



State Advocacy Part One - Understanding the Harm of the Big Bad Bill

April 21, 2026

Who We Are



JustUSCC.org

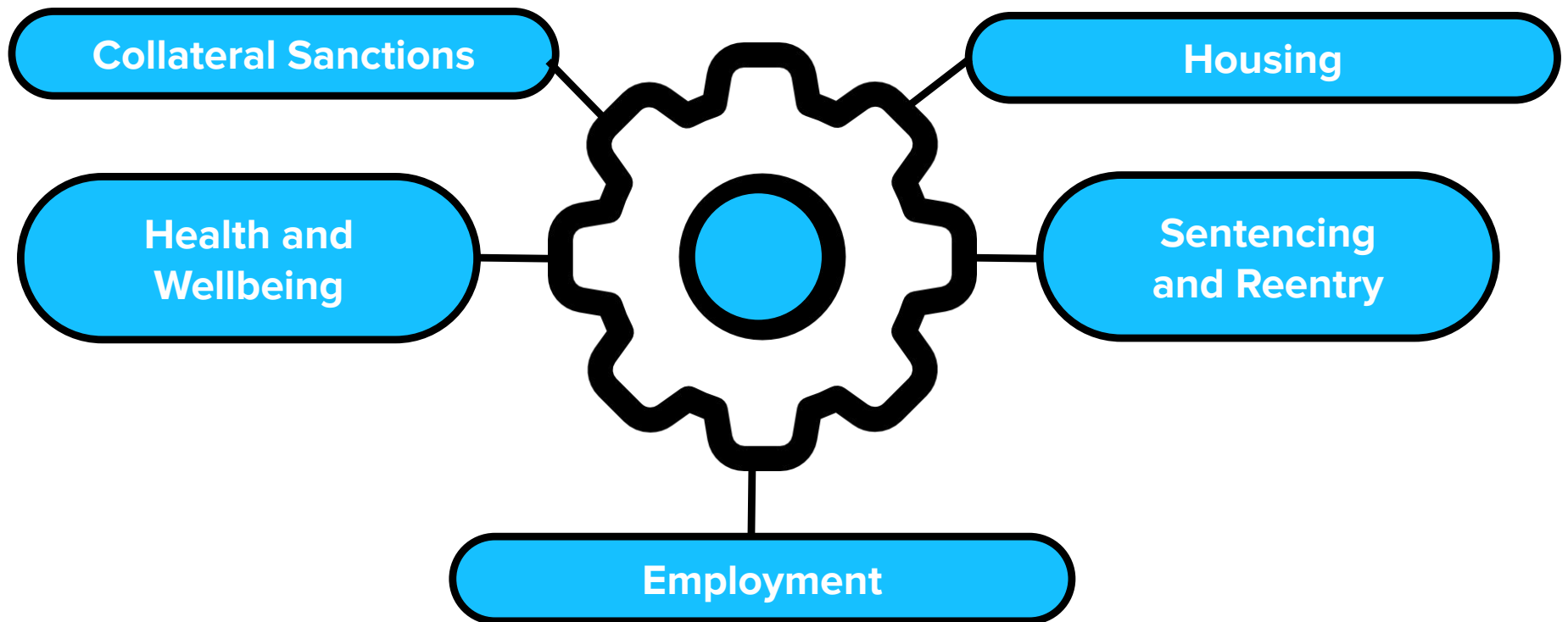
The JCC is a national federal policy table led by and created for individuals who are directly impacted. The JCC forms the connective tissue needed to catalyze full participation in policy practices and changes for formerly incarcerated people and directly impacted individuals and their communities.

