disease, and other chronic diseases – greater food insecurity results in disparate impacts on low-income communities along multiple important dimensions of our communities' well-being.

### “Heat and Eat”

H.R.1 also impacts what is commonly referred to as "Heat and Eat" SNAP benefits. According to the newly enacted law, states will now be restricted from providing additional SNAP benefits to those also receiving Low-Income Home Energy Assistance Program (LIHEAP) benefits. Approximately 150,000 New Yorkers rely on this added benefit to help manage food and utility costs in our high-cost city - many of which are older adults on fixed incomes.

### SNAP-Ed

The USDA describes SNAP-Ed as "an evidence-based program that helps people make their SNAP dollars stretch, teaches them how to shop for and cook healthy meals, and lead physically active lifestyles. SNAP-Ed partners with state and local organizations to meet people where they are. SNAP-Ed initiatives include nutrition education classes, social marketing campaigns, and efforts to improve policies, systems, and the environment of communities." H.R. 1 eliminates funding for SNAP-Ed. SNAP-Ed programs are estimated to have reached 2.2 million New York State residents in State fiscal year 2025.

### Thrifty Food Plan

The Thrifty Food Plan is the model USDA uses to determine maximum SNAP benefits; using a holistic approach, the plan aims to account for fundamentally important factors in determining benefit levels such as food prices, dietary guideline changes, and purchasing habits. H.R. 1's imposition of a cost neutral requirement on the Thrifty Food Plan means that USDA will no

longer take into account critical context that helps SNAP benefits keep pace with those holistic factors around food costs and household needs. Over time, this will result in a substantial reduction in the purchasing power of SNAP benefits.

### Policy Uncertainties & Limits of Current Analysis

Although we are making our best efforts to understand the budgetary and policy consequences of H.R. 1, and associated executive orders (EO 14218, EO 14321), our current understanding is continually being updated and informed by further policy development and the promulgation of rules and directives on the federal and State levels, as well as ongoing litigation. In terms of policy development, rules, and directives both the State and federal governments must spell out in greater detail how they plan to carry out many of the cuts, cost shifts, and administrative changes H.R. 1 and the Trump Administration's executive orders set out.

### Medicaid

New York state's Medicaid program provides comprehensive health coverage to more than 6.8 million New Yorkers. Medicaid pays for a wide range of services, including home care and nursing home coverage, is widely accepted by major hospital networks, and has small co-pays, which can in some circumstances be waived. Through its children's waiver program, New York provides crucial coverage to medically fragile children and children with disabilities to ensure parents do not bankrupt themselves paying for necessary medical care to keep them on their developmental trajectory. These programs help people get or stay healthier and more independent.

Contrastingly, H.R. 1 imposes more than \$860 billion in cuts to Medicaid over the coming decade. Those hundreds of billions in cuts represent the largest cuts in the history of Medicaid. AS described in further detail further in this testimony, altogether H.R. 1 imposes more than \$1 trillion in cuts to SNAP and Medicaid over the coming decade. New York State has estimated H.R.1 will have a \$13.5 billion impact on healthcare related costs statewide. Although HRA only directly manages Medicaid for special populations including older adults, individuals who have a disability or are blind and those who need enhanced services like home care, the impact of H.R. 1 Medicaid cuts on HRA clients overall is severe; almost 50% of NYC residents rely on MA in some form.

### Federal Actions and Proposals for Housing Budget Cuts

Alongside our sister agencies, including NYCHA, NYC Department of Housing Preservation and Development (HPD), and the NYC Housing Development Corporation (HDC), DSS is closely monitoring federal actions and presidential proposals for cuts to key housing programs. That includes:

- Eliminating the Emergency Housing Voucher (EHV) Program. The EHV program was a COVID recovery program to assist households experiencing homeless, at-risk of homelessness, fleeing intimate partner violence or human trafficking, or recently homeless and at high risk of housing instability to find housing by subsidizing a portion

of rent based on the household's income. The Trump Administration has sunset this program years before the originally scheduled end date.

- Cutting the Housing Choice Voucher Program (HCV, commonly known as Section 8) funding; HUD has explained that this program "is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market." More than 200,000 NYC residents benefit from Section 8.
- Cutting Continuum of Care (CoC) funding. The CoC program helps communities "to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families, and to optimize self-sufficiency among those experiencing homelessness." Approximately 7,000 units of supportive housing in NYC are funded through the CoC.
- Cutting Housing Opportunities for Persons With AIDS (HOPWA) funding; HUD explains HOPWA funding "is the only Federal program dedicated to the housing needs of people living with HIV/AIDS," and further that, "under the HOPWA Program, HUD makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families." Thousands of NYC residents benefit from HOPWA funding.

### The Personal Responsibility and Work Opportunity Act of 1996 (PRWORA)

In July, U.S. Attorney General Pam Bondi, the US Justice Department, and the Department of Health and Human Services reinterpreted the Personal Responsibility and Work Opportunity Act of 1996 (PRWORA) to make so-called "non-qualified aliens" ineligible for a wider range of federal public benefits and require programs to verify immigration status in order to enforce the new eligibility requirements. Further, the Justice Department's July order revoked a lengthy list of services that could be funded by federal, state or local dollars because they were considered necessary for life and safety. These services included critical emergency resources like soup kitchens and food pantries.

On August 13, the City submitted a comment to the federal government regarding the HHS Notice, stating that the HHS Notice is unlawful, being procedurally invalid, arbitrary and capricious, and contrary to law (Re: Comment on Notice Re: Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of "Federal Public Benefit," Docket No. AHRQ-2025-0002, Document No. 2025-13118, 90 Fed. Reg. 31232 (Jul. 14, 2025)). The comment was a joint effort between city hall, several agencies, and the law department. In sum, the HHS Notice would restrict non-citizen access to critical federally funded programs. As the City's comment explains, the HHS Notice, "would disrupt the City's ability to provide necessary services to NYC residents" and points out that "This new interpretation could require the application of immigration status eligibility criteria to over a dozen programs that have never been subject to such criteria in the nearly 30 years since PRWORA was enacted."

NYS Attorney General Letitia James and 20 other state attorneys general have brought suit to stop the federal administration's reinterpretation of PRWORA. This 21 states' suit to stop the

reinterpretation of PRWORA will impact the ultimate policy landscape and programs serving our immigrant communities.

PRWORA allows states to pass legislation to allow spending of State and local resources for programs that serve individuals regardless of immigration status. Although there is still substantial uncertainty given ongoing litigation, we anticipate that some version of authorizing state legislation will be critical to sustain New York State and NYC programs going forward. We look forward to working with our State legislative colleagues when they are back in session.

It is premature to provide comprehensive analysis of the consequences as the governing regulations have not all been provided to us yet and ongoing litigation could further change the shape of the policies the federal government is attempting to advance. The imposition of new eligibility requirements for programs like foster care placement prevention, Head Start, and substance abuse recovery services would have a far-reaching impact on the City's operations. Such a policy would not only prevent ineligible non-citizens from accessing services but would also make it more difficult for U.S. citizens and eligible non-citizens to receive important benefits.

#### Ongoing Advocacy & Aiming for NYC-NYS Partnership

Given those uncertainties, it is critical that we continue to partner with like-minded colleagues in government, peers in benefits administration, community-based organizations, and concerned New Yorkers to advance a perspective on benefits administration that recognizes the vulnerability of the clients we serve.

DSS will remain engaged in the federal notice-and-comment rulemaking process to present a client-centered, conscientious social services administrator perspective on the rules relevant federal agencies propose (including the US Departments of Justice, Agriculture, Housing and Urban Development, and Health and Human Services).

DSS will continue to press Albany legislators and policymakers to authorize the use of State and local funds to allow NYC and NYS to continue to provide services to those impacted by EO 14218 and the Justice Department's reinterpretation of PRWORA. We will also work with our NYS colleagues to manage federally imposed changes to benefits like those impacting ABAWD eligibility. The federal government is still working to issue guidance to states on those changes established by H.R. 1.

Going forward, DSS will continue to proactively communicate with clients, both directly and through provider partners. Building client understanding of new deadlines and requirements is critical to their being able to successfully navigate benefits program changes.

#### Office of Federal Legislative Affairs

The NYC Office of Federal Legislative Affairs (FLA) serves as the City's direct liaison to the U.S. Congress, the White House, and federal agencies. We are responsible for monitoring and

analyzing federal legislative, budgetary, and regulatory activity that could impact the City's budget and operations. We want to begin by clarifying recent federal actions.

The proposed federal actions and cuts described earlier in this testimony threaten programs that support the City's core services, introducing uncertainty around federal grant flows. While no clear guidance has been issued by federal agencies that would allow us to make detailed projections about specific cuts, our office continues to maintain ongoing coordination calls with City agencies to assess emerging threats to federal funding. We are also in regular contact with our congressional delegation to remain current on shifts in appropriations, reconciliation efforts, or administrative action. Additionally, as other communities across the nation grapple with similar federal funding cuts, our team has worked with other cities to identify solutions, share strategies, and present a united voice as we advocate for the support needed to keep our cities safe, healthy, and thriving.

We will continue to remain informed, alert, and ready to act with a deep commitment to protecting NYC's interests.

### **Legislation**

Thank you for providing the opportunity to submit testimony for the record on Introduction ("Int.") 1364, sponsored by Council Member Lincoln Restler, related to requiring a monthly reporting by the director of management and budget on the status of all federal funding; Int. 1225, sponsored by Council Member Julie Menin, related to establishing an office of the census; and Int. 1325, sponsored by Deputy Speaker Diana Ayala and Council Member Crystal Hudson, related to limiting the household rent contribution for recipients of a rental assistance voucher.

#### **1. Int. 1364 (Restler) - Related to monthly reporting by the director of management and budget on the status of all federal funding.**

This legislation would amend the City's administrative code to require the director of management and budget to submit to the Mayor, the Speaker of the Council, and the chair of the relevant committee a report pursuant a list of enumerated items in the statute regarding the status of federal funding to the City, City agencies, and not-for-profit corporations.

The administration shares the Council's commitment to budget transparency. We publish numerous documents each fiscal year that provide a detailed analysis of the city's fiscal status, with volumes that are specifically devoted to revenues (including funding by grant source). Further, the state and federal governments also collect and publish responsive data. Accordingly, we feel that the legislation should be reconsidered to account for information that is readily available.

Int. 1364 would require the Mayor's Office of Management and Budget (OMB) to submit monthly reports on the status of federal funding streams, including federal funds that flow through New York State. The legislation would also require OMB to identify not-for-profit organizations that receive any level of federal funds from the city and provide an account as to whether the nonprofits have spent the associated federal funds and received reimbursement.



Lastly, the legislation requires OMB to indicate whether a specific federal funding stream is subject to the US Department of Housing and Urban Development's Section 3 requirements on the utilization of low- and moderate-income workers, and to detail the number of relevant hours worked.

Much of the information that is required by Int. 1364 is already published by the city and other entities. OMB partners with city agencies to incorporate federal revenue projections into the financial plans that are issued four times per fiscal year. Each plan outlines the federal grant, the anticipated dollar value, and city agency that will receive the award. The city and state comptrollers also publish detailed information on their "Checkbook NYC" and "Open Book New York" websites that are specifically designed to provide transparency around New York City contracting and spending

Additionally, the Federal Funding Accountability and Transparency Act of 2006 requires the city to report monthly on subawards of federal funds, including subawards allocations to nonprofits, of more than \$30,000 that are published by the federal government.

Furthermore, OMB and city agencies already work with HUD to accurately account for the number of applicable hours worked by low- and moderate-income workers. Because this requires a substantial amount of data entry and validation, HUD mandates reporting on a less frequent basis than required by this legislation. The city does not currently have a digital system to collect this information, so it would require significant data entry and validation. Compelling intermediate reporting would further complicate those Section 3 accounting efforts.

Finally, we share the concern expressed by Councilmember Brannan that in the current political climate, oversharing information about federal grant funding could encourage and incentivize scrutiny that might jeopardize funding for critical programs.

## **2. Int. 1225 (Menin): Related to establishing an office of the census**

This legislation would establish an office of the census, which would be tasked with maximizing local participation in the federal decennial census.

The Administration agrees with the intent of this legislation. We look forward to working with the Council to discuss the details of the bill.

## **3. Int. 1372 (Ayala, Hudson): Related to limiting the household rent contribution for recipients of a rental assistance voucher**

This legislation would require that the rent contribution for CityFHEPS recipients not exceed 30% of the household's total monthly income, regardless of whether the household receives public assistance or has earned income.

DSS and this Administration at large remain unequivocally committed to connecting New Yorkers to permanent housing and keeping them stably housed. DSS opposes the Council moving forward with this introduction given the recently adopted CityFHEPS and pathway

Home Rule Amendments (effective date September 13, 2025). DSS crafted the rule change on CityFHEPS to be at once sensitive to the need to serve vulnerable populations and bolster CityFHEPS' sustainability.

Since its inception in 2018, CityFHEPS has grown to become the second largest rental subsidy program in the nation, behind only NYCHA's Section 8 program. The budget for the program has increased from approximately \$253 million in fiscal year 2021 to approximately \$1.25 billion in fiscal year 2025. That represents a fivefold increase in spending in the space of four years (CityFHEPS Funding FY21-FY25: FY21: \$253 million; FY22: \$340 million; FY23: \$508 million; FY24: \$833 million; FY25: \$1.25 billion).

DSS, with our OMB partners, is strategically pursuing a variety of measures to manage the cost of the CityFHEPS program. It is important we continue to think about responsible financial management so that CityFHEPS can continue to serve as a lifeline going forward.

The rule change amends the baseline household contribution from 30% of the household's monthly income to 40% of the household's monthly income specifically for those renewing CityFHEPS at year six (after the five-year standard term of the voucher) who have employment income; the rule excludes households on SSI and/or with a family member over the age of 60.

This CityFHEPS rule change takes place in a context where the Adams administration has taken important steps to reduce administrative burdens and strengthen access by implementing wide ranging reforms to CityFHEPS, including:

- Eliminating the 90-day length-of-stay requirement for New Yorkers in shelter to be eligible for CityFHEPS.
- Expanding CityFHEPS eligibility to include single adults working full-time on minimum wage, even if their income is slightly higher than 200 percent of the federal poverty level
- Supporting working families by reducing the number of hours families are required to work to become eligible for CityFHEPS from 30 to 10 hours per week
- Expanding Supplemental Security Income eligibility for CityFHEPS families from an adult in the household to any household member
- Leveraging CityFHEPS to create deeply affordable housing through the Affordable Housing Services (AHS) program, which helps nonprofits purchase (30-year project-based contracts) or enter long-term, building-wide leases (9-year tenant-based contracts) to create deeply affordable housing leveraging social services dollars — locking in long-term affordability with strong tenant protections for CityFHEPS voucher holders.

That broader context also includes launching innovative pilot programs around direct cash assistance, pregnant individuals experiencing homelessness or at risk of experiencing homelessness, and ongoing participation in the New York State Rental Supplement Program. Given the administration's ongoing commitment to keeping New Yorkers stably housed and the need to bend the CityFHEPS cost curve to ensure the program's sustainability, DSS believes the Council should not move forward with this introduction.

## **Conclusion**

Whenever federal funding has been reduced, we have taken decisive action, from partnering or advocating directly with federal officials and policymakers to submitting sworn statements, to ensure the City receives the dollars it needs to deliver the critical programs this City depends on. We urge the Council to join us in advocating to Congress and the State to protect SNAP, Medicaid, housing supports, and immigrant access to critical services — because without them, New Yorkers will face greater hunger, homelessness, and ill health. We appreciate the opportunity to share this testimony and look forward to working with the Council to protect New Yorkers from the harmful effects of federal budget cuts.



**New York City  
Independent  
Budget Office**



**TESTIMONY**

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September 15, 2025

Testimony on Behalf of the New York City Independent Budget Office

City Council Committees on Governmental Operations, General Welfare and Hospitals

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On behalf of the Independent Budget Office (IBO), thank you for the opportunity to testify today on the impact of federal budget cuts on NYC. I am Marla Simpson, Special Assistant to IBO Director Louisa Chafee, who is unable to be here today. Together with my colleague, Senior Research and Strategy Officer Sarita Subramanian, I will provide an overview of IBO's current work on this important topic.

Since the passage of the One Big Beautiful Bill Act (OBBBA) in July, IBO has focused on the many ways in which these changes will affect the NYC budget and all New Yorkers, as they cascade through multiple funding streams: funds awarded to the State, to the City, and directly to individuals. While the largest fiscal impacts to the State will likely occur during state fiscal year 2027, which begins in April 2026, some severe impacts will more immediately be felt by individuals beginning this coming January.

To contextualize the potential impacts of the cuts and regulatory changes, IBO is preparing a series of explanatory reports—entitled “Federal Changes, Local Impact”—to assess the evolving federal dynamic. The reports will highlight challenges flowing from the OBBBA, rescission of appropriated funds, reductions in federal staff, and presidential executive orders. IBO will focus on areas in which the City receives substantial federal funds that may now be at risk. The first report, focusing on NYC's public hospital system, Health + Hospitals (H+H), will be released later this week, with subsequent reports released regularly thereafter. Topic areas may include: the NYC Housing Authority, funding for the arts, K-12 education, higher education, disaster relief and public safety, environmental regulation, tax code changes, and income and food supports. I will now turn to my colleague, who will zero in on the impact of the cuts to the Supplemental Nutrition Assistance Program (SNAP) and Medicaid.

According to the NYC Human Resources Administration, as of July 2025, over one million NYC residents rely on SNAP to feed their families, receiving between \$292 and \$975 a month, based on household size. Cuts to SNAP, which will likely be the first federal cuts to hit New Yorkers, include stringent work requirements, increased reporting, burdensome recertification rules, and new limits on the cost of the Thrifty Food Plan—the baseline for determining benefit levels. All of these changes kick in just as inflation is driving grocery costs ever upward. Cuts or pauses to other food programs have already affected food pantries, which will make it harder for New Yorkers who are hurt by these cuts to find alternative support.

At the same time, as of July 2025, almost seven million New Yorkers statewide received essential health care through Medicaid, with over 57% of them—nearly four million—here in NYC. The OBBBA does not directly impact reimbursement rates for Medicaid but does eliminate funding for individuals who are not citizens. It also imposes stringent work requirements for all enrollees. Medicaid revenue impacts to the State are expected beginning in January 2026. Initially, Governor Hochul announced



that the State expected more than one million individuals to become uninsured. This is largely a result of the State's inability going forward to maintain the New York State Essential Plan, a Basic Health Program established under the Affordable Care Act. Just last week, Governor Hochul announced plans to revert the eligibility criteria for the State's Basic Health Program to the previous limit of 200% of the Federal Poverty Line. This would allow more than one million Essential Plan members to remain insured. However, another 450,000 former Essential Plan members whose incomes are between 200% and 250% of the Federal Poverty Line, and who were previously included in the program's expansion, are now likely to lose coverage.

As detailed in IBO's upcoming H+H report, H+H is the largest public hospital system in the nation, serving over one million patients annually and employing over 43,000 workers. Its fiscal year 2025 operating budget was \$13.5 billion. H+H is a safety net health system,<sup>i</sup> as defined by the State Department of Health, as over 65% of its adult patients are either uninsured or reliant on Medicaid. This makes H+H particularly sensitive to these recent policy changes. Because over half of the system's operating revenue stems from public insurance reimbursement, inclusive of both Medicaid and Medicare, and supplemental Medicaid payments, H+H receives operating subsidies from the City's coffers—almost \$3 billion in 2025, or 28% of its total budget.

IBO's report details H+H's extensive network of sites, centers, clinics, and other services such as Correctional Health Services for individuals in Department of Correction custody. H+H also administers insurance (MetroPlus) and provides health care access for New Yorkers who do not qualify for and are unable to afford insurance (NYC Care).

Because H+H's mandate is to serve all New Yorkers regardless of ability to pay, the decline in the size of the insured population will reduce revenues, raising questions as to how the State and City may be able to respond. In the past, such financial challenges have sometimes been offset by City intervention and, in the case of the COVID-19 pandemic, federal stimulus funding. The State and City may choose to either insure or otherwise pay for medical care (for example through programs like NYC Care), but the flexibility to do so may depend on the scale of all the federal cuts that may simultaneously impact multiple different areas. Beyond the implications for direct funding, IBO's report notes that economic activity may also be affected as employees or contractors potentially lose their jobs as these systems are forced to downsize. Most importantly, there are potentially devastating impacts on health outcomes for individuals who may be forced to forego primary or emergency care, or who are unable to afford necessary medication.

IBO will continue to monitor federal changes that will have local impacts. Thank you for the opportunity to testify and we are happy to answer questions.

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<sup>i</sup> The State Department of Health [states](#) that a safety net provider must have at least 35 percent of all patient volume in their outpatient lines of business must be associated with Medicaid, uninsured and Dual Eligible individuals and at least 30 percent of inpatient treatment associated with these populations, or the provider must serve at least 30 percent of this population type in the proposed county or multi-county community.





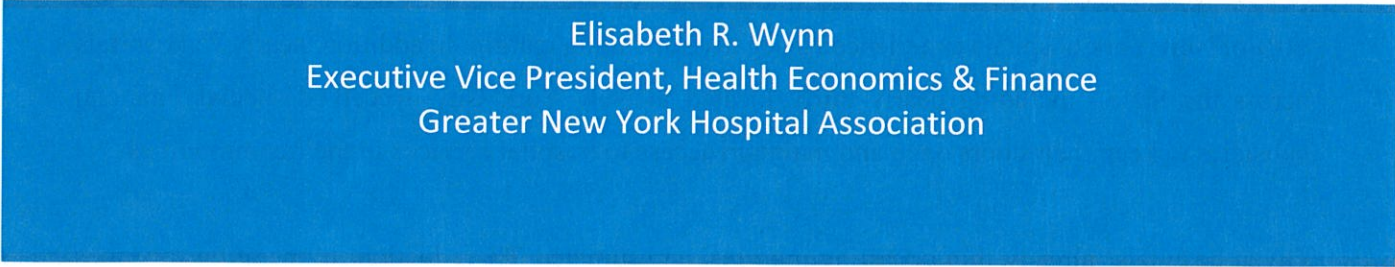
# **New York City Council**

**Committee on Governmental Operations, State & Federal Legislation**

**Committee on Hospitals**

**Committee on General Welfare**

**Hearing Testimony:  
The Impacts of Federal Budget Cuts**



**Elisabeth R. Wynn**  
**Executive Vice President, Health Economics & Finance**  
**Greater New York Hospital Association**



Chairs Restler, Narcisse, Ayala, and other members of the New York City Council, my name is Elisabeth Wynn, Executive Vice President of Health Economics & Finance, at the Greater New York Hospital Association (GNYHA). GNYHA proudly represents all hospitals located in New York City, both not-for-profit and public, as well as hospitals throughout New York State, New Jersey, Connecticut, and Rhode Island. Thank you for the opportunity to testify today about the devastating impact of the Federal *One Big Beautiful Bill Act* (OBBBA, enacted July 4, 2025) on New York City hospitals.

### **The Harm to New York**

The OBBBA imposes the largest and most destructive health care cuts in modern American history. Nationally, the law reduces health care funding by more than \$1 trillion over the next 10 years and strips health insurance coverage from nearly 12 million Americans, destabilizing hospitals and other health care providers and eroding access to care across the country.

The consequences are especially severe in New York. An estimated 1.5 million New Yorkers will lose health insurance coverage, driving up uncompensated care costs for providers and threatening their financial viability. A recent analysis by GNYHA and the Healthcare Association of New York State shows that New York hospitals can expect a direct revenue hit of \$5 billion from lower reimbursements and increased uncompensated care costs, and a \$3 billion cut to Medicaid reimbursements due to reduced Federal funding for New York's Medicaid program, with about half of the estimated impact hitting New York City hospitals.<sup>1</sup> The estimated \$8 billion impact represents 7% of New York hospitals' total operating revenues. Not just Medicaid revenues, *but total operating revenues*.

These massive cuts come at a time when New York hospitals are already struggling. In 2023, nearly 60% of New York hospitals experienced a negative operating margin. In addition, nearly 75 hospitals across the State—including nearly thirty located in New York City—received special financial subsidies to keep their doors open and maintain access to hospital services in their communities.

Given hospitals' already thin operating margins, an estimated 7% reduction in operating revenues

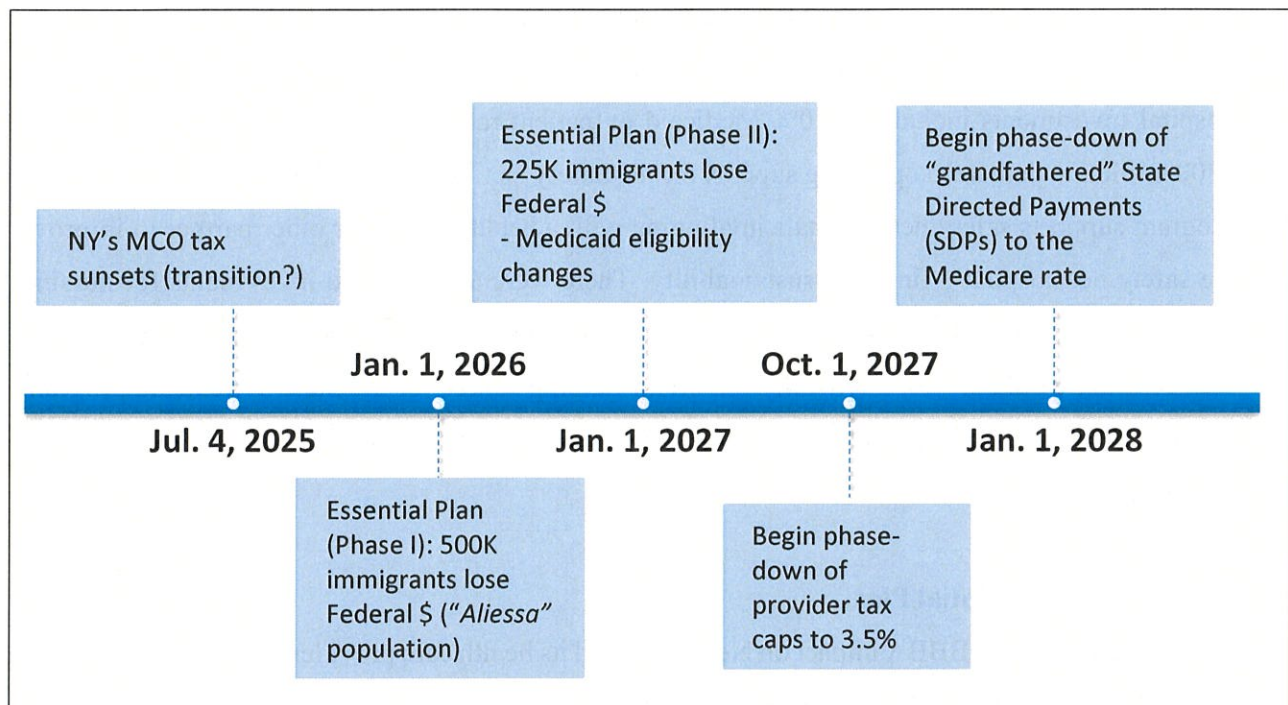
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<sup>1</sup> Assumes that hospitals take a proportionate share hit from the estimated reduction in Federal funding for New York State.

places 34,000 hospital jobs at risk across New York, deepening a workforce crisis that already has critical shortages. The economic impact will ripple beyond the hospitals and result in 29,000 additional (non-hospital) job losses and a total of \$14.4 billion in lost hospital-generated economic activity. The OBBBA will cause financially fragile institutions to close and force service reductions at others. These staggering impacts won't be limited to Medicaid beneficiaries—services reductions and closures affect all patients, regardless of their insurance coverage.

The chart below shows a high-level timeline of the OBBBA's implementation.

**Chart 1. OBBBA Implementation Timeline**



Unlike most other states that have time to plan for the OBBBA's significant effects, there are two provisions that impact New York immediately: 1) the elimination of "uniformity waivers" for provider taxes, effectively sunseting New York's recently enacted Managed Care Organization (MCO) tax and 2) changes that strip \$7.5 billion from New York's Essential Plan, destabilizing coverage for its 1.6 million enrollees. Given the quick timeline for implementation and the magnitude of the impacts, I will focus my comments on these two provisions.



## **MCO Tax**

Sunsetting the MCO tax results in a loss of \$1.5 billion in annual net tax revenues to New York State to support Medicaid investments, resulting in an estimated \$1.65 billion impact on hospitals. While this provision was effective with the OBBBA's enactment (July 4, 2025), the OBBBA gives the Trump Administration the authority to provide up to a three-year transition. A proposed rule issued by the Centers for Medicare & Medicaid Services (CMS), however, provides no transition for states with "new" MCO taxes, such as New York. GNYHA submitted formal written comments on this proposal and is strongly advocating with the Trump Administration to provide the maximum three-year transition allowed.

New York's MCO tax allowed the State to make much-needed investments in its Medicaid program to address the chronic underfunding experienced by hospitals and other providers. This year's hospital investments included a 10% Medicaid outpatient rate increase, a new quality pool, and \$300 million in dedicated operating support for the Safety Net Transformation Program. This newer program supports safety net hospitals in aligning with a health system or other partner to improve the safety net hospital's financial sustainability. There were also planned investments for nursing homes, clinics/Federally Qualified Health Centers, and other providers. A three-year transition of the MCO tax would protect a critically important funding source for the State's Medicaid program and give the State and its health care providers time to adjust to other harmful OBBBA policy changes.

## **Changes to the Essential Plan**

The most damaging OBBBA impact on New York and its health care providers is the Federal funding changes for immigrant coverage under New York's Essential Plan.

The Essential Plan was created under the Affordable Care Act's (ACA) Basic Health Plan (BHP) option (Section 1331). New York State used that authority to extend high-quality, affordable health coverage to adults earning up to 200% of the Federal Poverty Level (FPL). In addition, a special ACA Innovation waiver (Section 1332) currently provides coverage for individuals up to 250% of FPL. Today, the Essential Plan covers 1.6 million low-income New Yorkers, many of whom are immigrants or working individuals with incomes just above the Medicaid eligibility threshold, who do not have employer-sponsored insurance.

This program has been a game changer for New Yorkers and providers alike. It has contributed to New York experiencing one of the lowest uninsured rates in the country—below 5%—and has substantially reduced uncompensated care burdens for hospitals. The Essential Plan is funded by Federal dollars equivalent to 95% of the premium tax credits (PTCs) enrollees would have received on the ACA Marketplace. That funding model has made the program sustainable, cost-effective, and uniquely responsive to New York’s diverse population. Importantly, unlike the Medicaid program, Essential Plan premiums/rates also cover providers’ cost of delivering care.

The OBBBA undermines this success by drastically limiting eligibility for PTCs for certain lawfully present immigrants, cutting \$7.5 billion in Federal support for the Essential Plan, more than half of the program’s annual funding. New York hospitals are projected to lose \$1.35 billion annually in Essential Plan-related revenue and increased uncompensated care costs.

This impact occurs in two stages. Beginning January 1, 2026, nearly 500,000 lawfully present immigrants in New York who are ineligible for Federal Medicaid—known as the *Aliessa* population—lose their PTCs. New York State is constitutionally obligated to provide health coverage to this population. The cost of providing State-only Medicaid for these individuals is an estimated \$2.7 billion annually, with zero Federal assistance.

Beginning January 1, 2027, another 225,000 lawfully present immigrants lose their PTCs. Because these individuals do not qualify for Medicaid (their income is above the Medicaid eligibility level), they will likely become uninsured, increasing emergency room use and driving up hospital uncompensated care costs.

Given the magnitude of the Federal funding changes, even the 869,000 remaining Essential Plan enrollees—those who are US citizens or permanent residents—would be affected.

In response, New York Governor Kathy Hochul made the prudent choice to minimize these direct impacts. She announced last week that New York intends to terminate its Section 1332 Innovation Waiver and return to the BHP option under Section 1331. The waiver termination process, which requires Federal approval, is expected to take about 10 months and be effective July 2026.

If CMS approves the proposal, New York would gain access to about \$10 billion in Federal BHP Trust Fund dollars to temporarily stem the OBBBA's financial hit to New York State and its health care providers. Importantly, it preserves Essential Plan coverage for 1.3 million individuals between 0-200% of the FPL, including the 725,000 lawfully present immigrants who lose their PTCs. In reverting to the BHP, however, about 450,000 individuals between 200-250% of the FPL will lose Essential Plan eligibility. GNYHA believes most of these individuals will lack the financial means to purchase insurance on the ACA exchange and could become uninsured. Governor Hochul has called on CMS to work with New York State on innovative solutions to address the impact on this group. GNYHA has long championed universal health insurance coverage and will work with New York State and other stakeholders to advocate for solutions to affordable health insurance for these individuals.

Given these impacts, GNYHA believes that a delay in the OBBBA provisions would be the best outcome for New York. We are actively engaged with the entire New York Congressional delegation, including Senate Democratic Leader Chuck Schumer (D-NY), House Democratic Leader Hakeem Jeffries (D-NY), and the seven New York House Republicans as they seek a delay. We are asking for a three-year delay to allow time for New York State to plan for these significant changes and impacts.

The upcoming discussions on the Federal fiscal year 2026 budget presents the first opportunity for Congress to delay the Essential Plan cuts. Addressing these cuts is one of GNYHA's top Federal priorities, and we are advocating for the Essential Plan delay to be included in the Federal funding bill.

### **Other Provisions**

Unfortunately, the OBBBA's damage does not stop here. Many other provisions in the law will compound the harm to New York. These include:

- **Capping provider taxes at their current levels and reducing the allowable maximum tax threshold to 3.5% (phased in over 2027-2031)**, reducing a vital Medicaid financing tool for states and leading to an additional \$1.5 million annual lost tax revenue for New York and \$650 million in annual hospital losses.
- **Limiting State Directed Payments (SDPs) to Medicare rates**, a move that will cut \$1



billion in Medicaid support for safety net hospitals when fully phased in. Under this policy, approved SDPs are temporarily grandfathered at their current value until 2028, after which they will phase down to the Medicare rate. Given the direct financial impact on New York's urban and rural safety net hospitals, this provision is particularly concerning.

- **Mandating Medicaid work requirements** and semi-annual recertifications for the Medicaid expansion population, which will increase enrollee churn and disenrollment. New York State estimates that 1.2 million New Yorkers will lose coverage as a result.
- **Imposing cost-sharing for Medicaid enrollees of up to \$30 per visit (State option)**, potentially creating financial barriers to care and increasing administrative complexity for providers.
- **Triggering new Federal Medicare cuts** over the next 10 years due to statutory sequestration (if not waived by Congress) that would reduce Medicare payments to providers by 4%.

Together, these provisions amount to a fiscal reckoning for New York hospitals and put a massive hole in the State budget. The damage will be felt more acutely in New York City, where our hospitals care for large immigrant and low-income populations. These are not abstract figures—they represent lost services, staff, and care capacity.

### **Moving Forward**

GNYHA continues to vigorously engage with the New York Congressional delegation, the committees of jurisdiction, and the Trump Administration to lessen the bill's damaging effects. In the immediate term, as I mentioned earlier, our priorities are to delay the OBBBA's Essential Plan changes and secure a three-year transition for New York's MCO tax.

### **Conclusion**

Thank you for the opportunity to testify before the City Council on this important issue. GNYHA and our member hospitals are committed to the physical and mental wellbeing of New Yorkers from every walk of life. We welcome the City Council joining our efforts to protect New York's health care system and the patients it serves during this difficult and tumultuous time by mitigating the OBBBA's immensely harmful effects. I am happy to answer any questions you may have.



## **Asian American Federation**

**Committee on Governmental Operations, State & Federal Legislation, jointly with the  
Committees on General Welfare and Hospitals  
The New York City Council, September 15, 2025**

### Written Testimony

Thank you, Chair Restler, and members of the City Council, for holding this important and timely hearing on the impacts of Federal Budget Cuts, and for receiving public comments on a bill regarding the creation of an office for the Census. My name is Andrew Sta. Ana. I am the Deputy Director of Research and Policy at the Asian American Federation, representing the collective voice of over 70 member nonprofits that serve 1.5 million Asian New Yorkers.

When we last testified before this committee in April, when federal cuts were looming, we signaled that New York's Asian community would face a trifecta of crises: 1) a sharp rise in anti-immigrant policies including indiscriminate ICE enforcement, 2) wild swings in the economy due to job losses, tariffs, and policies hostile to many New York families and workers, and, of course, 3) unprecedented cuts in federal funding that threaten safety, economic stability, healthcare and food security of millions of New Yorkers.

And while our member organizations continue to exhibit resilience and extraordinary courage in this unstable climate to serve, house, feed, educate, and protect low-income Asian and immigrant New Yorkers, we are here to signal that the crises, now at our doorstep, are getting worse.

Asian New Yorkers contribute to the vibrancy of New York City in myriad ways, from businesses of all sizes, public service, food and restaurants, education, healthcare, and culture. However, despite the model minority stereotype that inaccurately depicts Asian Americans' wealth and success, our community faces significant hardship, poverty, and isolation. In May 2025, we released our brief, [Expanding Communities, Expanding Needs, Asian Communities in New York City Council Districts 2025](#), which provides a clearer picture of Asian New Yorkers by city council district. Further, following the passage of HR1, we released an [information sheet](#) on the impact of HR1 on Asian New Yorkers. In spaces where the visibility of Asian New Yorkers is not often made explicit, AAF offers the following data to share a more nuanced picture:

- Two-thirds of Asian New Yorkers are foreign-born, and nearly 27% of our community is non-citizens.
- From 2010 to 2020, our population surged by 34.5%, yet one in three Asian residents lives in low-income households, and we are twice as likely to experience poverty compared to white New Yorkers.
- Overall, 48% of Asians in New York City have limited English proficiency, compared to a citywide rate of 23%.
- Asian Americans are the fastest-growing population in New York State, with 24% immigrants from Asia living unauthorized.
- Nearly 90% of Asian American children live with at least one immigrant parent.

As such, the impact of HR1, its pervasive budget cuts, and related federal policy changes has caused acute pain for Asian New Yorkers. Regardless, our member organizations provide a critical service and human connection to our community, which experiences fear, hunger, poverty, isolation, and hate. In addition, we know across the city that community members are hesitant to access services due to concerns about unwarranted ICE raids. They are disenrolling from benefits, avoiding seeking medical care from hospitals, and disengaging from the community. Drastic cuts to federal funding to serve Asian New Yorkers will only make matters worse.

AAF believes it is more critical than ever that the city reinforce its support for addressing these interconnected issues by supporting the community-based organizations that provide these services. From the turmoil and tragedy of 9/11 to the 2008 financial crisis, the COVID-19 pandemic, and the resurgence of Asian violence, our member organizations have consistently protected our community and provided a literal lifeline.

Regarding the two bills before the council today, AAF offers the following:

- AAF supports [Initiative 1225](#), which establishes an Office of the Census. We know firsthand the importance of the Census, as well as the culturally competent and language-accessible outreach, not only for its implications for congressional maps and funding allocations, but also for the data it provides to create an accurate picture of our communities. Further, as a Census Information Center, AAF has long been a trusted voice in New York, leading census advocacy for Asian New Yorkers. We are deeply concerned that the inclusion of a citizenship question, which may deter participation from non-citizens, as well as other efforts to undermine the census's integrity, will be devastating to our communities. Without resources and advanced planning, New York is projected to lose two congressional seats in the upcoming 2030 census. Such losses will leave our community without voices in Congress to advance New Yorkers' priorities. As the impacts of HR1 will ripple through our communities for years to come, we fear that

an incomplete census count will result in fewer financial resources to support our communities in the future.

- Further, AAF is also supportive of [Initiative 1364](#), which requires monthly reporting to the Mayor, City Council, and the City Council on the status of Federal Funding. AAF believes that not only is a clear picture of federal funding important, but our government should use that information to make strategic decisions to protect all New Yorkers. From impacts on healthcare, public benefits, housing, and other services, these cuts will impact already vulnerable New Yorkers.

Finally, as the City moves toward its September Transparency Resolution, we make the following recommendations:

1. Dedicate funding to community-based organizations on the ground by allocating funding through the September Transparency Resolution for programs that serve Asian American Immigrants and their families.
2. Protect funding for community-based organizations that have met the basic needs of our community members during ever-evolving times of crisis.
3. Strengthen partnerships with Asian-led, Asian-serving nonprofits that understand the needs of their communities to address long-term food insecurity, violence prevention, poverty, housing, social services, and healthcare gaps.
4. Maintain Support AAF's work and priorities through the next budget cycle in areas such as the Worker Cooper Business Development Initiative for AAF's kind Asian Language Worker Coop, Hate Crimes Prevention, Mental Health Services for Vulnerable Populations, AAPI Community Support, among other initiatives.

The challenges are complex, and we acknowledge that there are no easy solutions to navigating these ongoing and evolving crises. Please continue to keep Asian New Yorkers and our immigrant community at the forefront of your mind as you hold the line for New York City as we weather what may come together. Thank you for your vital and courageous leadership at this time.



Big Brothers Big Sisters of New York City  
40 Rector Street, 11<sup>th</sup> Floor  
New York, NY 10006

Dear Committee Chairs Restler, Ayala, and Narcisse:

I've dedicated more than 20 years to Big Brothers Big Sisters of NYC. During that time, I've seen the organization continuously evolve to meet the ever-changing needs of New York City's young people by leveraging the power of mentoring. Always centered around our mission, we have developed programs that support youth through high school, college, and into their first career jobs. I've had the opportunity to see countless lives impacted by the power of mentoring, including my own.

On behalf of Big Brothers Big Sisters of New York City (BBBS of NYC), I want to personally thank the Council for its ongoing support, dedication to youth mentoring, and investment in the next generation of youth leaders.

Our vision at BBBS of NYC is that all youth achieve their full potential, and our mission is to build and support mentoring relationships that ignite the biggest possible futures for ALL youth. Centered on our core values of Putting Youth First, Advancing Diversity, Equity & Inclusion, Operating with Integrity, Engaging with Empathy, and Investing in Learning & Innovation—BBBS of NYC seeks to bridge the opportunity divide for underrepresented youth through its suite of Community-Based, Workplace, and College & Career Success mentoring and youth development programs.

In FY25, BBBS of NYC served 2,340 young people from all five boroughs through our programming suite. We are proud to share that our 1:1 Community-Based and 1:1 and group Workplace Mentoring programs supported strong academic achievement for our youth. Of tracked participants, 99.7% were promoted to the next grade; 100% of high school seniors graduated from high school; and 94% of high school seniors graduated with plans to attend college in the fall. Additionally, approximately 96% of BBBS of NYC's youth served were of color, 60% were from single parent/guardian households, 39% of their parents/guardians had no college experience, and 87% of them lived in low-income households (FY25).

The Citizens' Committee for Children of New York reports that 44% of New York Children rely on Medicaid and 30% of SNAP recipients are children. At Big Brothers Big Sisters of New York City, 24% of our total youth served in FY25 lived in low-income households, 19% in very low-income households, and 43% in extremely low-income households (based on HUD definitions for the NYC region and census tract data). Based on these demographics, we can extrapolate that the youth and families we serve will see monumental impacts from the extensive federal funding cuts to Medicaid and SNAP, without marked city and state support.

As New York City responds to the impact of SNAP and Medicaid cuts on our local community, we urge City Council to stand with and support New York City youth and families. When our youth thrive, New York City thrives.

Thank you again for your commitment to the transformative power of youth mentoring and your belief in what's possible when we surround young people with holistic and lasting support.

Sincerely,

Michael Coughlin, Executive Director

Big Brothers Big Sisters of New York City





**Building Service 32BJ Health Fund**

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Manny Pastreich, *Chairman*  
Howard I. Rothschild, *Secretary*  
Peter Goldberger, *Executive Director*  
Cora Opsahl, *Fund Director*

**Testimony of Jessica Zhang, Senior Manager of Policy, 32BJ Health Fund  
New York City Council**

Committee on Governmental Operations, State and Federal Legislation, the Committee on General Welfare, and  
the Committee on Hospitals

**Hearing – Oversight: The Impacts of Federal Budget Cuts  
September 15th, 2025**

Thank you for the opportunity to testify on healthcare affordability issues in the wake of federal budget cuts.

The 32BJ Health Fund provides health benefits to over 210,000 32BJ union members and their families, using contributions from over 5,000 employers. Those union members are the front-line building services workers that keep our buildings in order and our airports and schools running. Our membership is majority people of color and many are immigrants, a group targeted by the current Administration. We submit this testimony because, although the federal budget cuts are primarily to Medicaid, we believe that the vulnerabilities caused by these cuts – for New Yorkers who will lose coverage and for our safety net and public hospitals that will lose revenue – are rooted in existing issues faced by the Fund and our members, for which we hope to offer solutions.

As a self-funded plan, hospital prices directly impact the 32BJ Health Fund's sustainability and ability to keep costs low for plan participants. Every dollar spent on higher-priced care is a dollar that cannot be used for wage increases or other benefits like pensions. Since 2004, the cost of health benefits for the 32BJ Health Fund participants has increased from 17% of the total employee compensation package to 37% – meaning healthcare costs have risen four times more than wages, with a 54% increase in wages and a 230% increase in health benefit costs.

New York City's large, high-priced hospital systems are the major driver of these unsustainable increases. Hospital prices have increased over 100% over the last fifteen years, greatly outpacing inflation, and compared to a 50% increase for the cost of housing, food, prescription drugs, and other medical care. According to RAND, commercial plans paid 301% of Medicare prices on average at hospitals in New York in 2020-2022.<sup>1</sup>

Amid the federal budget cuts that will impact hospital revenue across all hospitals, we must distinguish NYC's large and wealthy hospital systems from our public and safety net hospitals. It is the few large and wealthy hospital systems in NYC that are driving the high and rising hospital prices in the commercial market. And, contrary to the assertion by many hospitals, these price increases are not due to making up for increasing financial losses from Medicaid reimbursement. Instead, the broad economic research consensus is that high and rising commercial hospital prices reflect increasing market power and reductions in competition, which result from mergers and acquisitions, rather than cost-shifting from public to private payers.<sup>2</sup> We anticipate that these

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<sup>1</sup> [https://www.rand.org/pubs/research\\_reports/RRA1144-2.html](https://www.rand.org/pubs/research_reports/RRA1144-2.html)

<sup>2</sup> Frakt, Austin B., "How Much Do Hospitals Cost Shift? A Review of the Evidence," *Milbank Quarterly*, 2011, Vol. 89(1), pp. 90-130; Glied, Sherry, "COVID-19 Overturned the Theory of Medical Cost Shifting by Hospitals," *JAMA Health Forum*, 2021, Vol. 2(6), e212128; White, Chapin, and Wu, Vivian Yaling. "How do hospitals cope with sustained slow growth in Medicare prices?," *Health services research* 49.1 (2014): 11-31.

few systems, which already sit on billions in total net assets, may use the federal cuts to Medicaid as an argument in negotiations with Funds like ours, to legislators, and to the public for why they require higher prices, when in reality the hospitals receiving the highest prices are also those least at risk from federal budget cuts.

And yet, the issue of high hospital prices in the commercial market is not disconnected from the present dangers brought by federal budget cuts, both for individual New Yorkers and for the stability of our healthcare system.

High hospital prices among a few large systems drives a bifurcated healthcare market in which those few systems accrue more and more wealth and safety net and public hospital systems, which primarily serve Medicaid and uninsured patients, experience further disinvestment. Researchers describe this dynamic in New York as “a cycle of hospital expansion or withering,” fueled by a feedback loop whereby profitable higher-price hospitals invest in capital expenditures relatively more than less profitable lower-priced hospitals, leading to higher-priced hospitals attracting more patients for a larger market share, thus increasing their bargaining power, which in turn leads to further price increases.<sup>3</sup> A recent study of New York State Medicaid data describes how this dynamic impacts Medicaid patients’ access to care, showing that as hospitals merge and become more consolidated, they shift their services away from Medicaid patients – presumably preferencing commercial patients as they are able to increase prices even further.<sup>4</sup> These high prices also drive hospitals’ billing practices and investments, with another New York-based study showing that hospitals with a higher share of privately insured patients register more diagnoses per patient, and that those additional diagnoses are more likely to be from a list of commonly upcoded conditions compared with hospitals with a low commercial payer mix.<sup>5</sup> Without intervention on commercial prices, hospitals’ relative revenue benefit for providing care to commercial patients instead of Medicaid patients will continue to grow – at the expense of access to care for Medicaid patients and funds available for income and benefits for everyone else. To protect healthcare affordability for all New Yorkers, we cannot leave our healthcare system vulnerable to this kind of profit-seeking behavior.

Furthermore, the federal cuts to Medicaid mean that more New Yorkers will be exposed to the existing unaffordability in the commercial healthcare market, as purchasing insurance on the Marketplace is the only other option available to individuals without employer-based health insurance who will newly become ineligible for public plans. Roughly half of New Yorkers pay for healthcare through the commercial market – meaning through employer-based health insurance, insurance purchased on the NYS marketplace, or without insurance. For family coverage through employer-based health insurance, average total premiums are \$28,000 and employee contributions are \$8,000 annually.<sup>6</sup> Currently, a New Yorker who makes \$40,000 per year with a silver-level plan on the NYS Marketplace, let’s call her Maria, pays \$100 per month in premiums. When Maria gets her routine preventative care, for example, an ultrasound breast exam in a hospital outpatient department, she will pay \$176 in co-insurance even after meeting a \$2,100 deductible. In short, healthcare coverage is extremely expensive for many New Yorkers, and the underlying price of care matters for healthcare affordability.

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<sup>3</sup> Beaulieu, N. D., Hicks, A. L., & Chernew, M. E. (2025). Hospital Capital Expenditures Associated With Prices And Hospital Expansion Or Withering, 2010-19. *Health affairs (Project Hope)*, 44(5), 546–553. <https://doi.org/10.1377/hlthaff.2024.01172>

<sup>4</sup> Sunita M. Desai, Prianka Padmanabhan, Alan Z. Chen, Ashley Lewis, Sherry A. Glied, Hospital concentration and low-income populations: Evidence from New York State Medicaid, *Journal of Health Economics*, Volume 90, 2023, 102770, ISSN 0167-6296, <https://doi.org/10.1016/j.jhealeco.2023.102770>.

<sup>5</sup> Dragan KL, Desai SM, Billings J, Glied SA. Association of Insurance Mix and Diagnostic Coding Practices in New York State Hospitals. *JAMA Health Forum*. 2022;3(9):e222919. doi:10.1001/jamahealthforum.2022.2919

<sup>6</sup> KFF. Average Annual Family Premium per Enrolled Employee For Employer-Based Health Insurance. Accessed 9/19/25.

With the federal cuts, many more New York City residents are projected to lose their low- or no-cost health insurance through Medicaid or the Essential Plan, and they will be faced with the full force of high and rising healthcare costs in the commercial market. For example, if Maria is in certain immigrant categories, she will lose access to all federal and state support that currently qualifies her for low- or no-cost monthly premiums, thus requiring her to now pay \$880 per month, or 26% of her annual income of \$40,000 before out-of-pocket costs (copays or coinsurance) that come with actually receiving any healthcare services.

Maria's healthcare is unaffordable due to the same root causes that threaten the stability of our Health Fund – high hospital prices that cause cascading effects like high insurance premium rates and high out-of-pocket costs.

This is why we thank you for passing Resolution 0822 earlier this year, and we ask for your support in continuing to raise The Fair Pricing Act (S.705/A.2140) to State elected officials as a priority.

The Fair Pricing Act establishes a price cap on routine, low-complexity healthcare services so that prices are not able to rise unchecked at the expense of New Yorkers. A study by health economists at Brown University shows that the Fair Pricing Act could save \$1.1 billion each year in New York State, with up to \$213 million in savings directly to patients through lower out-of-pocket expenses. Safety net and public hospitals are exempt from the Fair Pricing Act, as the bill targets the unnecessarily high prices in hospital systems that yield large market share and large profits.

Thank you for your partnership to make healthcare more affordable for working people.



## CACF Invisible No More: Testimony in Support of Int. 1225

New York City Council Joint Hearing of the Committee on General Welfare; Committee on Governmental Operations, State & Federal Legislation; and Committee on Hospitals

Lloyd Feng, Senior Data Policy Coordinator

Coalition for Asian American Children and Families

September 15, 2025

Thank you so much to Chairs Restler, Ayala, and Narcisse and members of the Committees for convening this hearing and the opportunity to testify today. My name is Lloyd Feng, and I am providing testimony on behalf of the Coalition for Asian American Children and Families (CACF), the nation's oldest pan-Asian children's advocacy organization, and our *Invisible No More* campaign, which for fifteen years has championed the collection and reporting of disaggregated ethnicity data across New York City, New York State, and federal agencies.

We thank Council Member Julie Menin for her leadership in sponsoring **Int. 1225**, which would establish a New York City Office of the Census, and implore the Committees to support this bill and Council to pass this bill that will help count all New Yorkers and protect New York's representation in the apportionment process resulting from a more robust census count.

New York City is home to a rapidly growing and diversifying Asian population. According to the **2019–2023 American Community Survey 5-year estimates**, more than **1.5 million New Yorkers** identify as Asian, alone or in combination. Chinese New Yorkers number approximately 631,000, Indian New Yorkers approximately 257,000, and Bangladeshi, Filipino, and Korean New Yorkers each around 100,000. In that time frame, our communities have experienced both significant population growth, but also notable declines. The population of Chinese New Yorkers in Queens grew nearly 6% and in Staten Island nearly doubled, but fell by 1-2% in Manhattan and Brooklyn. Indian New Yorkers experienced population growth of 11% in Manhattan, but a proportionate decline in Queens of 11.8%. Across the city, the Vietnamese population grew by almost 16% and the Filipino population by nearly 10%. Korean New Yorkers have declined in population in all five boroughs.

Across subgroups, Asian New Yorkers have distinct, but also shared needs. In several districts, **over 70% of Asian residents have limited English proficiency**, with major implications for outreach and service delivery. In at least **14 Council districts**, **one in five Asian residents lives below the poverty line**.

Amidst these population changes, Asian residents make up more than 15 percent of New York City's total population as well as **10 percent of the population in 28 of the City's 51 Council districts**, or over half of City Council districts. CACF, together with our over 90 member organizations that serve Asian New Yorkers' myriad social service needs, recognize the critical



importance of ensuring that each and every one of us is counted in the 2030 Census so that Asian New Yorkers are fully included and respected in the apportionment and redistricting process at the congressional, state assembly and senate, and NYC Council district levels.