Our Why

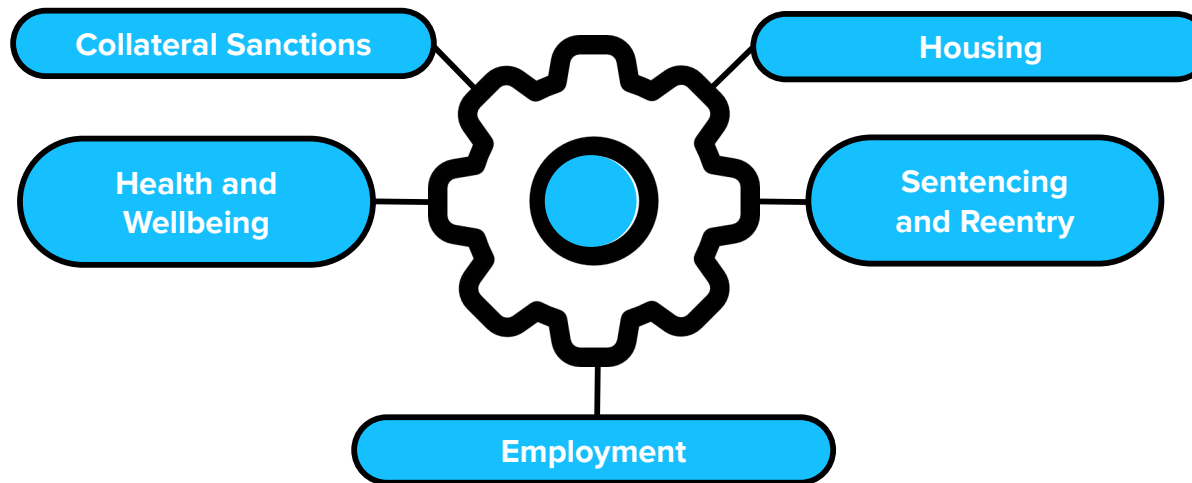


The voices of those most impacted by the criminal legal system have been missing and/or excluded from decision-making tables.

Priorities



Basic Human Needs: Pathways to Success



Health and Wellbeing — a concept essential to economic mobility — is often limited by access, availability, and a wide variety of exclusionary policies. These realities continue to be reshaped by efforts to reduce spending on public assistance programs.



Centered back to people





HR1 and Impacts

Gina Plata-Nino | SNAP, gplata-nino@frac.org

Who We Are

The Food Research & Action Center (FRAC) works to improve the nutrition, health, and well-being of people struggling against poverty-related hunger in the United States through advocacy, partnerships, and by advancing bold and equitable policy solutions. For more information about FRAC, or to [sign up](#) for FRAC's e-newsletter, go to www.frac.org.



What We Do


- Conduct research to document the extent of hunger and identify effective solutions
- Advocate for federal, state and local public policies that protect and strengthen the federal nutrition programs
- Provide coordination, training, technical assistance, and support on hunger-related issues


SNAP Matters


Nation's first line of defense against hunger


Helped 42 million individuals with low incomes put food on the table in an average month in 2023

SNAP STRENGTHS



- 

SNAP reduces hunger by providing low-income people necessary food money
- 

SNAP bolsters local economies by increasing money spent for food at local retailers
- 

SNAP delivers assistance quickly & effectively to people recovering from disasters and economic crises

SNAP by the Numbers \$\$\$



Scale of SNAP

The charitable sector can't solve hunger alone.



1 in 9 For every one meal that Feeding America provides, SNAP provides 9 meals.

The Feeding America network of 200 food banks provides over 4 billion meals a year to help the more than 37 million food insecure people in the United States. Alone this won't solve food insecurity. SNAP is a critical piece in assuring families have enough resources to put food on the table. It takes a partnership with federal nutrition programs like SNAP to ensure families are able to put nutritious food on the table.



The charitable sector can't solve hunger alone.

For every one meal that a food bank provides, SNAP provides 9 meals.

Returning Citizens & Food Insecurity

- 600,000+ people are released from jail or prison each year
- Returning citizens face housing instability, unemployment, and poverty
- Food insecurity = limited or uncertain access to adequate food (USDA)
- Returning citizens are 2× more likely to be food insecure than the general population
- 1 in 5 formerly incarcerated people struggle to obtain regular meals
- Disproportionate impact on Black individuals and adults 55+
- Families absorb the burden as limited food budgets are stretched further

SNAP Drug Felony Ban — Barriers & Consequences

- 1996 law allows states to deny SNAP to people with drug felony convictions
- Policy is a legacy of the War on Drugs with racially disparate impacts
 - South Carolina maintains a full lifetime ban; 25 states impose modified bans
 - Modified bans still require punitive conditions (drug testing, treatment, supervision)
- SNAP is a core anti-poverty program supporting food, housing, and job search
- 60%+ of returning citizens are unemployed one year after release
- SNAP access is linked to lower recidivism and improved stability


New SNAP Cuts

SNAP-Ed Defunding	FY 2026 (Oct. 1, 2025)
Expanded Time Limits	July 4, 2025
Internet Cost Exclusion	July 4, 2025
Utility Deduction Limits	July 4, 2025
Noncitizen Eligibility Cuts	July 4, 2025
Thrifty Food Plan Limits	July 4, 2025
Administrative Cost-Sharing	Starting FY 2027 (Oct. 1, 2026)
Cost-Sharing Shift	Effective Date: FY 2028 (Oct. 1, 2027)

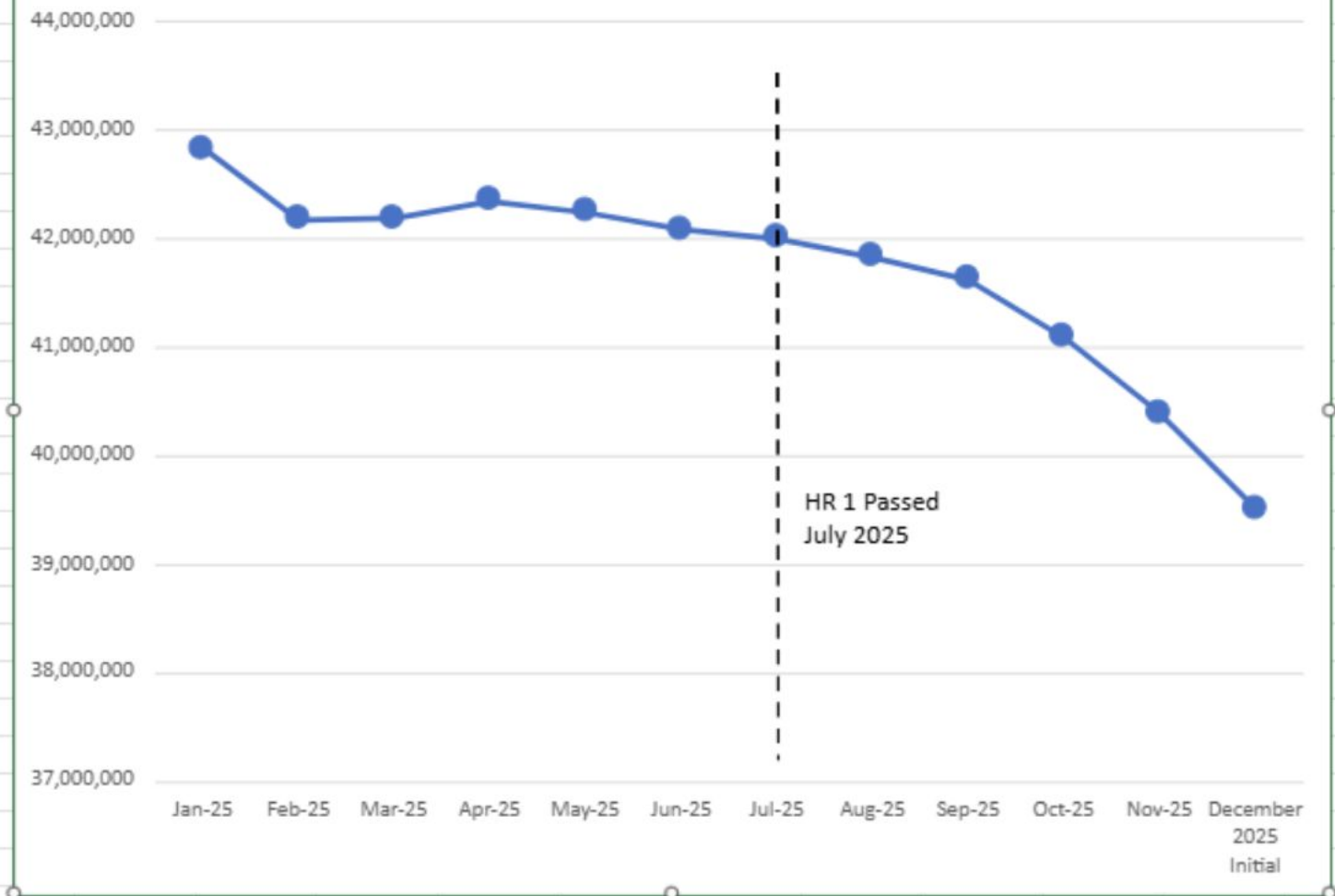
Increased administrative costs =

 **Funding:** More funds required

 **Time:** Greater staff time

 **Staff:** Increased staffing needs time, more need for funds

SNAP Participation Decline since January 2025



Source: USDA SNAP State level monthly participation. <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>

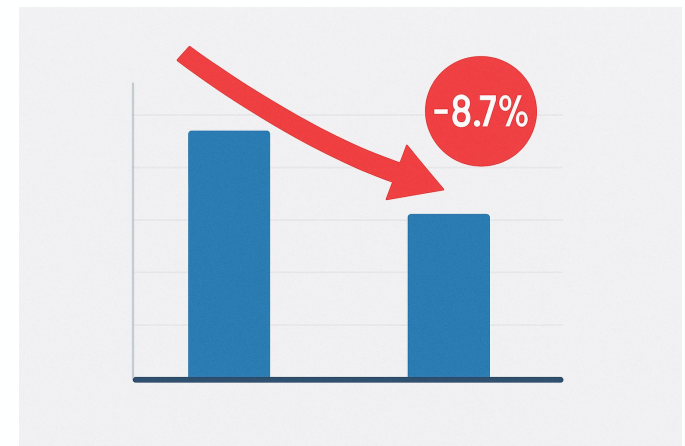
Economic Impact - Cuts to Retail

Table 1 – Estimated Decrease to SNAP Sales through 2034

The impact will vary based on state demographics and how quickly states implement changes. The changes will cause a decrease in SNAP shoppers, not a decrease in SNAP benefits. Most eligibility changes will go into effect in Q1 of 2026.