**We are excited to support Int. 1225** and build off the City's 2020 Census Complete Count Campaign, led by CM Menin as its director, which marked an important milestone toward supporting community education on census matters. Since 2020, dozens of new immigrant-serving and culturally specific community-based organizations focused on Asian communities have formed or expanded across the five boroughs. These organizations—many of which directly serve Chinese, Bangladeshi, Korean, Indian, Filipino, Uzbek, and Thai as well as Arab, Latino, and African other communities—were not part of the previous campaign, but are eager to ensure that their constituents and neighbors are fully included in the 2030 Census.

As Int. 1225 moves forward, CACF urges the Council to ensure the Office of the Census has explicit authority to:

1. **Incorporate Detailed Race/Ethnicity Standards** – Codify and enforce alignment with Int. 1134's requirements across all agency forms and reporting systems.
2. **Conduct Community-based Intercensal Surveys and Research** – Fill gaps left by the ACS by piloting small-scale city surveys in partnership with community-based organizations to capture real-time community needs. NYC can always benefit from an agency staffed with statistical policy experts to conduct surveys of NYC residents in order to aid policymakers' understanding of our city's ever changing communities. If the Office develops intercensal surveys and integrates administrative data, it must prioritize **data privacy, transparency, and methodological rigor**.
3. **Integrate Administrative Data with Privacy Safeguards** – Develop protocols to link agency data sources in a secure, privacy-preserving way, producing timely disaggregated indicators on poverty, benefits access, housing, and more. The office can only operate with the trust of CBOs and community members if it commits to adhering to privacy-preserving linkages, ensuring that no personally identifiable information is misused or shared outside of legal bounds, and strict limitations on data sharing with non-NYC entities.
4. **Invest in Language Access and Trusted Messengers** – Partner with community organizations to reach households with limited English proficiency, leveraging multilingual outreach and local credibility.
5. **Develop a Rapid Response to Combat False Information** – Create a multilingual infrastructure to counter myths about the census and public programs, working closely with grassroots organizations.

A NYC Census Office must therefore:



- **Work directly with an even wider network of community partners** than in 2020, reflecting the changing landscape of all our communities in New York City.
- **Resource CBOs equitably**, providing multi-year, sustained funding rather than short-term contracts that end after census day, and ensuring that smaller organizations are just as well resourced as bigger organizations.
- **Build shared ownership** of outreach, with CBOs at the table for planning and evaluation.

Establishing a NYC Census Office would be a piece of critical infrastructure for a fairer city. Without it, we will continue to operate in the dark, missing the needs of millions of New Yorkers—including over 1.5 million Asian residents—whose lives, languages, and struggles are too often invisible in city data.

We also underscore the importance of aligning Int. 1225 with our own bill **Int. 1134**, legislation championed by Council Member Shekar Krishnan, which would require all NYC agencies to collect and report **detailed race and ethnicity data**. Together, Int. 1225 and Int. 1134 would establish the essential foundation for fair representation and community-engaged policy:

- **Int. 1225** provides a dedicated office and capacity for community-based organizations.
- **Int. 1134** ensures the standards for detailed disaggregation that give policymakers, advocates, and service providers the information they need.

We urge the Council to view these bills as complementary pillars of New York City's leadership in inclusionary data-informed governance.

With Int. 1225 and Int. 1134, the Council has a rare opportunity to enshrine both the **capacity** and the **standards** necessary to ensure that every community is counted in the 2030 Census. CACF's Invisible No More Campaign is ready to partner with the Council, the Administration, and our fellow community organizations to make that vision a reality. Thank you for your leadership and for the opportunity to testify.



**New York City Council Hearing  
Committee on Governmental Operations, State & Federal Legislation  
September 15, 2025**

My name is Nikita Boyce, and I am the Budget Policy Coordinator for the Coalition for Asian American Children and Families, or CACF.

Asian American and Pacific Islander (AAPI) communities make up 18% of the population of New York City. Despite having a significant population, AAPI-serving organizations receive just around 5% of the city budget. This under-resourcing of AAPI communities further undergirds the poverty rate of these communities – standing at the highest rate per any demographic in NYC. The 18% and Growing Campaign, made of over 90 nonprofits (NPOs) and community-based organizations (CBOs), fights for a fair and equitable budget that protects the needs of our most vulnerable community members. This includes protecting the needs of the organizations doing the hard work of providing life-affirming services and resources to AAPI communities across the city.

**CACF and the 18% and Growing Campaign supports the passage of Intro 1364 to help reduce service gaps and provide transparency into reimbursement processes, thereby allowing organizations to plan effectively amidst anticipated federal funding cuts.**

It is imperative that community programs funded by the city are being reimbursed in a timely manner to ensure that reductions in services and gaps in resources are avoided. Historically it has been difficult for NPOs and CBOs to obtain reimbursement for their services in a timely manner. CBOs have noted that they had to readjust their service delivery, which in some cases has placed clients and community members into difficult financial situations. There are even instances where NPOs/CBOs leaders have had to take out personal loans to cover the overhead expenses of their programs and services. Not having enough funding means losing staff members, and providing invaluable services like food to community members. This leads to decreased staff, programs, services, and incentives for community members issues sooner than anticipated.

Int. 1364 gives organizations that provide life-affirming services a chance to plan ahead through the insight and transparency of a monthly report. While larger NPOs may have better access to larger grants from the federal government, losing these funds would mean the loss of lives. These organizations provide a wide range of services to AAPI communities across the city and losing funds means decreased staff, programs, services, and incentives for the issues that community members face. When this happens, CBOs fill the gaps left by government and agencies. City Council needs to commit to protecting CBOs by ratifying Intro 1364 in order to make up for the challenges CBOs are facing – especially since the challenges that AAPI and immigrant communities face are the ones being defunded by the federal government (language access, health benefits, affordable housing, legal services, education, domestic violence, childcare, youth empowerment, elder services, and cultural programs).

CACF and the 18% and Growing Campaign urges you to pass Intro 1364. The wellbeing of our marginalized communities depends on the continued, reliable operation of NPOs and CBOs, and any disruption in services will have dire consequences for the AAPI community. Thank you.



## **Testimony of Bertram Weston**

### **Provided to the New York City Council Committees on General Welfare, Hospitals, and Governmental Operations, State & Federal Legislation September 15<sup>th</sup>, 2025**

My name is Bertram Weston, and I am a lived experience advocate serving on the Consumer Advisory Board at Care For the Homeless. I would like to thank the chairs of the committees and all committee members for the opportunity to testify today on how federal budget cuts will impact unhoused New Yorkers.

Federal cuts to Medicaid and SNAP threaten millions of New Yorkers, especially unhoused people who rely on these programs to survive. Without these lifelines, it becomes harder to stay healthy and achieve stability.

Homelessness and health are deeply linked. Poor health is a major cause of homelessness, while homelessness itself can create or worsen health conditions. People without housing face higher rates of chronic illness and live about 20 years less than the general population. My experience with homelessness began due to health-related issues that impacted my confidence, self-worth, and self-esteem. Without my health and the support of health professionals, I would not be able to be on the journey I am on to regain confidence and find my way to stable housing and health.

Addressing the health care needs of unhoused communities is an important component of ending homelessness and is often the first intervention that puts individuals on the path to stability. Medicaid ensures access to medication, inpatient care, behavioral health services, and much more. It has played a vital role in ensuring that people experiencing homelessness can access comprehensive care and essential services to address chronic conditions. Without Medicaid, I wouldn't be able to get a hearing aid and see an eye doctor. These services allowed me to see again and hear again, which has been a necessary part of my journey to regain housing and health stability. The care I have received helped save my life.

However, we know that many people will lose access to these services due to changes to eligibility. Even under the current system, administrative requirements to access public assistance are already challenging. I relied on the help of Care For the Homeless to access many of these services. Without their support, I wouldn't have known how to access these lifesaving services. New federal rules increase these difficulties by adding impossible requirements – frequent eligibility checks, address and ID verification, and monthly reporting. For people without stable housing, internet, or secure documents, these hurdles mean losing coverage, not because they are ineligible, but because of red tape. I don't know where I would be if I hadn't had the guidance and support of the teams at Care For the Homeless, and these burdens only make it more difficult for folks who are already struggling with the realities of homelessness to access these lifesaving benefits.

I am deeply concerned with the adverse impacts of these federal changes on unhoused communities, as they perpetuate a cycle of poor health and housing insecurity. I know firsthand that access to Medicaid and nutritional support can be transformative, allowing individuals to manage chronic illnesses, seek stable housing, and rebuild their lives. There are already so many unhoused people living on the streets and in the shelters across NYC and around the country; these changes will push more people into homelessness and make their journey back to stability tremendously harder.

I urge the City Council to center the voices of unhoused communities in city-level budget and policy decisions, ensuring reforms help to mitigate the impact of the threats we are already facing.

Thank you very much for your time and for your commitment to the health, safety, and dignity of all New Yorkers.

If you have any questions, please reach out to Chelsea Rose at Care For the Homeless at [crose@cfhnyc.org](mailto:crose@cfhnyc.org).



**Testimony of Chelsea Rose  
Policy & Advocacy Manager  
Care For the Homeless**

**Provided to the New York City Council  
Committees on General Welfare, Hospitals, and  
Governmental Operations, State & Federal Legislation  
September 15, 2025**

My name is Chelsea Rose, and I am the Policy and Advocacy Manager at Care For the Homeless (CFH). I would like to thank the General Welfare Committee Chair, Diana Ayala, the Hospitals Committee Chair, Mercedes Narcisse, the Committee on Governmental Operations, State & Federal Legislation Chair, Lincoln Restler, and all committee members for the opportunity to testify today on the impact of federal policy changes on New York City residents experiencing homelessness.

Care For the Homeless has over 40 years of experience providing medical and behavioral health services exclusively to people experiencing homelessness in New York City. We operate 22 federally qualified health centers in all five boroughs. Our service sites are co-located at facilities operated by other non-profits, including shelters for single adults and families, assessment centers, soup kitchens, and drop-in centers. Additionally, our community-based health center model brings services directly to neighborhoods where the need is most significant. Both models reduce barriers unhoused New Yorkers regularly face in navigating a complex health care system by increasing access to high-quality, patient-centered, health services. We also operate two shelters for single adult women, two shelters for single adult men, and one Safe Haven. Each of the shelters has an on-site health center for the residents and for the community. In these programs, our goal is to end episodes of homelessness by providing essential supportive services to help our residents obtain stable and permanent housing.

Today I am here to speak about how federal cuts and policy changes will directly harm people experiencing homelessness. It also threatens the ability of organizations providing essential services to continue serving as a lifeline for our communities.

**Impact of Cuts to Health Care Programs**

The reconciliation bill, HR.1, has cut \$1.5 trillion from Medicaid and SNAP, and enacted provisions that restrict access to health care and food assistance, disproportionately impacting individuals experiencing homelessness, immigrants, and other vulnerable communities. As a result, 1.5 million



New Yorkers are expected to lose health insurance coverage,<sup>1</sup> and 3 million will lose access to SNAP benefits.<sup>2</sup>

New York's healthcare systems are also facing \$13 billion in cuts,<sup>3</sup> and New York City specifically is estimated to lose \$7.4 billion in hospital-generated economic activity.<sup>4</sup> At the same time, key state tools to close funding gaps are being dismantled. State provider taxes, a critical financing mechanism, are frozen, blocking new revenue options after 2026. State directed payments, which let Managed Care Organizations reimburse providers at higher rates, are capped and being phased down, limiting New York's ability to stabilize hospitals and safety-net providers.

The stakes are particularly high for New York Community Health Centers (CHCs), which face a \$300 million federal funding loss which will have a significant impact on these operations.<sup>5</sup> CHCs are a vital health care safety net, delivering comprehensive primary and preventive care regardless of ability to pay. Yet as uninsured rates climb, CHCs will be expected to serve more patients with fewer resources. Together, these restrictions will weaken New York's ability to offset federal cuts, leaving providers underfunded and vulnerable communities, especially people experiencing homelessness at greater risk of poor health and housing instability.

### **Impacts on the Health Care for the Homeless (HCH) Community**

Health Care for the Homeless programs like ours are part of the larger Community Health Center Program under Section 330 of the Public Health Service Act. For over 30 years, HCH programs have delivered high quality, comprehensive low or no-cost health care for 1 million patients nationwide.

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<sup>1</sup> New York State Department of Health, "NY Healthcare Impacts by Congressional District.," New York State., <https://sharegisny.maps.arcgis.com/apps/dashboards/03f4a73b91df459d9089e1603b9dc7eb>.

<sup>2</sup> Hochul, Kathy., "Statement from Governor Kathy Hochul on the Final Passage of Trump's Big Ugly Bill in the House"., 3 July 2025., New York State., <https://www.governor.ny.gov/news/statement-governor-kathy-hochul-final-passage-trumps-big-ugly-bill-house>.

<sup>3</sup> Kinnucan, Michael., "The State is Understating Threats to NYS Medicaid After OBBA.," 25 July 2025., Fiscal Policy Institute., <https://fiscalpolicy.org/the-state-is-understating-threats-to-nys-medicaid-after-obbba>.

<sup>4</sup> Greater New York Hospital Association and Healthcare Association of New York State, Inc., "Catastrophic Losses Across NYS: 63,000+ Jobs, \$14.4 Billion In Economic Activity At Risk"., June 2025., <https://www.governor.ny.gov/sites/default/files/2025-07/OBBBA-House-and-Senate-jobs-and-economic-impact-June-2025-FINAL.pdf>.

<sup>5</sup> Hochul, Kathy., "By the Numbers: The Republican 'Big Ugly Bill' Would Have Devastating Impacts on New York Health Care Providers, Patients, Employees and Communities.," 1 July 2025., New York State., <https://www.governor.ny.gov/news/numbers-republican-big-ugly-bill-would-have-devastating-impacts-new-york-health-care-providers>.



Homelessness and health are inextricably linked. Poor health is a major cause of homelessness, and the experience of homelessness can create new health problems or exacerbate existing ones. People experiencing homelessness have higher rates of chronic disease and live on average 20 years less than the general housed population. Addressing the health care needs of unhoused communities is an important component of ending homelessness and is often the first intervention that puts individuals on the path to stability. For any individual, it is difficult to focus on securing employment and housing when simultaneously dealing with poor health. Reducing the barriers to health care access are a cornerstone of health care for the homeless programs and Medicaid has played a vital role in ensuring that people experiencing homelessness can access comprehensive care and essential services to address chronic conditions. This includes coverage for medication, inpatient care, and behavioral health treatment to name a few. Medicaid is also one of the primary funding sources for HCH programs.

However, H.R. 1 has imposed new eligibility requirements that are virtually impossible for people experiencing homelessness to meet, putting them at serious risk of losing insurance coverage and therefore access to the essential health services they need to achieve stability and exit homelessness. Even under the current system, insurance applications are burdensome and confusing. Many of our clients already struggle with enrollment, recertification, and documentation because they lack reliable access to the internet, mail, phones, or computers. Now, with eligibility checks required every six months, these challenges will only grow. As we saw during the post-COVID unwinding, more frequent checks tend to kick people off Medicaid for administrative issues and not because they are not eligible.

Medicaid will also now require address verification through formal databases that people without stable housing simply cannot provide. On top of that, individuals will have to prove citizenship with a birth certificate or government ID, documents that are often lost in the process of moving from place to place. Replacing them will incur further costs when accounting for fees, internet access for applications, and transportation to government offices. Limited access to mobile devices will also make it nearly impossible for many to meet new monthly reporting requirements tied to work mandates. There are exemptions that will cover a portion of people served by HCH programs, but they will still have to continuously prove those exemptions which will be a significant lift for clients and providers alike. These administrative hurdles will push more people off Medicaid through no fault of their own, cutting them off from the very care they need most.

HCH programs remain committed to making sure our clients can continue to access the care they need, and direct service providers, like CFH, are already preparing to build out new administrative procedures to help clients stay in compliance. However, the reality is that these added requirements



are also placing a burden on providers. Instead of focusing on care, HCH staff will be forced to spend limited time helping clients navigate paperwork. The administrative workload itself is unsustainable. Verifying work hours, documenting work exemptions, tracking addresses, and replacing lost IDs all require staff time that is already stretched thin. Smaller programs in particular risk being overwhelmed, as they lack the infrastructure to manage these additional demands. These pressures drain resources, contribute to staff burnout and turnover, and reduce the capacity to provide trauma-informed care.

In the long run, with more patients losing Medicaid and revenues falling, programs will face painful choices that will reduce access to services. This will only further destabilize the health care safety net, leaving communities who rely on us with fewer points of access.

### **Targeting Immigrant Communities**

The administration is also advancing policies that directly undermine immigrant access to care. Its reinterpretation of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) classifies Community Health Centers (CHCs) as a federal benefit. If enforced, this would require CHCs to deny access to patients based on their immigration status even though we are legally required to serve all regardless of ability to pay under Section 330 of the Public Health Service Act. Such policies erode trust, disrupt continuity of care, and drive many to rely on costly emergency services rather than community-based care. The good news is that a preliminary injunction was put into place last week to stop the implementation of this policy in 20 states, including New York, while this works its way through the judicial system. However, this will be a policy shift worth tracking as the impact would be significant.

Another policy shift included in H.R. 1 is Emergency Medicaid penalties that will reduce federal reimbursement for lifesaving care provided to “unqualified” immigrants. In a city with one of the largest immigrant populations in the country, this would leave CHCs and hospitals underfunded for services they are committed to providing. For immigrants experiencing homelessness who already face steep barriers to coverage, these changes will push essential care even further out of reach, compounding health disparities and deepening housing instability.

### **Threats to Housing Programs**

Public housing and rental assistance programs themselves are under attack. The FY26 House proposal for the Transportation, Housing, and Urban Development (THUD) appropriations looks to reduce staff



by 26% and significantly cut funding levels, which would impede efficient operations and disrupt the renewal of existing contracts. It also proposes new statutory requirements to receive housing assistance, including work requirements, time limits on rental assistance, and minimum rent increases. These combined proposals threaten to destabilize housing for low-income New Yorkers, with direct health consequences, as the two are interconnected.

### **Executive Order on Homelessness**

These health and housing concerns are only further compounded by a troubling federal shift toward the criminalization and institutionalization of people experiencing homelessness. On July 24, the President issued a new Executive Order (EO) that proposed changes to the federal strategy of addressing homelessness and looks to rescind funding for harm reduction services and Housing First initiatives while promoting increased surveillance, policing, and forced institutionalization of unhoused individuals.

Rather than addressing the systemic drivers of homelessness, such as lack of affordable housing, inadequate health care, and poverty, the EO prioritizes removing unhoused communities from public view. Such a focus fails to mitigate the harms caused by federal budget cuts and restrictive health coverage policies, and instead risks worsening health outcomes, perpetuating housing instability, and further marginalizing populations most in need of support. For CHCs and HCH programs, this adds another layer of difficulty in delivering essential services to clients as Housing First and harm reduction models face funding cuts and regulatory barriers.

### **Protecting Vulnerable Communities**

This is only a snapshot of the many changes that have been implemented or proposed by the federal government. As outlined, these cuts and policy changes threaten to dismantle the health care safety net that people experiencing homelessness rely on to survive. By defunding Medicaid, destabilizing Community Health Centers, and targeting immigrant access to care, the federal government is not only withdrawing resources but also exacerbating cycles of poverty, poor health, and housing instability.

As providers, we will continue to do everything we can to ensure our clients get the care they need but we cannot do it on our own. **We urge the City Council to center the voices of patients and providers in city-level budget and policy decisions, ensuring reforms do not exacerbate the current threats we are already facing.**



**Below are a series of recommendations to help mitigate the effects of federal budget cuts in our communities.**

- 1) Advocate for the implementation of state systems through collaboration with consumers and providers that reflect the realities of people experiencing homelessness and ease administrative burden.**
  - a. Identify appropriate ways to collect data required for address verification, such as utilizing alternative data sources, like homelessness service provider addresses, and partnering with Continuums of Care (CoCs) and other partners to provide regularly updated roster of service provider addresses.
  - b. Improve technologies to automatically determine compliance with work hours and exemptions so individuals and providers do not need to take on this responsibility. Ensure states utilize all available data systems including claims data, SNAP/TANF databases, and corrections data.
- 2) Advocate for state policies that will ease implementation of work requirements and/or maximize exemptions for unhoused individuals.**
  - a. Request exemption categories be broadened to include medical respite care (under “short-term hardship event”), outpatient and intensive outpatient substance use treatment services (under “drug addiction or alcohol treatment”), and mental health services provided at health centers (under “medically frail” or “special needs”).
  - b. Submit a CMS waiver to request a work exemption for homelessness and/or phase in implementation of work requirements.
- 3) Encourage the state to increase communications about Medicaid enrollment/compliance and complement processes with city-wide initiatives.**
  - a. Holding public workshops, creating a publicly accessible, online FAQ, and/or video tutorial about new changes and related application and renewal procedures and sharing this on social media.
  - b. Utilize as many communication methods for non-compliance as possible, rather than just regular mail and one other additional method.
- 4) Preserve and fund programs that will help stabilize individuals as they lose access to federal support services.**
  - a. Fully fund the CityFHEPS rental voucher program. CityFHEPS has long been a vital and proven tool that New York City has in getting homeless New Yorkers out of shelters and into housing.
  - b. Support and pass a legislative package that looks to end source of income discrimination (SOI). Intros 1212, 1211, 1213, 1214, 1215, and 1210 will support removing a persistent





barrier that homeless New Yorkers face in accessing housing. Voucher holders developed this bill package that will mandate steeper fines for discrimination, make SOI discrimination findings publicly available, ban credit checks and minimum income requirements for voucher holders, and more.

- c. Support and pass Intro 1372 that would limit the household rent contribution to 30% for recipients of a rental assistance voucher.
- d. Urge the state to protect Medicaid 1115 Waivers that fund supportive housing services and medical respite programs.

**5) Encourage the state to support policies that protect the rights of people experiencing homelessness and ensure systemic inclusion,**

- a. A.1565/S.5816 the Homeless Protection Act (HPA) - protects unhoused individuals from violence by classifying targeted offenses as hate crimes.
- b. A.8913/S.8444 the Homelessness Non-Discrimination Act (HONDA) - establishes anti-discrimination protections for unhoused individuals.

Thank you very much for your time and for your commitment to the health, safety, and dignity of all New Yorkers.

If you have any questions, please reach out to Chelsea Rose at [crose@cfhnyc.org](mailto:crose@cfhnyc.org)

## **Testimony of Will Woods**

### **Provided to the New York City Council Committees on General Welfare, Hospitals, and Governmental Operations, State & Federal Legislation September 15<sup>th</sup>, 2025**

My name is Will Woods, and I am a lived experience advocate serving on the Board of Directors and Consumer Advisory Board at Care For the Homeless. I would like to thank the chairs of the committees and all committee members for the opportunity to testify today on how federal budget cuts will impact unhoused New Yorkers.

Federal cuts to Medicaid and SNAP threaten millions of New Yorkers, especially unhoused people who rely on these programs to survive. Without these lifelines, it becomes harder to stay healthy and achieve stability.

Homelessness and health are deeply linked. Poor health is a major cause of homelessness, while homelessness itself can create or worsen health conditions. People without housing face higher rates of chronic illness and live about 20 years less than the general population. Logically, if folks don't have funds for rent, odds are they aren't going to have funds to pay medical debt. Advocates have sat before this Council and testified to the poor living conditions, often inedible or non-nutritious food, and exposure to illness within the congregate shelter system. I think of my mom, who in the time my family dealt with homelessness has been diagnosed with hypertension, anxiety disorder, asthma, and issues with her feet. And she's never had to live on the street!

Addressing the health care needs of unhoused communities is an important component of ending homelessness and is often the first intervention that puts individuals on the path to stability.

Medicaid ensures access to medication, inpatient care, access to behavioral health services, and much more. It has played a vital role in ensuring that people experiencing homelessness can access comprehensive care and essential services to address chronic conditions. Please keep in mind that a lot of folks experiencing homelessness are working part time jobs, or "off the books" - severely limiting access to insurance. Medicaid is the only way that a person can receive basic medical services. Medicaid support for respite care protects those of us that need intense care between being discharged from a hospital and obtaining stable housing.

However, we know that many people will lose access to these services due to changes to eligibility. Even under the current system, administrative requirements to access public assistance are already challenging. In the last several months, my case has been closed multiple times for reasons including:

1. Receiving too much income from my part time job,

2. for not submitting documents - even though I did so using the AccessHRA app, in person at my local center, and through email, and
3. (my personal favorite) because I was institutionalized!

New federal rules increase these difficulties by adding impossible requirements – frequent eligibility checks, address and ID verification, and monthly reporting. For people without stable housing, internet, or secure documents, these hurdles mean losing coverage not because they are ineligible, but because of red tape. Everyone knows how ineffective the Infoline is, and the misery that is going in person to a site for assistance. I get paid hourly - I cannot afford to lose a workday attempting to navigate the system. For folks less stable than I, where are they supposed to safely store important documents? Where does the money come from to pay the fees to replace these documents if they are lost or damaged? Where are these items delivered if I don't have a mailing address? With the current underpayment and staffing issues across the sector, all we're doing is making a currently horribly inefficient process even worse. And we will blame the victims of these changes for not doing enough.

I am deeply concerned with the adverse impacts of these federal changes on unhoused communities, as they perpetuate a cycle of poor health and housing insecurity. I know firsthand that access to Medicaid and nutritional support can be transformative, allowing individuals to manage chronic illnesses, seek stable housing, and rebuild their lives. Medical debt negatively impacts credit, decreasing an individual's overall purchasing power. Changes to Medicaid funding will impact how Community Health Centers and Supportive Housing providers do business, as they recoup less and less for every dollar they spend.

Those of us, like myself, with chronic health conditions will have even more difficulties accessing the specialized care we need. Complications from Crohn's disease killed my sister, and there are days I feel like it will take me too, and my situation is eminently more stable than others in my community. Most folks experiencing homelessness are operating their lives without the scaffolding and safety nets available to others. Are we going to continue to add holes in the few remaining supports that homeless New Yorkers have left?

I urge the City Council to center the voices of unhoused communities in city-level budget and policy decisions, ensuring reforms help to mitigate the impact of the threats we are already facing.

Thank you very much for your time and for your commitment to the health, safety, and dignity of all New Yorkers.

If you have any questions, please reach out to me at [woodswilliec@gmail.com](mailto:woodswilliec@gmail.com), or by phone at (646) 806 - 1238.

# CATHOLIC COMMUNITY RELATIONS COUNCIL

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191 Joralemon Street, 2<sup>nd</sup> Floor, Brooklyn, NY 11201

**Testimony of Joseph Rosenberg, Executive Director  
Catholic Community Relations Council before the Committees on  
Governmental Operations, General Welfare and Hospitals  
Oversight: The Impacts of Federal Budget Cuts  
September 15, 2025**

Good afternoon, Chair Ayala, Chair Restler, Chair Narcisse, and members of the Committee on General Welfare, the Committee on Governmental Operations, State and Federal Legislation and the Committee on Hospitals. I am Joseph Rosenberg, the Executive Director of Catholic Community Relations Council (“CCRC”) representing the Archdiocese of New York and the Diocese of Brooklyn and Queens on local legislative and political matters.

The focus of this Committee hearing could not be timelier. These are uncertain and grim times for all of us, including nonprofit human service providers.

Catholic Charities of the Archdiocese of New York and Catholic Charities of Brooklyn and Queens have been providing shelter, food, clothing, and other essential services to New Yorkers for more than one century. Like so many other charitable organizations, we rely on governmental funding to provide these lifesaving services. The termination of federal programs designed to help the neediest Americans create daunting challenges for us and our clients.

Take for example our food pantry initiatives. Both Catholic Charities combined operate over 80 food pantries throughout the 5 boroughs and serve more than 18 million meals annually. We have faced many challenges assisting New Yorkers over the last century, but we currently face a crisis in hunger and food insufficiency that we have not seen before. This is due to a storm of several factors that include the rising poverty rate of New Yorkers, the skyrocketing increased cost of groceries, the dramatic increase in rents, and, of course, the unprecedented federal attacks on many programs that protect our clients.

Two federal programs under siege are the Supplemental Nutrition Assistance Program (SNAP) and the Emergency Food and Shelter Program (EFSP).

SNAP provides funding to address food insecurity for vulnerable Americans. The Congressional reduction of \$156 billion from the program is particularly troubling and will have significant consequences by increasing the number of Americans who face hunger daily. Not only would such a cut make it more difficult for households to meet their basic food needs, but it would also lead to broader economic and health challenges, such as an increase in medical issues and hospitalizations. A similar situation exists with the Emergency Food and Shelter Program (EFSP) - a crucial federal resource for our food programs. This program was placed on “hold” by the federal government in March, and as a result, both Catholic Charities have sustained a loss of over \$850,000 each, a challenging blow to our ability to supply our food pantries and feed our clients.

We are grateful that the City Council created the \$15 million Feeding Our Communities program and awarded Catholic Charities of the Archdiocese of New York and Catholic Charities of Brooklyn and Queens \$1 million each in this year's budget. This helps to offset the money lost from the federal Emergency Food and Shelter Program. Combined with \$250,000 awarded to both Catholic Charities from the Speakers Initiative also for FY'26, the total amount of \$1.25 million for each organization for food pantries will go far towards combating food insecurity throughout the five boroughs.

Both Catholic Charities assist thousands of immigrants in New York City with a wide range of legal services including consultations, pro se workshops, Know Your Rights presentations and full representation of immigrants including families, adults, and unaccompanied minors. Catholic Charities of the Archdiocese of New York also operates the New Americans Hotline, the Mayor's Office of Immigration Affairs (MOIA) Immigration Legal Support Hotline, and the Legal Orientation Program for Custodians Call Center that served more than 80,000 people last year.

Catholic Charities of the Archdiocese of New York received notice in late March that 80% of their legal services contract with the federal government for assisting unaccompanied minors was being terminated. This resulted in the loss of \$4.3 million. A similar unfortunate situation exists with the Immigration Court Helpdesk and Family Group Legal Orientation Program which provided workshops, legal consultations, internal referrals, and pro se assistance in the three NYC Immigration courts. The federal contracts were \$1.45 million and were ended by the government in April. At the same time, the federal government terminated the contracts for the Legal Orientation Program for Custodians of Unaccompanied Children and our National LOPC Call Center, which together helped tens of thousands of adults ensure that children in their care could exercise their rights and responsibilities.

The City Council and the Mayoral Administration provided both Catholic Charities with funds to continue to allow us to assist immigrants and refugees. These include more than \$3 million for the Unaccompanied Minors and Families Program, almost \$900,000 for the Asylum Seeker Legal Assistance Network, \$300,000 for the Special Immigration Juvenile Status Program, a \$3 million extension of the program formerly known as Action NYC, and \$306,500 for the Hotline.

We will seek to attempt to find ways to continue to represent asylum seekers and other immigrants without having to rely on the federal government which has turned their backs on this population, but it will be a daunting and long-term challenge.

Federal budget cuts targeting vulnerable Americans will unfortunately continue for the unforeseen future, but we will continue to work to mitigate this destructive trend, and we thank both the City Council and the Mayoral Administration for providing indispensable monies to help offset these crippling federal actions.

Thank you.



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**New York City Council Committee on Hospitals  
Oversight: The Impacts of Federal Budget Cuts  
September 15, 2025**

**Background**

The Community Health Care Association of New York State (CHCANYS) appreciates the opportunity to submit written testimony to the NYC Council Committee on Hospitals for Oversight: The Impacts of Federal Budget Cuts. As the statewide primary care association, CHCANYS proudly represents over 80 federally qualified health centers (FQHCs), also known as community health centers (CHCs), operating 900+ sites throughout the State.

CHCs are nonprofit, community-driven primary care sites providing essential primary and preventive care, behavioral health services, dental care, substance use treatment, and social supports, ensuring that every patient receives care, no matter their insurance status or ability to pay. In New York City alone, CHCs anchor the healthcare system, serving more than **1.3 million patients** at **444 delivery sites**, including traditional physical sites, school-based health centers, and mobile health centers. Their reach is profound: 92% of NYC CHC patients live at or below the 200% Federal poverty line, 68% depend on Medicaid or CHIP, and 13% lack insurance altogether. CHCs provide care for 1 in 5 of NYC's Medicaid beneficiaries, making them indispensable to the City's healthcare safety net.

New York City's community health centers are already at a breaking point. Federal budget cuts will collide with existing challenges, creating a crisis that will devastate care for thousands of New Yorkers. We call on the City Council to stand with CHCs, safeguarding every New Yorker's right to accessible, high-quality primary and preventive care.

**I. Healthcare in Crisis**

Community health centers are the primary care safety net for quality affordable healthcare services for NYC's most underserved populations, people who otherwise have no access to care. But now, that safety net is unraveling. New York's CHCs will face approximately \$300 million in annual losses as a result of the federal budget cuts and changes to Medicaid. As a result, it is possible that as many as 1,600 full-time staff positions potentially being eliminated. These are CHCANYS' conservative estimate; the actual impact could far exceed this figure. (New York has previously projected an annual loss of \$13.5 billion to the State.) The severity of these cuts will vary by health center, ranging from 6% to 17%, depending on how many CHC patients rely on Medicaid.

In New York City alone, community health centers stand to lose an estimated **\$200 million in revenue**. That level of loss translates into the elimination of more than **1,000 full-time positions**, including **682 clinical staff** who provide direct patient care. The consequences for patients are equally stark: more than **186,000 community health center patients could become uninsured**, with nearly **1 million New Yorkers overall** projected to lose coverage. This represents roughly **11% of total CHC revenue** in the city, with losses ranging from 6% to 17% depending on the site.

The crisis does not end there. Based on CHCANYS' preliminary analysis, roughly **one in three uninsured patients already turn to community health centers for care**. That means as many as **250,000 of the newly uninsured in NYC**, individuals who previously did not seek care at a CHC, will likely do so. At the state level, this would more than double the number of uninsured patients seeking care at health





centers, adding **385,000 patients statewide**. With Medicaid reimbursement already lagging and **federal grant funding stretched thin** (\$909 per uninsured patient in NYC, which would drop to just \$409 statewide under these projections), health centers will be unable to absorb this influx.

Further, the enacted federal changes could result in over 100,000 New York health center patients losing coverage. The Medicaid work requirements, increased cost-sharing, and eligibility verification hurdles disproportionately affect the populations CHCs serve: low-income working families, children, seniors, and people with disabilities. In fact, it is estimated that 48% of Medicaid beneficiaries in New York are subject to the new verification requirements, putting them at high risk of losing coverage. As more people become uninsured, healthcare costs will rise for providers, payors, and state and local governments alike.

Lastly, nearly 1.7 million New Yorkers rely on the Essential Plan for their health care. They are working parents, families living paycheck to paycheck, and individuals struggling to get by. The state has announced plans, under significant pressure from the federal policy changes, to shift 1.3 million people from the Essential Plan to the Basic Health Plan to unlock emergency funds. CHCANYS is supportive of the state's efforts to protect New Yorkers, however, 450,000 people remain at risk of losing care. For those who will lose coverage, community health centers will be the last line of defense. This surge in demand will come at a time when the system is already strained, forcing CHCs to do even more with even less and placing additional pressure on the communities they serve.

The scale of these challenges show a stark reality: without immediate support, CHCs may not be able to meet the growing needs of the city's most vulnerable communities. NYC could soon be facing reduced access to chronic disease management, fewer school-based health centers and urgent care sites, reduced access to dental services and women's health care, particularly in medically underserved communities.

## ***II. Protect CHCs: The Healthcare Frontline***

Community health centers are facing their most severe crisis in decades. Already under substantial strain, with over 60% reporting less than 90 days of cash on hand and more than 20% reducing staff or closing sites in the past year, CHCs are being pushed to the brink. An Urban Institute<sup>1</sup> analysis found that CHC costs are, on average, 44% higher than the maximum allowable Medicaid reimbursement rates, leaving centers struggling to cover rising expenses as demand for services continues to grow, particularly in school-based health centers. These pressures have already resulted in closures and layoffs across the five boroughs. The newly enacted Medicaid cuts further compound these challenges. Medicaid is the single largest source of revenue for FQHCs, accounting for 47% of total revenue statewide. Consequently, any changes to eligibility, benefits, and program administration could have drastic effects on CHC financial health and therefore limit patient access to care.

## ***Conclusion***

CHCANYS is grateful for the opportunity to submit this testimony on the impacts of federal budget cuts on CHCs. As the cornerstone of affordable primary care in underserved communities, CHCs remain committed to serving all patients, regardless of insurance status or ability to pay. However, as New

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<sup>1</sup> <https://www.urban.org/research/publication/critical-role-new-yorks-community-health-centers-advancing-equity-medicare>





COMMUNITY HEALTH CARE ASSOCIATION of New York State

Yorkers lose coverage, more individuals will rely on health centers for care, increasing the number of uninsured patients and the demand for uncompensated services— likely far beyond what CHCANYS' conservative estimates capture. This surge will create an unprecedented crisis for the city. We urge the NYC Council to act now to support CHCs and ensure continued access to care for all New Yorkers.

For questions or follow up, please contact Marie Mongeon, Chief External Affairs Officer:  
[mmongeon@chcanys.org](mailto:mmongeon@chcanys.org).

## Testimony on the Impact of Federal Cuts

**09/15/2025**

Our names are Mbacke Thiam and Molly Senack. Respectively, we are the Housing & Health Community Organizer and the Education and Employment Community Organizer at the Center for the Independence of the Disabled, New York (CIDNY). We are a disability rights nonprofit organization founded in 1978. We are part of the Independent Living Centers movement, a national network of grassroots and community-based organizations that enhance opportunities for people with disabilities to direct their own lives. CIDNY advocates for people with disabilities living throughout the five boroughs of New York City. We hereby deplore the federal cuts that will have a devastating impact on people with disabilities. These cuts will directly impact Medicaid, Housing subsidies, SNAP, Special Education, and other life-saving programs which improve the lives of people with disabilities.

### Healthcare:

HR1 includes cuts to Medicaid of almost \$1 trillion over the next 10 years. Medicaid (including Medicare) is not just a health insurance line; for many it is a lifeline. Nearly [7 million New Yorkers are enrolled in Medicaid](#), with 4 million living in New York City. Medicaid recipients are comprised of older adults, children, people with disabilities, pregnant women, and working adults who have low incomes. Medicaid, Medicare, and the Affordable Care Act (ACA) are under attack by the federal administration.

Approximatively, 1.5 million New Yorkers will be uninsured due to the cuts in HR1. An estimated 15 million people will lose coverage over the next decade. Among them are people with disabilities who rely on homecare services. The federal Home and Community-Based Services (HCBS) helps older adults and people with disabilities live independently in the community instead of nursing homes, by providing vital support for activities of daily living and access to procure homecare workers. Because of the cuts to the program, many New Yorkers would be at risk of losing access to these vital and necessary services. These drastic cuts could result in people with disabilities being faced with living in institutions. For some, that can be a matter of life and death.

Hospital funding is straining in a system already under pressure from closures and chaos. CIDNY along with other advocates recently advocated against the closure of Beth Israel Hospital which was due to financial issues. We know that with these cuts,

some hospitals will be ruined and may have to lay off staff to keep running. An estimated of 34,000 hospital workers will lose their jobs in New York State.

## **Housing:**

Just as in healthcare, the federal cuts will have a direct and devastating impact on housing for urban communities, people with disabilities, and seniors. Cuts to programs such as Housing Urban Development (HUD), Section 8, and Community Development Block Grant (CDBG) programs will result in fewer affordable units. Developers will face financial barriers that will result in decreased staff, and/or delayed/cancelled projects.

These cuts will leave New York City Housing Authority (NYCHA) in crisis. With an already staggering backlog of repairs, they will delay the maintenance system, prolong the waiting time for residents, and prevent funding for accessibility.

We need accessible and affordable housing for people with disabilities and seniors in the housing programs the City and the State operate. NYCHA and Housing Connect should have reserved units for people with mobility, visual, and sensory impairments.

## **SNAP:**

The federal cuts will also have devastating consequences for the Supplemental Nutrition Assistance Program (SNAP) on children, seniors, people with disabilities, and vulnerable communities throughout New York State. These changes will result in food insecurity, unhealthy diets, increased levels of medical and mental health insecurity, and deeper familial poverty.

Nearly 40 million Americans rely on SNAP each month. In New York State, 3 million people currently rely on SNAP benefits. New York City (NYC) has the largest share of the State's SNAP recipients, approximately 1.8 million. Some sources estimate that 281,000 adults in NYC will lose their benefits. Households may have to choose between paying for groceries out of pocket and paying medical or utility bills.

## **Education**

The FY26 House appropriations bill proposes cutting \$5 billion in Title I funding to support students from low-income backgrounds, eliminating the Title III English Language Acquisition program (from which NYS receives approximately \$65 million in

funding), eliminating \$2 billion in grants for teacher training and support, eliminating millions of dollars in grants for community schools and preschool development, and a \$49 million cut to the US Department of Education's Office for Civil Rights. The full impact these cuts will have on students with disabilities in NYC is unknown, but it is now more important than ever to protect NYC education funding in whatever ways are available to the City.

With so many potential federal funding cuts on the line, it is critical to track the status of federal funding, so that both the City and nonprofits can be better prepared to respond to changes. **For this reason, CIDNY strongly supports the passage of Int 1364-2025.**

Additionally, according to the NYC Department of City Planning, funding for 309 federal programs is determined by census count. With federal funding under threat, ensuring that New Yorkers are accurately counted in the decennial census is critical. For instance, in the 2020 census, an additional 600,000 people were counted in New York, amounting to approximately \$1.8 billion dollars in additional funding annually. However, while the counting of these additional 600,000 people was undoubtedly an improvement over previous years, certain communities - notably Black communities, Hispanic communities, immigrant communities, and the disabled community - are still consistently undercounted. **Therefore, CIDNY strongly supports the passage of Int 1225-2025,** which would establish a NYC Office of the Census. This office would address many of the barriers to outreach that lead to these communities being historically undercounted and help ensure that the official numbers reported by the Census Bureau better reflect the population of NYC. This will lead to better comprehensive data collection, better outreach strategies for underreached communities, and help provide a more complete picture of the City and its needs, particularly for people with disabilities.

Here at CIDNY, we hear from people daily about how access to Medicaid, SNAP, and subsidized housing shapes their lives. Many older adults and people with disabilities rely on Medicaid not just for medical treatment, but also assistance navigating complex systems, accessing benefits, and securing accessible housing all of which are essential supports that ensure safety and dignity. That is why CIDNY is strongly against the federal cuts.

We appreciate the work that the City is doing and would love to collaborate with the City Council in advocating against and preventing detrimental impacts of the federal cuts. This testimony is supported by Sharon McLennon Wier, Ph.D., MEd., CRC, LMHC, Executive Director of CIDNY.

Thank you,  
**Mbacke & Molly**





## **MEMORANDUM OF SUPPORT**

### **Intro. No. 1225-2025 (Menin)**

September 15, 2025

#### **TITLE OF BILL**

A Local Law to amend the New York city charter, in relation to establishing an office of the census

#### **SUMMARY OF PROVISIONS**

This bill would create a new office of the census, tasked with serving as a liaison between the City and the New York regional office of the United States census bureau, identifying hard to count areas and populations, creating census public awareness campaigns, and working with civic and community leaders to promote awareness. The office would be temporary, established no earlier than two and a half years before each federal decennial census and ending six months after census field operations end. The office's director would be appointed by the mayor.

#### **STATEMENT OF SUPPORT**

The decennial census determines ten years' worth of federal funding for programs such as food assistance for needy families, early childhood education for low-income children, and maintenance of bridges and roads. It also affects the number of congressional seats allocated to each state and its influence in the Electoral College. A low count in New York City and State can cost New Yorkers representation in Congress and billions of dollars in federal aid.

Achieving a full and accurate census count in New York City is especially challenging. The City is home to many hard-to-count communities, including immigrants, non-English-speaking residents, and children. Additionally, the Trump administration demonstrated a willingness to suppress participation in areas like New York, which have large immigrant populations. This was evident before the 2020 Census and has continued under the current administration. Efforts include [disbanding](#) Census Bureau external advisory groups, cutting the Bureau's budget, [pursuing](#) legal and administrative actions to exclude non-citizens from the count, [eliminating](#) access to census data, and more. Federal funds for community-based outreach programs, which previously helped boost census participation, were eliminated even before the 2020 Census.

New York City can confront these threats and ensure an accurate count by leading a comprehensive, effective, and well-resourced campaign ahead of the next census. The 2020 Census offers a blueprint: a dedicated operation within City Hall, a large-scale housing unit survey conducted by the Department of City Planning, timely budget allocations to trusted community-based organizations, and collaboration

with civic organizations, cultural institutions, commercial groups, and others all helped the City exceed expectations in counting and responding, despite the challenges of the pandemic. Council Member Julie Menin, who introduced this bill, served as NYC Census Director during that period.

Citizens Union played a key role in advocating for the City and State to adequately fund census outreach, working with elected officials and civic leaders to create a comprehensive response plan, and supporting efforts to achieve an accurate count in 2020.

Intro. 1225-2025 wisely builds on the efforts made during the last decennial census. It would codify the need for a dedicated Office of the Census, which would serve as a convener and coordinator of various census efforts. Importantly, the legislation acknowledges the essential role of trusted community-based organizations in hard-to-count communities by mandating that the office identify and work with leaders in those communities and create multilingual campaigns aimed at increasing participation in those areas.

The census is more than a headcount - it is a foundation for democracy and political power. Given the high stakes involved in achieving an accurate count and the challenges facing the 2030 Census, New York City must make census planning a priority. Intro. 1225-2025 begins that process. Citizens Union urges the New York City Council to pass this bill.

For further information, please contact Ben Weinberg, Director of Public Policy, at [bweinberg@citizensunion.org](mailto:bweinberg@citizensunion.org).



Testimony of

Coalition for the Homeless

before the Committees on General Welfare; Hospitals; and  
Governmental Operations, State & Federal Legislation  
of the New York City Council

on

The Impacts of Federal Budget Cuts

submitted by

Alison Wilkey, Esq.  
Director of Government Affairs and Strategic Campaigns  
The Coalition for the Homeless

September 15, 2025

The Coalition for the Homeless (“Coalition”) is the court- and City-appointed independent monitor of the Department of Homeless Services (“DHS”) shelter system and plaintiff in the historic *Callahan*, *Eldredge*, and *Boston* cases that created the right to shelter in NYC. We are actively engaged in assisting and defending the rights of homeless New Yorkers and advocating for the resources needed to end mass homelessness by ensuring access to permanent housing.

Federal budget cuts that have already been enacted, and additional cuts proposed by the Trump Administration, will have a devastating impact in New York City, which is already struggling with record homelessness. NYC has one of the largest populations of unhoused people in the United States. In July 2025, there were 104,052 people sleeping in New York City shelters, including 35,526 children.<sup>1</sup> This staggeringly high figure does not include the many thousands of people sleeping unsheltered in public spaces, or the hundreds of thousands temporarily sleeping doubled- and tripled-up in the homes of others. As such, the number of people without homes in New York has never been higher.

New York City's homelessness crisis is fundamentally a crisis of affordable housing, with the gap between need and availability reaching catastrophic levels. Federal funding cuts will only deepen this crisis. Without City and State action, homelessness and food insecurity will expand to unseen levels. According to the National Low Income Housing Coalition, for every 100 extremely low-income (ELI) households in the New York metro area, only 34 affordable rental units are available.<sup>1</sup> This severe shortage forces 73 percent of ELI households to spend more than half their income on housing, creating impossible financial burdens that push many into homelessness.<sup>2</sup> When rent is unaffordable, people are forced to choose between putting food on the table, getting medical care, and meeting other necessities. Yet, with the federal funding cuts already enacted and those proposed by the Trump administration, households will be facing crises in all these areas of basic need.

The current affordability crisis stems from decades of underinvestment in permanent, affordable housing and policy failures at all government levels. Federal budget cuts will worsen this without immediate, substantial intervention by New York City to keep people housed and invest in local solutions that are proven effective at housing homeless households, like vouchers and investments in affordable and supportive housing.

### Enacted Federal Funding Cuts

#### *Emergency Food and Shelter Program*

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<sup>1</sup> “The Gap: A Shortage of Affordable Homes,” National Low Income Housing Coalition, accessed May 12, 2025, [https://nlihc.org/sites/default/files/gap/2025/gap-report\\_2025\\_english.pdf](https://nlihc.org/sites/default/files/gap/2025/gap-report_2025_english.pdf).

<sup>2</sup> “The Gap: A Shortage of Affordable Homes,” National Low Income Housing Coalition, accessed May 12, 2025, [https://nlihc.org/sites/default/files/gap/2025/gap-report\\_2025\\_english.pdf](https://nlihc.org/sites/default/files/gap/2025/gap-report_2025_english.pdf).

The Trump's administration cuts to the Supplemental Nutrition Assistance Program ("SNAP") are projected to result in 300,000 New York State residents losing some or all of their benefits.<sup>3</sup> These cuts come on top of the cancellation of other programs that provide emergency food assistance, and after food prices in NYC had increased by more than 56 percent from FY13 to FY23.<sup>4</sup> The Coalition's Grant Central Food Program ("GCFP") has already experienced cuts to our federal funding under the Emergency Food and Shelter Program ("EFSP") operated by the Federal Emergency Management Agency. The GCFP is the country's largest nightly mobile soup kitchen, handing out over 1,000 meals per night on two routes operating in Manhattan and the Bronx. The program also distributes other essential resources, such as blankets, coats, hats, clothing, and toiletries to the most vulnerable people on our streets.

In February 2025, grantees received notice that payments were being paused for the next phase of the grant, which would have started in April of this year. That funding has not been restored. The EFSP was established in 1983 and in its 42-year history, the EFSP distributed \$6.6 billion to over 14,000 human service agencies in more than 2,500 communities across the country.<sup>5</sup> In the last phase of the program, New York City non-profits received \$4,947,308 to support emergency food and shelter-related costs.<sup>6</sup> The Coalition thanks the City Council for the substantial support it provides to GCFP, which allows us to hand out nutritious meals to people who often do not have another source of food. The shameful decision of the federal government to end this funding leaves us, and other organizations, in the position of finding other funding sources so that the people who rely on us do not go hungry. At the same time as we are experiencing cuts to our funding, we expect to see an increase in need because SNAP, housing, and Medicaid cuts will drive more people further into poverty – forcing them to choose between paying for food, shelter, or healthcare with the limited resources they have left.

### *Emergency Housing Vouchers*

On March 6, 2025, the U.S. Department of Housing and Urban Development ("HUD") announced that it will be ending the Emergency Housing Voucher ("EHV") Program, which has provided critical housing assistance to homeless households. New York City received 7,713 EHV vouchers. These vouchers were a lifeline to many low-income homeless households, including survivors of domestic violence, homeless youth and youth aging out of foster care, and people living with HIV/AIDS. The abrupt end to this program presents a significant risk of return to shelter for many of these households, who have an average income of just over \$18,000.<sup>7</sup>

<sup>3</sup> "Governor Hochul Joins U.S. Representative Ritchie Torres to Warn of Crippling Effects of Republicans' Big Housing Cuts." New York State, Office of Governor Kathy Hochul, [www.governor.ny.gov/news/governor-hochul-joins-us-representative-ritchie-torres-warn-crippling-effects-republicans-big](https://www.governor.ny.gov/news/governor-hochul-joins-us-representative-ritchie-torres-warn-crippling-effects-republicans-big). Accessed 22 May 2024.

<sup>4</sup> Office of the New York State Comptroller. "The Cost of Living in New York City: Food." Apr 2025, [www.osc.ny.gov/files/reports/osdc/pdf/report-2-2026.pdf](https://www.osc.ny.gov/files/reports/osdc/pdf/report-2-2026.pdf). Accessed 15 Sept. 2025.

<sup>5</sup> "Emergency Food and Shelter Program." United Way, [www.efsp.unitedway.org/efsp/website/websiteContents/index.cfm](https://www.efsp.unitedway.org/efsp/website/websiteContents/index.cfm). Accessed 22 May 2024.

<sup>6</sup> "County List for Current Awards" Emergency Food and Shelter Program. United Way, <https://www.efsp.unitedway.org/efsp/website/websiteContents/index.cfm>. Accessed 15 Sept. 2025.

<sup>7</sup> New York Housing Conference. "NYHC EHV Policy Brief." May 2025, [thenyh.org/wp-content/uploads/2025/05/NYHC-EHV-Policy-Brief-May-2025.pdf](https://thenyh.org/wp-content/uploads/2025/05/NYHC-EHV-Policy-Brief-May-2025.pdf).

The New York City Housing Authority has announced a sensible plan to transition the 5,427 EHV participants that it services to Section 8 vouchers. While we support this plan, we urge the City to monitor the transition closely and provide support to households to ensure that no household loses its housing. Although there is a plan to transition the majority of EHV vouchers, this still leaves 2,168 households receiving EHV vouchers administered by the New York City Department of Housing Preservation and Development (“HPD”) facing an impending loss of rental support. Currently, HPD is in budget shortfall for its Housing Choice Vouchers and thus does not have available vouchers to which EHV recipients could be transferred.<sup>8</sup> It is imperative that the City develop a plan to keep these tenants housed.

### Proposed Federal Funding Cuts

President Trump's FY2026 proposed budget would devastate federal housing programs and exacerbate homelessness by dismantling the housing safety net for millions of vulnerable Americans. The President's budget would:

- Cut \$33.6 billion (44 percent) from HUD;
- Consolidate and cut funding to current housing programs into a single block grant, including: Section 8 (tenant-based and project-based vouchers), Public Housing, and Section 811 and 202 housing;
- Consolidate Continuum of Care (“CoC”) and Housing Opportunities for Persons with AIDS (“HOPWA”) into an Emergency Solutions Grant (“ESG”) with a two-year limit on assistance; and
- Consolidate other critical housing funding and impose harsh two-year time limits on housing assistance in all federally-funded housing for non-elderly and non-disabled households.

If enacted, these proposals would trigger a housing and homelessness crisis of unprecedented magnitude in New York and across the nation. The House of Representatives appropriations committee has rejected many of these proposals but still proposes catastrophic funding reductions for key programs. The Senate appropriations committee proposal would provide an overall increase in HUD funding, but that increase is insufficient to meet that need and would still result in significant cuts to some programs.

### *Consolidation of HOPWA and CoC Funding*

The Trump Administration proposes to block grant homeless assistance programs, including CoC and HOPWA funding, within the more limited ESG framework of providing only time-limited, emergency-only assistance. In New York, these programs fund critical long-term

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<sup>8</sup> "Housing Choice Voucher (HCV) Data Dashboard." U.S. Department of Housing and Urban Development, accessed 8 Sept. 2023, [www.hud.gov/helping-americans/public-indian-housing-hcv-dashboard](https://www.hud.gov/helping-americans/public-indian-housing-hcv-dashboard).



solutions like supportive housing. Any time-limitations on assistance would force vulnerable populations back into homelessness and dismantle proven solutions to chronic homelessness.