\$ in -Billions	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	Total
Work Requirements	5.8	8.0	8.0	8.0	8.0	7.7	7.7	7.7	7.7	5.8	68.6
Utility Allowances	0.4	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	5.9
Internet Deductions	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.3	1.3	1.3	11.0
Non-citizen Immigrant Eligibility	0	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	2.0
SNAP Sales Cut	7.4	10.1	10.1	10.1	10.1	9.8	9.8	9.9	9.9	8.0	87.5
Percent of SNAP Sales*	6.7	9.4	9.2	9.1	9.1	8.8	8.8	8.6	8.6	6.9	

SNAP Sales Expected to Fall by an Average of 8.7%

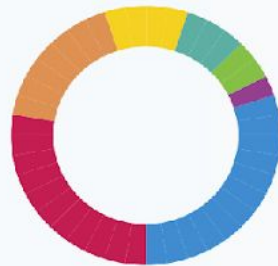


Estimated Expenses

State	State Administrative Costs at 50%	Estimated 75% Increase in FY 27	FY 2024 Payment Error Rate	Cost-Share Based on FY 24	Projected SNAP Issuance Shift to State	Estimated FY 28 Total Cost (new admin and cost-share)
California+	\$1,323,591,408	\$1,945,561,710	10.98	15%	\$1,827,462,833	\$4,434,024,543
New York*+	\$491,937,658	\$745,685,117	14.09	15%	\$1,084,741,675	\$1,830,426,793
North Carolina+	\$136,118,990	\$218,638,473	10.21	15%	\$440,193,962	\$658,832,435
North Dakota+	\$12,713,003	\$19,139,016	7.91	5%	\$5,572,445	\$24,711,461
Ohio+	\$140,998,124	\$218,932,122	9.01	10%	\$318,643,378	\$537,575,500
Oklahoma	\$55,030,314	\$87,001,462	10.87	15%	\$225,948,998	\$312,950,460
Oregon*	\$160,093,107	\$236,644,526	14.06	15%	\$239,487,786	\$476,132,313
Pennsylvania	\$213,747,495	\$338,654,735	10.76	15%	\$640,205,315	\$978,860,049

State Budgets

Total State Expenditures by Function, FY 2024



\$3,064 Billion

Medicaid	29.8%
K-12	18.9%
Higher Education	8.7%
Transportation	8.0%
Corrections	2.7%
Public Assistance	1.0%
All Other	30.8%

Total State Expenditures by Fund Source, FY 2024

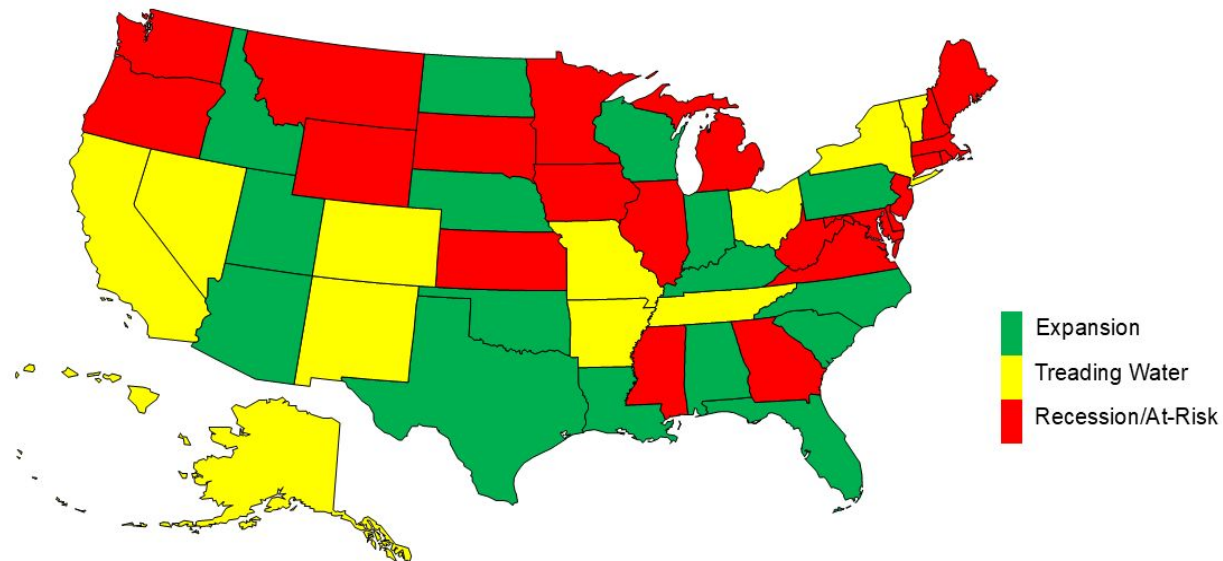


General Funds	38.5%
Federal Funds	34.2%
Other State Funds	25.9%
Bonds	1.4%

Growing Concern over Recession

Many States In or Near Recession, Signaling National Recession Risk

Business cycle status, October 2025



General SNAP Work Requirement

Applies to people who are:

- Age 16 - 59
- Fit for work
- Working under 30 hrs per week
- Not already complying with work requirements of another program
- Not students
- Not responsible for a child under 6

273.7(b)

Requires:

- Register for work
- Participate in an E&T or workfare program if assigned by State
- Accept suitable employment if offered
- No voluntarily quit or reduction in work hours under 30 per week

273.7(a)

Time Limit Recognized as Problematic Since 1996

“I have concerns about other provisions of this legislation as well. ... it fails to provide Food Stamp support to childless adults who want to work, but cannot find a job or are not given the opportunity to participate in a work program.”

- President Bill Clinton



Time Limit Known to Be Problematic Since 1996

“It is only if you are able-bodied, if you are childless, and if you live in an area where you are getting food stamps and there are jobs available, then it applies.”

-Co-author of the PRWORA
ABAWD time limit provision
Congressman John Kasich



Understanding the 3-Month the Time Limit

What is the 3-month time-limit?

- Benefits are limited to 3 full months per 3-year period to childless adults aged 18-49
- Unless the individual:
 - Is working 20 hours a week
 - Is in a qualifying job slot (e.g. E&T) 20 hours a week or doing workfare, volunteering, or
 - Meets one of the limited exemptions

SNAP Time Limits & the Fiscal Responsibility Act of 2023

- **Age Expansion for Time Limits**

Adults without dependents or disabilities now face time-limited SNAP benefits up to Age **54** (effective Oct 1, 2024)

- **New Exemptions Added**, time limits do **not** apply to:

- Veterans
- Homeless individuals
- Former foster youth (age 24 or younger)

- **Fewer Discretionary Exemptions**

- States receive **reduced annual exemption allotments**
- **Carryover of unused exemptions** restricted beginning FY 2026

Labor Market and Expanded Time Limits

Labor Force Share, by Age Group



Nearly two-thirds of workers in their early 50s are forced out of full-time jobs before retirement

2023
Bureau of Labor Statistics

The new policy includes:

- adults up to **age 65**
- parents, **grandparents**, or caregivers of children ages 14 or older
- veterans
- adults experiencing homelessness, including homeless families with teenage children
- youth aging out of foster care
- The law does provide an exemption from time limits for certain Native American adults.

Exemptions

Lives with a child under age 14.

Takes care of a child aged 6 or younger outside the home, such as caregiving for a grandchild, a neighbor's child, etc.

Takes care of a disabled adult or a disabled child (of any age).

Has an impairment or disability - physical, mental, cognitive - that impacts the ability of the adult to work.

Is pregnant, at any stage.

Has earned income (before taxes) of \$217.50 per week (\$870/month), regardless of hours.

Applied for or is receiving Unemployment Insurance.

Is in an education or training program.

Is a member of a federally recognized Indian Tribe or nation

Is participating in a substance use disorder treatment program.

Impacts of the Cuts

SNAP Participation Reductions 2.4 M

800 K Able-bodied adults through age 64
who do not live with dependent children



300 K Able-bodied adults ages 18 to 64
who live with children age 14 or older



1M Roughly 1M
Able-bodied adults ages 18 to 54
(ages 18 to 49, starting in 2031)

H.R. 1 SNAP Hub

How H.R. 1 Will Force Families, States to Make Impossible Choices

Learn about the harmful provisions below.

– Increasing Administrative Costs on States –
[Learn More](#)

– State Cost-Sharing of Food Benefits –
[Learn More](#)

– Expanding Time Limits –
[Learn More](#)

– Restricting Noncitizen Eligibility –
[Learn More](#)

– Freezing Thrifty Food Plan Adjustments –
[Learn More](#)

– Limiting Access to Deductions –
[Learn More](#)

[//frac.org/hr-1r](https://frac.org/hr-1r)

FRAC
Food Research & Action Center

Medicaid Changes Impacting Formerly Incarcerated Individuals

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Breaking Barriers. Defending Dignity.

The Legal Action Center uses legal and policy strategies to fight discrimination, build health equity, and restore opportunity for people with conviction records, substance use disorders, and HIV and AIDS.