The catastrophe of homelessness is devastating for anyone, but for those living with medical conditions like HIV and AIDS, the lack of stable housing can be life threatening. Living in a homeless shelter or on the streets makes it impossible to follow a complex health care regimen and dramatically increases exposure to other illnesses that lead to immediate and long-term health risks. To address this, the Coalition launched its Scattered Site Housing Program (“SSHP”) in 1990 as one of the city’s first models for providing private permanent housing — as well as necessary supportive services — to homeless people living with HIV/AIDS.

In FY24, New York received \$54.9 million in HOPWA funding. Through HOPWA and other funding, the Coalition operates 66 units of permanent supportive housing for people with HIV/AIDS. We provide a comprehensive array of services — helping people manage the physical and emotional difficulties that accompany their illness, receive the healthcare and benefits to which they are entitled.

The Trump administration’s proposal to consolidate HOPWA, CoC, and ESG funding, reduce that funding, and institute a two-year time limit on assistance would devastate the Coalition’s housing program and many programs like it. Thirty percent of our program’s funding is from federal pass-through dollars. Funding cuts and time-limits would endanger medically vulnerable, formerly homeless people who have found stability and health through housing. Many of our scattered-site permanent housing residents have significant health conditions that prevent them from working. They often subsist only on social security disability benefits. Instituting a two-year time limit would push many of these households back into homelessness.

### *Public Housing and Section 8*

The proposed budget would consolidate current housing and rental assistance programs into a single block grant, including: Section 8 (tenant-based and project-based vouchers), Public Housing, and Section 811 and 202 housing. This consolidation would come with devastating cuts of over \$30 billion, undermining existing contracts with building owners and threatening financing for thousands of multifamily properties. In 2024, New York State received \$8.8 billion for these programs. Under block grant funding, this could drop to \$4.8 billion or less—a reduction that would destabilize housing for 243,000 Section 8 voucher households, 100,000 households in project-based Section 8 units, 164,000 public housing residents

### *Other Program Consolidations and Time Limits on Assistance*

The Trump Administration’s proposed budget eliminates all funding for the Public Housing Capital Fund, HOME Investment Partnerships Program, Community Development Block Grants (CDBG), and Fair Housing Initiatives Program. These programs are essential for maintaining habitable housing conditions, constructing affordable and senior housing, and enforcing civil rights protections.

The President's budget also proposes limiting federal housing assistance to just two years for all HUD-assisted households without elderly or disabled members. This policy would affect up to 200,000 New York households. In New York's tight housing market with its severe shortage of affordable rental homes, this policy would cause mass evictions and unprecedented levels of homelessness.

### Local Responsibility Amid National Retreat

As the federal government threatens unprecedented cuts to rental assistance, local programs like CityFHEPS, supportive housing, and affordable housing development are more vital than ever. There are over 200,000 households on the New York City Housing Authority ("NYCHA") Section 8 waitlist.<sup>9</sup> Emergency pandemic-era funds are running dry. Even with the new HAVP pilot, which is expected to provide vouchers in March 2026, State aid is minimal and does not begin to meet demand. CityFHEPS is the only meaningful housing safety net left for thousands of low-income New York City families. Undermining it in the face of record-high homelessness and historically low vacancy rates in affordable housing could not come at a worse time.

The federal funding cuts already enacted, and those proposed, will devastate New York's housing infrastructure at a time when homelessness is already at record levels. The elimination of these critical programs would lead to deteriorating housing conditions and fewer affordable options for vulnerable New Yorkers. In response, the City must continue and expand its investment in CityFHEPS and capital funding for supportive housing and affordable housing.

The City must also step up to push back against these cuts and to work with the State to minimize the harms that will flow from the shameful actions of the federal government. At a time when affordable housing is already scarce and homelessness is at record levels, inaction by the City in the face of these cuts will dismantle decades of progress and infrastructure built to address these challenges.

### Introduction 1372-2025

CityFHEPS was created to break the cycle of homelessness by helping individuals and families secure permanent housing. The Adams' Administration's recent decision to raise the tenant contribution to 40 percent after the fifth year of receiving a CityFHEPS voucher will make voucher recipients "rent-burdened" and jeopardize their already fragile housing stability. Forcing low-income tenants to pay a higher share of their limited income undermines the very purpose of the program. Many of these tenants work in low-wage or part-time jobs with little to no wage growth over time. We fully support Introduction 1372-2025, which would limit the

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<sup>9</sup> "New NYCHA Section 8 Waitlist Established." NYCHA Journal, New York City Housing Authority, 1 Aug. 2024, [nychajournal.nyc/new-nycha-section-8-waitlist-established/](https://nychajournal.nyc/new-nycha-section-8-waitlist-established/).

household rent contribution to 30 percent of a voucher recipients' gross income, and urge the Council to swiftly pass this bill.

Expecting households to absorb a 33 percent increase in their rent burden is not only unrealistic, it is dangerous. According to HRA, 20,227 single individuals and 9,521 households with children moved into permanent housing using CityFHEPS vouchers issued in 2019 and 2020. (The City's public data does not reveal how many of them are working-age adults earning an income in the workplace, and therefore the precise number of impacted households is currently unavailable.) Under the proposed rule, the median income-earning single individual would owe \$576 more in rent annually. The median income-earning family with children would be obligated to pay \$384 more each year. Recent research shows that rent hikes on low-income households are strongly associated with increased evictions, reduced spending on essentials like food and medicine, and heightened risks to health and stability. Even modest increases in rent burden are statistically associated with increased evictions and shelter entry. A 2024 study published in the journal *Social Science and Medicine* found that increased rent burdens strongly correlate with eviction, reduced spending on food and medicine, and even premature mortality.<sup>10</sup> This is not speculation; this is borne out by local and national data.

Most of these households are already barely making ends meet. Increasing their rent burden will leave them with even less to spend on food, childcare, transportation, and health care. According to the Urban Institute's True Cost of Economic Security measure, 62 percent of city residents lack the resources needed to thrive, not just survive. The average gap between the costs and resources for these residents is roughly \$40,600. By increasing tenants' rent share, the City would worsen this resource gap and push economic security even further out of reach.

The rule forces households to be rent-burdened; it would enshrine rent burden into City policy. In 2017, the Trump Administration proposed raising rents in federally subsidized housing to 35 percent of a household's income, a proposal that was heavily critiqued and ultimately rejected.<sup>11</sup> That the City is going beyond even what was proposed by the Trump Administration is appalling and sets a dangerous precedent potentially impacting the millions of families who rely on subsidized housing. Against this backdrop of federal disinvestment, it is indefensible for New York City to weaken its main local housing voucher program by shifting costs onto vulnerable tenants.

### Introductions 1364-2025 and 1225-2025

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<sup>10</sup> Graetz, Nick, et al. "The Impacts of Rent Burden and Eviction on Mortality in the United States, 2000–2019." *Social Science & Medicine*, vol. 340, 1 Jan. 2024, p. 116398. <https://doi.org/10.1016/j.socscimed.2023.116398>.

<sup>11</sup> "Trump Budget's Housing Proposals Would Raise Rents on Struggling Families, Seniors, and People with Disabilities." The Center of Budget Policy and Priorities, 12 Jul. 2017, <https://www.cbpp.org/research/trump-budgets-housing-proposals-wouldraise-rents-on-struggling-families-seniors-and-people>.

The Coalition also supports Introductions 1364-2025 and 1225–2025. Introduction 1364-2025, which would require New York City’s Office of Management and Budget to issue monthly reports on federal funding, would bring needed transparency to the impact of federal funding cuts on the City’s budget to elected official, non-profits, and the public. The Coalition also support Introduction 1225-2025, which would create an Office of the Census to increase census participation, with a specific mandate to increase participation by hard-to-reach populations and ensuring sufficient multi-lingual outreach to New York’s diverse residents.

### About Coalition for the Homeless

The Coalition, founded in 1981, is a not-for-profit advocacy and direct services organization that assists more than 3,500 homeless and at-risk New Yorkers each day. The Coalition advocates for proven, cost-effective solutions to address the crisis of modern homelessness, which is now in its fifth decade. The Coalition also protects the rights of homeless people through litigation involving the right to emergency shelter, the right to vote, the right to reasonable accommodations for those with disabilities, and life-saving housing and services for homeless people living with mental illnesses and HIV/AIDS.

The Coalition operates 12 direct-services programs that offer vital services to homeless, at-risk, and low-income New Yorkers. These programs also demonstrate effective, long-term, scalable solutions and include: permanent housing for formerly homeless families and individuals living with HIV/AIDS; job-training for homeless and low-income women; and permanent housing for formerly homeless families and individuals. Our summer sleep-away camp and after-school program help hundreds of homeless children each year. The Coalition’s mobile soup kitchen distributed nearly 400,000 hot, nutritious meals to homeless and hungry people on the streets of the city this past year – up from our usual 320,000. Finally, our Crisis Services Department assists more than 1,000 homeless and at-risk households each month with eviction prevention, individual advocacy, referrals for shelter and emergency food programs, and assistance with public benefits as well as basic necessities such as diapers, formula, work uniforms, and money for medications and groceries. In response to the pandemic, we are operating a special Crisis Hotline (1-888-358-2384) for homeless individuals who need immediate help finding shelter or meeting other critical needs.

The Coalition was founded in concert with landmark right-to-shelter litigation filed on behalf of homeless men and women (*Callahan v. Carey* and *Eldredge v. Koch*) and remains a plaintiff in these now consolidated cases. In 1981, the City and State entered into a consent decree in *Callahan* through which they agreed: “The City defendants shall provide shelter and board to each homeless man who applies for it provided that (a) the man meets the need standard to qualify for the home relief program established in New York State; or (b) the man by reason of physical, mental or social dysfunction is in need of temporary shelter.” The *Eldredge* case extended this legal requirement to homeless single women. The *Callahan* consent decree and the *Eldredge* case also guarantee basic standards for shelters for homeless men and women. Pursuant to the decree, the Coalition serves as court-appointed independent monitor of

municipal shelters for homeless single adults, and the City has also authorized the Coalition to monitor the municipal shelter system serving homeless families. In 2017, the Coalition, fellow institutional plaintiff Center for Independence of the Disabled – New York, and homeless New Yorkers with disabilities were represented by the Legal Aid Society and pro-bono counsel White & Case in the settlement of *Butler v. City of New York*, which is designed to ensure that the right to shelter includes accessible accommodations for those with disabilities, consistent with Federal, State, and local laws. During the pandemic, the Coalition worked with the Legal Aid Society to support homeless New Yorkers, including through the *E.G. v. City of New York* Federal class action litigation initiated to ensure Wi-Fi access for students in DHS and HRA shelters, as well as *Fisher v. City of New York*, a lawsuit filed in New York State Supreme Court to ensure homeless single adults gain access to private hotel rooms instead of congregate shelters during the pandemic.



**Chinese-American Planning Council, Inc.  
Testimony at the New York City Council General Welfare Committee  
Honorable Diana Ayala, Chair  
September 15th, 2025**

Thank you Chair Ayala and members of the City Council for the opportunity to testify today. The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC was founded in 1965 as a grassroots, community-based organization in response to the end of the Chinese Exclusion years and the passing of the Immigration Reform Act of 1965. For 60 years, our services have expanded since our founding to include three key program areas: education, family support, and community and economic empowerment.

CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 80,000 people per year through more than 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities.

To that end, we are grateful to testify about issues that impact the individuals and families we serve, and we are grateful to the Council for their leadership on these issues.

The recent passage of the federal budget bill will have devastating impacts on our communities. At CPC, we conducted an initial analysis of the impacts that the federal cuts will have and we found that over 20% of our community members that are on SNAP are likely to lose benefits and over 500 of our community members who will be impacted by reduced SNAP benefits or loss altogether earn between \$15,000 to \$30,000 in annual household income.

Many of our communities who rely on SNAP to put food on the table will feel the sharp repercussions and they will hit AAPI families especially hard, as many live in mixed status and multigenerational families more than any other racial and ethnic subgroup. In addition, the deep cuts to Medicaid and Medicare compound on one another making the survival of our most marginalized communities that more difficult.

These proposed reductions will not only decimate our ability to deliver services, but will also irreparably harm the individuals and families who rely on them. Our organization stands to lose both staff, community members, and entire programs. These are services that generations in our community have come to depend on. We provide SNAP navigation funding, enrollment services, and critical support systems that are increasingly the only thing standing between our neighbors and crisis.

As the cost of living continues to rise, we are hearing more and more from community members that SNAP is the only way they're able to feed their families. Many are already stretching insufficient benefits to cover multiple family members. Without this support, we anticipate a sharp rise in poverty, food and housing insecurity in our communities.



We began seeing elevated concern among our community members when the federal budget bill was first introduced. That concern has turned into panic. Our centers have been flooded with calls and visits from individuals afraid that they will lose their SNAP benefits.

One of our community members, a young mother of two daughters, recently lost her husband to a heart attack. She called us in tears last week, terrified that she would lose the SNAP benefits that now provide the only stable support for her family. Another member of our community, who has been receiving legal assistance from our team as he navigates a complex immigration case, came into our center on the Lower East Side and has been experiencing suicidal thoughts because he believed he was about to lose his SNAP benefits as this is his only means of feeding his family.

These are not just isolated stories, they represent a broader truth. The proposed cuts are not abstract policy shifts. They are life-and-death decisions for thousands of our community members. We are committed to fighting against these cuts at the federal level. However, we need State and City level solutions to ensure that the gaps created by these cuts are immediately addressed.

We look forward to working in partnership with the City Council to ensure that the upcoming FY27 budget directly addresses the catastrophic impacts that the Federal cuts will have on low-income and working class New Yorkers.

Thank you so much for your time and consideration. If there are any questions or concerns, please feel free to reach out to Ashley Chen, Policy & Research Manager at [achen9@cpc-nyc.org](mailto:achen9@cpc-nyc.org).



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September 15, 2025

Committees on Hospitals, General Welfare, Governmental Operations, and State & Federal  
Legislation  
New York City Council  
City Hall  
New York, NY 10007

**RE: The Impacts of Federal Budget Cuts**

Dear subcommittee members,

The Community Service Society of New York (CSS) would like to thank the City Council for allowing the public to weigh in on the impact of federal budget cuts on New York City. CSS is an 180-year-old organization that aims to build a more equitable New York for low- and moderate-income individuals, assisting over 130,000 New Yorkers statewide annually in accessing health care. CSS administers the Managed Care Consumer Assistance Program (MCCAP) to help New York City residents navigate the health care system through a network of 21 community-based organizations in all five boroughs. Since 2020, MCCAP has helped over 20,000 New Yorkers save a total of \$1 million.

An estimated 730,000 New York City residents are at risk of becoming uninsured due to federal cuts to Medicaid, and at least 225,000 New York City residents will lose Essential Plan coverage next year.<sup>1</sup> At least 240,000 New Yorkers across the State will experience higher premiums because of the expiration of the enhanced premium tax credits (EPTC) on January 1,

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<sup>1</sup> NYSOH enrollment data as August 30, 2025 indicates 60 percent of New Yorkers with Essential Plan coverage live in New York City.

<https://info.nystateofhealth.ny.gov/sites/default/files/EP%20and%20QHP%20Total%20Enrollees%20by%20Issuer%20August%202025%20Combined.pdf>. An estimated 450,000 New Yorkers will lose essential plan eligibility in 2026. [https://www.health.ny.gov/press/releases/2025/2025-09-10\\_federal\\_funding\\_cuts.htm](https://www.health.ny.gov/press/releases/2025/2025-09-10_federal_funding_cuts.htm). NYS DOH data indicates 57.5 percent of New Yorkers with Medicaid coverage live in New York City. [https://www.health.ny.gov/health\\_care/medicaid/enrollment/docs/by\\_resident\\_co/current\\_month.htm](https://www.health.ny.gov/health_care/medicaid/enrollment/docs/by_resident_co/current_month.htm). An estimated 1.3 million New Yorkers will lose Medicaid coverage due to new eligibility and verification hurdles. <https://www.governor.ny.gov/news/governor-hochul-joins-us-representative-ritchie-torres-warn-crippling-effects-republicans-big#:~:text=Out%20of%20these%20%20million.operations%2C%20and%20even%20close%20entirely.>

2026. The expiration of EPTCs will hit New York City residents hardest and is estimated to lead to an average monthly premium increase of 38 percent for a couple.

CSS has two recommendations for the city council: (I) consider funding MCCAP to conduct community-based outreach to help New Yorkers navigate coverage transitions and (II) support the State in the transition of the Essential Plan to the 1331 waiver and any efforts to provide coverage to the 225,000 New York City residents that will no longer be eligible for Essential Plan coverage.

**I. Funding MCCAP to conduct targeted community-based outreach about the availability of enrollment assistance.**

The new federal rules include burdensome documentation requirements that will hamper individuals' and families' ability to enroll in and maintain health coverage. The City can look to lessons from New York's success in mitigating coverage losses during a prior major federal policy reform—the end of the COVID-19 Public Health Emergency.

In 2023, federal COVID-19 Public Health Emergency policies mandating continuous enrollee retention in publicly funded insurance expired. Under these policies, New York's public health insurance enrollment climbed to 9 million people and the State achieved its all-time lowest uninsurance rate.

To secure these coverage gains, New York executed a 14-month multi-pronged effort to retain as many New Yorkers as possible in health coverage, including boosting localized assistor outreach efforts through the philanthropically funded Keep New York Covered (KNYC) project.

As described in CSS's report, *We'll Keep You Covered: How Funding Community Based Outreach Reduces Coverage Losses in the Face of Federal Policy Changes*, the \$2.5 million KNYC project funded CSS (the State's largest Navigator group) to act as a central hub that procured and supported 36 community-based enrollment organizations that:

- conducted targeted outreach about the availability of enrollment assistance through over 60 million engagements using a variety of mediums, such as: bus advertisements, postcards, social media, in-person presentations; and
- enrolled over 85,000 New Yorkers as a direct result of these outreach efforts.

At a cost of \$30 per enrollment, the KNYC project generated a 3,850 percent return on investment. This concerted effort to conduct community-based outreach and marketing was crucial to the goal of protecting the State's enrollment gains, particularly in solidifying the decade-long progress in reducing disparities in uninsurance rates for many racial and ethnic minorities.

The lessons of the KNYC project are particularly trenchant for state policymakers seeking to secure insurance coverage rates in the face of impending federal threats to Medicaid and the Affordable Care Act. CSS urges the city council to consider funding MCCAP to support community-based organizations in conducting targeted outreach about the availability of enrollment assistance to help New Yorkers navigate coverage transitions.

## **II. Supporting the State in returning the Essential Plan to the Basic Health Program (Section 1331) from the 1332 waiver.**

On September 10, 2025, the State initiated the process to unwind its 1332 waiver program that the Biden administration approved to expand Essential Plan coverage to people making up to 250 percent of the federal poverty level. Federal cuts to eligibility have left the Essential Plan with significant funding losses that require the State to return to the Basic Health Program under Section 1331 of the Affordable Care Act.

While this transition will allow the State to minimize coverage losses for New Yorkers with Essential Plan coverage, it will leave approximately 225,000 New York City residents with incomes between 200-250 percent FPL no longer eligible for the Essential Plan and at risk of losing coverage.

CSS urges the city council to submit comments during the 30-day comment period to support the State in its initiative to return to the Section 1331 Basic Health Program. In addition, the city should support the State in any initiatives to provide cost-sharing reductions or subsidies to the 200-250 FPL population to allow access to affordable coverage.

Thank you for the opportunity for the public to weigh in on this matter. Should you have any questions, please do not hesitate to contact Mia Wagner at [mwagner@cssny.org](mailto:mwagner@cssny.org).



**Testimony: Federal Cuts Imperil New York City Housing**  
NYC Council Committee on General Welfare hearing, 9/15/2025

Thank you to the New York City Council's Committee on General Welfare, the Committee on Governmental Operations, State & Federal Legislation, and the Committee on Hospitals for holding a hearing on the impact of federal funding cuts on New Yorkers. My name is Samuel Stein, and I am a senior policy analyst at the Community Service Society of New York (CSS), a nonprofit that promotes economic opportunity for all New Yorkers. CSS uses research, advocacy, and direct services to champion a more equitable city and state. Over the past 180 years, we have consistently fought for housing resources and rights for New Yorkers at the city, state, and federal levels, including the establishment of universal housing quality standards, the production of social housing, the enactment of rent regulations, and the expansion of rental assistance programs.

Let us be loud and clear: federal cuts to housing programs have already begun, and the Trump administration aims to make them much more severe. This is a red alert for New York City, where nearly a third of our budget comes either directly from the federal government or, more commonly, as pass-through funds from the state. While the city admirably supplants federal funding with local spending on housing programs, it is not enough. And while the proposed Congressional budgets are not as draconian as the Executive's proposal, they still represent a retreat from housing commitments. If the federal government ultimately follows through with the President's proposals, hundreds of thousands of households will lose their housing, leading to a homelessness crisis that would be orders of magnitude worse than the already-historic crisis we are currently facing. The Adams administration, the City Council, and every arm of city and state government must do everything in their powers to fight back against these extreme measures, to shore up our own programs, and to ensure housing stability for all New Yorkers.

The New York City Housing Authority (NYCHA) currently receives roughly \$2 billion in annual funding for public housing, and NYCHA and the New York City Department of Housing Preservation and Development receive roughly \$2 billion in Section 8 rental assistance. This funding was already too little, as demonstrated by the conditions crisis in public housing, the ballooning capital needs assessments, and the long waiting list for both public housing units and Section 8 vouchers. But with the cuts proposed by the President, even these paltry resources could be at risk, only to pay for a dystopian agenda of regressive taxation and mass deportation.

Already, the Trump administration has cancelled the Emergency Housing Voucher program five years early, leaving roughly 7,700 New York households—most of whom are formerly homeless—soon to be without federal rental assistance. It has also ended the Affirmatively Advancing Fair Housing rule and massively scaled-back all fair housing



enforcement. The so-called “Department of Government Efficiency” (DOGE) has slashed several crucial programs operated by the Department of Housing and Urban Development (HUD), including an 84 percent reduction to HUD’s Office of Community Planning and Development, which oversees the Continuum of Care, the HOME program, Community Development Block Grants, and disaster recovery efforts, and a 44 percent cut to HUD’s Office of Housing, which oversees the Federal Housing Administration, multi-family housing finance, and the Rental Assistance Demonstration (RAD) program. Together, these cuts represent 1,900 layoffs of key personnel, jeopardizing HUD’s ability to serve New York City and every municipality across the country. DOGE also clawed back grant-funded programs—including ones CSS would have participated in—for green retrofits to public housing, and cancelled grants to community development financial institutions and affordable housing developers such as Enterprise, LISC, and Habitat for Humanity, all in the guise of combatting diversity, equity, and inclusion.

If the President has his way, all this damage will only be the beginning. The Trump budget proposal would massively defund HUD, cutting 44 percent across the board and converting core programs like public housing and Section 8 to block grants. It would also impose a two-year time limit on public housing and rental assistance for working households, which NYCHA estimates would displace over 300,000 New Yorkers. The president also proposes eliminating the Community Development Block Grant program, which funds such core New York City housing functions as building code enforcement and many city planning initiatives, and jettisoning the Continuum of Care, which funds long-term supportive housing, rental assistance, and affordable housing production.

The New York Housing Conference estimates that this would result in a \$4.7 billion reduction to New York City housing programs, putting not only tenants and homeless New Yorkers in jeopardy but also undermining nonprofit housing providers, commercial landlords, community development financial institutions, and commercial banks, all of whom rely on the long-term stability of housing funding. The City and its partners have invested over \$10 billion in affordable housing deals that are tied to long-term HUD contracts. If Congress bows to the President’s pressure and follows through on his threats, they will throw New York City into chaos.

In light of this precarious position, the Council is wise to advance the bills under review today. Intro 1364 (Restler) would ensure maximum transparency on the status of federal funding; Intro 1225 (Menin) would create an office to advance local participation in future censuses, which can enable greater representation and funding in future electoral and budget cycles; and Intro 1372 (Ayala) would end the unnecessary hardship of a 40 percent rent contribution for certain households using CityFHEPS vouchers.





Passing these bills must only be the first step. The city and state must protect and expand existing local programs so that they can continue to help house the homeless and ensure tenants remain housed. CityFHEPS, for example, currently houses 47,000 households, and the Council has approved an expansion of the program—though the administration continues to refuse to enact it. The administration must drop its opposition and expand this crucial resource. We must also consider new ways to grow state and local revenues in order to ensure that all New Yorkers are housed securely. Ultimately, we all must do everything in our power to stop Congress from enacting the President's proposed budget.

We cannot sink our heads in the sand, ignore the warning signs all around us, and hope for the best. We must act now to avert tragedy and save the programs that make our city what it is.

Thank you for your time and attention. If you have any questions about our testimony or CSS's research, please contact me at [ssstein@cssny.org](mailto:ssstein@cssny.org).



**Testimony of FPWA**

**Presented to:**

**2025 Oversight Hearing on the Impacts of Federal Budget Cuts**

**Hon. Chair Diana I. Ayala**

**Hon. Chair Mercedes Narcisse**

**Hon. Chair Lincoln Restler**

**September 15, 2025**

**Jennifer Jones Austin**

**Executive Director/CEO**

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We are grateful to the members of the Council Committee on General Welfare, the Council Committee on Hospitals, and the Council Committee on Governmental Operations, State & Federal Legislation and to Chair Ayala, Chair Narcisse, and Chair Restler for the opportunity to provide testimony on behalf of FPWA (Federation of Protestant Welfare Agencies).

## Background

FPWA is a leading anti-poverty, social policy and advocacy organization dedicated to strengthening human services organizations and faith institutions, and advancing economic opportunity and justice for New Yorkers with low incomes. Since 1922, FPWA has driven groundbreaking policy reforms to better serve those in need. We work to dismantle the structural and systemic barriers that impede economic security and well-being, and we strengthen the capacity of human services agencies and faith organizations so New Yorkers with lower incomes can thrive and live with dignity.

FPWA has a membership network of more than 170 faith and community-based organizations. We support our members by offering workshops and trainings on topics such as leadership development, organizational management, and trauma-informed approaches to service delivery. FPWA provides a range of financial assistance grants through our member network, working to strengthen individuals and families at the ground level. These grants provide direct support to New Yorkers in the form of scholarships, financial assistance for aging adults, funding for organizations providing HIV/AIDS related services, and more.

## Context

This oversight hearing comes at a critical time. According to [a recent Urban Institute report](#), 52% of American households are economically insecure today. This means that over half of all households in America struggle to meet their living costs and save for their futures. The story is even more bleak here in New York City, where this number rises to 62%.

As nearly two thirds of New Yorkers struggle financially to get and stay ahead, we know that our city will be particularly hard hit by federal funding cuts.

Families with the least resources will be hardest hit, but even those families with relatively high earnings are likely to be affected. The median New York City household with children faces annual costs of over \$165,000 but has only \$125,000 in resources.

## Federal Funding Landscape

FPWA has long tracked the City's federal funding through our [NYC Funds Tracker](#). The NYC Funds Tracker is a data tool designed to shine a light on the fiscal workings of the city government, to help advocates, policy makers and community members fight for a budget that centers economic security for all New Yorkers. Its origins go back to the first Trump presidency in 2019, when we first launched the Federal Funds Tracker in light of expected federal cuts that would impact the city's human services sector. We see this tool as vital, as local communities once again brace for the impact of federal spending cuts and seek to find new solutions that overturn long-term underinvestment in communities. The NYC Funds Tracker promotes transparency by helping community members understand where the City's money comes from and where it goes. Budget transparency is more important than ever at this time when we find the City's funding under attack.

Through this work, we know that federal funding threats to the city aren't new, and that federal disinvestment in the city is occurring across multiple fronts.

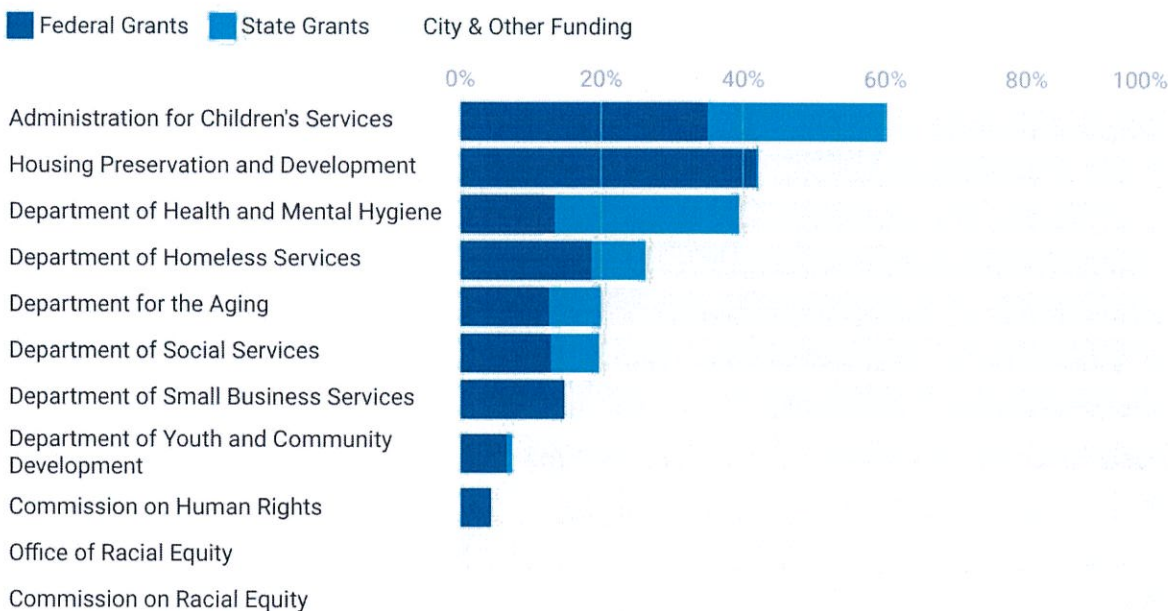
- **Funding has already been declining over the past decade.** As tracked in our Funds Tracker, federal grants to the City fell by 15.2% between 2011 and 2019.
- **The City anticipates a further drop in grant funding this fiscal year**—\$1.9 billion less from the state and \$3.6 billion less from the federal government. This includes expiring pandemic funding.
- The recently passed federal budget reconciliation will **decrease federal funding even further**, through reduced support and cuts to programs like Medicaid and SNAP—coming on top of the elimination of over 7,700 housing vouchers.

Federal FY26 Budget negotiations are underway and may include further funding cuts.

Human services agencies are particularly vulnerable to the impact of federal cuts, with some agencies (e.g. ACS and HPD) relying on federal and state funds for over 40% of their budgets.



## Federal and State Funding – Human Services Agencies



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Despite these fiscal constraints, we believe that the City has an obligation to prioritize the economic security of all New Yorkers. We recognize the need to be pragmatic in how the City tackles these constraints, including the need for potential cuts. With this reality, we call on the City to center budget equity<sup>1</sup> as it makes these decisions. It is not only a fiscal but moral imperative for the City to ensure that families can live today and plan for a future here in New York.

### Impact of cuts

We know that new federal cuts to critical programs will only exacerbate the high rate of economic insecurity faced by New Yorkers. In FY25, the City received \$9.6 billion in federal revenue (8.3% of the City's budget) that is now at risk. Funding reductions will impact the City's operating budget and will have both direct and flow-on effects, including:

- **Medicaid and Hospitals** – The federal budget reconciliation restricts New Yorkers' access to Medicaid by imposing work requirements, introducing burdensome paperwork requirements, and limiting enrollment eligibility. New York City Health + Hospitals (H+H), the City's public hospital system, is particularly threatened by these funding cuts. Over 70% of H+H patients rely on Medicaid or have no

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<sup>1</sup> The Institute on Race, Power and Political Economy at the New School defines [budget equity](#) as the just and fair allocation of government resources to create the conditions for all residents to participate and thrive.

insurance. With fewer Medicaid patients, less government funding, and lower payment rates, H+H Hospitals, which already operate under narrow margins, will be at risk of closure and reduced services.

- **Food Assistance** – The federal government has launched a series of attacks on critical funding that helps ensure New Yorkers can meet their basic food needs. Changes in the latest federal budget reconciliation threaten SNAP benefits for the 1.8 million New York City residents who rely on the program to purchase food. These changes worsen the already burdensome SNAP eligibility requirements by extending work mandates and stripping access from many lawfully present immigrants. At the same time, the administration has frozen essential Emergency Food and Shelter (EFSP) grants – a vital source of funding for community and faith-based organizations, including those supported through FPWA’s citywide network. This funding freeze comes at a time when local food pantries and soup kitchens are already struggling to meet existing demand. The combined impact of these federal cuts will increase pressure on city-funded food assistance programs, while leaving them with fewer resources to serve their communities.
- **Tax changes and impacts on inequality** – The extension of TCJA and new tax provisions accelerate wealth inequality. Under the bill, [the average family earning less than \\$50,000 would get under \\$300 in tax cuts in 2027, while the average tax filer earning \\$1 million or more a year would receive about \\$90,000](#) in tax breaks. The federal budget includes one small win for a portion of working New Yorkers: it permanently increases the Child Tax Credit to \$2,200 per child. However, the law also requires one parent to have a Social Security Number to qualify for the credit. As a result, [226,000 children in New York State, the vast majority of whom are Citizens, will lose eligibility to the tax credit](#). Furthermore, the law fails to make the Child Tax Credit fully refundable. In 2021, full refundability allowed families with little or no income tax liability to receive the entire credit as a payment, [lifting 242,000 of New York’s children from poverty in the process](#). By failing to restore full refundability, these families receive only a partial amount, perpetuating an ongoing injustice: children who need the support most are denied full access to it.
- **Flow on effects to State funding** – The City receives about 17% of its budget from New York State which will also be constrained as a result of federal budget cuts. For example, historically, the cost of SNAP benefits has been fully funded by the federal government, with states and the federal government each covering 50% of the administrative cost. However, by as soon as FY 2028, the State will be required to cover up to 15% of SNAP benefit costs in addition to 75% of administrative costs. Together, these changes will cost New York State an estimated \$1.4 billion per year. Further, New York State’s budget is made up of approximately 40% Medicaid



funding and will subsequently be impacted by Medicaid cuts. All together, these cuts will impact New York State services provided to New York City residents, and the City's own budget through the flow on effects to State grants.

Again, all of this is before the impact of any cuts that may be forthcoming in the FY26 federal budget. While budget negotiations are still underway, current debates offer insight into lawmakers' priorities. For example, Members of a House education subcommittee voted to advance a FY26 budget bill that includes a [\\$3.5 billion cut in Title I formula grants to support low-income students](#).

Overall, we know that these cuts will have a real impact on the economic security of New Yorkers. The median economically insecure household already faces a resource gap of over \$42,500 between what they need and what they have each year. For many of these families, supports such as Medicaid and SNAP prevent this gap from being even bigger. According to Urban Institute's [True Cost of Economic Security](#) measure, if the median family was to lose access to SNAP and Medicaid this resource gap would double, to \$84,600.<sup>2</sup>

We also know that these cuts will disproportionately impact certain demographic groups, including families of color and low-wealth households. For example, Black and Latino/a households are twice as likely as White families to be food insecure and will be hard hit by cuts to SNAP. The Trump Administration's direct cuts to the private sector, jobs that have long provided a pathway to economic security for Black Americans, and policies that have slowed job growth in the private sector, are resulting in job loss. Historically, Black Americans have experienced unemployment rates at twice that of White workers, and the numbers today show a [surge in unemployment among Black workers](#). It is especially at moments of slack in the labor market that we need to ensure access to family-sustaining supports. Instead, the federal reductions are being sold as necessary to pay for tax cuts for the wealthy.

Taken together, we know that federal cuts, combined with additional tax benefits to the wealthy, will exacerbate existing inequalities and cause real suffering in our communities.

## Recommendations

Thankfully, we still have time to prepare. As we look ahead, we call on the Mayor and the Council to reaffirm a commitment to avoid austerity and ensure that budget responses are

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<sup>2</sup> The True Cost of Economic Security estimates that Medicaid and SNAP provide the median family with \$27,000 and \$14,600 in resources respectively.

equitable, and to use this time to reinforce vital human services programs, fight the cuts, and seek alternative sources of funding where appropriate. Specifically, the City should:

- **Support NYC's public hospitals to ensure continued operation.** NYC H+H will likely lose a significant portion of its revenue because of federal cuts. City funding may be required to fill gaps to ensure hospitals stay open.
- **Increase funding for food banks and other food service providers.** The loss of SNAP benefits will push many New Yorkers to rely on food banks for consistent meals. The City must ensure that food banks and other food provision services, including Community Food Connection, Groceries to Go, and the Food Retail Expansion Program to Support Health (FRESH), are fully funded ahead of a worsening food security crisis.
- **Support our immigrant communities.** Many of the provisions in the budget law unfairly strip healthcare, food assistance, and tax credits from lawfully residing immigrants. The City must continue to fight for all New Yorkers through local programs that provide additional food, health, and cash support.
- **Bolster infrastructure for processing benefits and supports.** The impending SNAP and Medicaid work requirements will increase administrative burdens, creating more barriers for eligible New Yorkers to access their benefits and care. The City should expand its capacity to process these requirements efficiently and assist residents in navigating them. It should also ensure that the state works to minimize the impact of new restrictions and does not itself increase burdens on participants. Doing so will help ensure that no one is left behind due to red tape.
- **Explore new sources of revenue, including working with Albany to ensure continued State funding for these critical programs.** The City will need to seek new funding sources, but the gap is not insurmountable. This includes both State and its own revenues.
  - **City revenue.** Opportunities to improve the progressivity and amount of revenue generated from the City's two largest taxes are available. [Options outlined by the NYC Comptroller's Office](#) include a suite of modest reforms that would raise the personal income tax rate for the top 1% of earners as well as provide for more equitable taxation of real estate, raising an additional \$1 billion in revenue. Ensuring its own revenue sources are stable, progressive, and growing, will help the City stabilize its budget and ensure it is less vulnerable to the whims of other levels of government. Shoring up its own revenue sources will also enable the City to invest in economic security.



- **State revenue** - SNAP and Medicaid funding flows through New York State. City leaders must call upon the State to ensure that SNAP remains fully funded, even in the face of higher costs.

The City can also increase transparency in its budgeting process so that all in the community can better prepare for any cuts. To this end we support the bill introduced by Council Member Restler to require the director of management and budget to submit a monthly report to the Mayor, the Speaker of the Council, and the chair of the relevant committee on the status of the City's federal funding. Of the things in the City's control, providing more budget transparency is one of the easiest ways the City can help the community be ready for the funding cuts ahead.

## Conclusion - A call to focus on economic security

A city's budget should reflect the needs of its residents. Now, more than ever, the Administration must resist calls to implement austerity measures that reduce social services in response to federal funding constraints. The City should continue to fund the vital supports we need and seek to ensure economic security for all New Yorkers. It can do this by enhancing processes for access to cash assistance and SNAP, investing in the human services workforce, and providing funding for vital services that are losing federal money. When people have economic security, they can fully participate in society and the economy. This has flow on effects that will only improve the city's prosperity and its own tax revenues in the longer term.

It is true that the city is staring down potentially devastating budget cuts, but there are many levers inside its own control that it must fully use to prepare. Taking these steps outlined in our testimony would put New York on a path to ensuring economic security for all. The City still has time—and tools—to prepare.

We thank you for your time and attention to these critical issues, and FPWA looks forward to working with you to respond to the changing federal funding landscape.



## TESTIMONY

New York City Council Committee on Governmental Operations, State, & Federal Legislation  
Jointly with the Committee on General Welfare and the Committee on Hospitals  
September 15, 2025

Submitted by:  
Human Services Council of New York (HSC)

### INTRODUCTION

HSC is a coalition of 185+ nonprofit human services providers in New York. Our sector's collective contracted work with the City offers lifelines to millions of New Yorkers and maintains a workforce in the hundreds of thousands. We have witnessed how decades of inequitable resource sharing produce dire impacts on an exhausted human services infrastructure.

**We support Int. No. 1364, which introduces monthly reporting by the director of management and budget on the status of all federal funding.** This is responsive to past requests for comprehensive and transparent assessments of City contracts impacted by mass federal cuts. The City of New York should complement this strategy with actions for financial preparedness, including: continuing to expedite delayed payments with human services providers, and organizing a planning strategy with our sector and the State.

**We also support Int. No. 1225-2025 to establish an office of the census, and Int. No. 1372-2025 to protect access to CityFHEPS.** These measures would provide additional protections for NYC communities that will be disproportionately impacted by projected cuts.

### BACKGROUND

We face proposed cuts in nearly every facet of human services. Providers hold contracts with several NYC agencies that maintain programs under threat from federal actions, including but not limited to *DSS-HRA, DOHMH, NYC DHS, HPD, DFTA, NYC DOE, NYCHA, and H+H*.

These agencies, and nonprofit providers, receive direct and indirect funds for human services from federal agencies that are experiencing, or are projected to experience, proposed cuts. These federal agencies and funding streams include, but are not limited to:

- *HHS* (including CDC, NIH, FDA, ACF, ACL, CMS), especially Medicare, Medicaid, SSBG, Head Start, TANF, HEAP, and public health grants
- *HUD*, especially CDBG and other housing programs
- *USDA* (including FNS), especially SNAP, WIC, and other food security programs
- *US DOE*, especially grants to local DOE programs and student loan programs
- *FEMA*, especially grants related to asylum seekers and disaster response/recovery/mitigation
- *SSA*, especially Social Security programs

We know reductions in federal aid to New York will create gaps that providers will be expected to fill without the resources to do so. The scale of those impacts may be unknown, but we know they are already here and will worsen. In the face of this reality, there has been a lack of consistent and proactive communications across City agencies with nonprofit contract holders likely to be impacted. More often, contract holders have prompted agencies regarding cuts and plans of action to prepare. Providers are also sometimes unclear on which federal lines support City-managed contracts.

## RECOMMENDATIONS

The City should proceed with the following actions towards financial preparedness:

- **Pass Int. No. 1364 to create more comprehensive, ongoing assessments of changes in federal funding;** rollout of this local law would be enhanced by:
  - Proactively sharing reports with contracted human services providers in a manner that helps them understand scheduled federal cuts and gaps not covered by the City
  - Reducing reporting burdens for contracted organizations, wherever possible
- **Coordinate a comprehensive strategy for preparing for mass cuts to human services**
  - Complete scenario planning with nonprofit human services partners, NYS leaders, and other key stakeholders focused on continuity of critical operations
  - Direct City entities to have all contract managers work with contract holders at risk to identify continuity of operations and discuss flexible budgeting/deliverables
  - Plan to prioritize critical human services in the use of existing and new emergency reserves, as gathered from emergency reallocations and other emergency budgeting
- **Continue to expedite all late payments and resolve contracting issues in City contracts with human services providers** in anticipation of continued mass federal cuts
  - In particular, explore strategic and expedited drawdown of federal funding that the City receives, in coordination with human services nonprofit contract holders

## CONCLUSION

**Imagine our City without its human services lifelines.** In that version of NYC, caregivers are without childcare or support for aging loved ones. New Yorkers struggling to survive our housing, economic, and public health crises are without safe and dignified shelter, food, health services, care coordination, advocacy, and more. And thousands fall through the cracks of disasters and everyday emergencies. A version of this future is on the table. City leaders need to act now and act fast to help us mitigate the impacts of this polycrisis, and prevent that possible future from becoming our present.



## 2025 Hearing of the NYC Council Committee on the Impact of Federal Budget Cuts

September 15, 2025

### Testimony of Kim Moscaritolo, State Policy Director for Hunger Free America

Thank for you holding this vital hearing. My name is Kim Moscaritolo and I am State Policy Director for Hunger Free America, a nationwide advocacy and direct service organization headquartered in Manhattan and with a field office in the Bronx. I am honored to submit this testimony today on behalf of the estimated 1.2 million city residents who are struggling against hunger.

Given that this horrible bill is indeed now federal law and given the current control of the White House and both houses of Congress, we simply don't think it's likely that any strategy can "prevent" the worst aspects of the bill from being implemented. Rather, we believe we should target methods to ameliorate the worst parts of the bill.

Here are five concrete steps the City and State should take:

1. **Increase screenings for disabilities** - Given that many Americans – and particularly limited-income Americans – have undiagnosed mental and physical disabilities – the State and City could work with local nonprofit groups to better screen people for disabilities, and then help people who are diagnosed with disabilities to apply for federal SSI benefits. If they are found eligible for SSI, not only would they receive much-needed cash assistance from the federal government, but they would be exempt from SNAP and Medicaid work reporting requirements.
2. **Expand workforce development** – Increase the use of federal SNAP Employment and Training Funds (which have, so far, **not** been cut by the federal government) – and match that with other sources of federal workforce development funding, as well as with corporate and philanthropic workforce development funding – to train more SNAP ABAWDS for living wages jobs. HFA has recently started a model social service workforce development program in Chicago and Baltimore for ABAWDS and we have



found significant success with the first graduates of our 16-week program. We do realize, however, that there are multiple, successful models of workforce development that can be tested and ramped up to meet the urgent new needs.

3. **Boost volunteerism to meet work reporting requirements** - SNAP and Medicaid recipients can meet their work requirements through structured volunteer activities as well as through paid work. The State and City could partner with nonprofit organizations to set up structured volunteer activities to meet work reporting requirements.
4. **Leverage corporate and philanthropy dollars for steps 1-3** -- All the steps above -- including the structured volunteer activities -- will need more staff support, and thus funding, for the nonprofit sector. Perhaps Governor Hochul and/or the next Mayor could convene a conference with state and local government agencies, as well as New York philanthropies, corporations and select nonprofit groups, to create a joint plan to fund and implement the steps listed above.
5. **Accelerate state and city efforts to help eligible households simultaneously apply for -- and re-certify for -- a wide range of benefits digitally.** This could help reduce at least some of the strain on the OTDA and HRA workforces that will be caused by the new work reporting requirements and the extra strain caused by the decrease in federal administrative reimbursements. We have long advocated for such digital benefits portals, and we are distressed that Mayor Adams promised to carry out our proposal under the name of MyCity then spent more than three and a half years -- and a truly head scratching \$100 million -- on the project but achieved no significant progress on it.

More broadly, we place potential actions under four broad buckets:

1. **Actions the City of New York could take on its own, at little or low cost, to ameliorate the worst impacts of the cuts**
  - Per our previous proposals to NYC DSS, the City should better pre-screen low-income New Yorkers for disabilities and increase their ability to meet Medicaid and SNAP work requirements through paid employment, job training, and or unpaid community volunteering. This could include utilizing a better digital ABAWD pre-screening and referral system.
  - The City should also finally implement the new MyNYC portal to make it easier for eligible people to simultaneously apply for -- and utilize -- a wide array of benefits online.
  - The City should immediately and dramatically increase school breakfast participation, which is still the lowest participation rate for any big city in the U.S., with only about half the kids eating school lunches also eating school breakfasts.



**2. Actions the City of New York could take, but would require significant new revenues (the Governor and State Legislature would likely need to approve the new revenue)**

- The City could implement some sort of variant of Zohran Mamdani's plan to start City-run grocery stores. While virtually every expert on food issues thinks it's a bad idea for the City to directly run retail food outlets on its own, there are certainly ways the City can better partner with the for-profit food sector to bring down the price of groceries.
- Expand City-funded free food delivery services.
- Create a City-funded SNAP supplement program to increase SNAP allotments for those already eligible and/or to make SNAP-like food benefits available for immigrants and/or working people currently ineligible for SNAP.
- Strengthen the investitures of local WIC clinics, and fund WIC outreach
- Supplement the health care costs of those suffering from Medicaid cuts.
- Increase SNAP outreach funding to nonprofits to make up for federal cuts.
- Fund new, effective types of community-based nutrition education programs to make up for the federal elimination of the SNAP Nutrition Education Program.
- Authorize, fund, and implement City government-wide "Assets Empowerment/Middle-Class Wealth Generation" agenda to dramatically increase economic opportunity and mobility by enabling more families to transition from owing and paying interest on non-productive debts to owning assets such as first homes, small businesses, and savings/retirement accounts that can earn interest, increase in value, and/or provide profits. This would include initiatives to eliminate, or at least reduce, "benefits cliffs" in which workers who get raises or work more hours are punished by having the governmental benefits cut or stopped entirely just when they start earning a little more.

**3. Actions the State of New York could take on its own, at little or low cost**

- Increase screenings for disabilities and to ABAWDS to meet work requirements. This could include utilizing a better digital ABAWD pre-screening and referral system.
- Greatly accelerating plans for the State's Integrated Eligibility System to eligible enable people to be able to simultaneously apply for multiple benefits online.
- Strengthen the infrastructures of local WIC clinics statewide and restore the two million dollars in funding annually for WIC outreach to Hunger Solutions NY (of which Hunger Free America gets \$100k).

4. **Actions the State of New York could take, but would require significant new revenues**

- Create a State-funded SNAP supplement program to increase SNAP allotments for those already eligible and/or to make SNAP-like food benefits available for immigrants and/or working people currently ineligible for SNAP.
- Supplement the health care costs of those suffering from Medicaid cuts.
- Increase SNAP outreach funding to nonprofits to make up for federal cuts.
- Increase funding to build the capacity of WIC clinics.
- Fund new, effective types of community-based nutrition education programs to make up for the federal elimination of the SNAP Nutrition Education Program.
- Authorize, fund, and implement a State government-wide “Assets Empowerment/Middle-Class Wealth Generation” agenda and benefits cliffs reduction/elimination initiatives similar to the ones proposed above for the City of New York.

(Note: the State would likely raise taxes on the wealthiest in order to pay for such measures, which Governor Hochul is reluctant to do, claiming that the wealthy would move to other states. But Hochul could ameliorate that threat by trying to convince the like-minded states of NJ, CT, MA, CA, WA, OR, and IL to all set the same, higher, personal and/or corporate tax rates)

**Background on The Current State of Hunger In New York City**

According to raw USDA data analyzed by Hunger Free America:

Across New York City, 14.3% of the population, or 1.2 million people, lived in food insecure households between 2021 and 2023. The Bronx is New York City’s hungriest borough in terms of prevalence, with 19.1% of residents (227,086 people) living in food insecure households. Queens contains the highest number of individuals living in food insecure households, reaching 310,310 people between 2021 and 2023.

Nearly one out of every five children (18.6%) in New York City experiences food insecurity, while almost one third (32.2%) of children in the Bronx are food insecure. Food insecurity among employed adults increased slightly between 2021 and 2023, reaching 10.4%. The number of food insecure older New York City residents increased to 213,143 between 2021 and 2023.

At the same time, hundreds of thousands of City residents eligible for federally funded benefits do not receive them. The best under-participation estimates that we have for SNAP that are official are old (for 2018, pre-pandemic). For technical reasons we would be glad to discuss, we believe USDA's estimates, even in 2018, undercounted those who are eligible but did not then

receive SNAP. But even if USDA's numbers were correct, that still meant that 1 in 10 people overall, 25 percent of working people, and 30 percent of older New York State residents who were eligible for SNAP did not get it. The percentages are likely even higher for the City than the State as a whole.

As for federally funded WIC benefits (for pregnant women and children under five), as of 2021, USDA estimated that whopping 45 percent of the pregnant women and children under five eligible for WIC statewide did not get it. Unlike SNAP, WIC has no immigration restrictions in the program and has slightly higher income eligibility than SNAP, so this under-participation in WIC is especially harmful. The percentages are likely even higher for the City than the State.

### **Impact of the Federal Budget Bill on New York City**

- Currently, the federal government covers 100% of SNAP benefit costs, with states covering 50% of administrative costs. Under the recently passed bill, states will now be required to cover a portion of SNAP benefit costs, based on their payment error rates and will also be responsible for 75% of administrative costs.
- In 2024, New York state had a payment error rate of 14.09% and administered \$7.3B in SNAP benefits, more than \$5 billion of which (68 %) was distributed here in New York City.
- Under these new provisions, New York State would be responsible for \$1.095 billion in SNAP benefits and an additional \$266 million in administrative costs, which would mean a loss to New York City of more than \$7.4 billion over 10 years.
- The bill will limit increases in the Thrifty Food Plan, the program that determines SNAP benefit amounts. This means that USDA will no longer be able to increase SNAP allotments in response to increasing food prices. Food costs in the New York City metropolitan area rose by 56.2% between 2012-13 and 2022-23 and grocery prices in the NY metro area went up 3.3% between March 2024 and March 2025.
- Under current federal law, SNAP recipients who are considered “able bodied” between the ages of 18-54 without children are subject to strict work reporting requirements. This bill raises the upper age limit for this requirement to 64 and changes the functional definition of “dependent child” from under 18 years of age to under 14.

It should also be noted that the SNAP error rate is not a determination of fraud, but rather a determination of the percentage of the caseload in which people were paid more – or less – than the benefits to which they are entitled. In many cases, the payments that are in error are only marginally higher or lower than what the payments are supposed to be. Many – and perhaps most – of the households that receive somewhat excess payments are indeed legally eligible for some SNAP benefits.

Additionally:

- Many states are failing to meet the federal requirement to process SNAP benefits within 30 days.
- According to USDA, in 2020, fully 18% of the Americans overall eligible for SNAP, 36% of the working people eligible for SNAP, and a whopping 58% of the elderly Americans eligible for SNAP failed to receive it.
- Meanwhile, in 2021, 34 million Americans – including 9 million U.S. children – lived in food insecure homes, according to USDA.



**Testimony of Shervon Small Before  
New York City Council, Committee on General Welfare  
Regarding Funding for Civil Legal Services  
September 15, 2025**

My name is Shervon Small, I am the Executive Director at Legal Services NYC. Thank you to the Committee for offering me a chance to testify about the important work that our organization does and the desperate need for increased funding for civil legal services at this time of great uncertainty for low-income and vulnerable communities. New York City stands at a crossroads and we need to choose to stand up for civil society and for our friends and neighbors in need.

Legal Services NYC is the largest provider of civil legal services in the country, providing free civil legal services for over 125,000 low-income people in New York City each and every year. We provide representation and support for people in all the areas that people need to sustain their lives in New York City – public benefits and cash assistance; eviction defense; immigration representation; family law and domestic violence representation; consumer and foreclosure law; civil rights and anti-discrimination law; and much more.

The threats of federal funding cuts are going to have serious consequences for our clients—vulnerable, low-income, people who are already living on the brink. I think we all understand that poor families—particularly immigrant families—will bear the brunt of the pain and suffering that these cuts will cause. States and localities, like New York City, will have no choice but to step in to try and fill the gaps. Fortunately, New York City has long been a national leader in civil legal services—most notably through its groundbreaking Right to Counsel program, which has become a model for other jurisdictions across the country. This leadership is something to be proud of, and it makes it all the more important that the City not only protect but expand these investments in the face of federal retrenchment.

To that end, it is crucial to state that investing in legal services for low-income people **saves the City enormous amounts of money**, and that money will be more important than ever as the City seeks to help struggling families. Specifically, investing in **immigration legal assistance and eviction defense and housing repair representation** frequently means keeping people's heads above water, preventing them from becoming ensnared in the first place in our rapidly shrinking social safety net.

As an example, last year, LSNYC's eviction defense and public benefits practices saved this city over \$300 million in averted shelter costs, giving this City a savings-to-spending ratio of almost 10-to-1. Every immigrant that we assist in obtaining work authorization on their way to

**Demand Justice.**

full immigration status is another person in New York City who can now work to sustain themselves and their families, easing the strain on this City's resources. Every time we rescue working New Yorkers from predatory lenders or unlawful discrimination, we save the City money in averted public benefits while allowing someone to remain in the workforce, more able to control the conditions of their life and their family's future.

A substantial portion of the City's funding for this work via the Universal Access to Counsel and Tenants Rights Coalition work is pass-through federal funding, and thus is potentially at risk in the new federal funding environment. But keeping these programs funded—in fact, increasing the funding—is crucial to preventing the spiraling down-stream effects of eviction and homelessness, and therefore crucial to managing City spending.

Moreover, in this last budget cycle, the City Council appropriated **\$50 million for immigration legal services**. This money is desperately needed to help our neighbors and communities who are living in extreme fear and uncertainty. Yet, months after the FY26 was adopted, there is no sign that this money is ready to be spent or how. It is crucial that these kinds of funds, once appropriated, be quickly turned into legal representation for these vulnerable populations who are bearing the brunt of the federal government's recent ire. Currently city funds some amount of legal representation for immigrants through the Immigrant Opportunities Initiative, but that funding is woefully inadequate, both in terms of its case rate and in terms of the total amount of money relative to the skyrocketing need.

In considering how best to help fortify New York City against the worst effects of federal funding cuts, I urge the City Council to understand the importance of funding civil legal services, both as a matter of justice for low-income New Yorkers and as a matter of fiscal prudence. **We ask the Council to ensure that the \$50M appropriated for immigration services is immediately disbursed.** Furthermore, we urge the Council to continue increasing investments in eviction defense to **fully realize the promise of right to counsel for all tenants at risk of eviction.** We at LSNYC are committed to standing up for our clients in this time of fear and need, and we ask that the City Council stand with us.

I thank this Committee for its time and for holding this hearing.

Respectfully,

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**New York City Council**  
**Committee on General Welfare, Governmental Operations, State & Federal Legislation and the**  
**Committee on Hospitals**  
**Chairs Ayala, Restler, Narcisse**  
**September 15, 2025**  
**Oversight - The Impacts of Federal Budget Cuts.**

My name is Kevin Kiprovski and I am the Director of Public Policy at LiveOn NY. Thank you for the opportunity to testify.

LiveOn NY's members include more than 110 community-based nonprofits that provide core services under the NYC Aging portfolio and many other home and community based services in our city.

**Background**

Cuts in personnel staff across agencies, recommendations to keep funding flat for crucial aging programs, and the OBBA act are all threats to the health and well being of older New Yorkers. Key impacts of federal actions on aging service providers and the older adults they serve are as follows:

- SCSEEP - Senior Community Service Employment Program - dollars have been frozen by the federal government removing funding for older adults who are currently employed in aging services and other programs. People's livelihoods and the capacity to run programs have been threatened and the city and state are working diligently to have these funds released
- HHS - Health and Human Services - disbanded the Administration for Community Living, which was the administration responsible for the provision of home and community based services for older people. Much of their staff has been laid off and the future of programs run by the agency is now uncertain.
- OBBA - Many provisions of this bill will not go into effect until late 2026 but its impacts will be felt as agencies and individuals grapple with potential impacts. Cuts to medicaid and medicare will imperil long term services for older people who need intensive homecare or nursing home services. Work requirements on both health programs and SNAP will both remove people from services and discourage others from attaining them.
- Deep housing cuts and new regulations on the provision of services proposed in the Mayor's budget would overturn our city's successful supportive housing programs and create chaos in our public housing systems.
- Lack of reauthorization of the Older Americans Act will cut funding for key NYC aging programs across the entire portfolio.

**Recommendations**





- **Fully Fund Our Aging Services System** Cuts in food programs will cause existing congregate and home delivered meals programs to pick up the slack. We should be heavily promoting our NYC Aging portfolio and fund grab and go options to ensure that any older person who loses access to SNAP can still access nutritious food. We should also reexamine our existing service portfolio and scale funding to meet the inevitable new need by supporting caregivers, social workers, and older adults directly. Home and community based services can divert people from medicaid and medicare programs for pennies on the dollar and investments made here will both blunt the worst impacts of the federal cuts and save us money in the long run with better quality of life outcomes for older New Yorkers.
- **Bolster SARA housing programs and add a service provision** The city should target the creation of 1000 units of new senior affordable housing each year and create a program for light touch services in these buildings. Many of our members have effective programs that would be great models to build this program on, such as Selfhelp's SHASAM program.
- **Review our "How Long Do We Have To Wait" report that outlines an entire policy agenda to keep older New Yorkers in their homes and off the street.** Our housing report has detailed and specific steps the city can take to alleviate the crisis older adults are finding themselves in, from innovative inexpensive programs to new investments that would create massive returns.

Thank you for the opportunity to testify.

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*For questions, please email Kevin Kiproviski, Director of Public Policy at LiveOn NY, [kkiprovski@liveon-nyc.org](mailto:kkiprovski@liveon-nyc.org)*

*LiveOn NY's members provide the core, community-based services that allow older adults to thrive in their communities. With a base of more than 100 community-based organizations serving at least 300,000 older New Yorkers annually. Our members provide services ranging from senior centers, congregate and home-delivered meals, affordable senior housing with services, elder abuse prevention services, caregiver supports, case management, transportation, and NORCs. LiveOn NY advocates for increased funding for these vital services to improve both the solvency of the system and the overall capacity of community-based service providers.*

*LiveOn NY also administers a citywide outreach program and staffs a hotline that educates, screens and helps with benefit enrollment including SNAP, SCRIE and others, and also administers the Rights and Information for Senior Empowerment (RISE) program to bring critical information directly to seniors on important topics to help them age well in their communities.*

**Testimony of Carmen Charles, President  
Local 420, DC37, AFSCME**

**Before the NYC Council Committee on Governmental Operations,  
State & Federal Legislation**

**September 15, 2025**

Good afternoon, Chairperson Restler and to the other members of the Committee. I appreciate the opportunity to address you this afternoon.

I am Carmen Charles and for over 20 years I have served as President of Local 420, proudly representing the more than 9,000 hospital workers who work within New York City Health + Hospitals (H+H).

As you know, my members work in a variety of roles, at different levels, but very much on the frontlines of the City's public healthcare system. We are, to name just a few, the nurses aides, respiratory therapy techs, medicine surgery techs, operating room techs, laundry workers, and Patient Care Associates and Service aides. This city's public healthcare system does not run without Local 420.

Many of our members live in the communities they serve. They treat everyone who comes through those hospital doors with compassion, dignity and respect. Local 420 plays a critical role serving those most in need, and who are also without the resources to pay - those without insurance, those on Medicaid, and the thousands of undocumented immigrants who live in fear of coming out of the shadows – particularly now.

For these millions of New Yorkers, it falls upon the H+H to provide the healthcare safety net, and in turn, Local 420's 9,000 frontline workers.

Today, more than any other time in our history, the existence of that safety net is in jeopardy. Republicans in Washington, DC, with passage of their "One Big Beautiful Bill," are ensuring that Medicaid funding is cut and millions of our most vulnerable New Yorkers are left to fend for themselves. Make no mistake, this will lead to the death of many New Yorkers.

The fact that Safety Net hospitals will lose funding so President Trump can fund tax cuts for the rich is particularly craven – and the fact that they are trying rebrand a bill that is specifically designed to hurt working families and the poor, the "Working Families Tax Cut Bill," is particularly cruel from an administration that excels at viciousness.

H+H is an already chronically underfunded agency with staffing issues – it is hard to imagine what the impact of massive Medicaid cuts would mean to public hospitals.

More than 5 million New Yorkers received healthcare coverage through Medicaid, or another New York State supported health plan. Of that number, over 4 million receive their healthcare coverage through Medicaid. Indeed, New York has the highest Medicaid spending of any other state and represents 15 percent of nationwide Medicaid spending. Which means any cuts to the program would fall unfairly on the shoulders of poor New Yorkers.

The law is projected to cost New York \$90-\$150 billion in Medicaid funding over 10 years, and results in 1.5 million New Yorkers losing healthcare and a crippling loss of revenue for New York healthcare providers, especially our public hospitals.

Because of the sheer size of Medicaid, and the millions of New Yorkers that receive their healthcare through it, these cuts will blow apart New York City and State budgets and in turn, to the funding of H+H and the care afforded at critically important safety net hospitals. It will lead to some combination of limiting benefits, removing people from Medicaid rolls, and of course the shifting of costs to both the City and State.

Put simply, many of the City's safety net hospitals will not survive for the next four years, unless something is done on the state or city level.

I would remind members of this committee, as I said at the top of my remarks, H+H already faces severe understaffing, and this is before the planned slashing of Medicaid and other federal programs. I would also remind members of the hard work and sacrifice my members demonstrated during COVID. Local 420 was on the frontlines in safety net hospitals of that public health crisis and saved thousands of lives while putting their own at risk – Local 420 lost 50 of its members in the effort to combat COVID.

I mention this because seldom are my members recognized for their work at that time, but I also mention it because there remains a risk of another pandemic, at a time when the current Secretary of Health and Human Services is singlehandedly dismantling the public health infrastructure in this country.

A cut in federal funding that coincides with a cut in Medicaid spending could prove cataclysmic.

The City Council must make its voice loud and clear and do everything in its power to understand where federal cuts will hit the hardest and work with the state to prepare and do its best to restore the safety net for our most vulnerable citizens.

The alternative I am afraid, is the death of both public hospitals and thousands of underserved New Yorkers.

Thank you for affording me the time today, and as always, I look forward to working with you all.

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2471 University Avenue, BSMT  
Bronx NY 10468

## **Testimony Presented to the New York City Council Committee on Governmental Operations, State & Federal Legislation “Oversight - The Impacts of Federal Budget Cuts.”**

**September 15th, 2025**

Good afternoon, everyone. My name is Anna Srey, and I am a Cambodian Community Organizer with Mekong NYC.

Mekong NYC is a social justice organization dedicated to uplifting the Southeast Asian community in the Bronx and across New York. Through community organizing and movement building; fostering healing via arts and culture; and providing a robust social safety net, we aim to build community power.

Our community is largely made up of Cambodian and Vietnamese refugees who first arrived in the U.S. in the 1980s as part of the largest refugee resettlement program in this country's history. This migration was fueled by the devastating impacts of war, genocide, and mass carpet bombing in Southeast Asia, policies driven by the U.S. military in what many of us know as the “Vietnam War”. Once in the U.S., the resettlement process here was far from easy. Our community faced ongoing struggles for survival in economically, socially, and politically neglected areas like the Bronx and Brooklyn, where tens of thousands of our community members resettled. They dealt with systemic poverty, over-policing, lack of access to living-wage jobs, over-reliance on government benefits, underfunded schools, and high rates of mental health issues.

A considerable number of our member base is dependent on government programs and resources, such as food stamps, housing assistance, medicaid, and social security. Over a third of Asian New Yorkers live in or near poverty, and 27% are non-citizens. In addition, among 43% of Asian American households that are led by a citizen and are living in poverty are dependent on SNAP benefits. Unfortunately, these numbers are



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Bronx NY 10468

disproportionately higher among Southeast Asian families. Since 2012, Mekong NYC has worked towards bridging the gap that Vietnamese and Cambodian community members experience when trying to navigate social services. Despite the relief that our organization can provide, we still encounter barriers that are beyond our control and signify a larger problem in the system. Federal budget cuts would pose even greater challenges to our community because disinvesting from vital programs results in a great loss in our members' already insufficient social safety net.

The challenges our community faces when trying to access key social services, even without federal cuts, are significant. For instance, language access for members who primarily speak Vietnamese and Khmer is still inadequate, as official documents and government agencies often lack translations and interpretations in Vietnamese and Khmer. This makes it incredibly difficult for members to understand important letters and documents, and it is even more frustrating for members to show up to court or welfare offices that do not have personnel who speak Vietnamese or Khmer.

In addition, members often experience unexplained benefit cuts: recently, a member's SNAP benefits were cut off after receiving a letter falsely stating that he did not recertify for his benefits, which resulted in waiting on the phone for as long as five hours to try and regain his rightful food stamps to no avail, as no one picked up the phone. This trend of losing essential benefits is unfortunately becoming more common within our community, and the current political landscape suggests that these "cut-offs" will become a reality for even more members soon, since SNAP funding will be "reduced by hundreds of billions, the largest reductions in the programs' history."<sup>1</sup> This is especially dangerous, because "among Asian American households living in poverty and led by a citizen, over 43% rely on SNAP benefits [and] we know the numbers are much higher in our SEA Communities."<sup>2</sup>

In addition to these widespread benefit slashes, many of our members are living in fear of displacement and family separation as they witness this administration's mass

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<sup>1</sup> Civic Engagement Guide

<sup>2</sup> Civic Engagement Guide



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deportation campaign. This uncertainty and harm have created a political landscape that our members find difficult to navigate, and our organizing team is grappling with these challenges while facing low staff capacity.

I am here today to not only share the challenges that our community has been facing in the wake of these dangerous federal budget cuts, but to also ask our NYC Council to stand with our immigrant and refugee Southeast Asian community in the Bronx, who has been historically marginalized and overlooked.

I urge the NYC Council to:

1. **Invest in the long-term safety and well-being of Southeast Asian communities.** We must make substantial investments in the resources and programs that allow our communities to be healthy and thrive in the long run.
2. **Support the 18% and Growing initiative** which advocates for increased funding to AAPI organizations to ensure that Southeast Asian and other immigrant communities have access to the services and support they need.
3. **Support the Access Health NYC initiative** which invests in CBO's like Mekong NYC, so we can provide culturally responsive and linguistically accessible health outreach and education services to hard to reach populations including the Southeast Asian community.
4. **Expand Language Justice** in terms of resources and funding, as well as the scope of designated languages identified under Local Law 30 to also include languages such as Khmer and Vietnamese.

In closing, I urge this Committee to ensure that our communities are supported with the resources and opportunities to thrive. Our work is far from done, and we need your leadership now more than ever.

Thank you.



**MET  
COUNCIL**

Feeding the hungry. Serving the poor.  
Changing lives.

**New York City Council Joint Hearing of the Committee on Governmental Operations, State & Federal Legislation, the Committee on General Welfare, and the Committee on Hospitals  
Oversight Hearing on The Impacts of Federal Budget Cuts**

Chair Restler, Chair Ayala, Chair Narcisse, and fellow members of the New York City Council Committee on Governmental Operations, State and Federal Legislation, the Committee on General Welfare, and the Committee on Hospitals.

Thank you for holding this oversight hearing on the Impacts of Federal Budget Cuts. For over 50 years, the Metropolitan Council on Jewish Poverty (Met Council) has been America's largest Jewish charity dedicated to fighting poverty. We operate ten departments, ranging from 100% affordable housing to our award-winning family violence program, comprehensive Holocaust survivor assistance, senior programming, crisis intervention, and the country's largest kosher emergency food network. Over the past five years, we have also expanded our emergency food network to serve halal-observant communities, and now regularly support a network of halal pantries that meet the needs of Muslim New Yorkers. Met Council provides a wide array of support to over 320,000 New Yorkers annually, including those with religious dietary restrictions.

The passage of the Federal budget is the most recent in a long string of coordinated attacks on the American social safety net. This year, the Trump administration has cancelled \$500 million in vital funding for The Emergency Food Assistance Program (TEFAP), frozen an estimated \$130 million in reimbursements for providers with contracts for the FEMA-administered Emergency Food and Shelter Program (EFSP), and altogether cancelled the \$420 million Local Food Purchase Assistance (LFPA) program. These cuts alone have had and will have devastating impacts on the ability of organizations to provide essential food assistance to their communities.

On top of the cuts from earlier this year, the Federal Budget included broad changes to the Supplemental Nutrition Assistance Program (SNAP) that severely limit eligibility and dramatically increase the cost-sharing burden on the states administering the program. With implementation starting as early as 2027, these changes could result in additional annual costs of between \$1 billion and \$2 billion for New York State, and more than 1 million New York residents could lose SNAP eligibility.

Met Council's ability to provide kosher and halal food to hundreds of thousands of hungry New Yorkers is directly tied to funding from the federal government. Through LFPA alone, in 2024 and 2025 Met Council was awarded \$2 million to procure food from New York farmers and provide it to New Yorkers. This is on top of the nearly 2 million pounds of food received through TEFAP and distributed through Met Council's Food Pantry Network. Both of these programs enable Met Council to provide New Yorkers with the food they need to feed their families. Without these programs, emergency food providers will be facing increased need with severely reduced resources.

Federal funding also provides essential support for Met Council's crisis intervention services. The Crisis Intervention Team at Met Council provides support for New Yorkers facing eviction and experiencing other forms of financial crisis. The Emergency Food and Shelter Program (EFSP), funded by



FEMA, provides cash assistance to Met Council's clients facing eviction. The pause of reimbursements for services provided means that Met Council is left in limbo, uncertain if we will be reimbursed or if we will be able to provide cash assistance to New Yorkers in crisis.

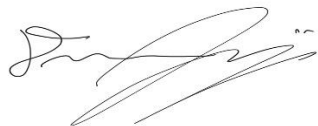
At a time when federal funding to support individuals facing evictions is at risk, it is more important than ever that the Mayor and City Council step in to provide stability and support. The recent rule change to the CityFHEPS program, which would now require a portion of voucher holders to pay 40% of their income in rent (as opposed to the current 30% requirement), further threatens housing security in the most expensive city in the country. Local Law 1372, which would cap contributions to 30% of a voucher holder's income, would help to maintain housing stability and prevent unnecessary evictions during a time that is otherwise very uncertain for many low-income New Yorkers. The CityFHEPS program is intended to keep families in their homes, and suddenly increasing the cost burden to an unmanageable amount does just the opposite.

In the face of these cuts, providers are once again seeing unprecedented levels of need in New York City. Amid an ever-growing affordability crisis, many New Yorkers turn to emergency food providers to feed their families. An estimated 1.3 million New Yorkers experience food insecurity, and according to the most recent True Cost of Living Report, 63 percent of households with children cannot consistently meet their basic needs. Additionally, a new report by the New York Health Foundation found that the rate of food insufficiency is now higher for all income groups than it was in 2020, at the height of the COVID-19 pandemic.

Supportive service providers throughout the city are working tirelessly to meet continuously growing demand, but are facing widespread cuts to the federal funding sources on which they rely. In this uncertain moment, when the social safety net is under attack, it is essential that the City Council step in to fill the gap that federal cuts will leave behind. For Met Council, the importance of this funding cannot be overstated. Frontline providers are a last resort when New Yorkers are in crisis or need to feed their families. When providers do not have the resources to meet the need, New Yorkers go without.

We thank you for taking the time to review our testimony, and we hope to continue to work with this committee and the City Council to better meet the needs of all New Yorkers.

Thank you,

A handwritten signature in black ink, appearing to read 'Dickran Jebejian', with a stylized flourish at the end.

Dickran Jebejian  
Director of Policy  
Metropolitan Council on Jewish Poverty



**FOUNDER EMERITUS**

Hon. Edward R. Roybal †

†deceased

**CHAIR**

Hon. Alejandra Sotelo-Solis  
Member, UC Regents Selection  
Advisory Committee, CA

**TREASURER**

Mr. Rick R. Olivarez, Esq.  
Partner, Olivarez Madruga  
Law Organization, LLP

Written Testimony by

Orlando Ovalles, Northeast Director of Civic Engagement

National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund

Before the New York City Council Joint Committee Hearing

Committee on Hospitals, Committee on General Welfare, and the Committee on Governmental  
Operations, State & Federal LegislationHouse

On

Proposal to Establish New York City Census Office

New York City, New York

September 15, 2025

NALEO

Chairs Narcisse, Ayala, Restler, and fellow Committee Members:

On behalf of the National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund, we want to thank you for this opportunity to express our strong support for local law Introduction 1225 ("Int. 1225") to establish a New York City Office of the Census ("the Office"). This measure will help promote a full and accurate count of Latinos and all New Yorkers in Census 2030 and future decennial enumerations. A full and accurate count of all New Yorkers is critical for the future strength of New York City's democracy and its well-being and prosperity, and local law Int. 1225 will help the state achieve this important goal. The establishment of the Office well in advance of Census 2030 is particularly crucial, given that economic, policy, and social developments are creating significant challenges for engaging all New Yorkers in Census 2030 participation.

NALEO Educational Fund is the leading non-profit, non-partisan organization that facilitates full Latino participation in the American political process, from citizenship to public service. Our constituency encompasses the more than 7,000 Latino elected and appointed officials nationwide, among which more than 90 are from New York City, and it includes Republicans, Democrats, and Independents. For several decades, NALEO Educational Fund has been at the forefront of efforts to increase Latino civic engagement and to empower the Latino community to participate in the American democratic process. NALEO Educational Fund's New York City office, which was established nearly 30 years ago, has been a leader in conducting robust non-partisan efforts to mobilize Latinos to register to vote and cast ballots; to assist eligible lawful permanent residents with the U.S. citizenship process; and to encourage Latinos to participate in the decennial Census.

### **The Importance of a Full and Accurate Count in Census 2030 for New York City**

As noted above, a full and accurate count of all New Yorkers is critical for the future strength of New York's democracy and its well-being and prosperity. The decennial count determines the apportionment of Congressional seats for New York state, and a full and accurate count will help ensure that New Yorkers obtain fair representation in Congress. Prior to Census 2020, election experts [predicted](#) that New York would lose two Congressional seats, but the state ultimately lost only one.

According to a New York City [report](#), the efforts of the City's Census 2020 campaign, of which NALEO Educational Fund was a partner, helped the City achieve an historic 61.9% self-response rate. This rate also exceeded the Census Bureau's initial projections for the City. Policymakers and community leaders believe that New York's investment in outreach and education efforts to obtain a full count of its population in Census 2020, helped prevent the loss of one Congressional seat during apportionment.

A full and accurate count in Census 2030 will also help ensure the fair allocation of federal resources to New York City to help it address the needs of its communities. More than [\\$2 trillion](#) in federal resources annually are allocated based on Census data, with one [estimate](#) indicating that more than \$161 billion of these resources go annually to New York State. These federal resources are critical for the health and education of New Yorkers, including programs such as Medicare, Medicaid, SNAP, school lunches, and Title 1 grants to improve the academic achievement of disadvantaged New York students. Resources which are

allocated on the basis of Census data also enhance the housing and transportation infrastructure of the state (such as highway planning and construction, Section 8 housing assistance, and very low to moderate income housing loans).

The fair allocation of federal resources to New York City is particularly important given the fact that the federal government is significantly reducing the scope of and funding for several programs. With less resources available, it is even more critical that they are allocated to the communities that need them the most.

In addition, accurate Census data have traditionally been crucial for civil rights enforcement, and to guide the efforts of public and private sector decision-makers throughout New York City. Accurate decennial Census data are crucial for other Census Bureau data products which inform such important decisions as determining where to place hospitals or schools, the workforce needs for various businesses, and the housing needs of residents. New York City's ability to address the nation's volatile economic environment depends in part on a full and complete Census 2030 count.

### **The Importance of the Office of the Census for Reaching New York City's Hard-to-Count Populations**

The Office of the Census envisioned in Int. 1225 is particularly important for a complete and accurate count of New York City's population, because it will work to identify hard-to-count areas and populations in the city, and carry out a multilingual public awareness campaign targeting those populations. Latinos are a significant segment of these hard-to-count populations. In Census 2020, the Census Bureau found that there was an historical and significant [net undercount of Latinos](#) nationwide (4.99%). Expert demographers also [found](#) that the national undercount of very young Latino children (ages 0-4) (8.6 percent) was double the undercount of their non-Hispanic White counterparts (4.3%).

In terms of the number of very young Latino children missed in Census 2020, the foregoing demographers' analysis [found](#) that four of the top 30 counties with the largest number of very young Latino children missed were New York City boroughs (Bronx, Queens, Manhattan and Brooklyn). More than 20,000 very young Latino children in these boroughs were missed in Census 2020, accounting for 9% of the very young Latino children missed in the top 30 counties.

Ultimately, according to 2024 Census American Community Survey data, Latinos comprise more than one of four New Yorkers (29%) and one of three of the city's very young children (34%). Thus, there cannot be a full and accurate count of New York City's population, without an accurate count of Latinos. In this connection, we would urge the Office, if established, to ensure it looks at strategies to reach both Latinos and very young New Yorkers, as it plans its outreach efforts.

### **The Establishment of the Office is Particularly Crucial Given the Policy and Social Environment of our Nation**

The current Presidential Administration has either taken actions or proposed measures that threaten a complete and accurate count of Latinos and all New Yorkers, because they will make

it exceptionally difficult to obtain their participation in Census 2030. Some Members of Congress have also embraced these proposals. For example, both the Administration and Members of Congress are pursuing proposals to exclude undocumented immigrants or non-citizens from the decennial Census count, and are considering adding a question on citizenship or immigration status to the decennial questionnaire.

Focus group research by the Census Bureau prior to Census 2020 [found](#) that inclusion of a question on citizenship would be one the greatest barriers to participation in the decennial count among Latinos and other racial and ethnic groups, such as Blacks, Chinese, Vietnamese and Middle Eastern North African communities. This research also found that participants in all racial and ethnic groups had a negative view of the inclusion of the question, with a significant number indicating that the inclusion of the question would make them or other people unwilling to participate in the enumeration.

Ultimately, the Bureau concluded “The barrier [to participation] was highest among those individuals who believed that the purpose of the question is to find undocumented immigrants, that their information will be shared across agencies—potentially leading to deportation—and that their ethnic group is facing an inhospitable political environment.” This finding is particularly salient given the fact that the current Administration has taken several actions allowing unprecedented sharing of sensitive data across federal agencies, including data with sensitive and personally-identifying information. Combined with the Administration’s aggressive immigration enforcement actions, this has led to a lack of trust in the confidentiality of data provided to government agencies, and widespread fear that these data will be used to harm Latino families and all New Yorkers.

For example, research by the Pew Research Center conducted in late February/early March 2025, before some of the most aggressive immigration enforcement actions by the Administration, [found](#) that Latino adults – both immigrant and native-born – are more concerned than adults in other population groups about someone they know, regardless of their immigration status, being deported. They are also more concerned about being asked about their immigration or citizenship status during daily activities. Given the foregoing, Latino New Yorkers could likely be afraid of completing a Census questionnaire, or providing information to a Census official in the community who is following up with residents who did not initially provide a response on the questionnaire. Thus, it is crucial that New York City have strategies that take into account the challenges to persuading Latinos and all New Yorkers to participate in Census 2030, and that the Office be nimble in helping communities prepare for and plan for unanticipated changes in policies which could affect the decennial count.

### **The Establishment of the Office Proposed in Int. 1225 is an Important Early Step for Census 2030 Preparation**

The proposed law will be particularly effective, because it calls for establishing the Office no later than 2028, two years in advance of Census 2030. Preparing for Census 2030 in advance is a sound approach, particularly given the responsibilities the Office will undertake. In particular, early preparation will allow the Office to build and strengthen relationships with the leaders identified in the proposed law, so that they can together build a strong Census outreach and education infrastructure that will be in place once Census 2030 outreach needs to start. It will also enhance the opportunities for the Office to obtain input from these leaders for

its efforts to identify hard-to-count populations and to carry out its multilingual education campaign. Finally, given the challenges facing Census 2030, it will enable the Office to have time to conduct scenario planning with the input of stakeholders to deal with policy changes which could affect how the Census is conducted.

## **Conclusion**

For all the foregoing reasons, NALEO Educational Fund strongly supports local law Int. 1225. It would help New York City make sound preparations for the next decennial enumeration, and help ensure the collection of the most accurate data possible on Latinos and all New Yorkers. In turn, this could help the City achieve more fair representation in Congress, more fair allocation of scarce federal resources to meet its communities' needs, and better data and information for its public and private sector decisionmakers. It would also help the City make early preparations to address the serious challenges facing Census 2030 in the current economic, policy, and social environment. NALEO Educational Fund thanks the Committee for the opportunity to submit this testimony, and should Int. 1225 pass, we look forward to working with the City Council and the Office itself on preparations for Census 2030.





## **New York City Council Oversight Hearing: Impact of Federal Budget Cuts**

**Neighbors Together Testimony  
Written by Amy Blumsack, Director of Organizing & Policy**

**September 15, 2025**

Neighbors Together would like to thank the New York City Council Committee on Governmental Operations, State & Federal Legislation Chair Restler, General Welfare Committee Chair and Deputy Speaker Ayala, and Committee on Hospitals Chair Narcisse, as well as the other council members on the committees for the opportunity to submit testimony.

### **About Neighbors Together**

Neighbors Together is a community based organization located in central Brooklyn. Our organization provides hot meals five days per week in our Community Café, offers a range of one-on-one stabilizing services in our Empowerment Program, and engages members in community organizing, policy advocacy and leadership development in our Community Action Program. We serve approximately 120,000 meals to over 12,000 individuals per year. Over the past year alone, we have seen a 63% increase in the number of meals we are serving, and we see new people on the line every day.

Our members come to us from across the five boroughs of New York City, with the majority living in central Brooklyn. Nearly 60% of our members are homeless or unstably housed, with a significant number staying in shelters, doubled-up with relatives or friends, and living on the street.

Over the last five to ten years, our members increasingly report that homelessness and lack of affordable housing options are their primary concern. Our data backs the anecdotal evidence we see and hear from our members daily: an increasing number of our members are either living in shelter with vouchers for years at a time, ineligible for a voucher, or unable to find permanent housing due to rampant source of income discrimination and a vacancy rate of under 1% for affordable housing units in New York City.<sup>1</sup>

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<sup>1</sup><https://www.nyc.gov/site/hpd/news/007-24/new-york-city-s-vacancy-rate-reaches-historic-low-1-4-percent-demanding-urgent-action-new#/0>



## **Threat of Federal Budget Cuts**

Prior to the current federal administration, federal social safety net funding was already less than the actual need. Prior to last year, the waitlist for Section 8 vouchers was closed for 15 years<sup>2</sup>. People on SNAP and Medicaid were already struggling to make ends meet with the benefits they had.

Federal cuts to Medicaid and SNAP in H.R.1 put vulnerable populations at increased risk of homelessness and insufficient or nonexistent medical care. Congress is currently debating the appropriations bills for the Department of Housing and Urban Development (HUD): the House appropriations bill for HUD would include catastrophic cuts and changes to programs that New Yorkers rely on, and although the Senate appropriations bill is better, it will still cause hundreds of thousands of people to lose their housing.

Additionally, with federal cuts to funding for service providers, nonprofits will see an increased need among their clients and a decreased ability to meet the need.

## **Homelessness and Housing**

**Emergency Housing Vouchers (EHV)** are a lifeline for nearly 8,000 New Yorkers in New York City. Now that the federal government has announced that it will no longer be funding EHV past the end of 2025, thousands of voucher holders are facing the terrifying prospect of returning to homelessness. Although it was recently reported that EHV voucher holders who received their voucher through NYCHA will be able to switch over to the Housing Choice Voucher (commonly known as Section 8)<sup>3</sup>, nearly 2,500 EHV voucher holders who received their voucher through HPD have no sense of what will happen with their voucher and housing.

Additionally, **Section 8 vouchers** were already underfunded by the federal government, with the need for vouchers far outpacing availability. When the Section 8 waitlist reopened in 2024 for the first time in nearly 15 years, over 630,000 people applied to the waitlist within one week.<sup>4</sup>

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<sup>2</sup> <https://www.amny.com/housing/nyc-households-section-8-housing-voucher-waitlist-2024/>

<sup>3</sup>

<https://gothamist.com/news/nyc-to-replace-thousands-of-rental-vouchers-after-federal-program-expires-but-at-a-cost>

<sup>4</sup> <https://gothamist.com/news/1-week-633000-applications-for-section-8-in-nyc-what-comes-next>



Given potential cuts to these critical programs and other key HUD funded housing programs that support low-income and homeless individuals, New York City government must rise to meet the occasion. It is incumbent upon the Adams Administration and City Council to do everything in their power to protect the communities of New York City from the terrible harm these cuts will cause.

### **Strengthening and Maximizing CityFHEPS**

CityFHEPS is a proven tool in the fight against homelessness. In the midst of the city's housing affordability crisis, a symptom of which is the historically low vacancy rate of less than 1% vacancy for units under \$2,500 per month, CityFHEPS is one of the primary tools that moves low-income and extremely-low-income New Yorkers out of homelessness and into stable housing.

As hundreds of thousands of New Yorkers face potential homelessness due to federal safety net cuts, the City must ensure that it **funds CityFHEPS vouchers at the full level of need**. Commissioner Park has been messaging that the City cannot afford to cover the need for vouchers, but that is a shortsighted approach to the problem of homelessness. The Department of Social Services must **stop passing harmful policy changes to CityFHEPS** that will increase and/or prolong homelessness; increasing voucher holders' rent portion to 40% of their income in their 6th year of CityFHEPS, and ending the unit hold incentive are two examples of policies that claim to create cost savings, but will cause more harm and financial strain in the long run. To this end, Neighbors Together would like to voice its **support for Intro 1372**, which would limit CityFHEPS voucher holders' portion of their rent to 30% of their income.

The Council must continue to push the administration to **implement the expansion of CityFHEPS through local laws 100-102**. One of the best approaches to homelessness is to keep people in their homes and avoid homelessness altogether. These local laws will help do exactly that.

Additionally, the administration should include **funding for increased hiring in the Human Resources Administration and Department of Homeless Services** to ensure that vouchers are distributed and leased up smoothly and efficiently. There should also be a tranche of **funding to address longstanding administrative barriers in the CityFHEPS program**.



### **Working with New York State**

Work together with NYS to ensure smooth rollout and implementation of the new **Housing Access Voucher Program**, and advocate with the Governor and state legislators to increase funding for the Housing Access Voucher Program to bring it to scale beyond the pilot program. This will be particularly important because the Housing Access Voucher Program has broader eligibility than a number of other vouchers and can support communities who are usually excluded from vouchers.

### **Address Source of Income Discrimination**

City Council must pass the [\*\*End Source of Income Discrimination Bill Package\*\*](#). These bills (Intros 1210-1215) will help remove a persistent barrier that homeless New Yorkers face in accessing housing - source of income discrimination. The bill package was developed by voucher holders who experienced source of income discrimination, to address weaknesses in the enforcement against this illegal but all too common form of discrimination. The bill package is designed to create financial disincentives for landlords to discriminate, by mandating increased fines for discrimination, making SOI discrimination findings publicly available, banning credit checks and minimum income requirements for voucher holders, and more. Vouchers are a critical tool for moving people out of homelessness, and these bills will increase their effectiveness.

### **Support the City Commission on Human Rights to Meet Demand**

As civil and human rights protections are being actively dismantled at the federal level, the City Commission on Human Rights (CCHR) will play an increasingly critical role in protecting the most vulnerable groups in New York City, whether be against housing discrimination, workplace harassment, or illegal workplace exploitation, or other discrimination. As protections at the federal level are shrinking, the number of protected classes in New York City are among the most robust in the country, with over 25 protected classes. The administration and City Council must **make robust investments in the Commission on Human Rights** to ensure it has the resources and capacity to meet the growing need.



In addition to increased funding, the City, particularly OMB, must remove barriers to hiring and timely onboarding.

- **Exempt CCHR staff from hiring freezes** - The city must classify attorneys at CCHR as “critical” positions and exempt them from hiring freezes.
- **Increase attorney salaries at CCHR** - Salaries at the Commission need to be raised to competitive rates in order to attract and retain experienced attorneys. Currently CCHR staff attorneys make significantly less than their counterparts in other government agencies, or at nonprofit legal services providers. At minimum, salaries of staff attorneys at CCHR should match those of staff attorneys at the City Law Department.
- **Exempt CCHR from 2:1 hiring allotments**- CCHR should be exempt from the two-to-one allotment mandate from OMB, which requires that two people leave the Commission before it can hire one new person. The two-to-one allotment process stymies the Commission’s ability to fill the staff lines for which they’ve been budgeted. Often, that inability to fill budgeted staff lines is used as an excuse not to provide additional funding in the following fiscal year.

### **Emergency Food and Food Insecurity in New York City**

Over 1.2 million New Yorkers are food insecure and don't have enough food to eat. Half of New York City's households cannot afford to meet their most basic needs such as food and housing. The need for emergency food increased by 80% from before the pandemic. Food prices in the New York City area have increased by 25% since 2019. For low-income households, the burden is even greater: families making less than \$15,000 per year spend 70% of their income on food.

At Neighbors Together, we have seen a 63% increase in utilization of our soup kitchen over the last year alone, and we are just one of hundreds of emergency food programs working to alleviate food insecurity in New York City. Our organization, like many other emergency food programs (EFPs), have experienced significant cuts to their federal funding. In the midst of surging food insecurity and decades-high inflation, the federal government’s cuts to SNAP will create a massive spike in those seeking emergency food.

It is imperative that the City **increase funding for emergency food programs** through the Community Food Connection budget line. In recent years, soup kitchens and food pantries have had to fight cuts to emergency food funding in the city’s preliminary budget, and have managed to maintain flat funding in the final budget. But as the cost of living and the demand for



emergency food increases, the City will need to do more than provide flat funding- it will need to increase funding for emergency food so that New Yorkers do not go hungry.

### **Conclusion**

In order to address the impending cuts to federally funded social safety net programs, the City must do everything in its power to protect the people of New York City. Now is the time for the City to show bold leadership and double down on investments in keeping people healthy, housed, and fed. The City must improve and strengthen CityFHEPS, address source of income discrimination by passing the [End Source of Income Discrimination Bill Package](#), remove bureaucratic barriers at the City Commission on Human Rights, and increase funding for emergency food programs.

Without a proper investment in these critical priorities, New York City will continue to see increasing numbers of people falling into homelessness and unable to get out. People living in our city will face mounting food insecurity and hunger. The existing affordability crisis that New York City is already facing, plus the oncoming federal program cuts, require a bold willingness to invest in our city's systems and its people. The priorities outlined above will provide critical positive outcomes for hundreds of thousands of New Yorkers.

For questions regarding this testimony, please contact Amy Blumsack, Director of Organizing & Policy at Neighbors Together, at [amy@neighborstogether.org](mailto:amy@neighborstogether.org).





# NEW YORK CITY CENTRAL LABOR COUNCIL, AFL-CIO

President  
**BRENDAN GRIFFITH**  
Secretary-Treasurer  
**JANELLA T. HINDS**

## Testimony of Support Int. No. 1225-2025

The New York City Central Labor Council, AFL-CIO, representing more than 300 affiliated unions and over one million working people across all five boroughs, supports Int. No. 1225-2025, to establish an Office of the Census. The census is more than a headcount; it is the foundation of fair representation and equitable funding for the services working families need. Now more than ever, it is vital for every New Yorker to count towards the census.

The Labor Movement has witnessed firsthand how much is at stake with the census count. In 2010, New York State lost two congressional seats and many federal resources due to an undercount. In 2020, unions mobilized to ensure the losses of the previous decade would not be repeated. Through our “Labor Counts” campaign, the Labor Movement partnered with city agencies, community organizations, and the Census Bureau to reach hard-to-count neighborhoods, including immigrant families, low-income households, and communities of color. Union members organized phone banks, canvases, town halls, and digital outreach; we worked collectively to narrow New York City’s response gap and protect all of our communities from deeper losses. The result of our efforts was a stronger than expected count; it meant every additional New Yorker translated into resources, from infrastructure, to schools, healthcare, and beyond.

The experience with the 2020 census revealed the difficulties that arise when the government is forced to build outreach capacity from scratch. In 2020, the City had to create a census apparatus virtually overnight while also contending with federal interference and a global pandemic; unions and community groups filled the gaps with neighborhoods. In the last census, we witnessed historically small margins make the difference between keeping or losing a congressional seat; there cannot be a gamble with preparation again. A standing Office of the Census institutionalizes early planning; it preserves institutional knowledge and provides the infrastructure New Yorkers need for a complete count.

The Office proposed by Int. 1225 will serve as a permanent home for census preparation and outreach. A New York City census office would assist in identifying hard-to-count populations and build partnerships with community institutions that have trust to mobilize their neighbors. Just as importantly, it will give New York City the ability to begin planning years in advance, not months, so when Census Day 2030 arrives, New York City is not scrambling, but leading.

The New York City Central Labor Council, AFL-CIO, urges passage of Int. 1225-2025. Establishing an Office of the Census is a commonsense investment that will pay dividends in funding and representation for every New Yorker. Labor is proud to stand ready, as we did in 2020, to work together with the City and this new office to make sure that every community is counted and that no one is left invisible.



## **Submitted Testimony**

**Stephen Grimaldi, Executive Director, New York Common Pantry**

**For the Committee on Governmental Operations, State and Federal Legislation,  
the Committee on General Welfare, and the Committee on Hospitals  
Oversight: The Impacts of Federal Budget Cuts Hearing**

**September 15, 2025**

My name is Stephen Grimaldi. I'm the Executive Director of New York Common Pantry (NYCP) and a representative of The Roundtable: Allies for Food Access. For those of you not familiar with NYCP, we work tirelessly to reduce food insecurity through programs that provide meals and support long-term independence in the communities we serve.

Thank you, Committee Chairs Restler, Ayala and Narcisse, and Members of your Committees, for this opportunity to discuss the devastating effects of the Federal funding cuts we've experienced to date and how this will impact our ability to serve communities in need throughout New York.

At no time in our 45-year history has our community experienced more collective suffering than what the current federal budget cuts will inflict. Billions in cuts to the Supplemental Nutrition Assistance Program (SNAP) and Medicaid will mean more NYC residents will have fewer food dollars and need assistance, straining the public safety net.

With the most recent round of Federal funding cuts, New York Common Pantry has lost nearly \$3.3 million in annual funding, including:

- \$2 million that supported our purchase of fresh produce from New York State farmers which we distributed through all of our Pantry programs as well as our Farm Share initiative (run through our Live Healthy! nutrition education program.)
- \$1+ million that funded our SNAP-Ed nutrition education and healthy food access program, Live Healthy,! that helps low-income families make healthy food choices and lead active lives. NOTE: Studies show that for every \$1 spent to implement SNAP-Ed education programs, up to \$10.64 is saved in health care costs. All federal funding for SNAP-Ed programs has been eliminated.

(continued next page)



All of this is occurring while hunger in New York City has reached epidemic proportions:

- 1.3 million households – nearly 3 Million people – in New York are struggling to make ends meet.<sup>1</sup>
- More than 3 out of 4 NYC households say the cost of food is rising faster than their income<sup>2</sup>
- And 1 in 3 New Yorkers has used a food pantry in the past three years.<sup>3</sup>

At New York Common Pantry, we see struggling city residents daily and have stepped up our provision of healthy and fresh food to communities in need. Last year, we:

- Served more than 11.7 million meals
- Assisted nearly 765,000 guests and
- Expanded our mobile programs to serve 350+ community partner sites throughout the city, many in under-resourced neighborhoods with few options to purchase healthy food

So far in fiscal year 2026, we've seen an 11.5% increase in meals served by our Choice Pantry and Mobile Pantry programs as compared to last year at the same time.

New Yorkers face a series of hardships that are difficult to overcome: rising costs and lack of access to quality food and healthcare, the high price of utilities, childcare and housing. In addition, they are experiencing reductions in SNAP, WIC, Medicaid, and other public benefits. With more people coming for assistance, and the severe reductions in federal funding, we need your help.

The City Council must fill the funding gap to support the organizations feeding food insecure NYC residents. This will enable New York Common Pantry and others like us to continue feeding all of our hungry neighbors. Together, we can make a difference and address the needs of underserved New Yorkers. Thank you for your time and consideration.

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<sup>1</sup> True Cost of Living Report, April 2023. Produced by Center for Women's Welfare, University of Washington School of Social Work, for the Fund for the City of New York and the United Way of New York City

<sup>2</sup> [New York Hunger Survey](#), Change Research, April 2024, commissioned by No Kid Hungry.

<sup>3</sup> "The Annual State of Poverty and Disadvantage," Robin Hood and the Poverty Tracker Research Group at Columbia University, Volume 6, Winter 2024. <https://robinhood.org/news/poverty-tracker-spotlight-food-assistance-pantries-2024/>



## **Testimony on Int 1364-2025**

**A Local Law to amend the administrative code of the city of New York, in relation to monthly reporting by the director of management and budget on the status of all federal funding**

**New York City Council Committee on Governmental Operations, State & Federal Legislation**

**September 15, 2025**

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Testimony by Edna Wells Handy Peebles, JD/MPH  
Founder and CEO  
National Institute for Section 3 Empowerment

Good afternoon, Chair Restler and members of the Committee on Governmental Operations, State & Federal Legislation. My name is Edna Wells Handy Peebles, and I am the Founder and CEO of the National Institute for Section 3 Empowerment, or NISE.

Thank you for the opportunity to provide testimony today in support of Int 1364 and its monthly reporting requirement by the Director of OMB on the status of all federal funding, specifically those funds covered by Section 3 of the Housing and Urban Development Act of 1968.

As you undoubtedly know, Section 3 requires dedication of federal housing, disaster recovery, and other contract funds to be used to hire, train, and contract with low/very low income, public housing residents and Youthbuild participants.

It is a hugely powerful law that could propel these groups out of poverty and into the middle class and beyond. But it is woefully underutilized. With the passage of Int 1364, we move closer to fuller utilization.

## **HOW?**

Int 1364 allows you and all Section 3 stakeholders...

### ***TO FOLLOW THE MONEY!***

Following the money allows you to monitor more effectively and efficiently the use of monies for its intended purposes. And as we all know...

### ***WHAT GETS MONITORED GETS DONE!***

## **HOW SO?**

Let's start out with the requirement of reporting on ALL Federal Funds. And that would of course include Section 3.

And when you think of Section 3, typically one thinks of NYCHA. Indeed, NYCHA is a huge receiver of Section 3 dollars. But, according to a NYC Law Department Memo of July 26, 2018, page 2, footnote 2:

“Among the City agencies that received HUD CDBG and/or CDBG-DR [Federal Funds/Section 3] are The Department of Housing Preservation and Development, Small Business Services, Emergency Management, Environment Protection, Parks and Recreation, Education, and Design and Construction, and the Mayor's Offices of Housing Recovery Operations and Resiliency and Recovery.”

Now imagine knowing where ALL THE FEDERAL DOLLARS ARE GOING. You can then follow it from process through OMB, to approvals from recipients, to programs, to participants and then back to process or lack thereof. Here is that legal memo which we encourage you to encourage the Law Department to update.



THE CITY OF NEW YORK  
**LAW DEPARTMENT**  
100 CHURCH STREET  
NEW YORK, NY 10007

**ZACHARY W. CARTER**  
*Corporation Counsel*

**LORI BARRETT-PETERSON**  
*Senior Counsel, Contracts and Real Estate*  
LBarrett-Peterson@law.nyc.gov

TO: STEVEN STEIN CUSHMAN & AMRITA BARTH  
FROM: LORI BARRETT-PETERSON  
DATE: JULY 26, 2018  
SUBJECT: HUD "SECTION 3"

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The following are responses to NYCHA's questions about the applicability of U.S. Department of Housing and Urban Development (HUD) "Section 3" requirements posed in an email to the Corporation Counsel on July 20, 2018.

**Q: What provisions give contracting preferences to Section 3 business concerns?**

**A:** Section 3 applies to certain projects and activities funded by HUD as set forth in 12 U.S.C. §1701u and the HUD implementing regulations codified at 24 CFR Part 135. (These requirements are colloquially referred to as Section 3 requirements because they stem from Section 3 of the Housing & Urban Development Act of 1968.)

In a nutshell, where applicable, Section 3 requirements apply to NYCHA or the City as a recipient,<sup>1</sup> or NYCHA's or the City's contractors or subcontractors, when either (i) NYCHA/City or its contractor/subcontractor needs to hire new employees to complete the Section 3 covered contract or (ii) the contractor/subcontractor needs to subcontract portions of the work to another firm. When Section 3 requirements apply, newly created employment and/or subcontracting opportunities must be provided to Section 3 residents and business concerns in accordance with the Section 3 requirements. 24 CFR §§ 135.34-.36. Recipients, contractors, and subcontractors are subject to the following numerical goals: 30 percent of new hires, 10 percent of construction contracts, and three percent of non-construction contracts. 24 CFR § 135.30.

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<sup>1</sup> In federal regulations, the term "recipient" means a grantee or subgrantee. It does not include program beneficiaries, such as a homeowner who receives for home repairs.



For public housing assistance, which NYCHA receives, all of NYCHA's and a covered contractor's employment opportunities are subject to Section 3. 24 CFR §135.5 (definition of "Employment opportunities generated by section 3 covered assistance"). Section 3, consequently, will apply broadly to NYCHA's operations and contracts.

For housing assistance and community development assistance (such as the Community Development Block Grant (CDBG)), which is what typically triggers Section 3 requirements for the City, Section 3 applies only to those employment opportunities that arise in connection with Section 3 covered projects, including, for example, architects/engineers that develop plans and specs, construction management professionals, and payroll clerks. *Id.* Because only a few City agencies receive the covered housing assistance and community development assistance funds and then only for limited parts of their operations,<sup>2</sup> relatively few City contracts are subject to Section 3.

**Q: Does Section 3 apply to all federal funds or only HUD funds?**

**A:** Section 3 compliance is mandated only for certain projects and activities that are funded in whole or in part by HUD. The following two categories of programs providing HUD financial assistance are covered by Section 3:

- public housing assistance (for development, operations, and modernization) and
- housing assistance (e.g., Section 8) and community development assistance (e.g., CDBG and CDBG-DR programs, lead hazard control grants) for housing rehabilitation, housing construction, and other public construction.

24 CFR §§ 135.3(a), (b); 135.5 (definition of "Section 3 covered assistance").<sup>3</sup> Each of these two categories carries different obligations under Section 3, as explained in below.

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<sup>2</sup> Among the City agencies that receive HUD CDBG and/or CDBG-DR funds are the Departments of Housing Preservation and Development, Small Business Services, Emergency Management, Environmental Protection, Parks and Recreation, Education, and Design and Construction, and the Mayor's Offices of Housing Recovery Operations and Resiliency and Recovery.

<sup>3</sup> "Section 3 covered assistance" means:

- (1) Public and Indian housing development assistance provided pursuant to section 5 of the 1937 Act;
- (2) Public and Indian housing operating assistance provided pursuant to section 9 of the 1937 Act;
- (3) Public and Indian housing modernization assistance provided pursuant to section 14 of the 1937 Act;
- (4) Assistance provided under any HUD housing or community development program that is expended for work arising in connection with:
  - (i) Housing rehabilitation (including reduction and abatement of lead-based paint hazards, but excluding routine maintenance, repair and replacement);
  - (ii) Housing construction; or
  - (iii) Other public construction project (which includes other buildings or improvements, regardless of ownership).

In addition to the Section 3 numerical goals set forth above for the covered programs, recipients of other HUD financial assistance and financial assistance from other federal agencies are "encouraged" but not required, to provide, "to the greatest extent feasible, training, employment, and contracting opportunities generated by the expenditure of this assistance to low- and very low-income persons, and business concerns owned by low- and very low-income persons, or which employ low- and very low-income persons." 24 CFR § 135.3(d).

**Q: What are the monetary thresholds applicable to Section 3?**

A: Different monetary thresholds apply depending on the applicable program of assistance.

- For public housing assistance, there are no thresholds. Section 3 applies regardless of the amount of assistance to the recipient and regardless of the amount of the contract or subcontract. 24 CFR § 135.3(a)(3)(i).
- For housing assistance and community development assistance, Section 3 applies if the assistance to the HUD recipient exceeds \$200,000 (combined in any one year) as follows:
  - The HUD recipient's contracts and subcontracts exceeding \$100,000; or
  - If no contract exceeds \$100,000, the section 3 preference requirements<sup>4</sup> apply only to the recipient. 24 CFR § 135.3(a)(3)(ii).

**Q: What kinds of contracts does Section 3 apply to and what contracts are exempt?**

A: Section 3 applies to (i) contracts for "work generated by the expenditure of section 3 covered assistance," and (ii) contracts for "work arising in connection with a section 3 covered project."<sup>5</sup> 24 CFR § 135.5 (definition of "Section 3 covered contract"). Prime contracts and subcontracts are covered. *Id.* HUD lists examples of opportunities that are considered "work" within the meaning of a Section 3 project and therefore are covered by Section 3 in its Section 3 brochure, including: accounting, computer/information, catering, architecture, etc.<sup>6</sup> To

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24 CFR § 135.5.

<sup>4</sup> The "Section 3 preference requirements" refer to the numerical goals in 24 CFR §§ 135.34-.36.

<sup>5</sup> "Section 3 covered project" means "the construction, reconstruction, conversion or rehabilitation of housing (including reduction and abatement of lead-based paint hazards), other public construction which includes buildings or improvements (regardless of ownership) assisted with housing or community development assistance." 24 CFR § 135.5.

<sup>6</sup> HUD, Section 3 Brochure,  
[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/section3/section3brochure](https://www.hud.gov/program_offices/fair_housing_equal_opp/section3/section3brochure).

help answer NYCHA's questions, I've created a chart indicating types of contracts and whether Section 3 applies based on what information was provided in the email.

Type of contract		Is Section 3 applicable?
Lease (e.g., commercial lease of office space for NYC Housing Recovery Office paid for with CDBG-DR funds)		No, because a lease is not a contract for "work."
Goods contract (no services)		No, because a goods contract is not a contract for "work."
Service and supply contracts (e.g., for servicing and installation of new furnaces in NYCHA apartment buildings)		Yes, it would apply to the prime contract. If the prime contractor enters into goods contracts for new furnaces, it would not apply to those contracts.
Construction contract		Yes
Professional Services (e.g., architectural design services for CDBG-DR funded Build it Back Program)		Yes
Insurance brokerage contract (e.g., for commercial general liability insurance covering injuries on NYCHA properties)		Yes, b/c the broker is performing "work." But Section 3 would not apply to the insurance policy itself, because that is not a subcontract.
NYCHA Specific Technology Contracts	Ethernet contract with Verizon	Yes
	Intech 21 Inc. contract for software and hardware support and maintenance services of NYCHA's Computerized Heating Automation System	Yes
	Microsoft Premier contract for support services	Yes
	Compulink Technologies contract for the purchase of Cisco Access and Distribution Switches software and hardware	Need more facts. If it is a simple goods purchase—no. If it involves installation—yes.