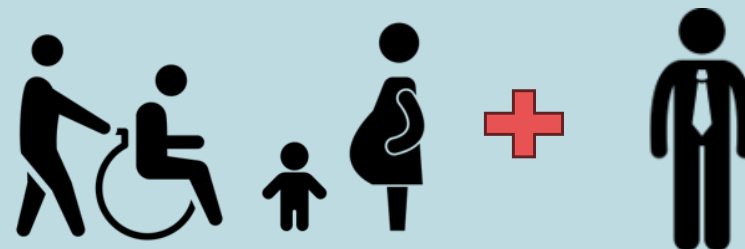
Medicaid Fundamentals: A Federal-State Partnership

A Federal entitlement program administered by states

- Governed by federal statute and rulemaking
- ***Although states must comply with the Federal laws governing the Medicaid program, each state:***
 - Administers its own program
 - Establishes its eligibility criteria
 - Largely decides type and scope of services, service delivery and reimbursement rates/models
 - Can decide to create specified services for certain populations (e.g., through waivers or demonstration projects)

Medicaid Fundamentals (cont'd)

- **Traditional** Medicaid coverage provides health care coverage for low-income individuals who satisfy eligibility categories (children, people with disabilities, pregnant people, people age 65+, and individuals w/ dependent children)
- The ACA **expanded** Medicaid eligibility to nearly all adults with incomes up to 138% of the Federal Poverty Level (\$21,597 for an individual in 2025), more than **20 million people**



Medicaid Fundamentals (cont'd)

The ACA expanded Medicaid eligibility:

- To millions of people leaving prisons and jails who were previously unable to qualify for coverage
- Provides states with enhanced Federal matching funds (90%)
 - ❖ This is huge incentive to states and localities
- Requires ACA Essential Health Benefit coverage (SUD and MH benefits at parity with other covered benefits)
- To date, 41 states (including DC) have adopted the Medicaid expansion and 10 states have not adopted the expansion (AL, FL, GA, KS, MS, SC, TN, TX, WI, and WY).

The Importance of Medicaid

- Medicaid provides health coverage to more than 70 million people in the US.
- Medicaid is a critical source of health coverage for children, older adults, and people with disabilities.
- Medicaid supports innovation, including through demonstration waivers.
- Public opinion polling shows strong, diverse support for Medicaid.

WHAT IS MEDICAID CALLED IN YOUR STATE?

AL	Alabama Medicaid	MT	Montana Medicaid
AK	DenaliCare	NE	Nebraska Medicaid
AZ	AZ Health Care Cost Containment System	NV	Nevada Medicaid
AR	Arkansas Medicaid	NH	New Hampshire Medicaid
CA	Medi-Cal	NJ	New Jersey FamilyCare
CO	Health First Colorado	NM	NM Centennial Care
CT	HUSKY Health	NY	New York State Medicaid
DE	Delaware State Health Plan	NC	NC Medicaid
FL	Florida Medicaid	ND	North Dakota Medicaid
GA	Georgia Medicaid	OH	Ohio Medicaid
HI	Med-QUEST	OK	SoonerCare
ID	Idaho Medicaid	OR	Oregon Health Plan
IL	HealthChoice Illinois	PA	Pennsylvania Medical Assistance
IN	Indiana Health Coverage Programs	RI	Rhode Island Medicaid
IA	Iowa Medicaid	SC	Healthy Connections
KS	KanCare	SD	South Dakota Medicaid
KY	Kentucky Medicaid	TN	TennCare
LA	Healthy Louisiana	TX	Texas Medicaid
ME	MaineCare	UT	Utah Medicaid
MD	Maryland Medical Assistance Program	VT	Green Mountain Care
MA	MassHealth	VA	Cardinal Care
MI	Michigan Medicaid	WA	Apple Health
MN	Minnesota Medical Assistance	WV	West Virginia Medicaid
MS	Mississippi Medicaid	WI	BadgerCare Plus
MO	MO HealthNet	WY	Wyoming Medicaid
		Washington, D.C.	DC Medicaid