	Purchase of mobile information technology vans	Probably no (b/c this sounds like a pure goods contract)
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**Q: What sanctions may be invoked against a recipient or contractor for failure to comply to Section 3 hiring or business concern contracting requirements?**

A: HUD conducts periodic reviews of recipients and their contractors for Section 3 compliance. 24 CFR § 135.74(a), (b). If HUD discovers noncompliance, HUD informs the recipient or the contractor of the specific deficiencies and the means by which they may be corrected. *Id.* HUD will conduct a follow up review to make sure the deficiencies have been addressed. *Id.*

For continuing noncompliance, HUD may impose sanctions, which are set forth in the agreement for assistance or in the applicable HUD program regulations. 24 CFR § 135.74(d). HUD may also debar, suspend, or impose a limited denial of participation against a noncompliant recipient or contractor. *Id.*

**Q: Are there circumstances in which Section 3 must be applied retroactively, i.e., to completed contracts incorrectly excluded from Section 3 requirements?**

A: It seems impossible to comply with the hiring and subcontracting requirements in Section 3 after work under a contract has been completed because there are no longer any employment or subcontracting opportunities. We cannot reopen closed contracts to include Section 3 requirements. However, NYCHA and the City, as the case may be, are subject to the reporting requirements in 24 CFR § 135.90.

If the contract is still in progress but does not contain required Section 3 provisions, NYCHA or the City should amend that contract to include the Section 3 clause in 24 CFR § 135.38. A contractor would likely demand consideration for that amendment to pay for additional costs arising from Section 3 outreach and reporting. OMB and the Mayor's Office of Housing and Recovery may have practical guidance on this issue because I think that the City received notice of CDBG-DR matching funds for the Rapid Repair Program (which was primarily funded by FEMA funds) after the program was substantially complete.

## **NYCHA EXAMPLE**

**First:** Int 1364 will give you the amounts of federal dollars going to NYCHA, specifically Section 3... From and independent source.

**Second:** You can follow the contracted dollars through any subsequent contract approval processes, for example the NYCHA Board of Directors.

You have as part of my testimony Minutes of Board Meeting of Wednesday, April 30, 2025. We highlight for you the "Project Section 3 Hires/Labor Hours", which could be done for ALL contracts funded by federal dollars. Those numbers are:

500 of 2,000  
12,500 of 50,000  
12,308 of 39,399  
14,000 of 50,000  
12,000 of 48,000  
10,850 of 43,400

Totals: 62,158 Section 3 hires/Labor Hours

Accordingly, at your budget and other oversight hearings on use of public funds, especially Section 3, you will have the amounts to follow and question. No longer, "I'll have to get back to you on that."

NEW YORK CITY HOUSING AUTHORITY  
THREE-THOUSAND TWO HUNDREDTH AND SIXTH MEETING

Minutes of Board Meeting

Wednesday, April 30, 2025

The meeting was held at the office of the Authority, 90 Church Street, New York City. A Quorum being present, the Chair called the meeting to order.

Present: Jamie Rubin, Chair  
Victor A. Gonzalez, Vice-Chair  
Greg Belinfanti, Member  
Paula Gavin, Member  
Raymond Miller, Member  
Joan Tally, Member  
Lisa Bova-Hiatt, Chief Executive Officer ("CEO")  
Jacqueline C. Hernandez Esq., Corporate Secretary



IV. Authority Calendar

Calendar of Regular Meeting, Wednesday, April 30, 2025

1 Authorization to Approve Investment Transactions

Location:	Non-Development
Administering Department:	Treasury Operations
Funding Source:	N/A
Amount:	N/A
Projected Section 3 Hires/Labor Hours:	Not Required

Authorization is requested to approve the investment transactions that were performed by the Authority's Treasury Department for the twelve (12) months ending December 31, 2024, in accordance with the United States Department of Housing and Urban Development Office of Public and Indian Housing Notice PIH 2002-13.

**APPROVED<sup>1</sup>**

2 Award of a Contract for Roofing Replacement and Rooftop Structure Renovation

Location:	Lexington
Administering Department:	Asset & Capital Management – Project Management Team 1
Funding Source:	Capital – City
Amount:	\$7,478,950.65
Projected Section 3 Hires/Labor Hours:	500 of 2,000 Hours

Authorization is requested to award this contract to the lowest responsive and responsible bidder, East Coast Builders Group Inc. The first lowest bidder was deemed non-responsive for failure to meet the required minimum qualifications, as outlined in the Authority's bid documents.

**APPROVED<sup>2</sup>**

- 3 Authorization of a Contract Capacity Increase to Indefinite Delivery, Indefinite Quantity ("IDIQ") Contract No. 2416594 Awarded to Tri-State Pump & Motor, Inc. ("Tri-State")

Location:	Various (Citywide)
Administering Department:	Heating Management Services
Funding Source:	Operating – Federal
Amount:	\$7,500,000.00
Projected Section 3 Hires/Labor Hours:	12,500 of 50,000 Hours

Authorization is requested to approve a contract capacity increase to this IDIQ contract awarded to Tri-State for pump repair and replacement, authorized by Board Resolution 24-9/25-12 for an initial three-year term with two (2) one-year renewal options, to increase the not-to-exceed amount, in order to fund the continued provision of services during the remainder of the initial three-year term, which commenced on June 14, 2024 and is continuing through June 13, 2027.

**APPROVED<sup>3</sup>**

- 4 Authorization of a Contract Capacity Increase to Indefinite Delivery, Indefinite Quantity ("IDIQ") Contract No. 2212782 Awarded to SLSCO L.P. ("SLSCO")

Location:	Various (Citywide)
Administering Department:	Property Management – Queens & Staten Island
Funding Source:	Operating – Federal
Amount:	\$8,536,662.36
Projected Section 3 Hires/Labor Hours:	12,308 of 39,399 Hours

Authorization is requested to approve a contract capacity increase to this IDIQ contract awarded to SLSCO for general construction, authorized by Board Resolution 22-11/30-35 for an initial three-year term with two (2) one-year renewal options, to increase the not-to-exceed amount, in order to fund the continued provision of services during the remainder of the initial three-year term and the first one-year renewal option term, which commenced on January 25, 2023 and is continuing through January 24, 2027.

**APPROVED<sup>4</sup>**



- 5 Award of an Indefinite Delivery, Indefinite Quantity ("IDIQ") Contract for All-Inclusive Maintenance and Repairs in Move-Out Unoccupied Apartments, Occupied Apartments (Court Cases) and Public Spaces

Location:	Various (Citywide)
Administering Department:	Special Repair Projects
Funding Source:	Operating – City
Amount:	\$10,000,000.00
Projected Section 3 Hires/Labor Hours:	14,000 of 50,000 Hours

Authorization is requested to award this IDIQ contract to the lowest responsive and responsible bidder, Encore Construction & Contracting Inc. The first lowest bidder was deemed non-responsive for failure to submit the required bid security, as outlined in the Authority's bid documents. This IDIQ contract also provides for two (2) one-year renewal options to be exercised at the Authority's sole discretion.

**APPROVED<sup>5</sup>**

- 6 Award of an Indefinite Delivery, Indefinite Quantity ("IDIQ") Contract for All-Inclusive Maintenance and Repairs in Move-Out Unoccupied Apartments, Occupied Apartments (Court Cases) and Public Spaces

Location:	Various (Citywide)
Administering Department:	Special Repair Projects
Funding Source:	Operating – City
Amount:	\$10,000,000.00
Projected Section 3 Hires/Labor Hours:	12,000 of 48,000 Hours

Authorization is requested to award this IDIQ contract to the lowest responsive and responsible bidder, V.P. Contractors of New York Inc. The first lowest bidder was deemed non-responsive for failure to submit the required bid security, as outlined in the Authority's bid documents. The second lowest bidder was deemed ineligible to receive award of this IDIQ contract, as bid documents limit award of no more than one (1) IDIQ contract of this service to any one (1) vendor, and the Authority seeks to award one (1) other IDIQ contract to the second lowest bidder. The third lowest bidder was deemed non-responsive for failure to meet the required minimum qualifications, as outlined in the Authority's bid documents. This IDIQ contract also provides for two (2) one-year renewal options to be exercised at the Authority's sole discretion.

**APPROVED<sup>6</sup>**

7 Award of an Indefinite Delivery, Indefinite Quantity ("IDIQ") Contract for All-Inclusive Maintenance and Repairs in Move-Out Unoccupied Apartments, Occupied Apartments (Court Cases) and Public Spaces

Location:	Various (Citywide)
Administering Department:	Special Repair Projects
Funding Source:	Operating - City
Amount:	\$10,000,000.00
Projected Section 3 Hires/Labor Hours:	10,850 of 43,400 Hours

Authorization is requested to award this IDIQ contract to the lowest responsive and responsible bidder, Earth Link General Construction, Inc. The first lowest bidder, the fourth lowest bidder, the sixth lowest bidder, the eighth lowest bidder, the ninth lowest bidder, the tenth lowest bidder, the thirteenth lowest bidder and the sixteenth lowest bidder were deemed non-responsive for failure to submit the required bid security, as outlined in the Authority's bid documents. The second lowest bidder and the third lowest bidder were deemed ineligible to receive award of this IDIQ contract, as bid documents limit award of no more than one (1) IDIQ contract of this service to any one (1) vendor, and the Authority seeks to award one (1) other IDIQ contract to the second lowest bidder, and one (1) other IDIQ contract to the third lowest bidder. The fifth lowest bidder, the seventh lowest bidder, the eleventh lowest bidder, the twelfth lowest bidder, the fourteenth lowest bidder, the fifteenth lowest bidder and the seventeenth lowest bidder were deemed non-responsive for failure to meet the required minimum qualifications, as outlined in the Authority's bid documents. This IDIQ contract also provides for two (2) one-year renewal options to be exercised at the Authority's sole discretion.

**DRAFT**  
**APPROVED<sup>7</sup>**

Jacqueline C. Hernandez, Esq.  
Corporate Secretary

<sup>1</sup>Member Tally was absent from vote

<sup>2</sup>Member Tally was absent from vote

<sup>3</sup>Member Tally was absent from vote

<sup>4</sup>Member Tally was absent from vote

<sup>5</sup>Member Tally was absent from vote

<sup>6</sup>Member Tally was absent from vote

<sup>7</sup>Member Tally was absent from vote

**Third:** You can then follow those dollars through the contracting process and the contract registration through Checkbook. See next page: Design Build Construction Contracts!

I would note that to keep the independent review going that you encourage the Comptroller to include on Checkbook, under contract information whether it is federally funded and specifically Section 3's application.



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	Active	Registered	Active	Registered	Pending	Pending
	Expense Contracts	Expense Contracts	Revenue Contracts	Revenue Contracts	Expense Contracts	Revenue Contracts
	\$45,418	\$2,711	\$2,711	\$650	\$650	\$15
CURRENT AMOUNT			\$311.68	\$170,794	\$20.8	\$161,776
ORIGINAL AMOUNT						
SPENT TO DATE						

## PRIME VENDOR INFORMATION

**Prime Vendor:** NEW YORK CITY HOUSING AUTHORITY

Number of Responses per

**Solicitation: 4**

100

2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 2789 2790 2791 2792 2793 2794 2795 2796 2797 2798 2799 2800 2801 2802 2803 2804 2805 2806 2807 2808 2809 2810 2811 2812 2813 2814 2815 2816 2817 2818 2819 2820 2821

Registration Date: 01/27/2025

APT PIN:

PIN: P02413473-GOWANUS HOUSES

SUB VENDOR INFORMATION			
Contract Includes Sub Vendors: NO DATA ENTERED			
Total Number of Sub Vendors: 0			
TOTAL CURRENT AMOUNT	\$0.00	TOTAL ORIGINAL AMOUNT	\$0.00
		TOTAL SPEND TO DATE	\$0.00

SUB VENDOR INFORMATION			
Contract Includes Sub Vendors: NO DATA ENTERED			
Total Number of Sub Vendors: 0			
TOTAL CURRENT AMOUNT	\$0.00	TOTAL ORIGINAL AMOUNT	\$0.00
		TOTAL SPEND TO DATE	\$0.00

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ORIGINAL AMOUNT	CURRENT AMOUNT	NUMBER OF MODIFICATIONS	FISCAL YEAR
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# Checkbook 2.0 -

[Contract details/agid/9487930/docType/CT1](#)



**Fourth:** When you meet with your constituents on “SHOW ME THE MONEY”, you all can go to the NYCHA Capital Tracker. Here, we give you the link.

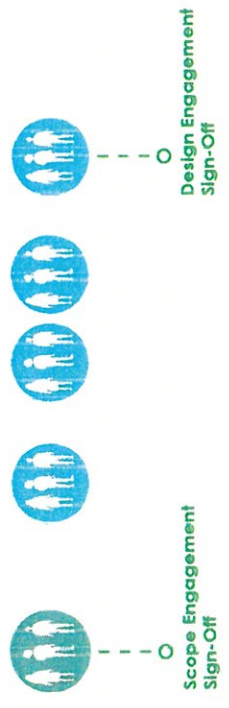
And we recommend the clear, intuitive, trackers for all the federal dollars, identifying Section 3 funds, reported on through Int 1364. Presently, OMB, NYCHA, Parks have capital trackers. All trackers should track ALL federal funds, not just capital. But they should all identify Section 3 covered projects.

<https://capitaltracker.nycha.info/>

# How Are Capital Projects Managed & Residents Engaged?



## RESIDENT ENGAGEMENT TOUCHPOINTS \*\*



## NOTES

The information here applies to most of our projects, which have a Design-Bid-Build project delivery method. Some projects use the Design-Build delivery method, where the Procurement phase comes after Planning and the Design and Construction phases are combined, or other delivery methods.

\* Projects with City funding have to go through approval processes in Planning and in Procurement with the NYC Office of Management & Budget (OMB) and NYC Comptroller, which extends the project timeline.  
 \*\* Engagement touchpoints shown are for most projects. These may be further customized based on the scope of work, direct impact on residents, and other factors. Additional touchpoints with NYCHA property management are typically also required to coordinate delivery of the project.

## PLANNING

Once funding has been allocated, NYCHA assigns the project to a project team, which is overseen by a project manager. The team engages with property staff, residents, and other stakeholders and does walk-throughs of the site to develop an initial scope. Stakeholders sign off on the scope engagement. If the project needs design, environmental inspection, or other consultants, they are procured.

## DESIGN

The project team conducts an in-depth site survey, manages any environmental reviews and approvals, and works with residents and property management to develop the project design and cost estimate. Stakeholders also sign off on the design engagement after several rounds of design development and review. The NYC Department of Buildings and other agencies approve the design, as applicable.

## PROCUREMENT

NYCHA puts together a package that includes the design and construction documents and advertises the contracting opportunity. Construction contractors submit bids, which NYCHA evaluates to select the general contractor. Vendor, NYCHA Board, and City approvals are completed, if required. If the project needs construction management, environmental monitoring, or other consultants, they are procured.

## CONSTRUCTION

Residents and property management are engaged before the general contractor mobilizes to the site to input on construction planning. The contractor manages the construction project, with oversight from NYCHA field staff and/or construction management consultants and regular engagement with residents and property management. The completed work is quality-tested and approved by residents and property management, the Department of Buildings, and other agencies (as applicable), before being handed over to property management for ongoing operation and maintenance.



**Project Progress**  
(Delivery Type: Design Bid Build)

**Planning 100%**



Planned Start Date	04/2020
Actual Start Date	04/2020
Planned End Date	04/2020
Actual End Date	04/2020

**Design 100%**



Planned Start Date	07/2020
Actual Start Date	07/2020
Planned End Date	09/2021
Actual End Date	09/2021

**Procurement 100%**

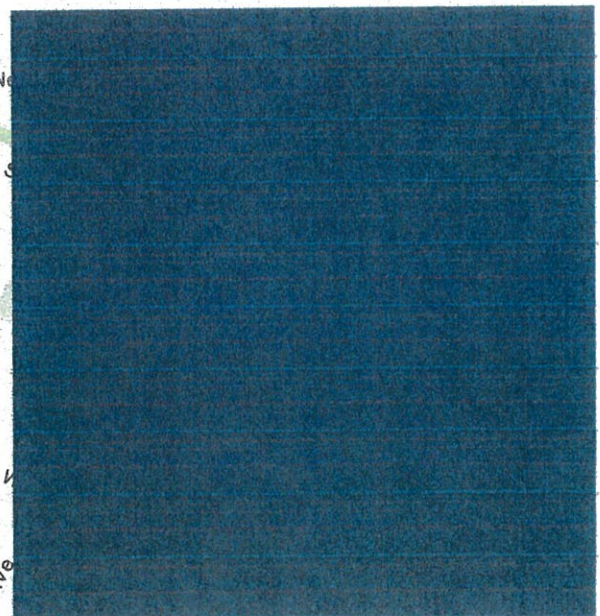
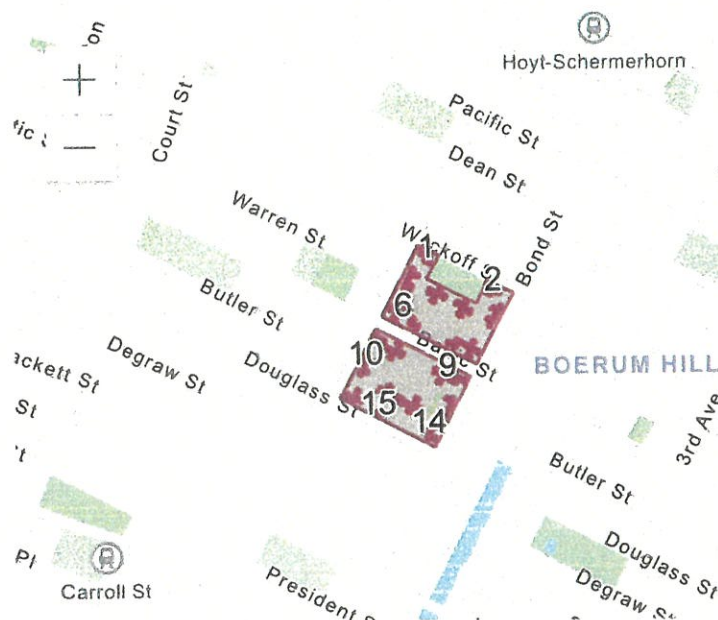


Planned Start Date	09/2021
Actual Start Date	09/2021
Planned End Date	08/2022
Actual End Date	08/2022

**Construction 71%**



Planned Start Date	08/2022
Actual Start Date	08/2022
Planned End Date	11/2024
Current Estimated End Date	09/2025





# Contractor Requirements Staffing on the Ground

Must meet HUD's Section 3 regulation: 25% of total labor hours performed by Section 3 workers

Trade	Estimated % of Section 3 Labor Budget	Estimated Section 3 Workers	Allocated Budget (\$)	Estimated Labor Hours	Average Hourly Rate
General Laborers	25	354	10,625,000	265625	30
Landscapers	5	76	2,125,000	53125	28
Carpenters	15	142	6,375,000	159375	45
Electricians	10	85	4,250,000	106250	50
Plumbers	10	85	4,250,000	106250	50
Concrete/Pavin g Crew	10	101	4,250,000	106250	42
HVAC Technicians	8	71	3,400,000	85000	48
Painters	7	85	2,975,000	74375	35
Roofers	5	53	2,125,000	53125	40
Demolition Crew	5	66	2,125,000	53125	32

**Fifth:** Staying with tracking Capital dollars, if we go to NYCHA's it has a very good presentation on capital projects and resident engagement. The next two pages explain the process and allow you to monitor the progress.

And with this information, the Residents, perhaps with technical expertise supplied by your good offices, can identify the types of jobs to be required under a given contract.

See next page—Contract Requirement Staffing on the Ground.



**Sixth:** Knowing the amounts, as well as the contracts, the hiring/training/contracting requirements, is one thing. If we look at Section 3 as a three-legged stool (knowledge, programs, monitoring) Int 1364 addresses the monitoring.

We at the NISE are piloting another leg—program. We are working with the Gowanus Resident Association to develop, what we are calling: “The Individual Employment Plan.” This plan will allow residents to identify their job skills and desires. We assist in identifying the career path needed to get to the desired state or the job opportunities that are presently available with their present skill levels. And by doing so, we build a ready, willing, and able talent pool to take the jobs, training, and contracting opportunities provided by the contract at their facility and elsewhere.

We welcome the opportunity to pilot the IEP at other places. Perhaps, in your district?

Finally, let me return to where I started.

Int 1364 allows for independent monitoring and verification of precious federal funds.

It can provide for much needed jobs, training, contracting in very clear, compact and comprehensive ways to your constituents. For example, the next page is a sign on a construction site in a neighborhood. The simple task of putting similar signs up at all federally funded/Section 3 construction sites with a QR code that has job applications, IEP information, and training and contracting opportunities would be a powerful opportunity.

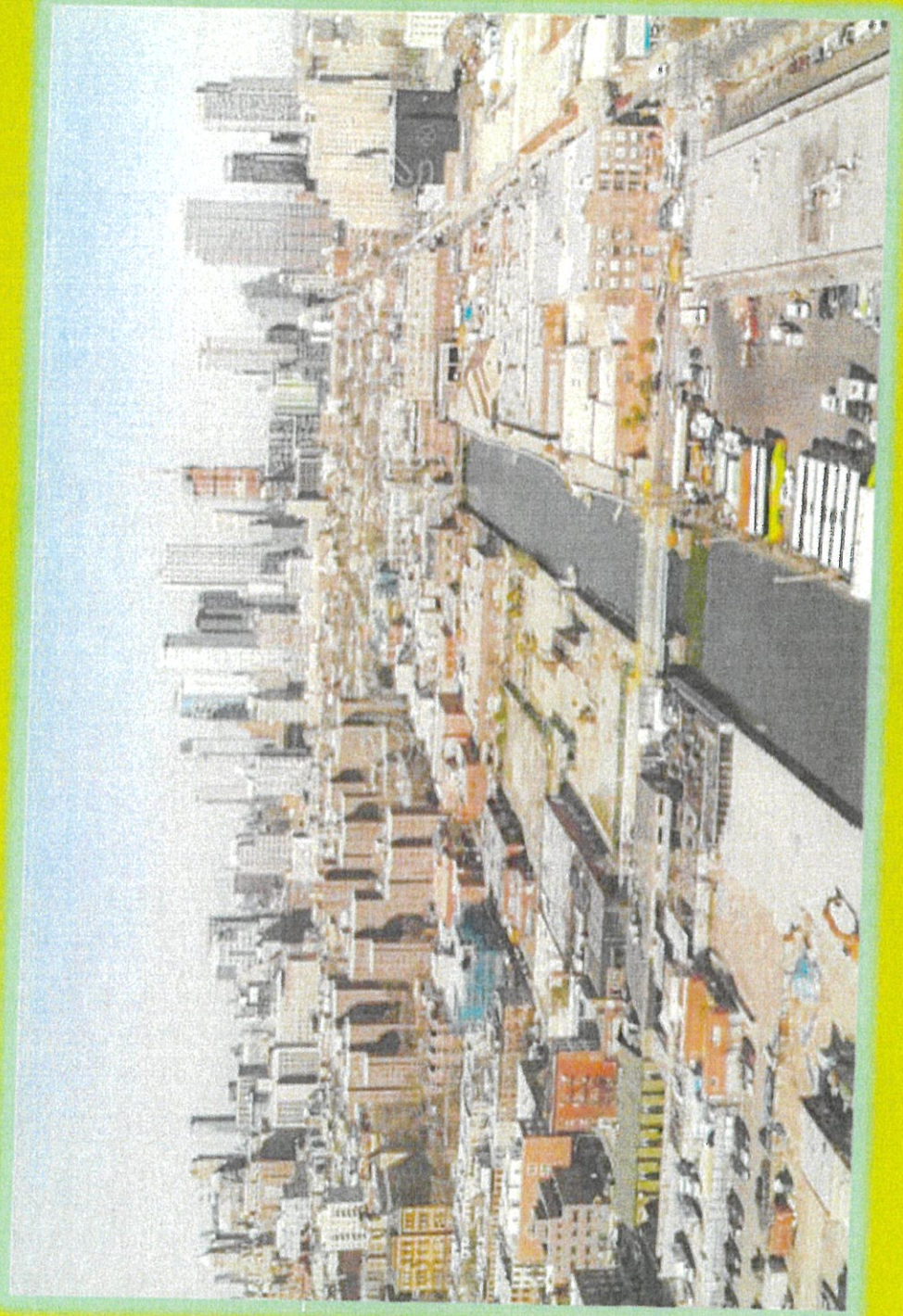
I introduced to you **National Institute for Section 3 Empowerment (NISE)** that I established. We are a 501(c)(3) nonprofit organization dedicated to one mission: to achieve universal knowledge, full participation, and vigorous enforcement of Section 3 of the Housing and Urban Development Act of 1968. That is the three-legged stool I mentioned earlier.

Int 1364 provides for that vigorous enforcement. Your good offices and Residents through the IEP and the technology and the trackers make for the second leg—full participation.

NISE continues to work on the third leg—universal knowledge.



# MAKING SECTION 3 WORK FOR GOWANUS





# PREVAILING RATE OF WAGES



THE CITY OF NEW YORK OFFICE  
OF THE COMPTROLLER

**WORKERS EMPLOYED ON THIS WORK  
SITE MUST BE PAID PREVAILING WAGES  
AND BENEFITS AS DETAILED IN THE  
ATTACHED SCHEDULES**



THE PREVAILING WAGE SCHEDULES ARE ALSO AVAILABLE AT  
[WWW.COMPTROLLER.NYC.GOV/WAGES](http://WWW.COMPTROLLER.NYC.GOV/WAGES)  
FOR MORE INFORMATION CALL (212) 669-4443



## WHY?

Go to last page of this testimony: NYCHA's Quarterly Report of Awards and Contract Capacity Increases by the Chief Procurement Officer ("CPO") 1<sup>st</sup> Quarter of 2025

It lists: Project Section 3 Hires/Labor Hours of OEO Plan:

"Internship-1 intern per contract. Legal Services internship for Section 3 residents seeking a career as a lawyer and enrolled in law school. Paid position of \$45/hour for a minimum of 20 hours per week."

I am former NYC DCAS Commissioner, and NYCHA's first corporatewide, Acting Chief Compliance Officer. There, I learned about the potential of Section 3 and the need to make it a priority for the Authority, City, State and Federal governments.

I served as a member of the former federal NYCHA monitor's team, where I sought to realize that goal and after that, I started the NISE.

But, of relevance to that third leg of universal knowledge of Section 3, I grew up in the Marcy Houses and lived there through graduation from law school.

And if I had known about Section 3 then, look out world, I would be the founder and CEO the Turner-like Construction Company of the Marcy Houses!

There now are thousands of mini-me's and min-you's would be the intended beneficiaries of Section 3's federal dollar. It is up to us to make sure they know about its provisions and benefits from its goals!

***"Every City Builds—through design or disaster.  
Everyone Benefits—though Section 3!"***

I have spent a lifetime advocating for the economic advancement of low/very low income and public housing residents—because I know it can be done! Section 3 is a way and Int 1364 is a key lever of change to make it so.

That's why we strongly support its passage.

Thank you—and I welcome your questions.

**Quarterly Report of Awards and Contract Capacity Increases**  
**Approved by the Chief Procurement Officer ("CPO")**  
**1<sup>st</sup> Quarter of 2025**

1. Agreement with Nixon Peabody LLP ("Nixon")

Contract #:	2443460
Location:	Citywide
Administering Department:	A&CM - Comprehensive Modernization
Amount:	\$1,247,475.00
Projected Section 3 Hires/Labor Hours or OEO Plan:	1,675 / 0 with OEO Plan - Internship - 1 Intern per contract year. Legal services internship for Section 3 residents seeking a career as a lawyer and enrolled in law school. Paid position of \$45/hour for a minimum of 20 hours per week.
M/WBE Status:	Non-Minority

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CPO approved an agreement with Nixon for Legal Services in Connection with Alternate Project Delivery Contracts, commencing on February 14, 2025 and continuing through February 13, 2028 or commencing on such other date as may be determined by the Chief Procurement Officer or the Executive Vice-President for Legal Affairs and continuing for three (3) years thereafter. There are 2 one-year renewal options.

2. Contract Capacity Increase to Requirement Contract No. 1925897 Awarded to Waste Connections of New York Inc. ("Waste Connections ")

Contract #:	1925897
Location:	Bronx South
Administering Department:	Bronx Property Management
Amount:	\$250,000.00
Projected Section 3 Hires/Labor Hours or OEO Plan:	N/A
M/WBE Status:	Non-Minority

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CPO approved a contract capacity increase to this requirement contract awarded to Waste Connections for Bulk Garbage Carting Services, which did not require initial Board authorization for an initial two (2) years with one (1) one-year renewal option, to increase the not-to-exceed amount, in order to fund the continued provision of services during the remainder of the additional 3 years, 8 months and 20 days term, which commenced on November 12, 2019 and is continuing through July 31, 2026.

**Documents Submitted as part of Testimony of Edna Wells Handy Peeples, NISE**

- A. NYC Law Department Memo on HUD “Section 3”
- B. NYCHA Minutes of Board Meeting, Wednesday, April 30, 2025
- C. Design Build Construction Contracts Checkbook 2.0
- D. <https://capitaltracker.nycha.info/>
- E. How are Capital Projects Managed & Residents Engaged?
- F. Project Progress (Delivery Type: Design Bid Build)
- G. Contractor Requirements Staffing on the Ground
- H. Making Section 3 Work for Gowanus
- I. Prevailing Rates Wages Sign
- J. Quarterly Report of Awards and Contract Capacity Increases Approved by the Chief Procurement Officer (“CPO”) 1<sup>st</sup> Quarter of 2025





**Testimony by the New York Legal Assistance Group (NYLAG)  
Before the New York City Council Committee on Governmental Operations,  
State & Federal Legislation, Jointly with the General Welfare Committee and  
the Committee on Hospitals regarding:**

**Federal Budget Cuts  
Intros 1372-2025, 1364-2025, and 1225-2025**

**September 15, 2025**

Chair Restler, Deputy Speaker Ayala, Chair Narcisse, Council Members and staff, thank you for the opportunity to testify to the Committee on Governmental Operations, State & Federal Legislation, the General Welfare Committee, and the Committee on Hospitals, about the Federal Budget Cuts, Intro Bills 1372-2025, 1364-2025, and 1225-2025. My name is Abby Biberman, and I am the Associate Director of the Public Benefits Unit at the New York Legal Assistance Group (NYLAG). NYLAG uses the power of the law to help New Yorkers in need combat social, racial, and economic injustice. We address emerging and urgent legal needs with comprehensive, free civil legal services, impact litigation, policy advocacy, and community education. NYLAG serves immigrants, seniors, the homebound, families facing foreclosure, renters facing eviction, low-income consumers, those in need of government assistance, children in need of special education, domestic violence victims, persons with disabilities, patients with chronic illness or disease, low-wage workers, low-income members of the LGBTQ community, Holocaust survivors, veterans, as well as others in need of free legal services. NYLAG impacted the lives of nearly 130,000 individuals in 2024.

NYLAG's Public Benefits Unit serves clients who are experiencing barriers to accessing and maintaining public benefits, including Public Assistance, SNAP, appropriate shelter, Medicaid, Homecare, Social Security Disability, Supplemental Security Income, Veterans' Benefits, and we prepare medical and financial advance planning documents for clients in need. In New York City, where the high cost of living is coupled with a level of benefits insufficient to meet basic needs, we serve clients with overlapping needs related to food scarcity, housing instability, and homelessness.

Our Shelter and Economic Stability Project represents clients having trouble accessing or maintaining public assistance, SNAP, and appropriate shelter. We represent clients at Administrative Fair Hearings and conduct advocacy with the Department of Social Services ("DSS") and bring impact litigation to ensure that our clients are obtaining and maintaining an adequate level of benefits. We also provide legal services and advocacy to low-income people in and trying to access homeless shelter placements in New York City. We work to ensure that every New Yorker has a safe place to sleep by offering legal advice and representation throughout each step of the shelter application process. We also assist and advocate for clients who are already in shelter as they navigate the transfer process, seek adequate facility conditions and resources for their needs, and offer representation at Administrative Fair Hearings.

Our office represents individuals and families on SNAP, Medicaid, and those who live in public housing who will be impacted by the federal cuts, and many of our clients have CityFHEPS and will be positively impacted by Intro Bill 1372. We appreciate the opportunity to offer the following comments.

Intro 1372-2025: Limiting the Household Rent Contribution for Recipients of a Rental Assistance Voucher

NYLAG strongly supports Int 1372-2025, which would cap CityFHEPS recipients' rent contributions at no more than 30% of their monthly income. This

legislation is a critical response to the DSS’s recent rule change, which increases rent contributions to 40% for CityFHEPS recipients in their sixth year who have earned income. CityFHEPS was created to help New Yorkers transition out of shelters and avoid eviction by providing stable housing support. Increasing rent contributions for long-term recipients (many of whom continue to face financial instability) undermines the program’s core purpose. It penalizes individuals for maintaining employment while still needing support, and increases the risk of eviction, homelessness, and a return to shelter.

The program’s original design aligns with federal standards, such as the Section 8 Housing Choice Voucher Program, which also sets rent contributions at 30% of income. This level is considered “moderately rent burdened” and is widely recognized as the threshold beyond which housing becomes unaffordable.<sup>1</sup> According to a report from New York State Comptroller Thomas P. DiNapoli, rent burdens are the leading cause of housing insecurity—and disproportionately affect Black, Hispanic, and Asian households.<sup>2</sup> These same communities are also overrepresented in New York’s homeless population, which in 2023 had the highest rate of homelessness in the country.<sup>3</sup>

Housing instability has far-reaching consequences. Families paying 40% or more of their income toward rent have little room for emergencies. A missed shift at work or an unexpected expense can quickly lead to arrears and eviction. Children in rent-burdened households face worse health outcomes, developmental challenges, and reduced access to food and healthcare.<sup>4</sup> Evictions worsen mental and physical health and often force families into lower-quality housing or homelessness.<sup>5</sup>

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<sup>1</sup> *See, generally*, “State of Renters and Their Homes,” State of the City 2022 - NYU Furman Center, available at <https://furmancenter.org/stateofthecity/view/state-of-renters-and-their-homes>

<sup>2</sup> *Id.*

<sup>3</sup> *Id.* The volume of unhoused and housing unstable individuals in this count is due in part to the influx of recent immigrants seeking asylum in New York City.

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

While DSS claims the rent increase is intended to support a “gradual transition to self-sufficiency,” this assumption does not reflect the reality of most CityFHEPS recipients.<sup>6</sup> Although the program allows for incomes up to 80% of Area Median Income (AMI), roughly \$90,000 for a single adult or \$116,000 for a family of three, most recipients earn far less. According to the Community Service Society, the median income for households below 80% AMI is just \$43,400, with a mean of \$46,000.<sup>7</sup> Meanwhile, the average rent for a small studio in Manhattan exceeds \$3,200 per month, or \$38,400 annually, which is nearly the entire income of many recipients.<sup>8</sup>

This mismatch between income and housing costs makes clear that increasing rent contributions does not promote self-sufficiency. Instead, it creates a predictable risk of eviction and shelter re-entry. At a recent General Welfare Committee hearing, HRA estimated that the policy would save the city just \$11 million—a mere 0.01% of the city’s \$112 billion budget. These minimal savings are likely to be offset by increased spending on emergency rent assistance and shelter costs.<sup>9</sup>

In fact, the Community Service Society estimates that if just 1% of long-term CityFHEPS users return to shelter, the cost of housing them would cancel out the projected savings.<sup>10</sup> If more families return, the city’s costs will rise—and so will the human toll of homelessness.<sup>11</sup>

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<sup>6</sup> <https://rules.cityofnewyork.us/wp-content/uploads/2025/08/CityFHEPS-Pathway-Home-Rule-Change-CRIB.pdf>

<sup>7</sup> Samuel Stein and Oksana Mironova, “The City’s Rent Hike Plan for Voucher Holders Will Backfire,” May 19, 2025, at <https://www.cssny.org/news/entry/the-citys-rent-hike-plan-for-voucher-holders-will-backfire#1>

<sup>8</sup> “Rental Market Trends in New York, NY, as of May 2025,” at <https://www.apartments.com/rent-market-trends/new-york-ny/>

<sup>9</sup> Op. cit., Stein and Mironova, “City’s Plan will Backfire.”

<sup>10</sup> *Id.*

<sup>11</sup> *Id.*

Intro 1372 offers a more just and effective path forward. By maintaining the 30% rent cap, New York City can support families in building long-term housing stability, reduce the risk of eviction, and avoid costly shelter placements. NYLAG urges the City Council to pass this legislation without delay.

### Federal Cuts to the Supplemental Nutrition Assistance Program

#### *Age Expansion for Able-Bodied Adults Without Dependents (ABAWDs)*

The One Big Beautiful Bill Act (“OBBBA”) or H.R. 1 of 2025 introduces sweeping changes to the Supplemental Nutrition Assistance Program (SNAP), particularly affecting Able-Bodied Adults Without Dependents (“ABAWDs”). One of the most significant shifts is the expansion of the ABAWD work requirement age range. Previously, individuals aged 18 to 54 were subject to these requirements, but the new legislation extends this range to include adults up to age 64. As a result, a larger population of childless adults must now work at least 20 hours per week or participate in a qualifying work program to maintain SNAP benefits beyond a three-month period within three years. This expansion ignores the fact that adults over the age of 54 are more likely to experience long term unemployment due to many factors including age discrimination, health issues, and caregiving responsibilities for parents and spouses, and now puts them at higher risk of food insecurity.<sup>12</sup>

Another major change involves the age threshold for the dependent child exemption. Under prior rules, parents or guardians of children under 18 were exempt from ABAWD work requirements. The new law lowers this age to under 14, meaning that caregivers of children aged 14 to 17 will now be required to meet work requirements or risk losing their benefits. This adjustment could

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<sup>12</sup> <https://www.cbpp.org/research/food-assistance/worsening-snaps-harsh-work-requirement-would-take-food-assistance-away>



disproportionately affect single-parent households and families with older children who still require significant care and supervision.

The legislation also eliminates three key exemptions from the ABAWD work requirements that previously protected homeless individuals, veterans, and young adults who were in foster care on their 18<sup>th</sup> birthday. These groups, often facing unique barriers to employment and stability, will now be subject to the same standards as other ABAWDs, raising concerns about their ability to comply and maintain access to food assistance.

Additionally, the bill removes the provision that allowed states to waive ABAWD requirements in areas with unemployment rates exceeding 10%. This change will particularly impact regions with persistent job scarcity, but unemployment rates just below the threshold. For example, New York State and City have historically relied on these waivers during economic downturns to support low-income residents.<sup>13</sup> Without this flexibility, approximately 281,000 New York state residents will lose eligibility for SNAP benefits, and 413,000 will be at risk of losing benefits, if they cannot meet the new work requirements.<sup>14</sup> The responsibility for enforcing and verifying compliance will now fall heavily DSS/HRA, increasing administrative burdens and potentially leading to high rates of benefit loss among eligible individuals due to procedural barriers and challenges.

### *Restricting the SNAP Standard Utility Allowance (SUA)*

The Standard Utility Allowance (“SUA”) policy under SNAP has undergone a significant revision that will deeply affect benefits calculations for many households, disproportionately impacting renters in New York City. Under the new rule, states are no longer permitted to increase a household’s SUA level based

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<sup>13</sup> See 24 DC071 available at <https://otda.ny.gov/policy/gis/2024/24DC071.pdf>; Hunger Solutions New York, SNAP ABAWD Time Limit Desk Guide January 13, 2020, available at [https://hungersolutionsny.org/wp-content/uploads/2020/08/SNAP-ABAWD-Desk-Guide-1\\_13\\_20.pdf](https://hungersolutionsny.org/wp-content/uploads/2020/08/SNAP-ABAWD-Desk-Guide-1_13_20.pdf)

<sup>14</sup> <https://fiscalpolicy.org/wp-content/uploads/2025/06/2025.06.06-SNAP-Fact-Sheet.pdf>

solely on receiving more than \$20 in Low Income Home Energy Assistance Program (LIHEAP) funds, unless the household includes an elderly or disabled member. This change will result in a substantial reduction in SNAP benefits for many families who previously qualified for the highest SUA level.

The impact is expected to be widespread and severe. An estimated 600,000 households nationwide will lose access to the higher SUA level, resulting in average monthly SNAP benefit reductions of \$100.<sup>15</sup> The most impacted families will be those with children, particularly single-parent households, low-income renters without elderly or disabled household members, and New York City residents, a high cost of living area where utilities are often bundled into rent and difficult to document separately.<sup>16</sup> New York City is also an area where rent frequently covers heating, but not cooling costs, making it confusing for SNAP applicants and recipients and difficult for them to document their cooling expenses that would qualify them for the highest SUA level. These groups will likely be budgeted with SUA level 2 or 3, significantly lowering their monthly SNAP benefits.

The policy shift also places a new administrative burden on DSS/HRA. Unless a household includes an elderly or disabled member, DSS will now be required to request and verify detailed utility bills to determine SUA eligibility. This process is prone to delays, document indexing errors, and miscalculations, which could lead to wrongful denials or reductions in benefits. For many New Yorkers, especially those in vulnerable communities, this change threatens to increase food insecurity, as families struggle to absorb the loss of critical support in our already high-cost city.

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<sup>15</sup> <https://www.cbpp.org/research/food-assistance/many-low-income-people-will-soon-begin-to-lose-food-assistance-under#:~:text=Benefits%20for%20Many%20Low%2DIncome,still%20qualifies%20for%20an%20SUA.>

<sup>16</sup> See <https://frac.org/wp-content/uploads/Budget-Reconciliation-2025-Impacts-Fact-Sheet.pdf>

## *Narrowing SNAP Eligibility for non-Citizens*

H.R. 1 introduces sweeping changes to the non-citizen eligibility rules for SNAP. The Bill significantly narrows the list of non-citizen groups eligible for SNAP benefits. Previously, a broad range of lawfully present immigrants, including refugees, asylees, victims of trafficking, Amerasians, and individuals granted humanitarian parole, were eligible for SNAP if they met income and other program requirements. Going forward, only three categories of non-citizens will remain eligible for SNAP: Lawful Permanent Residents, Cuban and Haitian entrants, and Citizens of the Compact of Free Association (COFA) nations. This change effectively excludes refugees, asylees, trafficking survivors, and other humanitarian entrants from accessing SNAP, even though many of these individuals face significant barriers to economic stability upon arrival in the U.S. The law also removes eligibility for survivors of domestic violence who have filed self-petitions under the Violence Against Women Act (VAWA), and individuals granted withholding of removal or humanitarian parole for at least one year.

The impact of this policy shift is expected to be profound. Many newly arrived and lawfully present immigrants who previously relied on SNAP during their resettlement period will now face heightened food insecurity and economic hardship. While some may eventually become eligible for SNAP by adjusting their status to lawful permanent residency, that process can take years.

This harsh restriction does not occur in isolation. It comes amid broader cuts to refugee support programs, including reductions in Refugee Cash and Medical Assistance and proposed eliminations of federal funding for Refugee Support Services. Together, these policies represent a significant rollback of the safety net for some of the most vulnerable immigrant populations in the United States.

The changes to SNAP eligibility for non-citizens under the Act will place a significant administrative burden on DSS, particularly those responsible for

determining immigrant eligibility for benefits. For decades, DSS caseworkers have operated under a relatively stable framework for assessing non-citizen eligibility for SNAP benefits. This framework included a broad list of qualified immigrant categories, such as refugees, asylees, trafficking survivors, and individuals granted humanitarian parole, many of whom were automatically eligible for SNAP upon arrival or after meeting specific conditions. DSS staff were trained extensively on these rules, and many agencies developed streamlined policies and guidance to ensure accurate and efficient eligibility determinations. Now, with the new law drastically narrowing eligibility, DSS staff must unlearn decades of established policy and relearn a new, more restrictive set of rules.

This shift will require: (1) Retraining of all agency staff on the new eligibility categories and exclusions; (2) Rewriting of city policies, eligibility checklists, and system prompts; (3) Increased case review times, as staff must now verify more complex immigration documentation and determine whether individuals fall into newly excluded categories. Implementation will lead to a higher risk of errors and delays, especially during the transition period, which could result in wrongful denials or benefit interruptions for eligible individuals.

Moreover, the removal of eligibility for humanitarian entrants, many of whom arrive with urgent needs and limited documentation, will likely lead to confusion and frustration among both clients and DSS staff. DSS may face more appeals, complaints, and advocacy interventions, all while trying to navigate this new policy landscape. In short, this policy change not only affects immigrant communities, but it also places heavy administrative burdens and will leave our most vulnerable new neighbors without the benefits they desperately need.

### *Limiting Thrifty Food Plan Updates*

New Yorkers will face serious consequences from recent changes to the Thrifty Food Plan, which directly affect SNAP benefit calculations. The legislation restricts the USDA's ability to update the Thrifty Food Plan (used to determine

SNAP benefit amounts) by requiring that future revisions be cost-neutral. This means updates can only reflect inflation, not actual increases in food prices.

This is deeply concerning given that food prices have remained persistently high, while SNAP benefits already fall short of meeting basic nutritional needs.<sup>17</sup> At the end of 2024, even after adjusting for inflation, the maximum SNAP benefit could not cover the cost of a modestly priced meal in 99% of U.S. counties.<sup>18</sup> Nearly 40% of SNAP recipients, who receive the highest possible benefit, still could not afford a basic meal.<sup>19</sup> Nationwide, the average cost of a modest meal was 20% higher than the maximum SNAP benefit. In 53% of counties, the cost of a meal exceeded the benefit amount by more than 50 cents per meal.<sup>20</sup>

By locking the Thrifty Food Plan into cost-neutral updates, the USDA loses the flexibility to respond to real-world food costs. This will make it even more difficult to adjust SNAP benefits to meet families' actual needs and will deepen food insecurity and poverty for millions of Americans.

### *Mandating State Cost-sharing for SNAP*

The upcoming changes to SNAP funding will have serious consequences for both recipients and state governments. Currently, the federal government covers the full cost of SNAP benefits. Under the new law, however, states with payment error rates above 6% will be required to contribute between 5% and 15% of SNAP benefit costs, depending on the severity of their error rate. In addition, states will now be responsible for 75% of the administrative costs of running SNAP programs—up from approximately 50% today. These increased financial obligations come alongside new federal mandates, including stricter work-

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<sup>17</sup><https://www.urban.org/urban-wire/cuts-snap-one-big-beautiful-bill-act-would-widen-persistent-gap-between-benefits-and>

<sup>18</sup> *Id.*

<sup>19</sup> *Id.*

<sup>20</sup> *Id.*



reporting requirements and heightened pressure to reduce payment errors, which will make SNAP more expensive and complex to administer.

If states are unable to meet these new funding requirements, they may be forced to cut costs in ways that harm vulnerable households. This could include making the application process more difficult, increasing fraud investigations, or aggressively recovering overpayments (even when those overpayments were not the fault of the recipient). In extreme cases, states may even consider opting out of SNAP entirely, cutting off access to a vital food resource for low-income families.

Young adults are expected to be particularly affected.<sup>21</sup> According to an analysis by the Urban Institute, if states were required to cover just 10% of SNAP benefit costs during a recession, an estimated 56,000 individuals aged 18 to 24 would fall into poverty due to reductions in SNAP access and benefit levels.<sup>22</sup> These changes also weaken SNAP's ability to serve as an economic stabilizer during downturns. SNAP not only helps families put food on the table—it also supports local economies by increasing consumer spending.

Reducing access to SNAP during times of increased need will leave households more vulnerable to hunger and financial hardship, while undermining the program's broader economic impact.

## Housing

### *Budget Cuts to the U.S. Department of Housing and Urban Development (HUD)*

The proposed cuts to the HUD budget would have material impacts on housing for hundreds of thousands of New Yorkers. Approximately 319,000

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<sup>21</sup> <https://www.urban.org/urban-wire/snap-cuts-one-big-beautiful-bill-act-leave-almost-3-million-young-adults-vulnerable#:~:text=An%20Urban%20Institute%20analysis%20estimates,force%20cuts%20to%20SNAP%20benefits>.

<sup>22</sup> *Id.*

households in New York City rely on Section 9 or Section 8 Housing Choice Vouchers. NYCHA alone, through Section 9 and Section 8, provides housing to 6% of New Yorkers and subsidizes 11% of New York City's rental properties.<sup>23</sup> According to the Furman Center report from 2023, the median income gap between Section 8 Housing Choice Voucher recipients and other tenants is steadily increasing.<sup>24</sup> These subsidies have an important stabilizing effect on communities: families who receive these subsidies are less likely to be evicted than their neighbors. New Yorkers, in particular, benefit from these subsidies and will be impacted by any funding cuts: voucher holders in New York City remain in the program for about 15 years, compared with the national average of 8.<sup>25</sup>

Current proposed budgets have cuts across the board for Section 9. This will lead to the further degradation of the housing stock of New York City's largest landlord, and it will make it harder for people maintain their tenancies because of administrative and staffing cuts. Tenants rely on the staff in management offices and the NYCHA Customer Contact Center (CCC) to submit tickets to get repairs, adjust their rent so that it remains affordable, complete their annual recertifications, and to add or remove household members in compliance with HUD requirements. Longer wait times at the CCC and fewer staff will create a significant hurdle to tenants accessing these necessary resources. The burden will disproportionately fall on elderly tenants and tenants with disabilities who rely more on staff support.

NYCHA developments are in desperate need of capital repairs and modernization. NYCHA tenants disproportionately live in poorer housing conditions, have no access to the Anti-Harassment Tenant Protection Program, and cannot call 311 and request an apartment inspection. For these tenants, federal funding cuts mean they will be forced to continue to live in apartments with

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<sup>23</sup> [https://www.nyc.gov/assets/nycha/downloads/pdf/NYCHA\\_Fact\\_Sheet.pdf](https://www.nyc.gov/assets/nycha/downloads/pdf/NYCHA_Fact_Sheet.pdf)

<sup>24</sup> <https://furmancenter.org/stateofthecity/view/the-use-of-housing-choice-vouchers-in-new-york-city>

<sup>25</sup> *Id.*

flagrant housing maintenance code violations, broken elevators, rampant mold, infestations, and leaky plumbing.

In addition, HUD cuts to Continuum of Care programming will destabilize critical supportive housing programs and resources that provide crucial stability to domestic violence survivors and their families, parents seeking to retain custody of their children, and people seeking mental health and substance abuse treatment.<sup>26</sup>

## Health Access

### *Crippling Funding Impact on the New York State Health Care System*

H.R. 1 imposes the largest cuts and eligibility restrictions to Medicaid in history, creating a fiscal and public health crisis in New York state. The federal Congressional Budget Office (CBO) estimates cuts of \$990 billion to the program over the next decade.<sup>27</sup> These cuts will be felt deeply in New York, triggering a multi-billion-dollar state budget deficit.<sup>28</sup> The spending cuts significantly reduce federal funding for New York's health programs, leading to \$10 billion in estimated financial losses to New York's Medicaid program and the elimination of The Essential Plan.<sup>29</sup> Hospitals and providers will face an estimated \$3 billion increase in uncompensated care costs annually.<sup>30</sup> Provisions of H.R. 1 freeze or reduce revenue streams by restricting the use of "provider taxes" by states to generate additional money for Medicaid programs, and slashing payments to safety-net hospitals by limiting state-directed payments.

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<sup>26</sup> <https://endhomelessness.org/resources/research-and-analysis/visualizing-the-impacts-of-the-presidents-fy2026-budget-returns-to-homelessness-and-major-setbacks-could-be-ahead/>

<sup>27</sup> <https://ccf.georgetown.edu/2025/08/14/new-cbo-health-coverage-estimates-of-budget-reconciliation-law/> referencing <https://www.cbo.gov/publication/61570>

<sup>28</sup> [https://www.health.ny.gov/press/releases/2025/2025-09-10\\_federal\\_funding\\_cuts.htm](https://www.health.ny.gov/press/releases/2025/2025-09-10_federal_funding_cuts.htm)

<sup>29</sup> <https://www.governor.ny.gov/news/governor-hochul-unveils-devastating-impacts-republicans-big-ugly-bill-new-york-state> and

<https://sharegisny.maps.arcgis.com/apps/dashboards/03f4a73b91df459d9089e1603b9dc7eb>

<sup>30</sup> *Id.*

As a result of these federal cuts, New York State will face financial pressure to cut optional health care benefits, such as supportive housing, home care, vision, and dental coverage. Individuals with chronic and serious illness will experience adverse health impacts resulting from a disruption in the continuity of their care. As patients who have lost health insurance transition away from their private hospital care, the public hospitals' systems and specialty care systems will become overburdened with patients waiting months for appointments.<sup>31</sup> Overall, it is estimated that 1.5 million to 2 million New Yorker State residents will lose their current Medicaid or Affordable Care Act (Essential Plan) health coverage.<sup>32</sup>

### *Immigrant Eligibility Restrictions to Federal Health Programs*

H.R. 1 explicitly excludes many categories of non-citizens from federal health programs, leading to major coverage losses and budget constraints in New York. The law ends Medicare, Medicaid and CHIP eligibility for lawfully present immigrants who are not in the following non-citizen categories: (1) LPRs who have met the five-year waiting period; (2) Certain Cuban or Haitian entrants; (3) Citizens of Compact of Free Association (COFA) nations; and (4) lawfully residing children and pregnant women.<sup>33</sup>

Previously eligible groups such as refugees, asylees, parolees, trafficking survivors, abused spouses/children are explicitly excluded from eligibility going forward, including Emergency Medicaid. Additionally, many lawfully present immigrants will no longer qualify for ACA premium tax credits, eliminating affordability support for Marketplace plans. These federal restrictions will shift billions of dollars in healthcare costs from the federal government to New York taxpayers.<sup>34</sup>

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<sup>31</sup> <https://www.governor.ny.gov/sites/default/files/2025-07/OBBBA-House-and-Senate-jobs-and-economic-impact-June-2025-FINAL.pdf>

<sup>32</sup> <https://sharegisny.maps.arcgis.com/apps/dashboards/03f4a73b91df459d9089e1603b9dc7eb>

<sup>33</sup> <https://refugees.org/h-r-1s-impacts-on-refugees-and-forcibly-displaced-populations/>

<sup>34</sup> <https://sharegisny.maps.arcgis.com/apps/dashboards/03f4a73b91df459d9089e1603b9dc7eb>

Current lawfully present immigrant enrollees will lose health insurance and become uninsured, which will further burden state budget by requiring increased state funded-only health insurance. These changes undermine public health and disproportionately harm low-income immigrant families in the city. Without insurance, many will delay or forego necessary care, leading to worse health outcomes for treatable conditions. Hospitals and community providers will face financial strain, leading to staffing cuts and facility closures.<sup>35</sup> The public hospital system will likely experience increased demand for health care appointments making it more difficult to obtain a timely appointment and maintaining treatments. For example, a patient receiving oncology care at a private hospital that loses health insurance will need to re-establish care at a public hospital. This could take months, interrupting a patient's treatment regimen.

### *Elimination of the Expanded New York State Essential Plan*

New York is forced to make major changes to the Essential Plan, due to the new federal restriction of lawfully present immigrant premium tax credit eligibility .<sup>36</sup> This change will lead to a \$7.5 billion annual federal funding cut for this successful program, and \$2.7 billion in costs shifted to New York State beginning January 1, 2026, which effectively dismantles New York's Essential Plan.<sup>37</sup> September 10, 2025, the New York State Department of Health announced an urgent plan to mitigate the fallout from H.R. by terminating its federal waiver that allowed for the expanded Essential Plan and to revert to a Basic Health Program.<sup>38</sup> This strategy is intended to preserve coverage for 1.3 million state residents, but still leaves 450,000 people state-wide uninsured, including 130,000 New York City residents.<sup>39</sup>

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<sup>35</sup> <https://www.governor.ny.gov/sites/default/files/2025-07/OBBBA-House-and-Senate-jobs-and-economic-impact-June-2025-FINAL.pdf>

<sup>36</sup> [https://www.health.ny.gov/press/releases/2025/2025-09-10\\_federal\\_funding\\_cuts.htm](https://www.health.ny.gov/press/releases/2025/2025-09-10_federal_funding_cuts.htm)

<sup>37</sup> *Id.*

<sup>38</sup> *Id.*

<sup>39</sup> *Id.*



## *New Medicaid Work Requirements for Adults Aged 19-64*

H.R. 1 mandates that “able-bodied” adults aged 19-64 meet the work eligibility requirement of at least 80 hours of qualifying activities per month or show that they meet one of the narrow exemptions. Those that cannot document that they meet these requirements or meet one of the narrow exemptions will have their coverage terminated.<sup>40</sup>

Work requirements will disproportionately impact adults ages 50-64, and people with chronic health conditions or disabilities. Many in this population cannot work due to health issues but do not meet the strict criteria for a disability exemption.<sup>41</sup> Additionally, the need to prove medical records proving an individual has a disability to obtain an exemption creates an impossible situation for uninsured individuals who must gather documentation of their disability, while being blocked from accessing medical care that could produce these diagnostic and treatment records before they successfully prove they should be exempt.

It is extremely difficult for adults in this age bracket to find consistent and stable work. Additionally, many Medicaid recipients work in industries with unstable or seasonable hours. These workers may fail to meet the 80-hour monthly requirement, causing them to lose coverage. Caregivers of older adults who are currently eligible for Medicaid will either need to return to work and leave the older adult without care, as there is no exemption for caretaking of an older adult, or become uninsured themselves.

Based on previous state experiences with work requirements, the vast majority of coverage losses result from administrative barriers rather than failure

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<sup>40</sup> <https://justiceinaging.org/fact-sheet-work-requirements-would-cut-medicaid-for-older-adults/>

<sup>41</sup> *Id.*

to meet the work mandate.<sup>42</sup> Work requirements do not assist with job placement or create more jobs for people requiring health insurance. The massive administrative burden and costs impact all Medicaid enrollees, leading to major processing delays and unintended disenrollment.

### *Doubling the Frequency of Recertifications for the Medicaid MAGI Population*

H.R. 1 requires Medicaid eligibility redeterminations every six months, instead of annually, for MAGI Medicaid recipients, including those who are younger than 65 and not on Medicare. Annual renewal requirements are already leading to tens of thousands of Medicaid disenrollments in NYS per month for failure to recertify, often through no fault of the recipients.<sup>43</sup> Doubling the frequency will severely disrupt care continuity, especially for the chronically ill, low-income and non-English speakers.

The additional administrative burden of processing bi-annual eligibility determinations will lead to more strain and costs to the agencies who are already understaffed and unable to process the volume of recertifications they are already managing. This will inevitably lead to more churn, not program integrity gains, and potential cuts or reduced staffing for other programs in an effort to address the increased burden.

### *Reducing the Home Equity Exclusion for Medicaid Long-Term Care Recipients*

H.R. 1 restricts and freezes the maximum amount of home equity that is excluded when determining eligibility to \$1 million for long-term care applicants, with no COLA increases.<sup>44</sup> New York's current home equity exclusion is currently

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<sup>42</sup> <https://www.kff.org/medicaid/an-overview-of-medicaid-work-requirements-what-happened-under-the-trump-and-biden-administrations/>

<sup>43</sup> <https://info.nystateofhealth.ny.gov/sites/default/files/May%202024%20PHE%20Unwind%20Dashboard.pdf>

<sup>44</sup> <https://ccf.georgetown.edu/2025/07/22/medicaid-chip-and-affordable-care-act-marketplace-cuts-and-other-health-provisions-in-the-budget-reconciliation-law-explained/>

\$1,097,000 and is indexed to inflation. H.R. 1 eliminates this annual adjustment and freezes the cap at \$1 million dollars effective in 2028.<sup>45</sup>

Especially in New York's high-cost real estate markets, this will create new barriers for New York homeowners seeking long-term care. It will disqualify more middle-class families from Medicaid long-term care and make it harder to leave an inheritance to their heirs. Many modest homes in New York already exceed this equity limit or will soon.

Many New Yorkers are "house rich," their primary residences have become very valuable in New York's expensive real estate market, but have limited access to income or resources. People who own their homes may either be disqualified from Medicaid long-term care services or be forced to sell their home before they can become eligible. For many New Yorkers, their home is their most significant asset, and the forced sale of a family home represents a devastating loss of generational wealth.

#### *Reduced Medicaid Retroactive Eligibility*

Currently, a Medicaid applicant can request three months of retroactive coverage if they have outstanding medical bills incurred in the three months prior to application. H.R. 1 cuts retroactive eligibility from the current three month maximum to one month for MAGI population or two months for aged & disabled Medicaid enrollees. As a result, hospitals and community providers will face financial strain. Patients are more likely to be billed for uncompensated costs and risk significant medical debt following an emergency.

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<sup>45</sup> *Id.*

### *Expiration of Marketplace Tax Credits and increase cost-sharing in Marketplace Plans*

The Enhanced ACA Marketplace tax credits will expire at the end of 2025, making coverage less affordable for older adults ages 50 to 64 who are not Medicaid eligible.<sup>46</sup> Premium costs will rise substantially, particularly for those who are on the older side of this population, and individuals will have to pay more for the same care, select less comprehensive plans, or lose their insurance. New regulations that limit enrollment and increase cost-sharing will make care less affordable for Marketplace plan members.

### *Cumulative Impact of H.R. 1 on New York State Health Care and Other Programs*

Faced with an annual projected loss of \$13.5 billion in health care funding, New York will be forced to make painful decisions on eligibility for state-funded health coverage.<sup>47</sup> Before the Affordable Care Act (ACA), New York State extended Medicaid to a range of vulnerable groups who were not eligible for federal Medicaid, including immigrants who were considered Persons Residing Under Color of Law (PRUCOL). Populations who do not meet the criteria for federal Medicaid may face more restrictive eligibility requirements. Optional Medicaid services such as personal care assistance in the home, which many older adults and people living with disabilities rely on to avoid institutionalization, are at risk. State budget shortfalls due to the loss of federal funding across the board will likely lead to restrictions in other state safety net programs that provide critical services for our most vulnerable community members.

We thank City Council, the Committee on Committee on Governmental Operations, State & Federal Legislation, the General Welfare Committee, and the Committee on Hospitals Committee for holding this important hearing, for the

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<sup>46</sup> <https://www.aha.org/fact-sheets/2025-06-05-fact-sheet-one-big-beautiful-bill-act-would-significantly-reduce-availability-coverage-health-insurance>

<sup>47</sup> <https://info.nystateofhealth.ny.gov/news/press-release-governor-hochul-updates-new-yorkers-impact-house-republican-budget-bill-new-york>

work you have done to facilitate services for vulnerable New Yorkers, and for taking this opportunity to continue to improve the conditions for our clients. We hope we can continue to be a resource for you going forward.

Respectfully Submitted,

New York Legal Assistance Group





# PARENTS SUPPORTING PARENTS

NEW YORK

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September 15th, 2025

## IMPACT OF FEDERAL CUTS TESTIMONY PSPNY TESTIMONY

Hey everyone, good morning. I'm Tanesha Grant, from Parents Supporting Parents NY, and I'm here because these cuts proposed in HR1 to SNAP, Medicaid, hospitals, Housing programs are gonna hit my family and community hard. I'm also with Social Network Activist and a bunch of other groups. I know what I'm talking about because I live it, and I volunteer my time because these issues affect me and my community. I'm a mom of three, and grandma to four grandkids with special needs. Seriously, how are these new work rules for SNAP benefits in HR1 will affect people like my daughter, who's taking care of her autistic, nonverbal kid and autistic twins? I was in foster care and had a failed adoption as a kid, so my family really only has me. I've struggled with mental health since I was a kid, which is why I'm fighting for more money for programs like Be-Heard.

Currently, our communities face significant financial challenges, even prior to the implementation of these federal budget reductions. We consistently provide support to individuals requiring food assistance, as their SNAP benefits are often depleted within a two-week period. Moreover, we actively advocate for individuals experiencing difficulties accessing healthcare benefits. Major cuts to housing assistance, when we acknowledge the existence of a housing crisis is beyond reason. Therefore, it is imperative that these funding programs are enhanced, rather than diminished, by the proposed federal legislation.

What are people who are disabled, homeless, mentally ill, food insecure, low income or working class folks supposed to do? This will be catastrophic to our community members across NYC and will lead to more dire situations including more deaths. We must be proactive and make sure that if these federal cuts do come we can cover them financially through our NYC budget.

These are necessary services that are needed to support our communities and it is inhumane to take what little support our communities get away.

We appreciate the bills that NYC Council are proposing but quite frankly it's not enough. We are in a bad position and we give more money to the federal government than they give to us.

Finally, it is important to note that New York State is home to over 100 billionaires and over 700 multi-millionaires, many of whom reside on Park Avenue, often referred to as "Billionaires' Row." We believe it is imperative to implement progressive tax reforms to generate new revenue. While the wealthy remain in the city, Black families and other communities of color are increasingly leaving. This outrageous HR1 federal bill will cause more death and suffering for our most vulnerable communities.

We implore this NYC Council to give serious consideration to progressive tax reforms to generate the necessary revenue to protect our most vulnerable populations against

Thank you for your time and attention to our testimony.



**PARENTS  
SUPPORTING  
PARENTS**  
NEW YORK

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**Testimony of Planned Parenthood of Greater New York before the  
New York City Council Oversight Hearing on Impacts of Federal Budget Cuts**

September 15th, 2025

Good afternoon. My name is Maryam Mohammed-Miller, and I am the Director of Government Relations & Policy at Planned Parenthood of Greater New York (PPGNY). I would like to thank the chairs of the committees on Governmental Operations, State and Federal Legislation, General Welfare, and Hospitals, Council Members Restler, Ayala, and Narcisse, respectively, for holding this important oversight hearing. I would also like to thank all the committee members for the opportunity to discuss the impact of continuous federal attacks on the communities we serve.

PPGNY is a trusted provider of sexual and reproductive health care and education programs for communities throughout New York City. In 2024, we conducted over 74,000 patient visits through our virtual health center and at our NYC health centers, providing care to all regardless of immigration status, identity, or ability to pay for services. PPGNY proudly provides a range of health care services including general gynecological care, STI testing and treatment, and care for the LGBTQIA+ community. We also have robust community engagement and education programs that work to connect the most vulnerable communities throughout the city to services available at our centers.

We are deeply committed to providing care, no matter what. And over the years, we have weathered the many attempts to severely restrict sexual and reproductive health care, including abortion care. However, years of under-investment in reproductive health care, rising health care costs, and workforce shortages have made it increasingly difficult for us to provide the care New Yorkers depend on. And now, a series of relentless attacks from the Trump administration on Planned Parenthood and sexual and reproductive health care providers throughout the country could lead to millions losing access to the care they deserve.

Earlier this year, The Trump administration along with House Republicans forced through a harmful budget reconciliation bill that included a provision that essentially “defunds” Planned Parenthood. This legislation bars many Planned Parenthood providers — including PPGNY — from receiving federal Medicaid funding for one year. After months of legal maneuvering in federal courts, including a preliminary injunction, paused the provision, the courts ultimately allowed the provision to go into effect. In New York, Planned Parenthood providers are poised to lose \$35 million, PPGNY specifically will lose almost \$20 million. Our patients who rely on Medicaid will lose access to cancer screenings, birth control, STI and HIV testing, and other life-saving services at our health centers.

Efforts to defund Planned Parenthood will cause major disruptions in the broader health care system. Nearly 200 Planned Parenthood health centers are at risk of closing<sup>1</sup>, leaving 1.1 million Americans potentially without access to care. Closures would impact abortion access, as 90% of potential health center closures would be in states where abortion is protected.<sup>2</sup> The loss of Planned Parenthood health centers will put a strain on other providers who are unable to meet the surge in demand.<sup>3</sup> This will lead to longer wait times for appointments and longer travel times for patients. There are also significant public health risks including an increase in unintended pregnancies, higher STI rates, and the loss of preventative care. Historically marginalized communities will be most impacted by defunding Planned Parenthood because they are most at risk of adverse health outcomes due to lack of access to quality and affordable health care.<sup>4</sup>

The loss of federal Medicaid funding is a part of a series of attacks we have experienced by the Trump-Administration. We recently sued the Trump administration for its attacks on the science-backed, evidence-based Teen Pregnancy Prevention Program (TPP program). The funding we received from the program allowed us to provide young people and adults supporting them with the information and skills they need to be safe, confident, and healthy in their lives and relationships. However, we were forced to leave the program so we could remain a trusted provider of health education for communities throughout New York City. Similarly, we anticipate being forced out of the Title X program, which provides critical resources for the preventative care and education programs we offer at our health centers. Earlier this year, the Trump administration froze several Title X grants across the country—including grants to other Planned Parenthood affiliates. While PPGNY has not yet been affected by this initial freeze, we anticipate that the administration will eliminate or restrict our Title X funding in the future, as the previous Trump administration did in 2019.

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<sup>1</sup> Ray, N. (2025, June 24). *Congress wants to exclude Planned Parenthood from Medicaid. here's what's at stake*. Center for Reproductive Rights. <https://reproductiverights.org/explainer-congress-exclude-planned-parenthood-medicaid/>

<sup>2</sup> The GOP budget plan is a backdoor abortion ban. (n.d.). <https://www.plannedparenthoodaction.org/pressroom/the-gop-budget-plan-is-a-backdoor-abortion-ban>

<sup>3</sup> Silver, D., & Kapadia, F. (2017, July). *Planned parenthood is health care, and health care must defend it: A call to action*. American journal of public health. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5463246/#:~:text=Defunding%20Planned%20Parenthood%20will%20further,successful%20than%20in%20previous%20years.>

<sup>4</sup> The GOP budget plan is a backdoor abortion ban. (n.d.). <https://www.plannedparenthoodaction.org/pressroom/the-gop-budget-plan-is-a-backdoor-abortion-ban>

Furthermore, the future of healthcare for trans, non-binary, and gender non-conforming individuals is in jeopardy. Executive orders announced by the current administration have instilled fear, uncertainty, and panic in the trans community. PPGNY is committed to remaining a safe and reliable resource for this community, ensuring that they may obtain the care they rightfully deserve.

These new pressures exacerbate our pre-existing economic challenges. PPGNY and other health care providers face a widening gap between expenses and revenues. Despite the rising cost of rendering abortion care, funding -- including Medicaid and private reimbursement rates have remain largely stagnant. This has contributed to a financial crisis for our organization, forcing us to make tough decisions over the last year to sustain patient care. This includes executive level pay cuts, reductions in force, and closing health centers. In fact, we closed our Staten Island health center in 2024, and we plan to close our Manhattan health center later this year. We hope these tactics lead to short-term relief, however, PPGNY still faces unprecedented challenges to our organization and our movement. In short, the care New Yorkers deserve and have come to rely on from PPGNY over many years is in real danger. We are certain that we will be faced with even more difficult decisions under this increasingly hostile federal administration.

The Trump administration poses a significant risk to the well-being of the most vulnerable in our city. The attacks on the immigrant community, LGBTQIA+ community, and communities of color specifically will be felt far beyond this administration's time in the White House. It is more important than ever that our elected leaders fight back against the Trump administration, and all politicians who are hostile to sexual and reproductive health care and protect access in our city. We are very thankful to the New York City Council who tirelessly fights for all New Yorkers and being a champion for sexual and reproductive health care access. The generous funding from the Council has been a vital resource for our programs and services. I hope that we can continue working together to provide the essential and lifesaving health care that New Yorkers need and deserve.

Thank you.



September 15, 2025

New York City Council

Committee on Governmental Operations, State & Federal Legislation  
Hon. Lincoln Restler, Chair

Committee on General Welfare  
Hon. Diana Ayala, Chair

Committee on Hospitals  
Hon. Mercedes Narcisse, Chair

**Testimony of Michael Polenberg, Vice President, Government Affairs  
Safe Horizon**

**On The Impacts of Federal Budget Cuts**

Good afternoon and thank you for the opportunity to provide testimony to the Committee on Government Operations, State & Federal Legislation, Committee on General Welfare, and Committee on Hospitals. My name is Michael Polenberg, and I am Vice President of Government Affairs at Safe Horizon, the largest victim service organization in the country. Every year, 250,000 people seek safety through our services. Clients come to us following experiences of physical violence, sexual violence, community violence, emotional abuse, and exploitation. Often, they have experienced multiple forms of harm, and for many, it was made worse by an institution that was supposed to protect them. We use a lens of racial equity and justice to guide our work with clients, with each other, and in developing the positions we hold.

Our mission is to stand with those who have experienced violence, abuse, and exploitation. We offer unwavering support and advocate for systemic change. We envision a world where safety is a universal human right, and we all share a collective responsibility to protect and uphold it. We strive for a society where people are safe in their communities, homes, bodies, and minds.

Unfortunately, the Trump Administration's policies, priorities, and budget decisions stand in stark opposition to the very mission and vision of Safe Horizon. Our federal government is creating a much more dangerous reality for survivors of violence and abuse, for organizations like ours, and for all New Yorkers.

The points we would like to emphasize today are:

- We are deeply concerned that federal funding will be directed to localities that reject sanctuary city status. New York City's sanctuary status allows immigrant New Yorkers who have experienced violence, including domestic violence, sexual violence, and



trafficking, to feel more comfortable to seek safety and support without the fear of deportation. A rollback of our sanctuary city policies would leave noncitizen survivors and their families increasingly vulnerable to widespread immigration enforcement and additional trauma. We fear that this Administration is forcing New York to choose between standing up for immigrant New Yorkers or lose the federal funding that serves as the foundation for our robust safety net systems. The Trump Administration is diligently working to force cities, states, and organizations into cooperating with federal authorities to make it even that more dangerous for immigrant survivors to seek help. This undermines public safety and makes none of us safer.

- Additionally, policies that have enabled immigrant survivors to access basic services and exercise their rights are in peril. For example, the long-standing policy that keeps Immigration and Customs Enforcement (ICE) agents from arresting undocumented people at or near “sensitive locations,” including houses of worship, schools, hospitals, and public demonstrations are being abandoned and ignored. ICE and other federal agents now appear in immigration court, waiting outside courtrooms ready to take away noncitizens who are following the rules and showing up for their court hearings. With the fear of an ICE encounter preventing survivors and their families from going to school, seeking medical care, and accessing justice, the health, safety, and well-being of entire communities are being impacted. By striking fear in immigrant communities, the federal government only enables abusers and traffickers, who often use the threat of arrest and deportation to silence their victims, thereby decreasing public safety.
- We are also deeply worried that federal funding will prioritize individuals harmed by immigrants, even though we know that immigrants are much more likely to be the victim of violence than to cause violence. This counterintuitive approach to law enforcement is wrong and dangerous.
- Lastly, the Administration has been working to restrict the very approaches the antiviolence field and organizations like ours use to respond to and prevent domestic and gender-based violence. Earlier this year, the U.S. Department of Justice’s Office on Violence Against Women (OVW) issued new funding conditions for non-profit organizations. Organizations would be restricted from supporting and/or prioritizing services for undocumented survivors, from assisting trans and gender nonconforming survivors, and from treating domestic violence as a systemic issue. Funding would also be prioritized for programming that works with law enforcement.

The anti-DV field has evolved dramatically over many decades. We have collectively worked to expand access to services and supports for immigrant and noncitizen survivors, for queer and trans survivors, for native survivors, and for BIPOC survivors. We have worked to expand access to supports outside the criminal justice system, recognizing that not all survivors turn to the police or courts for help and that law enforcement sometimes criminalizes survivors. And we know that we must treat domestic, sexual, and gender-



based violence as systemic problems, not isolated incidents. The Administration's priorities will roll back the work our communities have accomplished when there is already so much more work to be done to create a future free of violence.

Fortunately, in August 2025, a federal court issued a preliminary order blocking the Administration from enforcing many of these restrictions on grants. But everything can change quickly, threatening the ability for community-based organizations to work effectively and in ways that allow us to help all survivors.

It should go without saying that cuts to Medicaid, SNAP, housing assistance, and other federal programs will severely harm our clients, our families, and our communities. We should be investing *more*, not less.

Nonprofit and community-based organizations rely on a combination of city, state, federal, and private dollars to operate. And New York State and New York City generally rely on federal dollars to fund their priorities. We are at a very precarious moment in our history. We urge our State and City leaders to do everything they can to protect what we have built together. There is still so much to accomplish together, and we cannot afford to go backwards.

Thank you.

**Testimony**

**New York City Council Committee on Government Operations, State & Federal Legislation**

**Oversight - The Impacts of Federal Budget Cuts.**

**September 15<sup>th</sup> 2025**

Good afternoon, Chairs Ayala, Restler and Narcisse and members of the New York City Council Committee on General Welfare, Hospitals and Governmental Operations, State and Federal Legislation. My name is Bryan Ellicott-Cook (They/He), and I serve as the Director of Government Relations at SAGE—the nation’s oldest and largest organization dedicated to improving the lives of LGBTQ+ older adults.

Since our founding in 1978, SAGE has been a tireless advocate for LGBTQ+ elders, fighting for policies and programs that enable them to age with dignity, security, and support. Through national advocacy and local direct services, SAGE has remained at the forefront of efforts to combat social isolation, housing insecurity, and healthcare disparities affecting our communities.

Early in the new presidential administration, we learned that SAGE’s grant with the State Department had been cut, resulting in the loss of \$403,000. Because of this cut, SAGE was forced to close an international program through which we were providing technical assistance to organizations seeking to serve LGBTQ+ older people in Costa Rica, El Salvador, Nepal, and the Philippines. We also had to eliminate one full-time and one half-time position dedicated to this project.

The Administration for Community Living (ACL) has funded us through two funding streams. For more than a decade, ACL has helped to underwrite our National Resource Center on LGBTQ+ Aging (NRC), the country’s first and only technical assistance resource center aimed at improving the quality of services and supports offered to LGBTQ+ older people. In the spring we learned that ACL will be subsumed under a new Administration for Children, Families, and Communities under the new leadership of the Department of Health and Human Services (HHS). We continue to be wary that this funding could be cut at any time, especially since ACL’s new restrictions prohibit the NRC from sharing any new content related to transgender people or diversity, equity, and inclusion. In order to continue sharing content publicly, we had to seek an emergency grant from a private foundation to cover related costs.

In addition, ACL has administered a grant funded by a Congressional appropriation, supporting the launch of SAGEYou, a new online platform that makes SAGE’s in-person services virtual for LGBTQ+ older people across the country to access. This one-time appropriation released funds to SAGE through the end of August 2025, but similar to our first ACL grant, we were only able to maintain our funding with the new restrictions that made it difficult for us to fulfill our original vision for the launch of SAGEYou. For

example, the platform's welcome page ([sageyou.org](http://sageyou.org)) cannot include the term "LGBTQ+," and plans to conduct an expansive marketing campaign to reach our community across the country had to be curtailed under executive orders regarding terminology and outreach. With a different federal administration, SAGE would have sought continued federal support for SAGEYou, but that is now not an option. For the next year, we will allocate general operating support or seek new funding to sustain the program.

SAGE has historically received government revenue also includes support from the following state and city agencies: New York City Department for the Aging, New York City Department of Veterans Services, New York State Department of Agriculture and Markets, New York State Department of Veterans Services, New York State Office for the Aging, and New York State Office of Temporary and Disability Assistance. Many if not all of these grants are federal passthrough grants. For example, we were previously awarded a grant of \$50,000 from the New York State Department of Agriculture and Markets, which itself received the funding from Supplemental Nutrition Assistance Program Education (SNAP-Ed), a federally funded program that was cut from this year's budget. As a result, our funding was terminated while SAGE was in the process of finalizing our contract. This grant had been meant to support community gardens, nutrition education, and food pantries at our SAGE Centers in the Bronx and Harlem, where many of our LGBTQ+ older adult participants experience food insecurity. Moving forward, SAGE must anticipate that suddenly losing a grant like this is a possibility for any federal passthrough funding that we receive via a city or state agency.

The loss and restriction of federal funding streams jeopardize SAGE's ability to deliver critical services that LGBTQ+ older people depend on. When programs are cut or constrained, older adults in our community lose access to affirming care, nutrition assistance, social connection, and vital support that helps them age with dignity. Many of our participants already face disproportionate rates of poverty, isolation, and health disparities; interruptions in funding only deepen those inequities. Without stable and inclusive federal support, SAGE cannot fully meet the needs of this vulnerable population, leaving thousands of LGBTQ+ elders at greater risk of food insecurity, housing instability, and poorer health outcomes.





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GENERAL COUNSEL  
Pamela Jeffrey

CHIEF FINANCIAL OFFICER  
Lucy Chen

Good Afternoon Members of the City Council,

First, I would like to thank the City Council Committee on Governmental Operations, State & Federal Legislation for holding this hearing and allowing us to speak on the detrimental impacts New York City will see due to the cuts the federal government have made to the Medicaid and SNAP programs.

H.R. 1, popularly known as “One Big Beautiful Bill Act” is far from beautiful as **its implementation will remove over \$1 trillion from our healthcare system** and drain funding from food aid to fund \$4.5 trillion in tax breaks for billionaires and corporations and increase ICE enforcement on our streets.

New York has long experienced issues of underfunding in our Medicaid system. Currently, Medicaid only reimburses 70 cents for every \$1 spent on services. A cut this large to the nation’s Medicaid funding will sink New York, and the many people in the city who rely on Medicaid to access necessary healthcare services, into a large hole.

7.5 million New Yorkers rely on Medicaid to get health coverage, over 4 million are New York City residents. Medicaid covers a significant portion of all healthcare services across the city, including:

- 50% of all emergency visits
- 58% of maternal and newborn care
- 59% of psychological care
- 63% of mental health and substance abuse care

Our hospitals, nursing homes and homecare services will all take a hit from these cuts. According to New York State health data, 27% of nursing homes in the state are located within the five boroughs. 76% of the costs of nursing home days in those facilities are covered by Medicaid. There is a total of 28 safety net hospitals located in the city. Many are the only accessible hospitals that some low-income New Yorkers utilize for critical healthcare services. According to the state Department of Labor, in 2021 there were over 213,000 home care workers in the city.

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Medicaid cuts jeopardize home care as an option for many aging New Yorkers, as the program receives the majority of its funding through state programs.

New York has the second largest healthcare economy in the nation. Over 800,000 people are employed in the city's healthcare industry, representing about 18% of the local economy, according to the office of Talent and Workforce Development. As one of the unions representing these workers, our members, their families and patients will experience the fallout coming down from these Medicaid cuts firsthand.

**The bill is projected to cut over a million people from Medicaid across the state.**

The sharp increase in uninsured people will put a strain on the city's health system when costs of uncompensated care skyrockets. Excessive eligibility checks and new work requirements will kick people off their healthcare, many who are already working, increasing the number of uninsured people. This new red tape complicates the process of enrolling and maintaining coverage through Medicaid, often when it is needed the most.

These cuts also undermine efforts that have been made to in the fight to get healthcare workers higher wages, improve staffing, and build a strong care workforce. The healthcare industry has long been experiencing shortages across the board.

- Registered nurses, laboratory technicians, social workers and physician assistants are among some of the most difficult positions to recruit and retain in all health care settings throughout New York City.
- Certified nurse aides licensed practical nurses, and nurse directors have also become increasingly difficult to retain in nursing homes and assisted living facilities.
- Following the pandemic, home care workers, personal care aides, and speech-language pathologists are among the most difficult workers to recruit and retain in the homecare industry in the city.

The healthcare industry will lose jobs across the city as providers deal with more uncompensated care costs, and the impact of the staffing crisis worsens.

To add insult to injury, the funding being cut from Medicaid and other governmental assistant programs that are supposed to help low income, elderly and disabled New Yorkers, is being used to fund tax breaks for the wealthiest Americans and to attack immigrants. The bill adds billions of dollars for more ICE agents and detention centers and includes provisions that will exclude legal immigrants from using Medicaid.





This attack on immigration will also have extreme negative impacts on the city's healthcare system. While healthcare workers are required to have legal status to be hired, the Trump administration's plans to take legal status away from many workers will have significant impacts on the healthcare workforce. Ending Temporary Protected Status for many immigrant populations, specifically for Haitian immigrants, is driving thousands of healthcare workers out of the industry. In New York, over 36% of all healthcare workers are immigrants including 73% of all homecare workers.

New York City has a higher level of poverty than the state as a whole. The city also has extremely high rates of asthma and of diabetes related hospitalizations. This trillion-dollar cut to Medicaid will cost New York billions of dollars in healthcare funding which will be detrimental for the over 4 million people in the city relying on Medicaid as their main form of healthcare coverage.



**Committee on Governmental Operations, State & Federal Legislation**

*Jointly with:*

**Committee on General Welfare**

**Committee on Hospitals**

*Oversight Hearing - The Impacts of Federal Budget Cuts*

September 15, 2025

**Testimony of**

**The Lesbian, Gay, Bisexual & Transgender Community Center**

***New York, NY***

**THE LESBIAN, GAY, BISEXUAL &  
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## Introduction

My name is Vladimir Martinez. I am submitting testimony on behalf of The Lesbian, Gay, Bisexual & Transgender Community Center in New York City – lovingly known by many as simply: “The Center” – where I work as Managing Director of Government & Community Affairs.

Thank you for the opportunity to provide testimony regarding the existing services and support offered by our City for lesbian, gay, bisexual, transgender, gender non-conforming, and nonbinary people. More than ever in the recent past, this is an important conversation that New York City can and should lead the nation on.

The divisive and violent national rhetoric regarding LGBTQ+ people is presenting additional pressures on our community members and clients, and is negatively impacting spaces like school and home, creating an even greater need for spaces like The Center that can provide refuge, support, and connections to services. This initiative is more important than ever to meeting the needs of our community members.

The Center was founded in 1983, in response to the AIDS epidemic, ensuring a place for LGBT people to access information, care and support they were not receiving elsewhere. Now, we are the largest LGBTQ+ multi-service organization on the East Coast. We see thousands of weekly visitors and host hundreds of community group meetings each month.

**Here are the facts: resulting from funding cuts that have been either proposed or enacted by the Trump administration since January of this year, The Center is at risk of losing approximately \$2.1 Million [dollars] in federal funding from our annual operating budget – representing a consequential 12% loss.** That means, we could lose critically needed dollars that currently support: (1) HIV & HEP C testing, particularly for BIPOC, Trans and Gender Nonconforming community members; (2) culturally competent substance use treatment & prevention counseling; (3) mental health counseling, including for LGBTQ+ school-aged youth and their families; (4) direct care for victims of crimes including transportation, temporary hotel stays, food and personal care items; and (5) health insurance enrollment for eligible New Yorkers. These services are urgently needed in our communities, and The Center is committed to keeping our doors open.

And, we are fighting back. In February, The Center joined eight other LGBTQ, health, and HIV organizations in suing the Trump Administration challenging recent Executive Orders that seek to dehumanize and erase transgender people from public life, terminate equity-related grants, and forbid federally-funded entities from engaging in diversity, equity, inclusion, and accessibility programs or from recognizing the existence of transgender people.

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The consistent attacks against trans people, and the propagation of misinformation – when considered together — present a dangerous political landscape for our community. So far this year, according to the American Civil Liberties Union (ACLU), 575 anti-LGBTQ bills have been circulating in 49 of 50 state legislative houses, seeking to limit access to free speech, education, and healthcare for our communities.

The moment is now to stand with LGBTQ+ people by ensuring that we have the resources needed to

In the most extreme cases, like in Texas, over 50 bills have made their way into the state house. New York can continue holding the line against homophobia, transphobia, and hate by demonstrating our deep support for LGBT+ people, and the organizations that serve them.

## **Impact of Cuts to Federal Funding on The Center**

*Since January 2025, The Center has been at continued risk of losing approximately \$2 million in federal funding due to the Trump administration's divisive and discriminatory actions, as well as other directives from federal agencies.*

The direct funds that are most at risk are primarily funded via the Substance Abuse and Mental Health Services Administration (SAMHSA) and are used to support our outpatient substance treatment clinic, youth substance use prevention services, and mental health counseling and services. Direct and indirect federal dollars also support our crime victims' work, which primarily provides critical support to impacted trans and gender nonconforming (TGNC) community members, as well as our marketplace insurance enrollment services.

When taken together, The Center relies on \$1.175M in direct federal funding and \$.925M in passthrough federal funding for a total of \$2.1M, which also represents ~12% of our budget. If our federal grants are terminated or withheld, The Center will concurrently be forced to eliminate significant services, vital programming and staffing that our community is depending on at this challenging and unprecedented time.

In addition, The Center recently acquired its Article 31 license to provide long-term mental health care to community members ages 13 and up. We are concerned that we may be excluded from billing Medicaid and Medicare based on the current federal government's attacks on the LGBTQ+ community.

We are at jeopardy to lose significant funding/grants from the following federal and state agencies: (1) Substance Abuse and Mental Health Services Administration, (2) Office of Victims of Crime, Department of Justice, (3) NYS Office of Victims' Services, (4) NYS Department of Health, (5) US Centers of Medicare and Medicaid Services, and (6) NYS Office of Addiction Services and Supports.

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## **Calls to Action for The New York City Council on supporting LGBTQ+ New Yorkers in Light of Attacks from the Federal Government**

- (1) The New York City Council should use its bully pulpit to support trans people as often as possible. Express public solidarity with TGNC New Yorkers, at every moment, and with your constituents of all backgrounds. This is of critical importance right now. In order to combat the onslaught of anti-trans rhetoric, violence and discrimination that threatens to overtake our country, we need to continue to make the lives, tribulations, and dreams of trans people feel real to our neighbors.
  - (a) Detractors are counting on every one of us to abandon trans people in order to execute their hateful agenda – we will not. We need leaders, more than ever, to be the buffer and to stand up.
- (2) We call on the City Council to continue investing in LGBTQ+ leaders, organizations, and services. The Center joins our coalition partners from the NYC Trans and Queer Advocacy Coalition in calling for the expansion of the Council’s Trans Equity Initiative this year. We call on the Council to increase that initiative to at least \$10 Million, and to prioritize new initiative spending on trans-led, grassroots organizations that are serving New Yorkers and that are leading the way on achieving justice for trans people in New York City. The City Council should work with our coalition and with trans community leaders to review and analyze the current beneficiaries of Trans Equity Funding to promote equity.
- (3) Educate your colleagues. Tell them about the importance of safeguarding the gains we’ve made, and about the need to expand protections for vulnerable New Yorkers.

### **The Center’s TGNCNB Initiatives**

The Center is committed to serving TGNCNB New Yorkers, and to expanding our offerings to this community, especially as an antidote to the violence, hatred, and discrimination facing trans communities across our country right now.

In 2024, we served 646 TGNC-identified community members in our social support services with 5931 units of direct service and 241 TGNC-identified community members in our social groups’ services with 1,449 units of direct service. With continued funding from the Council’s Trans Equity initiative, we will be able to expand our services to support a larger number of TGNC New Yorkers.

The Center offers a robust slate of programming in an affirming setting that is designed by and tailored to TGNC community members, as well as their partners and families, to connect with others going through similar experiences. Starting in 1989 with The Center’s Gender Identity Project, our services have evolved over time to include a range of

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transgender-driven support, advocacy, education, and economic stability initiatives. Current programming also provides an opportunity for members to interact with other trans-identified and allied service providers. For example, The Center offers short-term counseling and a number of support groups, such as a queer immigrant mentorship and empowerment group. In addition, through our community support programming, we offer case management services to support the community, navigate various social services and ensure they have their basic needs met in order to enable them to focus on their long-term financial stability. These services include support groups, peer support workshops, workforce events, and skills-building classes. Additional programs include ESL classes, mental health services, referrals to education programs, healthcare navigation, legal referrals, immigration support, and housing support. During and after COVID-19, The Center shifted to a telehealth model, allowing our counselors to continue providing support services, both individual and group models. The remote model continues even as we are now open again to the public in person.

Increasingly, The Center has worked to support newly arrived New Yorkers in an effort to mitigate the harmful effects of the current immigration crisis. Because our programs are available at no-cost to all New Yorkers, and because they are intended to specifically meet the needs of LGBTQ+ people, we are experiencing a surge in demand for direct-services and community spaces. The Center remains one of the few organizations in our City that is well-positioned to support our community, but we will need to scale funding to support these initiatives. We share the Council's goal of reaching every New Yorker who is in need of support, regardless of immigration status.

## **The Center's History**

New York City's LGBT community formed The Lesbian, Gay, Bisexual and Transgender Community Center (The Center) in 1983, in response to the AIDS epidemic, ensuring a place for LGBTQ people to access information, care and support they were not receiving elsewhere. Now, we are the largest LGBT multi-service organization on the East Coast, The Center sees more than 6,000 weekly visitors and hosts over 400 community group meetings each month. The Center has a solid track record of working for and with the community to increase access to a diverse range of high-quality services and resources, including our substance use recovery programming for adults and youth; HIV/AIDS programming; youth programs; and our families and opportunities work.

## **The Center's Services**

The Center fosters a welcoming environment where everyone is celebrated for who they are. We offer the LGBTQ communities of NYC advocacy, health and wellness programs; arts, entertainment, and cultural events; recovery, parenthood, and family support services. In addition, The Center has made racial equity a keystone element of our approach to community building.

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- **Counseling and support groups:** The Center provides short-term individual counseling and referral services, as well as hosts a range of support groups for our transgender and gender nonconforming communities. Both individual counseling and groups offer support around a variety of topics, including gender identity and expression, emotional challenges, substance use and recovery, and aim to build peer support networks.
- **Employment support:** Despite legal protections in New York State, the effects of discrimination continue to place trans and gender nonconforming communities at extremely high rates of poverty, unemployment, underemployment and homelessness. The Center provides services to directly combat this inequality, including individual career coaching support, case management, events focused on career exploration, legal workshops and networking opportunities.
- **Health insurance enrollment and linkage to care:** The Center is a designated navigator agency for the NY State of Health, the health insurance marketplace for New York through the Affordable Care Act. We provide information and education on the options available, and help individuals, families, small businesses and their employees enroll in New York State Medicaid, The NY Essential Plan, Child Health Plus and Qualified Health plans. We also help connect individuals to TGNCNB affirming medical and behavioral healthcare as needed.
- **HIV prevention, testing, and linkage to care:** We offer counseling for individuals, groups, couples and families, plus a variety of events, speakers and informal social gatherings for positive people and their loved ones. This includes HIV & AIDS education, anonymous testing, counseling and support, partner notification, and linkage to medical treatment including PEP, PrEP, and antiretroviral medications.
- **Legal services:** The Center partners with community-based legal providers to provide TGNCNB community members with drop-in assistance around gender-affirming access to healthcare, insurance, employment issues, housing, name and gender marker changes, public benefits and more.

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**Spoken testimony for the Committee on General Welfare  
on the Impacts of Federal Budget Cuts  
September 15, 2025**

Thank you for the opportunity to present testimony today. My name is Mahima Golani, and I am a policy analyst at the NYC Family Policy Project. I will speak on the potential impacts of federal budget cuts on child welfare involvement in New York City.

Black and Latino families in New York City experience extraordinarily high rates of child welfare involvement, with nearly 45% of children experiencing an investigation in childhood. While the city has made progress reducing child welfare system involvement in the past 5 years, with investigations and foster care placements declining by 10 percent or more, sustaining these gains in the face of federal cuts will require that the city and state adopt new policies to buffer families from hardship.

Decades of research shows that policy shifts that increase economic insecurity increase child welfare involvement. When families are struggling with basic needs—cutting meals, using food pantries, facing income loss or housing hardship—exposure to child welfare involvement rises.

We also know that SNAP, in particular, is protective. Children who participate in SNAP or WIC have a lower risk of substantiated reports. States that adopted generous SNAP policy options had lower rates of hotline calls, maltreatment and foster care entries, with larger decreases among Black children.

The sweeping changes coming to SNAP are estimated to result in 1.7 million New York families losing some or all benefits. For close to half a million families, the average reduction will be almost \$200 per month, forcing trade-offs between food and other essentials. Many immigrant families will avoid critical supports because of justified fear and the need to remain out of view.

This food-insecurity crisis will have collateral effects of increased child welfare involvement unless the city and State act. And, in addition to the cost to families in fear and trauma, the city and state will bear the fiscal costs of preventable child welfare spending.

New York's Legislature and City Council have an essential role to play. First, City Council can buffer the impact of SNAP cuts by allocating emergency funding to community organizations and groups that provide food support across the city. And, for individuals, the Council can expand access to emergency cash assistance, particularly unconditional cash.

The Council also must be vigilant to ensure that Administration for Children's Services (ACS) investigations and foster care placements do not rise along with hardship. New York City's children and families cannot pay for federal cutbacks with fear and trauma.



**Written testimony submitted to the Committee on General Welfare  
on the Impacts of Federal Budget Cuts  
September 15, 2025**

Thank you for the opportunity to testify on the impacts of federal budget cuts. I will focus on their potential to increase child welfare involvement in New York City.

Founded in 2021, NYC Family Policy Project (FPP) explores and builds evidence—through original research, policy and data analysis—for the policy visions of parents and youth impacted by the child welfare system. Policy visions developed by the parent and youth advocacy groups Rise, YouthNPower, Black Families Love and Unite (BLU) and the Narrowing the Front Door to NYC’s Child Welfare System Work Group emphasize the need for a limited child welfare system and expansive and reparative investment in families and communities. FPP focuses on economic investments that can strengthen family well-being and reduce child welfare involvement; investments in community conditions that support healthy family life; and policy and practice efforts to move toward a more limited child welfare system with a narrow front door.

Black and Latino families in New York City experience extraordinarily high rates of child welfare involvement, with nearly 45% of children experiencing an investigation in childhood. While the city has made progress reducing child welfare system involvement since 2019, with investigations and foster care placements declining by 10 percent or more, sustaining these gains in the face of federal cuts will require that the city and state adopt new policies to buffer families from hardship. Decades of research shows that policy shifts that increase economic insecurity increase child welfare involvement.

With the city entering a poverty crunch and food-insecurity crisis because of federal policy, we will see collateral effects of increased child welfare involvement unless the city and State act. Federal cuts and added red tape in core safety-net programs—especially SNAP and Medicaid—will destabilize families’ access to basic needs and increase exposure to investigations, surveillance and separations. And, in addition to the cost to families in fear and trauma, the city and state will bear the fiscal costs of preventable child welfare spending.

**Cuts to Pantries and SNAP Will Increase Hunger in NYC**

Food insecurity is already a serious challenge for New York families. Statewide, about one in seven New Yorkers—and one in five children—struggle to get enough food. In New York City, [this hardship is most acute](#), with almost one-third of children in the Bronx and more than 1 in 4 in Brooklyn experiencing food insecurity. Since 2019, food costs have [risen by 25% and pantry visits have increased by 82%](#). Food charities have faced [millions of dollars in funding cuts](#) from the federal government.

Exacerbating this hardship, it's estimated that the One Big Beautiful Bill Act will result in [1.7 million New York families losing some or all of their SNAP benefits](#). Urban Institute modeling suggests that close to 500,000 families in New York will see an [average reduction of almost \\$200 in SNAP benefits per month](#). The bill's expanded work requirements also are expected to affect about [300,000 New Yorkers](#). Estimates suggest that [more than 50,000 people](#) will lose SNAP due to restrictions based on immigration status. Beyond the direct exclusions, these policy changes increase the potential for families to forgo applying due to confusion and fear. In addition, immigrant families will likely face income setbacks because of the need to remain out of view amidst the concurrent threat of Immigration and Customs Enforcement and deportation.

Between 2015 and 2019, SNAP had [lifted over half a million people above the poverty line in New York](#), including 200,000 children, each year. With these cuts, New York families will have to make impossible trade-offs between food and other essentials, increasing the likelihood of being unable to manage financial shocks. When access to basic needs become unstable, the risk of unnecessary child welfare exposure grows.

### **Research Links Food Insecurity to Child Welfare Involvement**

Research shows that exposure to child welfare involvement increases when families are struggling to meet their basic needs:

- Cutting meals and using food pantries are among the strongest predictors of investigated reports of neglect (Slack, 2011).
- The most reliable economic predictors of child welfare involvement are income loss, housing hardship and bills piling up over time (Conrad-Hiebner, 2020).

This body of research also shows that policies that protect families from economic shocks and hardship can reduce maltreatment and every form of system involvement:

- Each additional \$1,000 states invest annually in public benefit programs per person living in poverty is associated with a reduction of 4.3% in hotline calls, 4% in substantiated maltreatment, 2.1% in removals, 7.7% in child fatalities (Puls, 2021)

Specifically, SNAP is protective:

- Children who participate in SNAP or WIC have a lower risk of substantiated reports than children who don't participate in either program (Lee, 2007)
- States that adopted generous SNAP policy options from 2004 to 2016 had lower rates of reports accepted for investigation, substantiations and foster care outcomes for all forms of child maltreatment and specifically for neglect (Johnson-Motoyama et al., 2022).

- States that expanded SNAP eligibility saw decreases in foster care entries (1.8 fewer entries per 1,000 children per year, on average), and these decreases were three times larger among Black children (Austin et al., 2023).

Beyond these protective effects, SNAP participation has been linked to more supportive parenting, such as reading with children or visiting libraries, especially in immigrant households (Berset et al., 2025).

Despite rising food insecurity, New York City has held the line on child welfare. However, these sweeping changes to SNAP will have major implications for New York City families, deepening existing hardship, straining families and increasing the likelihood of unnecessary child welfare involvement.

### **FPP Recommendations for New York City**

While state and city officials have warned that New York cannot fill the gaps created by federal cuts, this leaves families to bear the consequences. Food pantries, mutual aid groups and community organizations have become core resources for families, yet are incapable of addressing this depth of need. Recent steps that New York State has taken—such as expanding universal school meals and supporting outreach for SNAP—will not be able to offset the scale of federal cuts. Without targeted action, more families will face hunger, hardship and even preventable child welfare investigations and family separation rooted in poverty.

City Council must buffer the impact of federal SNAP cuts by allocating emergency funding to community organizations and groups in the city that provide food support across the city. And, for individuals, the Council can expand access to emergency cash assistance, particularly unconditional cash. The Council also must be vigilant to ensure that Administration for Children's Services (ACS) investigations and foster care placements do not rise along with hardship.



Testimony of  
**The Legal Aid Society**  
before the  
New York City Council Committee on General Welfare  
In Support of Introduction No. 1372 of 2025

September 15, 2025

Chair and Members of the committee, thank you for the opportunity to submit testimony in strong support of Intro 1372 that would preserve the long-standing rent contribution cap of 30% of household income for tenants using housing vouchers.

The Legal Aid Society is a nonprofit legal services provider dedicated to advancing housing stability and economic security for low-income residents. Through our eviction prevention and tenant advocacy work, we have seen time and again how access to a housing voucher can be transformative. It is often the difference between stability and displacement, between getting by and falling into crisis.

Our close work with low income tenants drives our deep concern about the recent New York City Department of Social Services (“DSS”) regulation that increases CityFHEPS households’ rent contributions to 40% of income after five years of voucher use. This change may appear incremental on paper, but it undermines a foundational principle of the housing voucher program and threatens to erode the affordability protections that make the program effective.



The 30% standard is not arbitrary. It is one of the bedrock concepts in federal housing policy, dating back to the Brooke Amendment to the U.S. Housing Act of 1969. That law first established that tenants in federally subsidized housing should pay no more than 25% of their income toward rent—a figure later raised to 30% in the early 1980s during housing program cuts under the Reagan administration. Since then, 30% has been the accepted threshold of affordability across nearly all federally assisted housing programs, including Section 8 vouchers, project-based assistance, and public housing. HUD defines “cost-burdened” households as those paying more than 30% of income on housing. That standard is a recognition of the financial limits that low-income households face and an acknowledgment that when rent exceeds that level, people go without other necessities.

The Housing Choice Voucher (Section 8) program is designed so that tenants pay approximately 30% of their adjusted gross income toward rent and utilities, with the subsidy covering the remainder of the rent up to a locally determined payment standard. This 30% target includes a critical component called the “utility allowance” deduction. Because utilities are a necessary part of housing costs, the program subtracts a utility allowance, which estimates average utility expenses, from a household’s contribution. This ensures that tenants are not forced to pay both rent and utilities at levels that would push their total housing costs beyond the 30% affordability threshold. In effect, the utility allowance deduction is an intentional mechanism built into the program that acknowledges housing costs are more than just rent. It is a further testament that the 30% figure is carefully calibrated to ensure participants can meet their full housing costs without undue financial strain.

DSS is proposing to change the baseline household contribution from 30% of the household's monthly income to 40% for households with earned income that have been granted additional renewals for good cause. This change is meant to assist those households in gradually transitioning off CityFHEPS as they achieve self-sufficiency.

The recent regulation breaks this long-standing promise. By raising tenant contributions to 40% of income after five years for households with earned income that have been granted additional renewals for good cause, it shifts the burden of rising housing costs back onto the tenant and achieves precisely the outcome the voucher is designed to prevent. The rationale seems to be that over time, tenants may become better able to pay more. But in our experience, this assumption does not reflect the lived reality of most voucher holders. While workers in the bottom 20% of the wage distribution saw only a 6% increase in real wages between 2019 and 2023, higher earners saw gains of more than 18% over the same period.<sup>1</sup> At the same time, essential expenses, especially housing, have continued to rise dramatically. According to a 2023 report, half of working-age households in New York City do not earn enough to meet their basic needs, even with full-time employment.<sup>2</sup> For households living under 200% of the federal poverty level, those who typically qualify for CityFHEPS, an increase in their rent contribution from 30% to 40% is not a manageable adjustment; it is a serious threat to their stability and housing security.

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<sup>1</sup> <https://www.centrernyc.org/reports-briefs/wage-compression-or-wage-divergence-real-wage-growth-comparison-between-new-york-city-and-the-us-2019-2023?>

<sup>2</sup> <https://www.fcny.org/in-new-york-city-50-of-working-age-households-arent-earning-enough-to-meet-basic-needs/>

Low-wage workers' earnings remain stagnant while the cost of living continues to rise. For them, an increase from 30% to 40% is not a manageable adjustment; it's a serious threat to their stability.

The proposed legislation offers a straightforward and necessary solution: it restores the 30% affordability cap for voucher holders, ensuring consistency with federal standards and protecting tenants from becoming rent-burdened under a program designed to prevent precisely that outcome. In doing so, it preserves the integrity of the voucher system and affirms a core value of housing policy: that people should not have to choose between paying rent and meeting their basic needs.

### Conclusion

We urge the committee to pass this bill without delay. Keeping rent contributions capped at 30% of income is a sound policy and the baseline for a fair and functional housing system. Thank you for your leadership in protecting this standard and in defending the rights and dignity of low-income renters across our state.

## **About The Legal Aid Society**

The Legal Aid Society (“LAS”), the nation’s oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal, and juvenile rights matters, while also fighting for legal reform. This dedication to justice for all New Yorkers continues during the COVID-19 pandemic.

The Legal Aid Society has performed this role in City, State, and federal courts since 1876. It does so by capitalizing on the diverse expertise, experience, and capabilities of more than 2,400 attorneys, social workers, paralegals, and support and administrative staff. Through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City, LAS provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel.

LAS’s legal program operates three major practices — Civil, Criminal, and Juvenile Rights — and receives volunteer help from law firms, corporate law departments and expert consultants that is coordinated by LAS’s Pro Bono program. With its annual caseload of more than 200,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States. And it brings a depth and breadth of perspective that is unmatched in the legal profession.

The Legal Aid Society's unique value is an ability to go beyond any one case to create more equitable outcomes for individuals and broader, more powerful systemic

change for society as a whole. In addition to the annual caseload of 200,000 individual cases and legal matters, LAS's law reform representation for clients benefits more than 1.7 million low-income families and individuals in New York City and the landmark rulings in many of these cases have a State-wide and national impact.

The Legal Aid Society is uniquely positioned to speak on issues of law and policy as they relate to homeless New Yorkers and the administration of public benefits. The Legal Aid Society is counsel to the Coalition for the Homeless and for homeless women and men in the *Callahan* and *Eldredge* cases. The Legal Aid Society is also counsel in the *McCain/Boston* litigation in which a final judgment requires the provision of lawful shelter to homeless families. LAS, in collaboration with Hughes Hubbard Reed LLP, settled *Toliver v. New York City Department of Social Services* on behalf of current and past recipients of CityFHEPS and FHEPS rental subsidies.

Testimony of  
**The Legal Aid Society**

before the

New York City Council Committees on Government Operations, State and Federal Legislation; General Welfare; and Hospitals, Regarding the Impacts of Federal Budget Cuts.

September 15, 2025

Chairs and Members of the respective committees, thank you for the opportunity to testify today. We are at a moment when proposed federal budget cuts threaten to reshape the landscape of social supports across the nation, shifting greater responsibility onto states and localities. As federal resources are pulled back, the people who are already most vulnerable and depend on assistance for housing, healthcare, and public benefits, will be placed in even greater jeopardy.