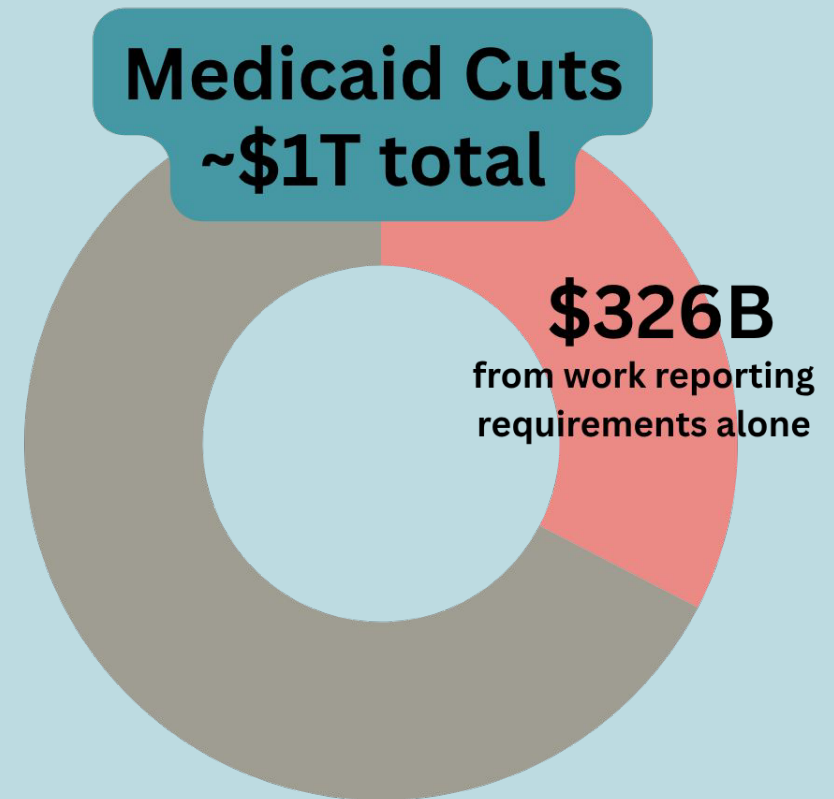
Medicaid & People in the Criminal Legal System

- Medicaid is the largest funder of MH and SUD services
- Medicaid coverage of MH and SUD services is generally more comprehensive than private insurance coverage
- Medicaid is required to cover all 3 FDA-approved MOUD and naloxone
- EPSDT requirements ensure regular screenings and preventative care, and access to treatment, for individuals under age 21
- There are several types of Medicaid waivers (including reentry waivers) important to currently and formerly incarcerated people

Understanding Upcoming Changes to Medicaid Coverage

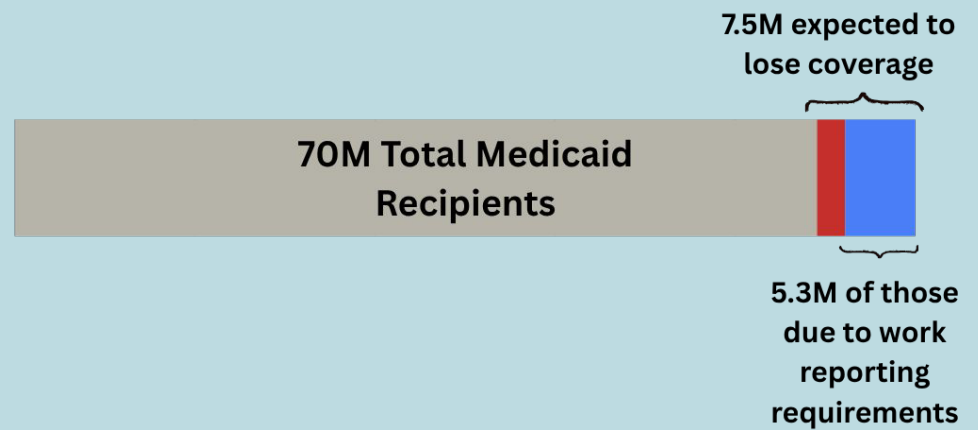
As a result of July 2025 Passage into law of H.R. 1, the One Big Beautiful [or Ugly] Bill:

- Approximately **\$1 trillion** will be cut from Medicaid over the next 10 years, with **\$326 billion** attributed to coverage losses resulting from work requirements.



Understanding Upcoming Changes to Medicaid Coverage (cont'd)

- Congressional Budget Office (CBO) projects that by 2034, 7.5 million people will lose Medicaid, with 5.3 million of those losses attributed to work reporting requirements



Understanding Upcoming Changes to Medicaid Coverage (cont'd)

- Several provisions target Medicaid **expansion** population
 - Medicaid expansion (low-income adults without dependents) is how the vast majority of formerly incarcerated individuals access Medicaid



Overview of the Medicaid Work Reporting Requirements

- Goes into effect on Jan. 1, 2027
- Medicaid expansion population (low-income adults without dependents) ages 19-64
- Verify prior to enrollment and at least every 6 months at renewal
- **80 hrs/month** of work, education, training, and/or community service OR monthly income of **at least \$580 (\$7.25 x 80 hrs)**
- Certain populations are “exempt” but may need to prove it



Work Reporting Requirements – History of Harm

- Most people enrolled in Medicaid who can work do
- **13 state waivers** approved during first Trump Administration
 - Arkansas saw **18,000 adults (1 in 4)** lose coverage with no increase in employment.
- **Only 6%** of eligible Georgians have been able to access coverage
- Disproportionate harmful impact on people with arrest/conviction records, given significant barriers to employment