On July 4<sup>th</sup> the Executive signed into law H.R.1, the bill informally known as the “One Big Beautiful Big Act”, which permanently extends tax cuts for the wealthy by slashing funding for social programs, particularly Medicaid and SNAP. In the area of health care, H.R.1 includes a \$1 trillion cut to Medicaid and Children’s Health Insurance Program benefits over the next ten years, the largest in the program’s history.<sup>1</sup> In addition to slashing funding, the law places new limits on Medicaid eligibility, imposes burdensome paperwork and work requirements that will cause eligible people to lose coverage, makes it harder for states to fund Medicaid services, and puts hospitals at risk of closure. The loss of funding and coverage will place an enormous strain on the health care system and trigger widespread impacts across the state, which will be felt particularly in New York City.

H.R. 1 will also have a negative impact on recipients of the SNAP program in New York. The law reduces federal funding for SNAP, shifting major costs to the state and city while creating new administrative burdens. It also imposes harsh work requirements that will cause many vulnerable families, seniors, and people with disabilities to lose benefits. The new also sharply restricts eligibility for immigrants who are the survivors of torture, trafficking, and domestic violence, some of the most vulnerable New Yorkers among us. Taken together, these changes will increase food insecurity, destabilize already struggling households, and place enormous strain on local resources.

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<sup>1</sup> <https://www.cbo.gov/publication/61533>



With respect to housing, deep cuts to rental assistance, public housing, and supportive programs could mean that millions lose access to voucher-based or project-based assistance, while states and localities are forced to stretch already thin resources to fill the gap. With states suddenly responsible for fragmented block grants, many will be overwhelmed, leading to sharp rises in homelessness, evictions, and housing instability. The federal government's ability to enforce fair housing protections, oversee delivery of aid, and support vulnerable communities will be weakened, while local affordable housing development, especially for the elderly and disabled, may stall or regress.

## **I. HEALTH CARE**

### Overall Funding Reductions and a Shift of Costs to New York

The federal health care cuts significantly and disproportionately impact New York State. The total cost to the New York State budget will be approximately \$10 billion annually, mostly from reductions in funding to Medicaid.<sup>2</sup> The health care system is estimated to lose an additional \$13 billion.<sup>3</sup> The loss of federal revenue will result in a monumental cost shift to New York State in the form of higher State-only Medicaid spending and increased uncompensated care. New York State will also need to allocate State dollars to cover constitutionally required populations in Medicaid and develop complex systems to comply with federal requirements, including mandatory Medicaid work requirements. New York State has estimated new state funded Medicaid costs at \$3.3 billion.

### 1.5 million New Yorkers projected to lose health insurance

Since 2010, the number of uninsured in New York State has declined by over 1.3 million. This is driven by the Affordable Care Act's Medicaid expansion and the Essential Plan – an affordable coverage alternative to health plans purchased on the Marketplace. H.R. 1 jeopardizes these gains by changing how Medicaid and the Essential Plan are funded and

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<sup>2</sup> <https://www.governor.ny.gov/news/governor-hochul-announces-10-billion-provide-affordable-health-insurance-15-million-new>

<sup>3</sup> Fiscal Policy Institute, Filling the Gaps: State Tax Policy after the OBBBA, (July 23, 2025) <https://fiscalpolicy.org/filling-the-gaps-state-tax-policy-after-the-obbba>

operated and by imposing administrative barriers to obtaining and maintaining insurance coverage for adults who gained federal Medicaid coverage through the Affordable Care Act, known as the “expansion adults.”

For the first time in the program’s history, expansion adults will have to participate in mandatory work activities to qualify for their Medicaid. The vast majority of Medicaid recipients (92%) are already working full or part-time, or are not working due to caregiving responsibilities, illness or disability or school attendance.<sup>4</sup> The remaining 8% are retired, unable to find work or are not working for another reason.<sup>5</sup> These requirements will punish people for losing a job or getting sick by adding layers of red tape that will take away Medicaid coverage. Of the 1.5 million New Yorkers who are expected to lose their health insurance as the result of H.R. 1, most are projected to be the result of work requirements.<sup>6</sup>

Other administrative barriers to obtaining and maintaining insurance coverage include mandatory 6-month eligibility re-determinations, increased data matching, elimination of three months of retroactive Medicaid eligibility coverage, and the reduction in the home equity limit for long-term services and supports. There are also many limits placed on private insurance through the Marketplace, including new and more stringent paperwork requirements for enrollment in Marketplace coverage and for Advanced Premium Tax Credits. Although New York state recently proposed a change in the Essential Plan waiver that if approved would preserve some federal funding, this change would result in loss of coverage for almost 450,000 individuals.

### Restrictions on Eligibility for Immigrants

Beginning October 1, 2026, H.R. 1 limits federal Medicaid eligibility to lawful permanent residents (LPRs) or “green card holders” after a 5-year waiting period, certain Cuban and Haitian entrants, and citizens of Compact of Free Association (COFA) nations. States retain the option to cover lawfully residing children and pregnant people and still receive federal funds. All remaining categories of lawfully present immigrants will lose federal Medicaid eligibility on October 1, 2026, including refugees, asylees, victims of human trafficking or

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<sup>4</sup> KFF analysis of the March 2024 Current Population Survey ASEC Supplement, <https://www.kff.org/medicaid/understanding-the-intersection-of-medicaid-and-work-an-update/#:~:text=What%20is%20the%20work%20status,not%20working%20for%20another%20reason.>

<sup>5</sup> Id.

<sup>6</sup> [https://www.health.state.ny.us/press/releases/2025/2025-07-03\\_house\\_passed\\_bill.htm#:~:text=Medicaid%20currently%20provides%20essential%20health,the%20for%20of%20that%20progress.](https://www.health.state.ny.us/press/releases/2025/2025-07-03_house_passed_bill.htm#:~:text=Medicaid%20currently%20provides%20essential%20health,the%20for%20of%20that%20progress.)

domestic violence, as well as other previously eligible humanitarian and special immigrant visa holders. New York is constitutionally mandated to provide health coverage for these groups through state-only dollars, which accounts for much of the cost shifted to the state.<sup>7</sup>

Similar restrictions are placed on immigrant eligibility for marketplace subsidies. These individuals will still be eligible to enroll in Marketplace plans without subsidies, but many likely won't because the absence of financial assistance will make coverage prohibitively expensive, adding to New York's uninsured population.

### Hospitals at Risk of Closure

As New York saw a reduction in the number of uninsured, we also saw a corresponding reduction in uncompensated care. The expected 1.5 million increase in the number of uninsured people will create a financial burden on hospitals because eliminating eligibility for health insurance does not eliminate people's need for services. Uninsured people are more likely to delay treatment, which inevitably causes them to enter the health care system at more complex and expensive points. Delayed treatment leads to worse health outcomes, including rising STI rates, increases in late-stage cancer diagnoses, and poor maternal and infant health, all of which require more intensive and costly interventions. Hospitals will continue to have obligations to treat uninsured patients in emergency situations but will no longer be compensated for that care.

Beyond Medicaid reimbursement, New York offers direct funding to support hospitals. In the past several years New York has provided \$3.5 billion annually through a variety of programs.<sup>8</sup> All of these sources of revenue are under pressure.

### Implications for Local Governments

Although many of the Medicaid eligibility changes are aimed at the expansion adult population whose Medicaid is administered by the State Department of Health, the changes to Medicaid eligibility and enrollment processes will also expend resources of the Department of Social Services and other local districts around the state.

In addition, noncitizens who disenroll from public health insurance because of misinformation about their continuing eligibility or because of fears about the security of

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<sup>7</sup> Aliessa v. Novello, 754 N.E.2d 1085 (N.Y. 2001).

<sup>8</sup> Fiscal Policy Institute, New York Hospitals Close Under "One Big Beautiful Bill Act" June 27, 2025 <https://fiscalpolicy.org/wp-content/uploads/2025/07/2025.06.27-hospital-closures-FINAL.pdf>

their personal information could seek care through city hospitals and the NYC Care program, increasing costs.

## **II. Nutrition Assistance and other Safety Net Benefits**

The Supplemental Nutrition Assistance Program (SNAP) is among the most effective anti-poverty tools. It is especially important in New York, where the safety net has been worn thin, with New York State failing to exercise its discretion to increase benefits like Cash Assistance over decades. In New York State alone, the SNAP program feeds 2.9 million people. SNAP reduces food insecurity, improves long-term health, and helps communities thrive. H.R. 1 imposes deep funding cuts and creates new barriers to accessing this fundamental benefit. To produce a significant reduction of federal funding, the law shifts costs to the states and excludes hungry people from food support. Supporters of H.R. 1 claim that the cost shift will reduce fraud but there is no such fraud to root out. Under/overpayments and other small errors in the administration of such a large and complex public benefits program are not evidence of fraud, but rather redeemable errors that the city and state workers make diligent efforts to correct. Further, supporters of H.R. 1 now celebrate that whole categories of previously eligible individuals and families are now excluded from food assistance – suggesting that they deserve to go hungry, so that billionaires can keep their tax breaks.

In addition to the SNAP cuts already imposed by H.R. 1, the Administration is poised to issue a rule to further erode the social safety-net by cutting SSI benefits for nearly 400,000 severely disabled children and adults and low-income older people.<sup>9</sup>

In the face of such regressive and cruel attacks on our nation's social safety-net, LAS looks to partner with our elected leaders in state and city government to protect our communities.

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<sup>9</sup> See Trump Administration Poised to Cut SSI Benefits for Nearly 400,000 Low-Income Disabled and Older People <https://www.cbpp.org/research/social-security/trump-administration-poised-to-cut-ssi-benefits-for-nearly-400000-low> (August 7, 2025)

## Funding Losses and Greater Financial Burden on New York

The funding changes imposed by H.R. 1 on the SNAP program will impose huge financial burdens on New York State and New York City. Most significantly, for the first time since the program's creation in 1964, states will be required to share in the cost of SNAP benefits with the federal government. As early as October 2027, New York State may be required to pay up to 15% of the cost of SNAP benefits issued in the state.<sup>10</sup> This unprecedented change is estimated to cost the state \$1.2 billion annually.<sup>11</sup> New York State has not yet determined how much of this increased cost will be passed on to local social service districts, but if New York City is required to shoulder the entire 15%<sup>12</sup>, it will add \$750 million to the local budget.<sup>13</sup>

Under H.R. 1, states will also be required to shoulder more of the administrative costs for the SNAP program. The law reduces the federal government contribution to program's administration costs from 50% to 25%, and increases the share borne by states to 75%.<sup>14</sup> To maintain existing administrative systems, New York State estimates it will cost counties and New York City \$168 million annually.<sup>15</sup>

New York City will also face financial losses resulting from the elimination of the SNAP-Ed Program which funds healthy eating and nutrition programs. The SNAP-Ed program provided funding to Community Based Organizations as well as \$2.2 million to a program administered by the New York City Department of Mental Health and Hygiene.<sup>16</sup>

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<sup>10</sup> Update on Federal Budget Cuts from Office of Temporary and Disability Assistance, Commissioner Barbara Guinn, [https://www.youtube.com/watch?v=CEW\\_JAagwHc](https://www.youtube.com/watch?v=CEW_JAagwHc). (July 10, 2025)

<sup>11</sup> Update on Federal Budget Cuts from Office of Temporary and Disability Assistance, Commissioner Barbara Guinn, [https://www.youtube.com/watch?v=CEW\\_JAagwHc](https://www.youtube.com/watch?v=CEW_JAagwHc). (July 10, 2025)

<sup>13</sup> Brad Lander, Comments on New York City's Fiscal Year 2026 Adopted Budget, at p 39. <https://comptroller.nyc.gov/wp-content/uploads/documents/FY-2026-Adopted-Budget-Report.pdf> (August 12, 2025)

<sup>14</sup> Update on Federal Budget Cuts from Office of Temporary and Disability Assistance, Commissioner Barbara Guinn, [https://www.youtube.com/watch?v=CEW\\_JAagwHc](https://www.youtube.com/watch?v=CEW_JAagwHc). (July 10, 2025)

<sup>15</sup> Guinn Video

<sup>16</sup> Update on Federal Budget Cuts from Office of Temporary and Disability Assistance, Commissioner Barbara Guinn, [https://www.youtube.com/watch?v=CEW\\_JAagwHc](https://www.youtube.com/watch?v=CEW_JAagwHc). (July 10, 2025)

## New Work Requirements Will Cause New Yorkers to Lose Critically-Needed SNAP benefits

In New York State, 2.9 million people rely on SNAP benefits to help them survive and put food on their tables. Of the 2.9 million, 30% of the participants are children and 31% are seniors or people with disabilities.<sup>17</sup> Many of these families and individuals will lose their SNAP benefits under the expanded work requirements. H.R. 1 expands SNAP work requirements to include families with children aged 14 and over (previously, families with children aged 18 and under were exempted), and to older adults between the ages of 55-64. The law eliminates a previous exemption for veterans, former foster youth and individuals experiencing homelessness, creating new obstacles for highly vulnerable categories.<sup>18</sup> All of these New Yorkers are now subject to punitive and ineffective work requirements and are all poised to lose SNAP benefits. In total, over 300,000 New Yorkers are expected to lose some or all of their SNAP benefits because of the expanded work requirements.<sup>19</sup>

## Changes in Rules Related to Utility Expenses will Reduce SNAP Benefit Amounts for Many New Yorkers

New Yorkers will also see a reduction in the threshold amount of benefits they are entitled to receive. For example, H.R. 1 changes the way benefits are calculated by prohibiting states from enabling many households to receive the maximum credit for utility expenses and by excluding internet<sup>20</sup> in the utility deduction.<sup>21</sup> The law also changes the Thrifty Food Plan which is the formula used to calculate SNAP benefits. The Thrifty Food Plan will now only be updated once every five years and must be cost neutral which makes it impossible for SNAP benefits to keep up with inflation and increasing food<sup>21</sup> over time.<sup>22</sup> Even before these cuts go into effect, most New York families cannot afford to purchase all of the food they need with the amount of SNAP they receive and are forced to dip into money reserved

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<sup>17</sup> SNAP Informational, New York State Office of Temporary and Disability Assistance, at <https://otda.ny.gov/resources/reports/SNAP-Congressional-Districts.pdf> (May 2025)

<sup>18</sup> Four Ways the Harmful Republican Megal Bill Takes Away Food Assistance, Center for Policy and Budget Priorities, at <https://www.cbpp.org/charts/four-ways-the-harmful-republican-megabill-takes-away-food-assistance> (last accessed on 9/10/2025)

<sup>19</sup> Update on Federal Budget Cuts from Office of Temporary and Disability Assistance, Commissioner Barbara Guinn, [https://www.youtube.com/watch?v=CEW\\_JAagwHc](https://www.youtube.com/watch?v=CEW_JAagwHc). (July 10, 2025)

<sup>20</sup> The Far-Reaching Harmful Impacts of the Reconciliation Bill, Food Research and Action Center (FRAC), <https://frac.org/wp-content/uploads/Budget-Reconciliation-2025-Impacts-Fact-Sheet.pdf> (July 2025)

<sup>21</sup> The Far-Reaching Harmful Impacts of the Reconciliation Bill, Food Research and Action Center (FRAC), <https://frac.org/wp-content/uploads/Budget-Reconciliation-2025-Impacts-Fact-Sheet.pdf> (July 2025)



for rent and other basic needs. The cuts implemented by H.R. 1 will render the assistance even more inadequate and cause New Yorkers to suffer in multiple ways.

### Eliminates SNAP Eligibility for Certain Non-Citizens

Ever since 1996, when the federal Personal Responsibility and Work Opportunity Reconciliation Act was signed into law, SNAP eligibility has been restricted to a narrow group of non-citizens, among them the most vulnerable, including refugees, asylees, survivors of human trafficking and domestic violence who have had their status fully vetted and approved by the United States. H.R. 1 cruelly reflects the decision to eliminate eligibility for these vulnerable groups. In New York, this will impact approximately 52,000 New Yorkers who fall into the excluded categories.<sup>22</sup> Only an even smaller group of non-citizens will remain eligible for SNAP: Lawful Permanent Residents (LPR), certain Cuban or Haitian entrants, and Compact of Free Association (COFA) nation citizens remain eligible. This arbitrary decision to eliminate SNAP eligibility for some of our most vulnerable neighbors is unconscionable. The City must do whatever it can to protect them from this abrupt change in policy that affects their ability to feed their families.

### Implications for Local Governments

As with housing and healthcare, these federal reductions in nutrition assistance will necessitate a greater role for state and local government in addressing food insecurity. It will require greater coordination between the city and the state, and expansion of services and funding at the local level. H.R.1 is designed to achieve its cost reductions by restricting access to SNAP benefits with burdensome paperwork. Implementation of the new federal restrictions will require both systems changes and personnel. One way city and state governments can protect New Yorkers is by streamlining and simplifying the administrative barriers to accessing benefits. We are encouraged to see efforts by the city to keep community partners and the public informed of how and when the changes required by the federal law will take effect in NYC.

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<sup>22</sup> The Far-Reaching Harmful Impacts of the Reconciliation Bill, Food Research and Action Center (FRAC), <https://frac.org/wp-content/uploads/Budget-Reconciliation-2025-Impacts-Fact-Sheet.pdf> (July 2025)

### III. HOUSING

#### Overall Funding Reductions

The proposed Executive budget sought to reduce funding for the Department of Housing and Urban Development (HUD) by approximately 43%, translating to a \$26.7 billion decrease in rental assistance programs.<sup>23</sup> This included the elimination of key programs such as Tenant-Based Rental Assistance (Housing Choice Vouchers), Project-Based Rental Assistance, Public Housing, Section 202 Housing for the Elderly, and Section 811 Housing for Persons with Disabilities. These programs currently support over 4.4 million low-income households nationwide. In place of these programs, the administration proposed consolidating funding into a new State Rental Assistance Block Grant (SRABG) or State Rental Assistance Program, estimated at \$36.2 billion.<sup>24</sup> This initiative aims to provide states with greater flexibility in administering housing assistance. However, critics argue that this approach may lead to inconsistent service delivery and reduced protections for tenants, as states may lack the capacity or political will to manage these responsibilities effectively.<sup>25</sup> While the Senate and House budget proposals are not as extreme as the most drastic cuts outlined, they are still deeply damaging. Even the comparatively better Senate bill would lead to the loss of 10,000 Section 8 vouchers in New York City alone. This is a devastating setback, especially with the looming expiration of funding for Emergency Housing Vouchers, that will deal a serious blow to thousands of vulnerable New Yorkers. Moreover, it's important to recognize that the Senate bill is unlikely to represent the final outcome. In all likelihood, the eventual budget will fall somewhere between the Senate and House proposals, which could result in an even greater loss that will further deepen the city's housing crisis. As federal protections recede, cities will be forced to take on greater responsibility to ensure that residents receive consistent and fair access to rental assistance.

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<sup>23</sup> <https://nlihc.org/resource/trump-administration-release-s-additional-details-fy26-budget-request-slashing-hud-rental>

<sup>24</sup> [https://www.hud.gov/sites/dfiles/CFO/documents/FY\\_2026\\_Congressional\\_Justification\\_E-File.pdf?](https://www.hud.gov/sites/dfiles/CFO/documents/FY_2026_Congressional_Justification_E-File.pdf?)(Summary of Resources 2-1)

<sup>25</sup> <https://www.cbpp.org/research/housing/expanding-huds-moving-to-work-authority-would-harm-people-struggling-to-afford>

## Time Limits on Rental Assistance

The proposed budget also includes a provision to impose a two-year time limit on rental assistance for able-bodied adults.<sup>26</sup> While exemptions are proposed for elderly and disabled individuals, the implementation details remain unclear, raising concerns about potential disruptions to housing stability.<sup>27</sup> This policy could affect approximately 1.4 million households, including working families with children, who may face eviction and housing instability once the time limit is reached.<sup>28</sup> As of December 2024, New York City Housing Authority (NYCHA) managed approximately 156,865 public housing apartments across 251 developments. A public housing resident's average tenure is over 26 years. NYCHA's Section 8 Housing Choice Voucher (HCV) program provides rental assistance to 102,022 families.<sup>29</sup> The average length of stay for households in the Housing Choice Voucher program is approximately 15 years.<sup>30</sup> Given these long tenures, the proposed two-year cap is unrealistic in New York City, where rents have skyrocketed while wages for low-income families remain stagnant. Most households receiving assistance cannot secure permanent housing within two years, making them vulnerable to eviction and forcing many into shelters. To prevent widespread displacement, the City will have to step up and expand local programs like CityFHEPS. This is especially urgent in light of the ongoing *Vincent v. Adams* case, which seeks to ensure the City Council's reforms to CityFHEPS such as expanding eligibility, raising income thresholds, and allowing families at risk of eviction to access vouchers directly are implemented.

## Changes to Immigration Eligibility

Furthermore, the administration is considering changes to eligibility criteria for housing assistance based on immigration status. Under current policy, households with a mix of eligible and ineligible immigrants can receive prorated assistance. The proposed changes would bar such mixed-status households from receiving any federal rental assistance,

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<sup>26</sup> Jennifer Ludden, "The Trump Administration Is Working on a Plan for Time Limits on Rental Aid," National Public Radio, June 4, 2025, <https://www.npr.org/2025/06/04/nx-s1-5422410/housing-rent-assistance-time-limits-work-requirements-hud>

<sup>27</sup> <https://www.everycrsreport.com/reports/R48567.html>

<sup>28</sup> <https://www.ap.org/news-highlights/spotlights/2025/1-4m-of-the-nations-poorest-renters-risk-losing-their-homes-with-trumps-proposed-hud-time-limit/>

<sup>29</sup> [https://www.nyc.gov/assets/nycha/downloads/pdf/NYCHA\\_Fact\\_Sheet.pdf?utm\\_source=chatgpt.com](https://www.nyc.gov/assets/nycha/downloads/pdf/NYCHA_Fact_Sheet.pdf?utm_source=chatgpt.com)

<sup>30</sup> <https://www.huduser.gov/portal/periodicals/cityscape/vol26num2/ch2.pdf>

potentially displacing families and increasing homelessness among immigrant communities.<sup>31</sup>

### Elimination of Community Development Programs

The budget also proposes eliminating the Community Development Block Grant (CDBG) and HOME Investment Partnership programs.<sup>32</sup> These programs are vital for local affordable housing development and community revitalization efforts. Their elimination would significantly reduce resources available for housing initiatives at the state and local levels, further exacerbating housing challenges.

### Impact on Homelessness Assistance

Additionally, the budget proposes merging several homelessness assistance programs, including the Continuum of Care (CoC), Housing Opportunities for Persons with AIDS (HOPWA), and Emergency Solutions Grants (ESG), into a single ESG program with a reduced funding allocation.<sup>33</sup> This consolidation could undermine the effectiveness of targeted homelessness interventions and strain local resources. As homelessness rises, cities will be pressed to expand shelters, outreach, and supportive housing initiatives to compensate for weakened federal intervention.

Here, the shelter population grew by 175 % between January 2000 (22,955 individuals) and January 2020 (62,679 individuals)<sup>34</sup> By November 2023, there were 92,824 people, 33,365 of whom were children, sleeping each night in the city's main municipal shelter system<sup>35</sup>

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<sup>31</sup><https://www.reginfo.gov/public/do/eoDetails?rrid=1022212> and <https://www.bloomberg.com/news/articles/2025-08-19/trump-revisits-a-first-term-goal-cutting-housing-aid-for-immigrants>

<sup>32</sup> <https://www.whitehouse.gov/wp-content/uploads/2025/05/Fiscal-Year-2026-Discretionary-Budget-Request.pdf> p. 26

<sup>33</sup> Id.

<sup>34</sup> <https://comptroller.nyc.gov/services/for-the-public/charting-homelessness-in-nyc/overview/>

<sup>35</sup> [https://www.coalitionforthehomeless.org/wp-content/uploads/2024/01/NYC-Homelessness-Fact-Sheet-11-2023\\_citations.pdf](https://www.coalitionforthehomeless.org/wp-content/uploads/2024/01/NYC-Homelessness-Fact-Sheet-11-2023_citations.pdf)

and by July 2025 (across all systems, including those for asylum seekers), that number was approximately 115,697.<sup>36</sup>

To address this growing crisis, NYC's spending on homeless services has surged. In 2014, the city budgeted approximately \$1.04 billion for homeless services, up significantly from \$535.8 million in 2002.<sup>37</sup> By Fiscal Year 2022, the Department of Homeless Services (DHS) budget was \$2.3 billion (with \$1.4 billion of that city-funded).<sup>38</sup> The broader shelter system's spending rose from \$2.7 billion in 2022 to \$4 billion in 2024.<sup>39</sup>

A central pillar of this response is CityFHEPS, the city's rental assistance voucher program, which has become a lifeline for families trying to exit shelters and secure stable housing. As of January 2024, CityFHEPS processed over 41,500 new cases since its inception in 2018, providing a lifeline to tens of thousands of households seeking to exit shelters, and the demand continues to outpace availability.<sup>40</sup> But demand continues to outpace supply, and to address this, the city must honor recent City Council legislation that expanded CityFHEPS eligibility, ensuring more families can access the program and exit shelters more quickly. This issue is central to the ongoing legal case, *Vincent v. Adams*, where a state appellate court recently ruled that the Adams administration must implement the City Council's reforms to the CityFHEPS program. These reforms include increasing the income eligibility threshold from 200% of the federal poverty level to 50% of the area median income, removing work requirements, and allowing households at risk of eviction to access vouchers without first entering the shelter system. Despite this ruling, the Adams administration is appealing the decision and arguing that the reforms would impose significant financial burdens on the city. However, these reforms are essential to addressing the city's housing crisis and prevent further displacement of vulnerable populations.

In short, with Washington retreating from its role, New York City will be forced to carry even greater responsibility for addressing homelessness; this includes expanding shelters,

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<sup>36</sup> [https://www.nyc.gov/assets/operations/downloads/pdf/temporary\\_housing\\_report.pdf](https://www.nyc.gov/assets/operations/downloads/pdf/temporary_housing_report.pdf)

<sup>37</sup> [https://comptroller.nyc.gov/wp-content/uploads/documents/Growing\\_Gap.pdf](https://comptroller.nyc.gov/wp-content/uploads/documents/Growing_Gap.pdf)

<sup>38</sup> <https://www.osc.ny.gov/files/reports/pdf/dhs-issue-brief.pdf>

<sup>39</sup> <https://www.nyc.gov/assets/doi/press-releases/2024/October/39DHSRptRelease10.17.2024.pdf>

<sup>40</sup> <https://www.osc.ny.gov/files/state-agencies/audits/pdf/sga-2025-23n1.pdf>

scaling up rental assistance, and protecting vulnerable residents with fewer federal resources.

### Reduced Fair Housing Enforcement

The budget also proposes a significant cut to the Office of Fair Housing and Equal Opportunity (FHEO), reducing its funding by over 50%.<sup>41</sup> Programs such as the Fair Housing Initiatives Program are targeted for elimination.<sup>42</sup> This reduction could hinder efforts to combat housing discrimination and enforce fair housing laws, leaving vulnerable populations without necessary protections.<sup>43</sup>

### Implications for Local Governments

These federal reductions will necessitate a greater role for state and local governments in addressing housing needs. However, without adequate resources and support, localities may struggle to fill the gaps left by federal cuts. This could lead to increased homelessness, housing instability, and disparities in housing access and quality.

### Conclusion

We thank the Committees for the opportunity to testify and commend the Council for its dedication to addressing the vast challenges that New York City's most vulnerable residents face in a climate of federal retreat from these commitments.

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<sup>41</sup> <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/evo-media-document/fy26-transportation%2C-housing-and-urban-development%2C-and-related-agencies-subcommittee-mark.pdf> See. p. 99 \$68,003,000 shall be available for the Office of Fair Housing and Equal Opportunity

<sup>42</sup> <https://www.nar.realtor/washington-report/court-halts-huds-fair-housing-cuts>

<sup>43</sup> <https://minnesotareformer.com/2025/03/12/federal-housing-agency-cancels-425k-grant-to-minnesota-group-that-sues-discriminatory-landlords/>



## **About The Legal Aid Society**

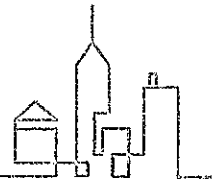
The Legal Aid Society (“LAS”), the nation’s oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal, and juvenile rights matters, while also fighting for legal reform. This dedication to justice for all New Yorkers continues during the COVID-19 pandemic.

The Legal Aid Society has performed this role in City, State, and federal courts since 1876. It does so by capitalizing on the diverse expertise, experience, and capabilities of more than 2,400 attorneys, social workers, paralegals, and support and administrative staff. Through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City, LAS provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel.

LAS’s legal program operates three major practices — Civil, Criminal, and Juvenile Rights — and receives volunteer help from law firms, corporate law departments and expert consultants that is coordinated by LAS’s Pro Bono program. With its annual caseload of more than 200,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States. And it brings a depth and breadth of perspective that is unmatched in the legal profession.

The Legal Aid Society's unique value is an ability to go beyond any one case to create more equitable outcomes for individuals and broader, more powerful systemic change for society as a whole. In addition to the annual caseload of 200,000 individual cases and legal matters, LAS’s law reform representation for clients benefits more than 1.7 million low-income families and individuals in New York City and the landmark rulings in many of these cases have a State-wide and national impact.

The Legal Aid Society is uniquely positioned to speak on issues of law and policy as they relate to homeless New Yorkers and the administration of public benefits. The Legal Aid Society is counsel to the Coalition for the Homeless and for homeless women and men in the *Callahan* and *Eldredge* cases. The Legal Aid Society is also counsel in the *McCain/Boston* litigation in which a final judgment requires the provision of lawful shelter to homeless families. LAS, in collaboration with Hughes Hubbard Reed LLP, settled *Toliver v. New York City Department of Social Services* on behalf of current and past recipients of CityFHEPS and FHEPS rental subsidies.



**Testimony to the Committees on General Welfare, Governmental Operations, State & Federal  
Legislation, and Hospitals**

Oversight Hearing on the Impacts of Federal Budget Cuts

Monday, September 15, 2025

Submitted on behalf of the Supportive Housing Network of New York

Good afternoon My name is Joelle Ballam-Schwan and I'm the Director of Programs and Engagement at the Supportive Housing Network of New York. Thank you for holding this important hearing on the threats posed by deeply harmful federal budget cuts facing our communities.

The Network is a membership and advocacy organization representing supportive housing providers throughout the state. Collectively, our members operate more than 62,000 supportive housing units statewide -- 42,000 of which are located here in New York City.

For those of you who may be unfamiliar, supportive housing is deeply affordable housing with on-site, wraparound social services for individuals who experienced homelessness and face additional barriers to achieving housing stability. Supportive housing restores and saves lives.

I am here to speak to two critical federal funding streams for supportive housing that are under attack, specifically the Continuum of Care (CoC) program and Housing Opportunities for Persons with Aids (HOPWA).

The President's FY26 budget proposal calls to slash the Department of Housing and Urban Development (HUD) budget by 44% which would mean the elimination of HOPWA and devastating cuts to the CoC -- which is the very backbone of permanent supportive housing. The proposal also seeks to consolidate CoC and HOPWA into Emergency Shelter Grants and cap rental assistance at just two years, undermining long-term stability.

This comes at a time when homelessness in New York City has reached crisis levels. In July alone, more than 104,000 people spent the night in NYC shelters. Thousands more are living unsheltered, and it is estimated that over 350,000 New Yorkers are experiencing homelessness.

Since the early 1990s, HOPWA has been the only federal housing program specifically dedicated to helping low-income people living with HIV/AIDS stay safely housed. New York City currently receives \$44.9 million annually in HOPWA funding, that includes support for 1,477 households with HIV in permanent supportive housing.

Meanwhile, the CoC program remains HUD's best response to addressing the accelerating homelessness crisis. It funds coordinated housing, services, and local partnerships aimed at ending homelessness. New York City relies on approximately \$165 million in CoC funding annually—including \$78 million for rental assistance supporting 7,148 units of permanent supportive housing.



If enacted, this budget would put these homes—and the people living in them—at risk. This includes seniors, veterans, survivors of domestic and gender-based violence, and people with serious health conditions or disabilities who rely on supportive housing.

While recent House and Senate proposals have walked back some of the most extreme cuts, none of the current federal budgets come close to meeting the actual need.

Beyond permanent housing, CoC funding also supports essential infrastructure for the homelessness response system—such as local planning, needs assessment, data collection, quality assurance, rapid rehousing, transitional housing, outreach, and supportive services. Without this funding, New York City would not only lose housing—it would lose funding to **track homelessness** and coordinate efforts to end it, including the Coordinated Assessment and Placement System (CAPS), which is the system the City uses to refer and place people into supportive housing.

On top of budget cuts, it is important to note that HUD is using administrative tools like contracts and Notices of Funding Opportunity (NOFOs) to assert partisan policy priorities, create risks and uncertainty for nonprofits and the tenants they house, and reject the evidence-based practices that we know work. Many of these actions are likely illegal. There are two lawsuits challenging these types of HUD actions: *King County v. Turner* (which New York City is party to) and *National Alliance Against Homelessness v. Turner*. The Network is tracking the progress of these lawsuits and coordinating with legal counsel and nation-wide partners.

Thank you for the opportunity to testify today. If any Council Member would like to tour a supportive housing site funded by CoC or HOPWA, the Network would be happy to arrange a visit so you can see firsthand the lifesaving programs that are at stake.

# The Impacts of Federal Budget Cuts

Testimony of  
The NYU Furman Center

Before  
New York City Council

Lincoln Restler, Chair, Committee on Governmental Operations, State and Federal Legislation  
Diana Ayala, Chair, Committee on General Welfare  
Mercedes Narcisse, Chair, Committee on Hospitals

September 17, 2025

Chairs Restler, Ayala, and Narcisse, and members of the City Council, thank you for the opportunity to submit testimony on the impacts of federal budget cuts. The [NYU Furman Center](#) is a joint center of the NYU School of Law and the Robert F. Wagner Graduate School of Public Service. Since 1995, the Furman Center has advanced research and debate on housing, neighborhoods, and urban policy.

As a research center focused on housing policy, our testimony examines the potential impact of federal cuts on a number of the City's housing and homelessness programs that are central to the well-being of New Yorkers.

Congress will need to pass the Fiscal Year 2026 budget or another continuing resolution by September 30 to fund the federal government for the next fiscal year. As Congress considers appropriations for Fiscal Year 2026, it is weighing a number of proposed reductions. While the current appropriations bills do not go as far as the President's "skinny" budget (which outlined a 42 percent cut to rental assistance and public housing programs), they do include substantial cuts to key housing programs.<sup>1</sup> The recently passed One Big Beautiful Bill Act (OBBBA) will not offset these cuts, although it expands the Low-Income Housing Tax Credit (LIHTC) program, which helps fund affordable housing development.<sup>2</sup>

A recently released Furman Center report, [Federal Housing Programs in New York City](#), provides a detailed look at the central role of federal funding in supporting local housing and homelessness efforts. In the report, we find the following:

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<sup>1</sup> Executive Office of the President, Office of Management and Budget. *Fiscal Year 2026 Discretionary Budget Request*. 2 May 2025.  
<https://www.whitehouse.gov/wp-content/uploads/2025/05/Fiscal-Year-2026-Discretionary-Budget-Request.pdf>; Klurfield, Kristen, and Graham DiLorenzo. "FY2026 Appropriations Process: House and Senate THUD Bills." *Bipartisan Policy Center*. 8 Aug. 2025.  
[bipartisanpolicy.org/blog/fy2026-appropriations-process-house-and-senate-thud-bills/](https://bipartisanpolicy.org/blog/fy2026-appropriations-process-house-and-senate-thud-bills/)

<sup>2</sup> "H.R. 1, One Big Beautiful Bill Act." *Congress.gov*. 2025.  
<https://www.congress.gov/bills/119th-congress/house-bill/1/text>

- The City relies heavily on federal funding to help achieve its goals around housing and homelessness, totaling \$7.2 billion in 2024 (including \$833 million in investment via LIHTC).<sup>3</sup>
- Federal funds account for large shares of the operating budgets of New York City's housing agencies; for example, three-quarters of the New York City Housing Authority's (NYCHA) operating budget (more than \$3.7 billion) comes from the federal government.
- These federal funds are targeted to low-income households and impact a large number of New Yorkers. Federally supported rental assistance programs alone serve more than 350,000 households across New York City.

New York City's federally funded housing and homelessness programs create a network of support for low-income households, funding the development and operations of affordable apartments, rental assistance, homeless shelters, supportive housing, and emergency repairs, among other uses. This testimony draws on findings from our report to outline the scale of federal funds that the City typically receives, the role of the supported programs, and the neighborhoods most impacted. If not backstopped by state and local resources, a reduction in federal funding for key housing programs would have serious implications for the households and neighborhoods served by those programs.

### **Federal appropriations bills for FY 2026 include cuts to housing funding.**

Several recent changes and current proposals have implications for federal housing programs. The Senate and House Appropriations Committees have approved their Transportation, Housing and Urban Development, and Related Agencies (THUD) bills, but neither bill has been passed yet.<sup>4</sup> Both the Senate and the House THUD bills call for notable cuts to federal housing programs that New Yorkers rely on. Between the Senate and House bills, Congress proposes to either cut or maintain the current funding level (an effective cut) for public housing maintenance and operations, the HOME Investment Partnerships (HOME) program, tenant-based rental assistance, the Community Development Block Grant (CDBG) program, the Housing Opportunities for Persons With AIDS (HOPWA) program, and the Emergency Solutions Grant (ESG) program.<sup>5</sup>

The THUD bills outline cuts that are not as extreme as those proposed in the President's "skinny" budget request. Under that proposal, the President called for combining rental assistance and public housing programs and cutting the total funding for those programs by 42

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<sup>3</sup> This estimate covers major HUD-funded programs and federal tax expenditures that fund affordable rental housing and homelessness programs. It does not represent a comprehensive estimate of all federal housing programs that fund programs in New York City. For example, our report does not include Fannie Mae and Freddie Mac's credit enhancement for tax-exempt bonds or their multifamily lending platforms, nor does it mention other federal loan programs including FHA-HFA risk-sharing and direct lending initiatives. Additionally, significant federal subsidies for homeownership, including the mortgage interest deduction and the State and Local Tax Deduction (SALT), fall outside the scope of our analysis.

<sup>4</sup> "Appropriations Status Table: FY2026." *Congress.gov*. 2025.

[www.congress.gov/crs-appropriations-status-table](https://www.congress.gov/crs-appropriations-status-table).

<sup>5</sup> Klurfield and DiLorenzo.

percent. The White House also proposed eliminating HOME and CDBG, consolidating the ESG, HOPWA, and the Continuum of Care (CoC) programs, and cutting the consolidated programs' total funding by 12 percent.<sup>6</sup>

This summer, the OBBBA expanded and made permanent the Opportunity Zone program, which incentivizes investment—including housing development—in distressed neighborhoods. It also expanded LIHTC, which is the nation's largest program focused on developing and preserving affordable housing.<sup>7</sup> Both the LIHTC and Opportunity Zones programs serve different purposes than the funding at risk in the current THUD bills, and their expansion will not offset the potential gaps.

Without clarity on the final 2026 budget, it is difficult to estimate the actual risk of deep cuts to the city's federally funded housing programs. However, the programs slated for reductions under the current bills are central to the City's housing and homelessness efforts.

### **New York City's housing and homelessness programs rely heavily on federal funding.**

As we note in our report, federal funding is a central source of support for the city's major housing agencies. In 2024, federal funding accounted for 54 percent of the New York City Department of Housing Preservation and Development's (HPD) operating budget (over \$972 million), and 12 percent of the Department of Homeless Services' (DHS) operating budget (over \$465 million) (Figure 1). While both HPD and DHS receive significant federal support, NYCHA is especially vulnerable to cuts in federal funding, which constitutes 75 percent of the agency's operating budget, totaling more than \$3.7 billion. The extent to which DHS, HPD, and particularly NYCHA depend on federal support is concerning in the face of the reductions proposed in the current appropriations bills. Unless backfilled, cuts to federal funding could have substantial effects on the ability of New York City housing and homelessness agencies to implement key programs.

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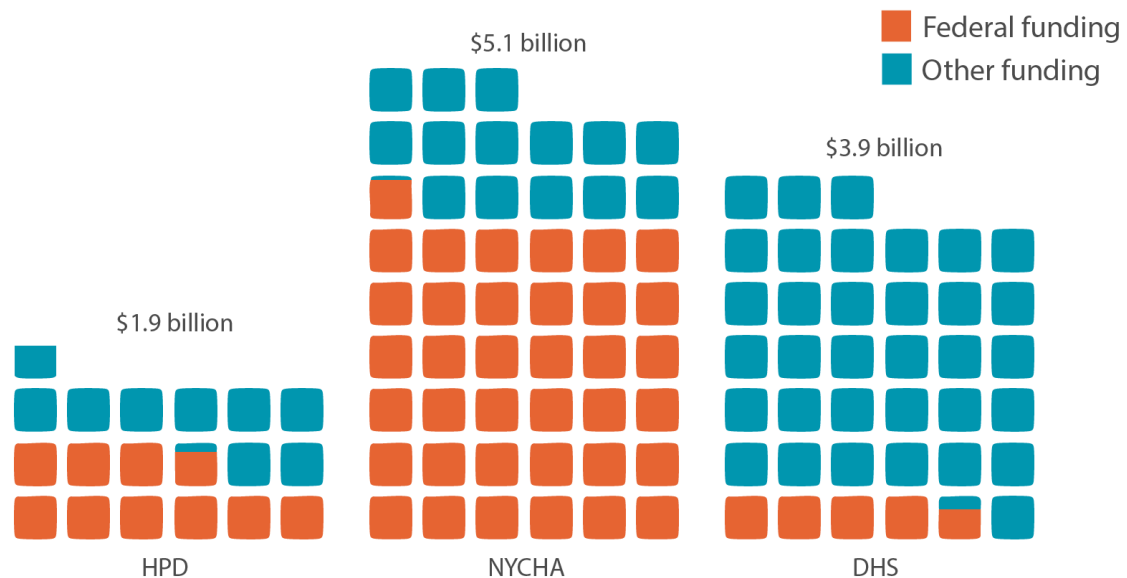
<sup>6</sup> Executive Office of the President, Office of Management and Budget. *Fiscal Year 2026 Discretionary Budget Request*. 2 May 2025.  
<https://www.whitehouse.gov/wp-content/uploads/2025/05/Fiscal-Year-2026-Discretionary-Budget-Request.pdf>

<sup>7</sup> "H.R. 1, One Big Beautiful Bill Act." *Congress.gov*. 2025.  
<https://www.congress.gov/bill/119th-congress/house-bill/1/text>



**Figure 1**

## Operating Funds for NYCHA, DHS, and HPD by Source, 2024



Source: NYCHA Board Meeting Minutes (11/21/2024), NYC Council's Reports on the Fiscal 2026 Preliminary Plans for NYC DHS and NYC HPD

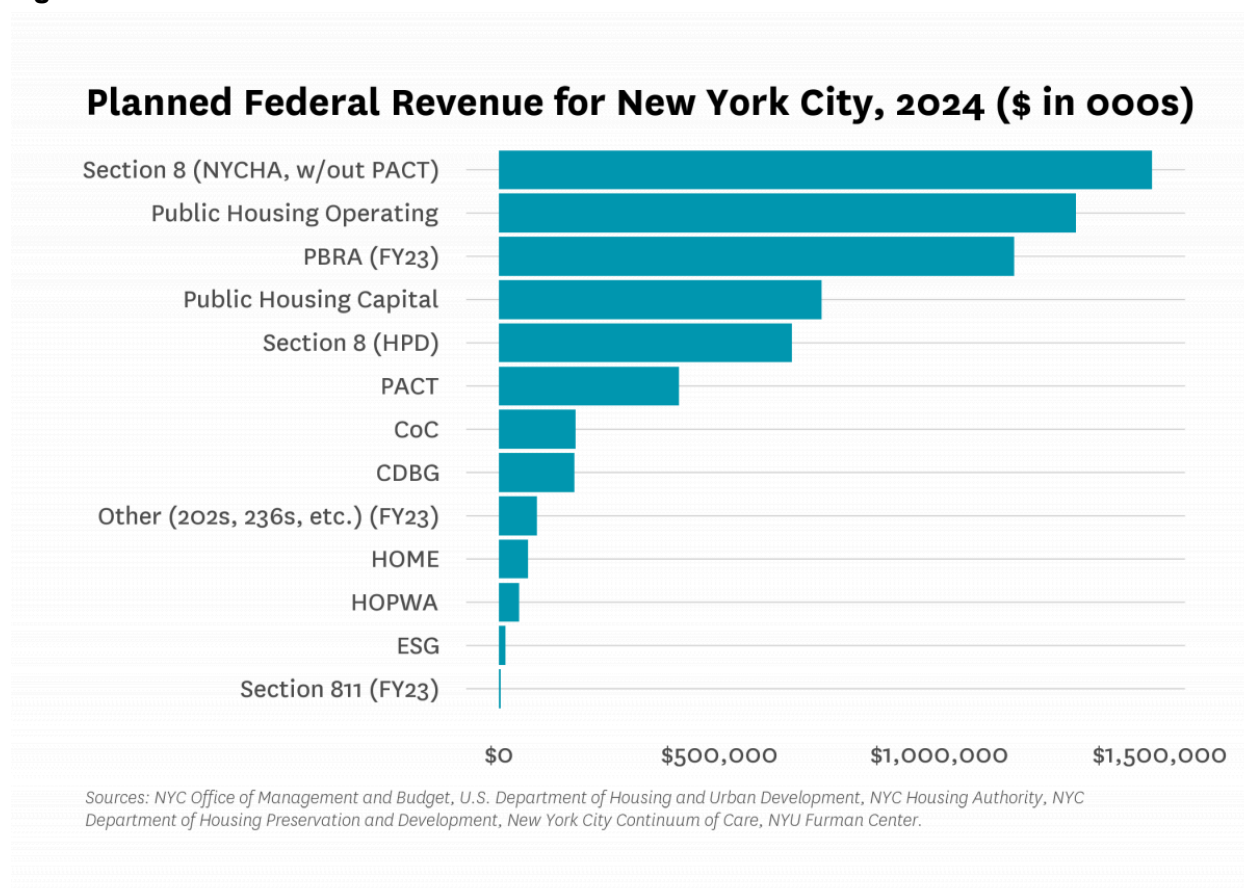
### **New York City receives \$7.2 billion annually from the federal government's major housing and homelessness programs (including LIHTC).**

In total, New York City relies upon more than \$7.2 billion each year from the federal government's major housing and homelessness programs, including \$6.33 billion from the U.S. Department of Housing and Urban Development (HUD) across the programs shown in Figure 2. It also includes the U.S. Department of the Treasury's Low-Income Housing Tax Credit (LIHTC) program, which generates more than \$833 million in upfront investment in affordable housing development (not included in Figure 2).<sup>8</sup> As Figure 2 shows, the most significant support goes to Section 8 Housing Choice Vouchers, public housing, and project based rental assistance (PBRA). After adjusting for inflation, annual funding for some of the larger programs (like the Housing Choice Voucher program) saw increases in funding over the last seven years. However, four programs that address homelessness, promote housing stability, and support improvements to housing quality saw decreases in funding in real terms over the same period.<sup>9</sup>

<sup>8</sup> The amount of investment generated by the Opportunity Zone (OZ) program is unknown and is not included in this estimate.

<sup>9</sup> Annual federal funding for each of the Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Housing Opportunities for Persons With AIDS (HOPWA), and Emergency Solutions Grants (ESG) programs has declined in real terms since 2018.

**Figure 2**



**Federal funding for housing and homelessness programs targets low-income households and is at risk of cuts under the current appropriations bills.**

The city's federally funded housing programs that provide a range of services, from rental assistance to emergency repairs, are concentrated in neighborhoods with high numbers of low-income families and properties in physical distress. The proposed THUD bills include cuts to a number of federally funded programs, including public housing, HOME, and tenant-based rental assistance.

*Programs at Risk of Cuts*

**Public Housing:** The largest proposed reductions to national funding in the Congressional THUD bills are to public housing: the Senate bill cuts \$602 million from public housing operating funds, and the House bill cuts \$1.4 billion from the total program (both operating and capital funds). New York City's Public Housing Authority, NYCHA, provides deeply affordable housing to very low-income households and, as previously noted, relies heavily on federal funding. Last year, NYCHA expected to receive \$1.3 billion in federal operating funds and \$732 million for capital repairs from the federal government, against an estimated capital need of \$78 billion.

**HOME:** The House bill also eliminates funding for the \$1.3 billion HOME program. The Senate bill would maintain current funding levels for HOME, which represents a reduction in real terms after accounting for inflation. Last year, New York City expected to receive \$66 million in federal funding for the HOME program, which supports the development of affordable housing, supportive housing, senior housing, and rental assistance, all serving low-income households. Eliminating federal funding for the HOME program would represent a significant cut to the City's budget for those vital initiatives and investments.

**Tenant-Based Rental Assistance:** The House bill would also cut tenant-based rental assistance programs by \$773 million (including level funding for voucher contract renewals, which amounts to an effective cut given increasing rent levels), while the Senate bill calls for a \$1.3 billion funding increase. The Section 8 Housing Choice Voucher program—the country's largest rental assistance program—includes both tenant-based and project-based vouchers and serves very low-income households. In New York City, almost 123,000 households rely on Section 8 Vouchers, about 80 percent of which are tenant-based. The city's Housing Choice Vouchers are supported by \$2.1 billion in federal funding, and funding cuts to the tenant-based vouchers could ultimately result in households losing access to the program. In 2022, the neighborhoods with the highest number of Housing Choice Voucher holders were Kingsbridge Heights/Bedford, Fordham/University Heights, and Highbridge/Concourse, all located in the Bronx, followed by East New York/Starrett City in Brooklyn. Those neighborhoods would likely experience the greatest impacts if funding were cut.

**CDBG:** CDBG faces a reduction of \$200 million under the Senate bill, while the House bill would cut the program in real terms by maintaining funding levels. New York City relies on federal funding from the CDBG program to support housing quality through code enforcement, lead abatement, and emergency relocations and repairs. In 2024, the City planned to spend \$276 million in federal funding for CDBG, 94 percent of which went toward housing-related uses. The community districts with the highest level of investment in emergency repairs as a result of HPD's code enforcement program—and therefore most at risk from potential cuts—were Fordham/University Heights (\$4.3 million), Bedford-Stuyvesant (\$3.7 million), and East New York/Starrett City (\$2.9 million).

**HOPWA:** The House also proposes an effective cut to HOPWA by keeping funding nominally level, while the Senate bill increases HOPWA funding by \$24 million.<sup>10</sup> In 2024, the City planned to spend \$34 million in HOPWA funds, which went toward housing services including permanent and supportive housing, rental assistance, and homelessness prevention for people living with HIV/AIDS.

**ESG:** The House and Senate appropriations bills both propose level funding for the ESG program, which represents a cut in real terms.<sup>11</sup> New York City relied on almost \$15 million in

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<sup>10</sup> Klurfield and DiLorenzo.

<sup>11</sup> *Departments of Transportation, Housing and Urban Development, and Related Agencies Appropriations Bill, 2026: Report of the Committee on Appropriations, House of Representatives, 119th Congress, 1st Session, Report 119-212.* U.S. Government Publishing Office, 21 July 2025.

federal ESG funds in 2024. The program supports emergency shelters, street outreach, housing placement, and homelessness prevention.

### *Other Programs*

Other key federally funded housing and homelessness programs do not face significant risks to funding levels under the House and Senate Appropriations bills.<sup>12</sup> Project-based rental assistance programs fall into this category. Across the city, roughly 24,000 households live in units subsidized by **project-based Section 8 vouchers**. **Project-Based Rental Assistance (PBRA)**, a subset of the Section 8 program, also subsidizes specific units. In New York City, PBRA, along with programs targeted to elderly and disabled tenants—including **Section 202** and **Section 811**—draws on nearly \$1.3 billion in federal funds to provide support for more than 59,000 units. NYCHA also uses the **Permanent Affordability Commitment Together (PACT)** program to convert units to project-based vouchers or PBRA. The conversion unlocks additional funds for capital improvements and operating expenses, and NYCHA retains ownership and oversight while leasing buildings to partners. We estimate that the PACT program was supported by \$408 million in federal funds last year. Finally, the **CoC program** also faces fewer risks under the THUD bills. The CoC programs fund a range of homeless services, including shelters, rapid rehousing programs, rental assistance, and supportive housing. The City planned to receive almost \$174 million in federal funding for the CoC program in 2024.

### **Tracking federal funding and considering tradeoffs will be vital as the City continues to work towards its housing goals.**

A decline in federal funding to key programs would have damaging effects on the City's housing goals. It will be critical for state, city, and local policymakers to track changes in funding over the next few years. Without backfilling funding, cuts to federal housing programs could widen affordability gaps and put the stability of low-income New Yorkers at risk. Cuts to other programs that support the City's social safety net (such as Medicaid and SNAP) will also have broader impacts on the City's other priorities as it looks to fill those gaps. The City will likely face challenging choices as it grapples with looming funding cuts. The Furman Center will continue to monitor the City's resources and provide analysis to support the City in navigating tradeoffs as they arise.

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<https://www.congress.gov/119/crpt/hrpt212/CRPT-119hrpt212.pdf>; *Transportation, Housing and Urban Development, and Related Agencies Appropriations Bill, 2026: Report of the Committee on Appropriations, Senate, 119th Congress, 1st Session, Report 119-47*. U.S. Government Publishing Office, 24 July 2025. <https://www.congress.gov/119/crpt/srpt47/CRPT-119srpt47.pdf>; Steve Berg, "FY26 Appropriations: Update on Homelessness and Housing Funds," *National Alliance to End Homelessness*, 17 July 2025.

<https://endhomelessness.org/blog/fy26-appropriations-update-on-homelessness-and-housing-funds>.

<sup>12</sup> These programs may not be facing proposed cuts in nominal terms, but it is important to note that even a small increase in a program's annual budget may not keep up with inflation.



## **Testimony of Michael Mulgrew, UFT president, submitted before the New York City Council Committee on Governmental Operations, State and Federal Legislation**

My name is Michael Mulgrew, and I am the president of the United Federation of Teachers (UFT). On behalf of our 200,000 members, I want to thank Chair Lincoln Restler and the Committee on Governmental Operations, State and Federal Legislation for holding this hearing today.

The UFT has consistently opposed the Trump administration's actions that harm our students and public education. With our national union and public education allies, we have been filing lawsuits to stop this executive overreach and working to hold the federal government accountable for providing the resources our school communities have been promised under the laws of our country.

As a new school year begins, we are reminded of how much our students rely on us to provide them with not only a high-quality education but also with social-emotional support, social safety net supports such as meals, and a safe space to be themselves. However, federal funding cuts, specifically those that stem from the passage of the "One Big Beautiful Bill Act" (OBBA), jeopardize our ability to provide this.

According to the Fiscal Policy Institute (FPI), OBBA will have a significant financial impact on New York State. New York State is expected to lose billions of dollars in federal funding, including the loss of \$13 billion in health care funding and as much as \$1.4 billion annually in cuts to the Supplemental Nutrition Assistance Program, which helps feed NYC's low-income families. Roughly 1.5 million New Yorkers are expected to lose health insurance, which will more than double the uninsured population and increase the number of people that New York must cover with state-funded Medicaid. All these cuts and additional costs threaten New York's ability to maintain adequate education funding.

Funding cuts are not the only federal actions that hurt our students. Harmful executive orders disproportionately affect vulnerable student populations, including newly arrived immigrants and LGBTQ+ students. The Trump administration's increased immigration enforcement has created a climate of fear and concern for our immigrant students and families. We have been in continual collaboration with local advocates and the DOE, working together to hold workshops and compile resources on immigrants' legal rights to help educators assist undocumented students and their families. We also continue to engage with the DOE around communication strategies and school safety planning. Additionally, the UFT has supported New York state and city officials in publicly refusing



to comply with federal demands and to push back, via legal channels, against the Trump administration's anti-DEI efforts. We refuse to create school environments where students are unable to be themselves.

Again, I thank you for this hearing and look forward to our continued collaboration as we fight to maintain inclusive, well-resourced schools that serve all children equitably.





**Testimony of United Neighborhood Houses  
Before the New York City Council Committee on Governmental Operations,  
Committee General Welfare, and  
Committee on Hospitals**

Submitted by Lena Cohen, Senior Manager of Civic Engagement  
September 15, 2025

Thank you, Chair Restler, Chair Ayala, Chair Narcisse, and members of the New York City Council, for the opportunity to present testimony in support of Introduction 1225-2025, sponsored by Council Member Menin, which would establish a local census office. My name is Lena Cohen, and I am the Senior Manager of Civic Engagement at United Neighborhood Houses (UNH). UNH is a policy and social change organization representing neighborhood settlement houses that reach 800,000 New Yorkers from all walks of life.

A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers. UNH leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development. We also provide customized professional development and peer learning to build the skills and leadership capabilities of settlement house staff at all levels.

For over a century, settlement houses have been at the forefront of strengthening civic life, particularly in communities too often excluded from government decision-making. UNH works closely with settlement houses to build community power by leading nonpartisan voter mobilization, promoting the inclusion of all residents in the Census and redistricting processes, and advocating for modernized election laws to ensure residents who live and work in New York City are fairly represented by local government.

We strongly support efforts to maximize local participation in the federal decennial census. The results of each decennial census impact settlement houses and the communities they serve for the next decade. Settlement houses operate in some of the most underserved and low-income communities in New York City, where residents are typically underrepresented in government, leading to low civic participation and a lack of accountability between constituents and elected

officials. The neighborhoods in which settlement houses provide programs and services typically have some of the lowest engagement rates in various civic processes across the city, including past decennial enumerations.

The New York City Council made an historic investment in community based organizations prior to the 2020 Census. In 2019, UNH was selected by the City Council as one of 17 organizations that formed a core group supporting city-wide efforts to mobilize community participation in the 2020 Census through culturally appropriate education, outreach, and technical support. UNH partnered with 19 settlement houses to take a neighborhood-based, multiservice approach to “Get-Out-The-Count” in New York City’s most hard to count communities. By engaging staff, program participants, and community members in Get-Out-The-Count activities, the settlement house network was a key part of New York’s success in achieving high community participation in the 2020 Census. Across the UNH network, settlement houses collectively held over 241 Census events, trained 472 settlement house staff members, collected 20,187 Census commitment cards, and reached over 239,854 community members. As trusted community organizations embedded in hard-to-count communities, settlement house staff were best-suited to dispel fears around the proposed citizenship question, mitigate concerns that the federal government could compromise census data, and encourage every New Yorker to self-respond to the census.

Now, as we look toward 2030, the urgency could not be clearer: preparations for the next census must begin now. Serious threats are already emerging at the federal level. There are proposals to defund the Census Bureau and efforts to reintroduce a citizenship question—moves that would directly suppress participation and undercut the accuracy of the count. These threats will land on New York’s immigrant and low-income communities hardest. If we wait until the last minute, we risk repeating the mistakes of the past and jeopardizing a fair and accurate count.

A complete count of New York City’s population in the decennial census requires citywide coordination between local government and trusted community-based organizations that have strong ties and close relationships with their neighbors. Introduction 1225 would establish a homebase and structure for local census operations as well as a clear pathway for citywide coordination.

Introduction 1225 would build on this success by institutionalizing a local census office. By establishing an office at least two years prior to each decennial census, the City will ensure sustained planning, coordination, and investment. As outlined in the legislation, the office would:

- Serve as a liaison to the U.S. Census Bureau’s regional office;
- Identify hard-to-count populations and coordinate across city agencies;
- Lead multilingual public awareness campaigns; and
- Partner with community-based organizations, faith institutions, unions, and businesses to promote participation.

This structure is essential. Instead of scrambling to mobilize resources every ten years, New York City would have a permanent mechanism for planning, coordination, and collaboration with trusted community organizations. A complete count requires deep, local trust—something that can only be achieved when the government works in partnership with settlement houses and other organizations rooted in neighborhoods.

For these reasons, UNH strongly supports Introduction 1225. Establishing a local census office will help safeguard an accurate count, protect the resources our city depends on, and ensure that all New Yorkers—especially those historically excluded—are seen, heard, and represented.

Thank you for your consideration. For questions, please contact Lena Cohen at [lcohen@unhny.org](mailto:lcohen@unhny.org).



**TESTIMONY: The Impacts of Federal Budget Cuts**

**To:** New York City Council, Committee on General Welfare

**From:** United Way of New York City

**Date:** September 15, 2025

**Re: Support for Introduction 1364-2025 – Monthly reporting by the director of management and budget on the status of all federal funding.**

Dear Chairs Ayala, Restler, Narcisse, and Council Members:

United Way of New York City thanks you for the opportunity to testify in strong support of Introduction 1364, which requires the City to prepare monthly reports on the status of federal funds that contribute to the city's budget. We also appreciate the Council's decision to hold this broader oversight hearing on the impacts of federal budget cuts, which deeply affect city services and nonprofit providers across New York.

Federal dollars are the backbone of New York City's social safety net. They keep food pantries stocked, families in their homes, children healthy, and job programs running. Yet the flow of these funds has long been unpredictable, leaving both city agencies and nonprofit partners in the dark. It has become an almost annual cycle, sharpened during the Trump years with proposed cuts to Medicaid, SNAP, and housing, and continuing today through debt-ceiling standoffs and continuing resolutions that make it impossible to plan with confidence.

Earlier this year, the Trump administration cut over one billion dollars in federal funding that supports food pantries across the country, delivering a significant blow to local hunger relief efforts in New York City. In July, Congress also passed the One Big Beautiful Bill Act which in fact reduced SNAP eligibility and benefits, meaning more New Yorkers will turn to emergency food distribution, pantries, and soup kitchens. Cuts have also undermined the Emergency Food and Shelter Program (EFSP), which United Way of New York City administers locally. EFSP has long been a critical bridge for nonprofits providing meals, rent support, and shelter, yet recent reductions and formula changes have constrained our ability to meet the true scale of need in this city. These developments show how fragile the safety net has become and how deeply communities suffer when federal commitments are rolled back.

Intro 1364 offers a practical step forward. By requiring the Office of Management and Budget to provide a monthly report on federal funding, the City would create a cadence of reliable information that allows for responsible planning. Nonprofits could hire staff with confidence, keep vital programs open in neighborhoods with few alternatives, and respond to surges in demand without fear that promised dollars will evaporate. The legislation would not shield New York from federal politics, but it would ensure that our city is never caught unprepared.



This legislation is more than a matter of good governance. It is an affirmation that New Yorkers, nonprofits, and public servants deserve timely clarity about the resources that are meant to support them. It reinforces accountability while strengthening the city's ability to respond quickly when federal dollars are reduced or delayed. Most importantly, it signals that New York City recognizes the indispensable role of nonprofit partners and is committed to providing them with the information they need to serve their communities.

On behalf of United Way of New York City, we urge the Council to advance Intro 1364 and we thank you for your leadership and commitment to protecting New Yorkers in this time of uncertainty.

**Sincerely,**  
United Way of New York City

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#### **About Us**

United Way of New York City has been serving low-income New Yorkers for over 85 years. As a backbone organization, we coordinate cross-sector efforts across food access, education, health equity, and economic mobility. Through a network of more than 600 community-based partners, we connect resources to where they're needed most and advocate for structural solutions to poverty. Our work centers equity, trust, and long-term impact—because every New Yorker deserves the opportunity to thrive.



## **Testimony**

### **New York City Council**

#### **Committee on Governmental Operations, State & Federal Legislation Jointly with the Committee on General Welfare and the Committee on Hospitals**

#### **Oversight Hearing on the Impact of Federal Budget Cuts**

**September 15, 2025**

Good afternoon, Chair Restler, Chair Ayala, Chair Narcisse, and members of the Committees. My name is Cristina Abbattista, and I am a Policy Analyst at Urban Pathways. Thank you for the opportunity to testify at today's Oversight Hearing on the Impact of Federal Budget Cuts.

Urban Pathways is a nonprofit homeless services and supportive housing provider serving single adults. Last year, we served over 2,500 unique individuals through a full continuum of services including street outreach, drop-in services, safe havens and stabilization beds, extended-stay residences, and permanent supportive housing in Manhattan, Brooklyn, Queens, and the Bronx. We also offer a wide range of additional programming to meet the needs of the people we serve, including our Total Wellness, Employment, and Advocacy programs. We hold City contracts with DHS, DOHMH, and HRA.

Trump's proposed cuts threaten the most basic human needs in our communities: housing, healthcare, and food. More people will face eviction and homelessness, lose access to healthcare, and go hungry. These cuts will directly and dramatically affect the lives of everyday New Yorkers. We are here today to outline what these cuts really mean for our communities and to call on our elected officials to take action. Urban Pathways urges our City leaders to push back against these harmful cuts and to protect critical programs that support the most vulnerable New Yorkers. We need bold leadership from both the City and State to find ways to reduce the harm and step up to meet the urgent needs of those who will be affected by cuts to SNAP, Medicaid, and housing support.

#### **CityFHEPS Must Be Fully Funded and 40% Rent Hike Reversed**

CityFHEPS is a proven and vital tool in the fight to end homelessness. According to the City Council, 52,000 active CityFHEPS vouchers are currently supporting around 47,000 households in remaining stably housed. CityFHEPS has consistently played a critical role in moving New



Yorkers out of shelters and into permanent housing. Proposed cuts to key federally funded rental assistance programs like Section 8 could have a ripple effect, impacting local initiatives like CityFHEPS and HASA. These cuts will not generate meaningful savings at any level of government. In fact, they will do the opposite: forcing tenants back into shelters, causing them to relive the trauma of homelessness, and placing a greater financial burden on the City since shelter placements are significantly more expensive than stable housing.

Commissioner Park has stated that federal budget cuts could cause cuts to programs like CityFHEPS. Urban Pathways opposes these cuts, as they will only increase homelessness, prolong housing instability, and lead to higher shelter costs. Keeping people housed is both the most cost-effective and humane solution. **The City must maintain full funding for CityFHEPS and implement the CityFHEPS expansion** to ensure that more people can transition out of shelters into permanent housing and stay in their apartments.

**Urban Pathways strongly supports Intro. 1372**, ensuring that CityFHEPS recipients pay no more than 30% of their monthly income toward rent regardless of whether that income comes from public assistance or employment. This important legislation would **reverse the harmful 40% rent hike**, which unfairly penalizes and rent burdens low-income and working New Yorkers. Doing so risks pushing more individuals and families into homelessness and punishes those who are striving to improve their financial situation through work.

### **Protect Housing and Homelessness Assistance Programs**

Federal funding for housing and homelessness programs provides a lifeline for hundreds of thousands of individuals and families in New York and millions across the country. Slashing this funding would have devastating consequences for our communities and would actively undermine proven solutions to homelessness.

Trump's proposed cuts to homelessness programs would force funds to go towards temporary, short-term solutions instead of permanent housing, which we know is the real solution to ending homelessness. **These cuts would slash New York's federal housing budget by nearly half, and threaten the stability of 500,000 families** who rely on programs like Section 8, NYCHA, and supportive housing. Two-year time limits on public housing and Section 8, combined with dissolving programs like Emergency Housing Vouchers (EHV), will lead to mass evictions, drive up homelessness, and push families back into the cycle they've fought so hard to escape.

We're already seeing the impact. Over 2,000 EHV recipients in NYC face losing their homes by year's end unless the City intervenes. At the same time, Trump is pushing to eliminate Continuum of Care (CoC) funding, used to permanently house nearly 8,700 New Yorkers in supportive housing, and shift all funding toward temporary, ineffective solutions.

Initiatives like **Urban Pathways' Key to Home, a HUD-funded rapid rehousing program, show what real solutions look like**. Key to Home has already housed 21 unsheltered New Yorkers directly into permanent housing during its first year, cutting the typical NYC shelter-to-housing timeline by more than half. With up to 24 months of rental assistance and long-term

affordability supports, this is precisely the kind of lifeline that federal housing dollars make possible, which will be jeopardized by these proposed cuts.

We know what works. Permanent housing, not shelters or time limits, is the proven solution to ending homelessness. The path forward is clear: we must invest in housing, not abandon it. Programs like Key to Home prove that with the right investment, people can exit homelessness quickly and permanently. **The City Council must focus on getting people out of shelters and into permanent housing.** No one should spend five years in a shelter waiting for housing support. The City has a responsibility to protect its most vulnerable residents from being forced back into homelessness. **We urge the City Council to demand full funding for the proven solutions to ending homelessness.**

### **The Dangers of Proposed Cuts to Medicaid and SNAP**

Proposed federal cuts to Medicaid and SNAP will strip hundreds of thousands of New Yorkers of basic health care and food assistance, hitting the most vulnerable the hardest. **1.2 million New Yorkers are at risk of losing Medicaid coverage starting in 2027 due to red tape barriers to maintaining coverage** like harsh work requirements and burdensome recertification rules. These changes aren't about improving the system, they're designed to reduce enrollment by making it harder for people to stay covered.

For people experiencing homelessness, the consequences are especially dire. Poor health is both a cause and consequence of homelessness, and Medicaid is often the only way they can access critical services like mental health care, medication, and hospital treatment. New federal rules will make it nearly impossible for unhoused New Yorkers to meet eligibility requirements, pushing many further into crisis. Without care, more people will get sick or die, and New York's hospitals will suffer financially as uncompensated care increases. This could lead to service cuts or even hospital closures.

SNAP cuts are just as severe. **New rules will result in over 300,000 households in New York losing some or all of their food assistance**, amounting to an \$800 million annual loss in food support. An additional 41,000 immigrant New Yorkers will lose access to SNAP, with a total impact of \$108 million in lost benefits. Work requirements, which studies have repeatedly shown do not improve employment, will return in 2026, limiting many people to just 3 months of benefits over 3 years if they can't meet complex rules or submit proper documentation.

**These cuts represent a deliberate dismantling of essential support systems.** They will cause real harm: more hunger, more untreated illness, and more preventable deaths. New York City and State will be forced to compensate for these significant federal funding losses. The City Council must push back by:

- Advocating for the implementation of state systems that reflect the realities of people experiencing homelessness and ease administrative burden.
- Advocating for state policies that will ease implementation of work requirements and/or maximize exemptions for unhoused individuals.

- Encouraging the state to increase communications about Medicaid enrollment/compliance and complement processes with city-wide initiatives.

### **Combat Source of Income Discrimination**

Source of Income (SOI) Discrimination is rampant city-wide and is the biggest challenge the people served by Urban Pathways face when searching for an apartment. SOI discrimination leads to extended stays in our safe havens, stabilization beds, and drop-in centers. Although discrimination against voucher holders is illegal, inadequate enforcement makes it difficult to prove instances of discrimination by property owners.

To combat SOI discrimination, the City must **pass Introductions 1210-1215 to strengthen penalties against landlords and brokers who refuse to rent to tenants using rental subsidies.** These bills are designed to disincentivize SOI discrimination by hitting landlords in the place they care about most: their wallets. From preventing access to building permits and tax incentives to discriminators, to mandating steeper and mandatory fines for discrimination, to making information on SOI discrimination findings public, these bills are meant to make landlords think twice about discriminating.

Thank you for holding this hearing and for the opportunity to testify today. We look forward to working with the City Council to navigate the incoming burdens from federal budget cuts to meet the urgent needs of the most vulnerable New Yorkers.

**For questions or more information, please contact:**

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**Testimony of Urban Resource Institute Before the New York City Council Committees on General Welfare, Governmental Operations, State & Federal Legislation and Hospitals on the Impacts of Federal Budget Cuts**

**September 17, 2025**

Good afternoon, Deputy Speaker Ayala, Chair Restler, Chair Narcisse and members of the Committees on General Welfare, Governmental Operations, State & Federal Legislation and Hospitals.

Thank you for the opportunity to present this testimony. My name is Brandon Lloyd. I am the Director of Government Affairs for the Urban Resource Institute (URI). URI is the largest provider of domestic violence shelter services in the nation and a leading provider of transitional housing for families experiencing homelessness in New York City. Every day, we create pathways to safety, stability, and healing for survivors of domestic violence and families in crisis.

URI is deeply concerned about the cascading effects of federal budget cuts to life saving, critical city and state run programs and housing. The deep cuts to Medicaid, SNAP, HUD and other federally funded social safety net programs will harm some of the most marginalized New Yorkers and make it more difficult for organizations like URI to provide essential housing and supportive services to those who need it most.

The cuts come on top of ongoing contract issues and long-term payment delays which make social services providers particularly vulnerable. While advances on contracts have helped URI and other similarly situated nonprofit social services providers address short-term cash flow issues, it is vital that we work together to create permanent solutions to avoid these problems in the future. Payments to nonprofits must be made within 90 days and we must ensure that no organization is owed upwards of \$30 million at any one time.

URI applauds the efforts of the New York City Council and Mayor's Office for Non-Profit Services to reform the contracting process by recently launching the Discretionary Grant Pilot. By replacing the city's cumbersome 13-step contracting process with direct grant agreements, the pilot replaces administrative delays with accelerated funding for 100 non-profit organizations. However, the pilot excludes essential social service providers like URI due to the \$25,000 funding cap and limited contracting agencies of Department of Youth and Community Development, Department for the Aging, Department of Small Business Services and Department of Veteran Services.

We respectfully urge the City Council and Mayor's Office of Nonprofit Services to scale the pilot quickly, expanding eligibility to recipients of larger grants and agencies such as the New York City Human Rights Administration and New York City Department of Homeless Services, agencies who hold URI's largest contracts.

The City expects non-profit social services providers to support New Yorkers with accessible, consistent services; at the same time, providers must be able to rely on accessible, consistent contracting with the City of New York. Scaling the pilot to include member item grants of \$25,000 or less with HRA or DSS would be a lifeline to providers, chipping away at the overdue \$30M owed to URI, ensuring those who serve the city's most vulnerable residents and maximizes the impact of the contracting reform. We applaud the city's efforts to reform the contracting process and remain committed to serving New York's most vulnerable populations.

The Center on Budget and Policy Priorities estimates that more than 15 million people nationwide will lose Medicaid coverage over the next 10 years due to changes in federal eligibility requirements. In New York, the stakes are especially high, as over 6.8 million New Yorkers rely on Medicaid for health insurance, while Governor Hochul's office has warned that more than 1.5 million stand to lose coverage under these federal cuts. SNAP benefits are equally at risk, as nearly 3 million New Yorkers, including hundreds of children, seniors, and people with disabilities depend on SNAP to put food on the table each month. According to the New York State Office of Temporary and Disability Assistance, every congressional district in New York has tens of thousands of SNAP recipients, making this a statewide crisis.

At URI, 100% of our shelter residents qualify for both SNAP and Medicaid, underscoring how deeply our communities depend on these programs. These cuts are a direct assault on the health and wellbeing of millions of vulnerable New Yorkers, including survivors of violence and their families. Just as Medicaid accounts for nearly 44% of New York State's total spending, URI's programs similarly provide critical, life-saving services for vulnerable populations. These draconian cuts to such services will not merely reduce services but will dramatically increase hardship for those already on the brink. We must act with urgency to defend these supports before our social safety net unravels.

We urge the Council to act on two critical bills. Intro 4017, sponsored by Council Member Ayala, caps a recipient's housing contribution at 30% of their income. For survivors leaving shelter, a CityFHEPS voucher capped at this rate is the difference between safety and a return to a home where harm has been caused. A cap at 30% ensures families can afford food, healthcare, and other essentials while rebuilding their lives, providing a stopgap when recipients will have to spend more on food and healthcare because of federal budget cuts. It has been proven time and time again, most recently by the 2023 Community Service Society's report, investing in CityFheps vouchers will save the City of New York \$5.6B over five years.

Intro 1364, sponsored by Council Member Restler, requires much needed transparency in how federal changes will affect city services. This type of transparency acts as early detection, a warning signal, so providers like URI and the coalition of social service organizations can support the City of New York in preparing stopgaps before a crisis spirals.

As we saw during the COVID 19 pandemic, while funds may dissipate, the needs of New Yorkers will persist. Passing Intro 4017 will provide a lifeline for our clients and vulnerable New

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Yorkers. Intro 1364 is a critical path to partnership between the City of New York and the non-profit organizations that provide basic human rights to New Yorkers, housing, during a time of fear and uncertainty.

We also urge the New York City Council to maintain the close partnership it has with nonprofit social services providers so that we may share valuable information and engage in collaborative advocacy to protect the communities we similarly serve.

The City of Chicago is bracing for the increased ICE raids and the Supreme Court ruled in favor of allowing continued racial profiling in Los Angeles. These actions are not occurring in a silo, they are warning calls to us as a nation, and specifically, to us as New Yorkers, to brace for impact. As we have seen over the last six months, the increase of immigration enforcement is causing a reduction in economic activity, contributing to the inability of mixed status families to earn income, and increasing household grocery bills.

As the largest provider of DV shelter services in the country, and a leading provider of temporary housing for families exercising homelessness, URI provides safe temporary shelter to nearly 4,000 people in one of our 25 temporary housing sites. Our close partnership with the City of New York is critical to that endeavor and we look forward to continuing to work together to ensure that we and the families we serve have access to the benefits and support we need to succeed.

Thank you.





**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 15<sup>th</sup>, 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 testimony 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 to 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. If you have any questions, please email me at [Elee@voa-gny.org](mailto:Elee@voa-gny.org).

## 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.  <b>Impact: limits the amount of provider tax revenue that qualifies for federal match, reducing total Medicaid funding available to states.</b>	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.  <b>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.</b>	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 state 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





## Appendix B: SNAP Changes

Program/Voucher:	SNAP					
Change Area	Proposed Changes	Affected Groups	New Exceptions	Current Exceptions Being Terminated	Veteran Work Requirement	Effective Date
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 <b>October 1, 2030</b> .	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 <b>October 1, 2030</b> .	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	<p>Limits the SNAP and Low-Income Home Energy Assistance Program (LIHEAP) connection to only apply to households with an elderly or disabled member.</p> <p>Limits the exclusion of energy assistance from countable income to households with an elderly or disabled member.</p>	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	<p>less than 6% must contribute a 5% match for the cost of SNAP program allotments.</p> <p>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%.</p>	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

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.	Current law allows a broader group of qualified non-citizens to be eligible for Medicaid, including refugees, asylees, and other groups.	Must be a green card holder	October 1, 2026.

State Provider Taxes	<p>Reduces the safe-harbor threshold of the current 6% to 0% for states and local governments that impose new or increase existing provider taxes.</p> <p>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.</p> <p><b>Impact: limits the amount of provider tax revenue that qualifies for federal match, reducing total Medicaid funding available to states.</b></p>	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	<p>Requires the Secretary of HHS to revise regulations to 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. <b>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.</b></p>	State Medicaid agencies using SDPs; rural hospitals that recieve 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 remained 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 agenices 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 predominately low-income, medically underserved individuals if the provider (1) primarily furnishes family planning services, reproductive health, or and 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	Non-profit health care providers; mothers	None	None	N/A	Directly upon enactment

	federal and state Medicaid payments totaling more than \$1 million.					
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

Estimated # of People Impacted by Medicaid Changes		
Area	Lose Coverage	Impacted (General)
NYS	1,300,000	N/A
NJ	350,000	1,800,000

Testimony of Greg Silverman, CEO, West Side Campaign Against Hunger

**Hearing Name:** [Committee on Governmental Operations, State & Federal Legislation](#)

Jointly with the Committee on General Welfare and the Committee on Hospitals.

Oversight - The Impacts of Federal Budget Cuts

**Date:** September 15, 2025

Chairs Restler, Ayala, and Narcisse, and members of the Committees on Governmental Operations, State & Federal Legislation, General Welfare and Hospitals,

Thank you for the opportunity to testify. My name is Greg Silverman, and I am CEO of West Side Campaign Against Hunger (WSCAH). I also serve as one of the founding members and Executive Director of The Roundtable: Allies for Food Access, a collaborative network of frontline emergency food providers across New York City.

I am submitting written testimony to share both data and firsthand experience about how recent and proposed federal funding cuts are harming food pantries, exacerbating food insecurity and forcing difficult trade-offs in service.

### **Who We Are & What We Do**

- [WSCAH](#) serves over 100,000 people annually in New York City.
- We distribute more than 5 million pounds of healthy food each year, with over 50% of that being fresh produce.
- We operate out of a 13,000-square-foot warehouse and many community distribution sites city-wide.
- Through [The Roundtable: Allies for Food Access](#), we collaborate with nine of NYC's largest frontline emergency food providers. Our core activities are strategic purchasing, advocacy, and mutual support.
- In 2023, Roundtable member organizations collectively served 69 million meals across NYC, over 1,300 distribution sites, and achieved roughly 35% savings over distributor pricing in bulk purchasing, saving over \$500,000 through those efficiencies.

### **Scale of Need: Food Insecurity & Rising Costs in NYC**

- According to the NYC Council Data Team's [Emergency Food in NYC report](#) (April 2024), there were 511 emergency food provider locations in NYC (428 food pantries, 79 soup kitchens).
- An [estimated 1.2 million New Yorkers](#) (14.6%) were food insecure.
- Food insecurity varies sharply by neighborhood. Some [Neighborhood Tabulation Areas](#) (NTAs) show rates between 30-36% (e.g., East Williamsburg, West Farms, Belmont).



- Grocery and food-at-home costs have been rising rapidly, straining household budgets. (While I don't have an exact current rate here, these cost increases make every dollar of food budget stretch less far.)

These trends mean emergency food providers are seeing both higher demand and more intense pressure on every operational line item: purchasing, storage, staffing, transportation, etc.

### **The Harm of Federal Funding Cuts**

Recent and proposed cuts to federal programs are hitting members of the Roundtable hard, including but not limited to:

<b>Organization</b>	<b>Funding Loss / Cut</b>	<b>Impacts</b>
The Campaign Against Hunger	Close to \$600,000 was lost between Emergency Food and Shelter Program (EFSP) and Federal Emergency Management Agency (FEMA) contracts	Major gap in covering operational costs; threatens ability to hold existing programming; may force service reductions.
Holy Apostles Soup Kitchen	Lost \$350,000 from the Emergency Food and Shelter Program (EFSP) alone	Similar pressures: fewer resources for food procurement; less flexibility in responding to spikes in demand.
Community Help in Park Slope (CHiPS)	Lost Federal Emergency Management Agency (FEMA) and Emergency Food and Shelter Program (EFSP) funding	Instability; harder to plan; risk to programs that directly serve people.
New York Common Pantry (NYCP)	Roughly half of its overall operating budget is tied up in federal funding programs	Hence, large exposure: any cuts ripple immediately to service capacity.
Several Roundtable Members	NY Food for NY Families funding cuts	Reductions in what pantries can obtain; limits on scale of food distributed.

Additional cuts and uncertainties include:

- Cuts to the Supplemental Nutrition Assistance Program Education (SNAP-Ed), a federally funded program that promotes healthy food choices and physical activity through nutrition education and community initiatives for people who receive or are

eligible for SNAP benefits, and transitional SNAP benefit enrollment programs. Every SNAP dollar generates \$1.54 in economic activity in New York, which accounted for an estimated \$11.5 billion in 2024 ([NYS Office of Temporary and Disability Assistance report](#)).

- Uncertainty about whether already committed or expended funds will actually be reimbursed. This jeopardizes planning, cash flow, and liability risk for nonprofits.

Simultaneously, because of these cuts and the rising cost environment:

- Many organizations are facing potential layoffs, scaling back hours or staffing just to stay afloat.
- Some are considering or already implementing service restrictions, such as not accepting new customers or limiting services by ZIP code, for the first time.
- Demand is rising: NYCP reports that in March 2025, demand increased by 22% year-over-year (compared to March 2024), and in September 2025, new enrollment rose by 11% from the summer months.

### **Impacts on Food Pantries & People Served**

With these cuts and pressures, here are the consequences we are seeing or anticipating across the front-line emergency feeding network:

- Reduction in the ability to purchase fresh or culturally appropriate food because budget lines must stretch farther. When federal support wanes, we often have to shift toward cheaper, shelf-stable items at the expense of nutrition, variety, and dignity.
- Increased instability means inability to plan for year-round services reliably, or to have “surge capacity” for spikes in demand (immigration, economic shocks, etc).
- Operational risks: delayed reimbursements force organizations to carry costs on credit or absorb them; this can reduce reserves and increase financial risk.
- Potential erosion in customer experience and trust: restricting who can enroll, limiting service frequency, potentially reducing open hours, or cutting back on wrap-around supports like benefits navigation.
- Recently, WSCAH was forced to limit the size and scope of its daily food distributions at its 86th Street location for the first time in 46 years. Over the last five years, the daily number of clients increased from 150 to 400 families per day at the height of the pandemic. Post-pandemic, those numbers rose to over 600 families per day at this one location. In 2025, WSCAH was forced to decrease distributions to continue to be able to best serve our customers the best and healthiest food possible close to home, and to save time, money, and give community members the safety they need. These are challenging times for so many in our emergency food network who struggle to comply with budgetary constraints.

### **Role of The Roundtable: What Collective Action Helps, and What’s Still Needed**

The Roundtable is already doing critical work that helps mitigate some of these challenges:

- Through strategic and bulk purchasing, Roundtable members have secured major cost savings (e.g., over \$500,000 saved through bulk purchasing compared to regular distributor pricing), which help stretch scarce dollars further.
- Mutual support: sharing best practices, helping smaller pantries access more efficient channels, technical assistance, and peer learning.
- Advocacy: pushing for policies that direct more resources to frontline providers; advocating for transparency and for programs that allow flexibility.

However, collective action can only go so far if the external funding environment becomes too unstable. Even with strategic purchasing, advocacy, and mutual support, when major funding sources are cut or unpredictable, the system becomes fragile.

## Policy Recommendations & Asks

To ensure NYC's network of front-line emergency food pantries (those that are directly engaging and serving community members in need) can continue to serve rising numbers of New Yorkers with dignity, we respectfully urge the City Council and other stakeholders to take these actions:

1. **Strongly oppose federal program cuts** that reduce funding for EFSP, FEMA contracts relevant to emergency food, SNAP-Ed, transitional SNAP benefits, and related nutrition assistance programs. NYC should make clear to our congressional delegation that these are life-and-death issues for many of our neighbors.
  - a. Establish a City-Federal Food Policy Advocacy Working Group led by the Mayor's Office of Food Policy in collaboration with the City Council, local food providers, and advocacy coalitions like The Roundtable. This working group would coordinate strategic advocacy with NYC's congressional delegation, especially members on appropriations and agriculture committees.
2. **Ensure city funding fills gaps**, especially bridging funding when federal programs reduce or vanish, to maintain basic operations of food pantries, keep fresh and culturally appropriate food in supply, and stabilize staffing.
  - a. Baseline the Community Food Connections (CFC) funding at \$100 million.
  - b. Advocate for expanded City Council Discretionary Funding (e.g., Food Pantry Initiative funds) to be prioritized and equitably distributed based on need and capacity in collaboration with the Mayor's Office of Food Policy and their data-driven efforts to pinpoint food distribution across the neediest ZIP codes in NYC.
  - c. Leverage and expand programs under the Human Resources Administration (HRA) and NYC Health + Hospitals' community food initiatives.
  - d. Potential to propose a bill or initiative to create a "City Emergency Food Contingency Fund" modeled on storm or migrant-response reserves.
3. **Support a flexible and timely reimbursement process** for emergency food providers: ensure that once funding is committed, NGOs are confident they will be paid back for eligible expenses without undue delay.

- a. Push for implementation of the NYC Nonprofit Contracting Reform Task Force's recommendations (2021), which includes streamlining procurement and payment practices.
  - b. Use oversight power to ensure the Mayor's Office of Contract Services (MOCS) follows through on the "Clear the Backlog" plan (originally targeting delays in Human Services contracts).
4. **Invest in infrastructure:** cold storage, transport, distribution hubs, staff capacity, so that pantries have the physical ability to make good on procurement strategies (strategic purchasing, etc.).
  - a. Support expansion of Capital Budget support (under the Department of Design and Construction (DDC) and HRA/Food Assistance) for infrastructure upgrades, requiring the city to study and support local food infrastructure.
  - b. Propose targeted infrastructure grants through NYC Economic Development Corporation (NYCEDC) focused on food justice and emergency food systems.
  - c. Advocate for the Mayor's Office of Food Policy to administer a recurring Emergency Food Infrastructure Fund similar to the model piloted during COVID-19.
5. **Protect wrap-around services:** funding for SNAP-Ed, benefits enrollment, culturally appropriate food, and other non-food supports; these often enable clients to access other services and reduce downstream costs (health, emergency services, etc.).
  - a. Expand Council-funded programs like the Immigrant Health Initiative, Access Health NYC, or Food Justice Initiative to explicitly include wrap-around support at food pantries.
  - b. Encourage multi-agency partnerships, for example, HRA, the Department of Health and Mental Hygiene, and the Mayor's Office of Immigrant Affairs, to embed benefits navigators in food pantries.
  - c. Propose legislation requiring integration of culturally appropriate foods and services into all City-supported food programs, building on efforts like Local Law 50 of 2011 (which required the city to buy food from local sources when possible).
6. **Data & transparency:** track funding flows, unmet food needs by neighborhood, service restrictions, and ensure smaller pantries are not overlooked in allocations. Use metrics (such as the [Supply Gap Map produced by the City](#)) to target help.
  - a. Promote an overhaul of [FEEDNYC](#): The Policy Committee on New York City Hunger Resources by adding additional governmental and nonprofit networks, such as the Roundtable, to this influential policy group, and adding the necessary budgetary support for objectively collected and stored data collaboration across the city's emergency feeding system.
  - b. Strengthen oversight of the Supply Gap Map developed by the Mayor's Office of Food Policy and Food Forward NYC to ensure public access and transparency in funding allocations.
  - c. Propose legislation or a reporting requirement for real-time tracking of emergency food funding disbursements

- d. Require annual reports from HRA and the Mayor's Office of Food Policy on equity in food resource distribution by zip code, pantry type, and population served.

## **Conclusion**

Federal funding cuts are fraying an already weakened emergency feeding safety net in NYC. As you have heard, in the context of escalating food insecurity (1.2 million New Yorkers are food insecure; some neighborhoods are seeing 30-36% rates), rising food prices, and exposure of more providers whose budgets depend heavily on federal contracts, the risk of tens of thousands of New Yorkers forced to choose between food, rent and medicine is very real.

WSCAH, through The Roundtable, remains committed to collaboration, innovation, and service. But collaboration isn't enough if the underlying support is eroding. Without action, we will see reduced service, reduced nutrition, personnel losses, and ultimately, more suffering.

Thank you for your time. I would welcome any questions and would be glad to share more detailed data from WSCAH and Roundtable partners about cuts, unmet needs, and cost pressures.

**Sept 15, 1:00 PM, “Oversight – The Impacts of Federal Budget Cuts.”**

Testimony of Dr. Ashna Shome  
Pediatrics Resident, PGY-3 at Jacobi Hospital  
Regional Vice President, Committee of Interns and Residents

Thank you, Chair and members of the Council, for the opportunity to speak today.

My name is Dr. Ashna Shome. I am a Pediatrics resident physician at Jacobi Hospital in the Bronx and a regional vice president of my union, the Committee of Interns and Residents.

As a pediatrician, I see firsthand how federal budget decisions translate directly into the health of our youngest and most vulnerable patients. Most of the families I care for rely on public programs like Medicaid, SNAP, and WIC to survive — and the recent federal budget cuts are a direct threat to their well-being.

First, cuts to SNAP and WIC will directly harm children’s nutrition and development. These programs are essential to ensuring young children have consistent access to healthy food during the most critical stages of brain and body development. With an estimated 20% cut to SNAP benefits, New York State could be forced to pay \$1.1 billion annually to make up for this loss. In over half of New York’s 26 congressional districts, between 13,000 and 24,000 households with children are expected to lose some or all of their SNAP benefits. That means more children going hungry, more families forced to choose between food and rent, and more kids arriving in our clinics with signs of malnutrition or obesity caused by unhealthy, inadequate diets.

Second, pediatric clinics like mine are bracing for staffing losses that will weaken an already strained safety-net. The social workers and community health workers who connect families to housing, food, and follow-up care are often funded through federal dollars. As these budgets shrink, we expect to lose vital staff — and with them, the ability to provide whole-family, wraparound care. Without this support, physicians like myself will be left trying to manage complex medical and social needs in short appointments, without the infrastructure needed to keep families stable and healthy.

If, as projected, 1.5 million New Yorkers lose health coverage, we will see more children going without routine checkups, vaccinations, and urgent care — and more families turning to emergency rooms because they have nowhere else to go. Safety-net hospitals and clinics in low-income areas like the Bronx already operate on razor-thin margins. With less federal reimbursement, they will be forced to cut services, lay off staff, or even shut down. Across the state, we could lose an estimated 34,000 hospital jobs — a loss that would be catastrophic for already under-resourced neighborhoods.

The Bronx, where I serve, could be among the hardest hit. Roughly two-thirds of Bronx residents are covered by Medicaid. Our pediatric patients here are among the most marginalized and medically vulnerable. Any loss of services — whether it’s food assistance, healthcare coverage, or clinic staff — will disproportionately affect the children who are already most at risk.

As a doctor, I am trained to look for early warning signs and act before a crisis becomes irreversible. These budget cuts are that warning sign. I urge this Council to act now — to invest locally, protect safety-net providers, and fight for the resources our families need to stay healthy. Thank you.



## **Hearing Testimony of Diana Ramos Sept.15,2025**

Good afternoon everyone. I would like to thank you for the opportunity to testify today. My name is Diana Ramos and I am here representing the Safety Net Activist membership which is a part of the Safety Net Project. I currently receive SNAP, Medicaid, SSI and I have a CityFHEPS voucher.

I am going to speak about the impact that these cuts will have on SNAP recipients in our city.

This past July 4th Trump or as I like to call him the Stale Cheeto Puff signed the Big Stupid Bill. The bill contains huge cuts to social welfare programs as well as cuts to other much needed federal programs. One of these cuts is to SNAP. Trump's cuts would cause 41,000 immigrant noncitizens in NY to lose their SNAP. This number includes those who were granted refugee or asylee status by the federal government. This totals in roughly \$108 million in lost SNAP benefits. This is horrifying. This loss will put more pressure on Food Pantries and other organizations who help feed our NYC communities.

Not only are noncitizen immigrants losing their SNAP, the Trump administration also wants citizens to have work requirements. This will result in 300,000 households losing some or all of their benefits. There will be an average loss of \$220 per household per month because of the work requirements and the new limits put on the Thrifty Food plan which no longer allow benefit adjustments based on inflation. That's a projected loss of more than \$800 million in SNAP benefits for New Yorkers. Studies show that work requirements don't help anyone. These requirements were put in place to kick people off benefits. NYC residents haven't had to deal with work requirements in years yet they are returning starting in 2026. I sure hope you can meet the difficult work requirements and your paperwork gets processed correctly because if not you will only be able to receive SNAP for 3 months in a 3 year period.

These cuts also require that NYC and the state of New York will have to cover the increased cost of administering SNAP and the cost of the benefits themselves. This has always been fully federally funded. What does this nonsense mean? This means less state and city budget money going to other needed programs.

I am asking the City Council to please work with us to protect, minimize the harm and step up to meet the needs of our communities that will be devastated by cuts to SNAP, Medicaid, and housing.

Thank you.

Good Morning, Council Members. My name is Michele Dottin, I'm here to support Intro 1000 and Intro 139, requesting that it be passed, allowing basic human decency to enable FHV drivers to stop for 30 minutes, 4 times a day, to get some food, use the restroom, or stretch their legs to avoid possible illnesses such as kidney issues caused by delayed release of bodily function. Drivers are not asking for too much, just the ability to be treated with some compassion and empathy in their daily stresses. Yes, stress happened when they had to worry about getting a ticket; they had to take a chance to park somewhere illegally, with no other choice, possibly wiping out most of the income they may have earned that day if they receive a ticket. INTRO 1000 would elevate that additional stress, allowing them peace of mind and human compassion for their daily needs, without being ticketed.

We need your **HELP!** FHV drivers FHV drivers are being treated like ATMs, they are faced with the possibility of having to purchase an Electric Vehicle by 2030 with no real infrastructure in place for the amount of chargers needed for the over 100 thousand licensed TLC drivers, with the lack of charging stations and sometimes 2-3 hours waiting time to charge their EV's, losing valuable time on the road transporting riders. Why does the implementation of EVs have to be completed by 2030, it should be delayed until we have enough charging stations to supply at least 50,000 thousand EVs charging needs, let's not forget the general public will also need to charge their vehicles; we need more discussions and a realistic solutions to this threat or a delayed implementation of the TLC required conversation of all vehicles.

Then, like another monkey on their backs, here comes the possibility of AVs taking away their jobs, leaving them with new debts from the purchase of Electric Vehicles (EVs) and no way to feed their families, expect going to the **government to subsidize** their income, is that really a solution? We want the focus to be on the workers who want to continue being Independent

Contractors, not the billionaires lavishly spend money they're making by cutting out the workers, like the man who had himself buried in his precious car, how selfish. Let's think about the ripple effect on the economy the thousands of jobs loss due to EV requirements and AV driverless vehicles. It's going to be a Domino effect for small businesses that rely on those drivers supporting their business. Let's also look at other issues which could arise from driverless vehicles, such as the timely response if a rider gets severely ill in the vehicle, safety of riders where someone can follow them into the vehicle leaving them with no protection, sex and drug trafficking activities, battery explosions if they have an accident. ***I could continue, but i'll stop here, why not require Hybrid vehicles instead, that is a possible compromise that both sides can agree would solve the charging anxiety and accessible stations.*** This necessitates further discussions, and realistic concessions that benefit both workers, the overall economy and the safety of the general public. **Workers first, not Corporations..**

I am in favor of INTRO 139, with one provision there should be 2 TLC licensees with knowledge of drivers issues, not a voiceless licensee that says yes out of fear.

I am also in favor of more research for electric chargers and implementation needed to supply the vast number of electric devices moving around the City.

Please listen to the workers, don't let them be voiceless; HELP us pass commonsense laws.

**PASS INTRO 1000...**

**Say No to Waymo...**

Thank you,

Michele Dottin

**From:** [Mx. Daniels](#)  
**To:** [Testimony](#)  
**Subject:** [EXTERNAL] 9/15 GOV OPPs 915  
**Date:** Monday, September 15, 2025 4:21:54 PM

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Dear City council members,

As I write from the audience 4 hours in and still no one from the public who are vulnerable of having their Medicaid, snap and section8 including myself to speak up first, before giving paid actors who represent them selves and are privileged enough to not have to worry about dire healthcare.

Mayor Adams, former Gov Cuomo and President Trump all have blood on their hands both in the past and currently of sanctioning federal cuts. I have been homeless denied medical care, and have chronic hunger issues that continues to happen to my mother and I for over 30 years, where even laws and welfare programs in place has huge gaps in allowing us to fall to severe disparities. Everytime one makes a nickel to your name, our welfare programs are gutted. I remember being with nothing to my name and denied public assistance while in a shelter.

I As a lifelong New Yorker who is poor, disabled, home bound, nonbinary, immigrant and a victim of prejudice and violence and other intersections is TERRIFIED that my government leaders will allow me to die. I can't afford any health, food, and housing on my own without subsidies and it's still not enough. I've never had a job over a median salary, and I don't want to be dependent on a defunct system that continues to become scarce to feed, house and care for its vulnerable citizens. Trump/Adams/Cuomo are comfortable knowing that I will be killed, if you allow them to do so, and I fear to leave my home, as I've been doxxed by violent alt-right maga supporters who even tried to raid a black trans mutual aid potluck this past week by Judson.

Our homelessness, hungry folks, folks who are immunocompromised and others on a thread of their lifeline continues to quadruple since COVID-19 and the death toll drastically increases off our tax dollars.

I have been denied over 7 times this past year for CA/EBT /Unemployment and SSI and I havent worked a full time job since Jan 15th, 2021. As my health continues to decline, and I have no one to care for me at home, I fear of dying behind doors and not being given the opportunity to plea for your help. In Judaism it states "if you save one life, you save the world." I have no where to go safely besides Nyc, and I deserve state of the art care, dignity, humxn rights and alleviate barriers of accessing my basic needs.

PLEASE ALLOW MARGINALIZED CITIZENS TO SPEAK UP FIRST WHEN THE MAJORITY OF THE CM ARE PRESENT, that putting us last compared to organizational leaders stating facts you already know, when you must hear our dire voices first above anyone

else, as we are losing our on our jobs, families, eating, and other priorities like medical appointments to be here, and still not one citizen at risk who isn't represented by a paid company hasnt been able to address their concerns.

Please be my ally to a healthier, sustained and safe future!

- Mx. Je'Jae Cleopatra Mizrahi (they/fae)



**Committees on Governmental Operations ,State and Federal Legislation, General Welfare & Hospitals on 9/15/25: Cuts to HR.1 fails the community whom they provide services to Snap, Medicaid, Section 8, childcare which assist our quality of life. To gut 15 billion in funding which represents 1.5 million people not dollars people. When are Your constituents being considered other than election time. This is appalling and inhumane to cut funding 5 yrs prior to sunset bill. How are those whom are disabled, mentally ill elderly children our most vulnerable are to fend for themselves. There needs to be a common sense bill to law because this uncertainty HR 1 lacks it. This budget cycle is a disaster and unfortunately unfair for the vulnerable and impoverished. We are people NOT PROFIT!!!!!!NOT REAL ESTATE ..... just people whom deserve a quality of life.**

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. 1364 Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Sherry Chen

Address:

I represent: CACF

Address:

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Manuel Martinez

Address:

I represent:

Address:

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Henry Love

Address:

I represent: Win

Address: 1 State St. Plaza, New York, NY

Please complete this card and return to the Sergeant-at-Arms

# THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: ANDREW ~~SANTANA~~ SANTA ANA

Address: \_\_\_\_\_

I represent: ASIAN AMERICAN FEDERATION

Address: \_\_\_\_\_

# THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 1225 Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Orlando Ovalles

Address: 14 Wall St

I represent: NALEO Educational Fund

Address: \_\_\_\_\_

Ju Juan's mother  
(Please let  
them testify  
together, as he  
is special needs)

# THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Wendy Hoe

Address: \_\_\_\_\_

I represent: Women in Need (win)

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Elizabeth Mackey

Address: \_\_\_\_\_

I represent: Vocal-NY, CUC, Safety Net

Address: 650 East 21<sup>st</sup> Bklyn. NY

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Diana Ramos

Address: \_\_\_\_\_

I represent: Safety Net Activists

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: NATHALIN FLOWERS

Address: [Redacted] Bklyn 11212

I represent: NAACP, Vocal-NY, NADSO

Address: Work Fuel Act Activists

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Brad Martin

Address: [REDACTED] Brooklyn, 11211

I represent: FPWA

Address: 40 Broad st, Level 5, New York, NY, 10004

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. 1225 Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: 9-15-75

(PLEASE PRINT)

Name: Lena Cohen

Address: 45 Broadway - 2nd Fl New York, NY

I represent: United Neighborhood Houses

Address: 11

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. 1225 Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: JEFFREY WICE

Address: [REDACTED] NY LAW SCHOOL

I represent: SELF

Address: \_\_\_\_\_



**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. 1225 Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: MAHIMA GOLANI

Address: [REDACTED]

I represent: NYC FAMILY POLICY PROJECT

Address: 121 6TH AVE

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. 1

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Chad Shearer

Address: \_\_\_\_\_

I represent: United Hospital Fund

Address: 1411 Broadway, NY, NY 10018

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Calvin Michael

Address: \_\_\_\_\_

I represent: Urban Justice Center - Safety Net

Address: Project



**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: ALANA TORNELLO

Address: \_\_\_\_\_

I represent: HUMAN SERVICES COUNCIL OF NY

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Christine Quinn

Address: \_\_\_\_\_

I represent: Win (Women in Need)

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/27

(PLEASE PRINT)

Name: Jelle Billam-Schwan

Address: [REDACTED] Brooklyn, NY 1122

I represent: The Supportive Housing Network of New York

Address: 247 W 37th St, 18th Fl, NY, NY 1001

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☒ in opposition

Date: \_\_\_\_\_

Name: Carla Hollingsworth (PLEASE PRINT)

Address: \_\_\_\_\_

I represent: Stuyvesant Gardens TA

Address: 730 Gates Ave Suite 1B

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. SNAP+ Medicaid cuts Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/25

Name: Eric Lee (PLEASE PRINT)

Address: 135 W 50th St

I represent: Volunteers of America - Greater NY

Address: 135 W 50th St

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☒ in opposition

Date: \_\_\_\_\_

Name: Loretta Halter (PLEASE PRINT)

Address: \_\_\_\_\_ NY, NY 10036

I represent: self

Address: same as above

Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Tejce Neopatra

Address: \_\_\_\_\_

I represent: Community Affairs

Address: Hy 11th

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Gordon Lee Former Nixon Protester

Address: \_\_\_\_\_ Brooklyn 11226

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. 1364 Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Edward Tie

Address: \_\_\_\_\_ Richmond Hill

I represent: United Way of New York City

Address: 205 East 42nd

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Cristina Abbattista

Address: \_\_\_\_\_

I represent: Urban Pathways

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. 1372 Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Robert Desir

Address: Legal Aid Society -

I represent: Legal Aid Society

Address: 49 Thomas Street NY NY 10013

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. 1372 Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Samuel Stein

Address: [REDACTED]

I represent: COMMUNITY Service Society

Address: 633 3rd Ave, NY NY

Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 09-15-25

(PLEASE PRINT)

Name: Abby Biherman

Address: biherman@nylag.org

I represent: New York Legal Assistance Group

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Zeltina Gibbs

Address: \_\_\_\_\_

I represent: Win (Women in Need)

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Juduan Bowers

Address: \_\_\_\_\_

I represent: Win (Women in Need)

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Heidi Kinney

Address: \_\_\_\_\_

I represent: Win (Women in Need)

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1372 Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Alison Wilkey

Address: 129 Fulton St

I represent: Coalition for the Homeless

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9-15-25

(PLEASE PRINT)

Name: Maniam Mohammed-Miller

Address: 26 Bleeker St

I represent: PPG NY - Planned Parenthood of

Address: 26 Bleeker St greater NY

Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Bryan Ellicott - Cook

Address: \_\_\_\_\_

I represent: SAGE

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☒ in favor ☐ in opposition

Date: 9/15/2025

(PLEASE PRINT)

Name: Mia Wagner

Address: [REDACTED] Brooklyn

I represent: Community Service Society

Address: 623 3rd ave, 10th floor NY NY

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: MARLA SIMPSON

Address: 1BO - 110 William 14th Fl.

I represent: 1BO

Address: SAME

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Andrew Perry

Address: \_\_\_\_\_

I represent: Fiscal Policy Institute

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: SARITA SUBRAMANIAN

Address: 130-110 William 14th Fl.

I represent: IBO

Address: Same

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Elisabeth Wynn

Address: \_\_\_\_\_

I represent: Greater New York Hospital Association

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Michael Hinnucan

Address: [REDACTED] 11225

I represent: Fiscal Policy Institute

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Jessica Zhang

Address: \_\_\_\_\_

I represent: 32BJ Health Fund

Address: 25 W 18th St, NY, NY

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Bertram Weston

Address: \_\_\_\_\_

I represent: Local Expense Advocate, Care for the Homeless

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Will Woods

Address: \_\_\_\_\_

I represent: Lived Experience Advocacy Care for the Homeless

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Chelsea Rose

Address: \_\_\_\_\_

I represent: Policy & Advocacy Manager Care for the Homeless

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☒ in opposition

Date: \_\_\_\_\_ Federated Cuts

(PLEASE PRINT)

Name: Kim Moscaritolo

Address: \_\_\_\_\_

I represent: Hunger Free America

Address: 50 Broad St.

Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Carolyn Cowen

Address: \_\_\_\_\_

I represent: Chinese American Planning Council (CPC)

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Edward Tse

Address: \_\_\_\_\_

I represent: United Way of NYC (UWNYC)

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Joseph Rosenberg

Address: 191 Jerusalem St

I represent: Catholic Community Relations Council

Address: \_\_\_\_\_

**Please complete this card and return to the Sergeant-at-Arms**

THE COUNCIL  
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 1199SEIU Res. No. \_\_\_\_\_

☐ in favor

☐ in opposition

Date: 9/15/25

(PLEASE PRINT)

Name: Tom Newman Campbell

Address: 498 7th Ave New York, NY 10018

I represent: 1199SEIU

Address: \_\_\_\_\_

THE COUNCIL  
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor

☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Sabine Frid-Bernards

Address: [REDACTED] Bk NY 11206

I represent: Brooklyn Org

Address: 80 Hansa Place Bk NY

THE COUNCIL  
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 1634 Res. No. \_\_\_\_\_

☒ in favor

☐ in opposition

Date: 9/15/2025

(PLEASE PRINT)

Name: Edna Wells Handy Peoples

Address: 333 Schermerhorn St # 55F

I represent: The National Institute for Employment

Address: 333 Schermerhorn St Bk 11217

Please complete this card and return to the Sergeant-at-Arms