1 in 4
lost coverage

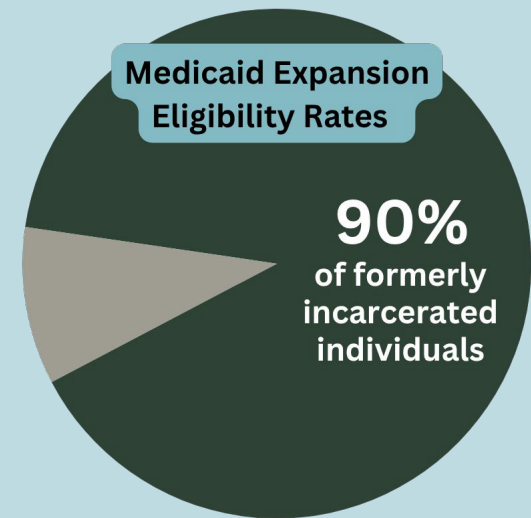
Some of the Exemptions...

- Individuals with a **substance use disorder** (SUD)
- Individuals with other **health needs** (disabling mental health conditions, physical, intellectual, or developmental disabilities, or serious or complex medical conditions)
- Individuals **released from incarceration** (for 3 months post release)
- Individuals already complying with TANF/SNAP work requirements

Though you may need documentation showing you meet the exemptions

Reentry Considerations

- Up to 90% of formerly incarcerated individuals are likely eligible for health insurance under Medicaid expansion (population impacted by work requirements)
- Formerly incarcerated individuals face significant barriers to gainful employment
- Reentry exemption is limited (3 months post incarceration)
- Vast majority of people leaving incarceration have health conditions, including SUD, that should exempt them from the rules
 - This is the opportunity to protect the reentry population



Framework for Mitigating Harm

Prevent as many individuals as possible from losing Medicaid coverage under the new federal work reporting requirements, especially those with SUD/MH and justice involvement

- **Maximize exemptions** – i.e. broad definitions, finding the longest-term exemptions
- **Minimize burdens** – framework for best ways to demonstrate compliance while prioritizing privacy and dignity, and minimizing costs to the state

Maximize Exemptions



Minimize Burdens

Many of these individuals can and do work or participate in other community engagement activities. But the reporting requirements set people up to fail, so we need to maximize the ways to comply.

Reentry Policy Considerations for States

Maximize the Exemptions

- States should **identify longer-term exemptions** for which formerly incarcerated individuals qualify
- Policymakers and carceral systems should ensure they are **screening for and documenting health conditions** that might qualify individuals for a longer-term exemption
- If an individual is not eligible for another exemption, policymakers should ensure that those leaving incarceration are **automatically in the 3-month formerly incarcerated exemption**

Reentry Policy Considerations for States

Minimize the Burdens

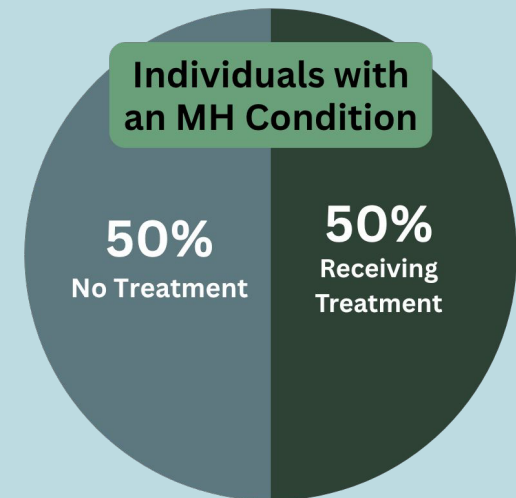
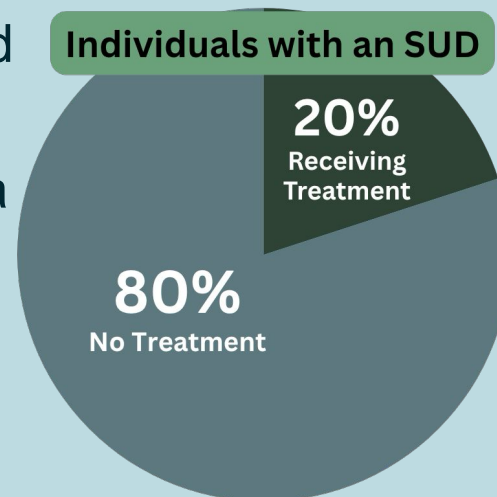
- If claims, encounter, or other matched data from the criminal legal system reveal that an individual may be **eligible for a longer-term exemption (i.e., because of a medical condition), that one should be applied.**
- Individuals not appropriately captured by data matching should be able to complete a **medical screening tool or otherwise attest to meeting exemption criteria.**
- If the exemption status cannot be determined via data matching or screening tool, the state should **automate third-party verification** to the greatest extent possible.
- State should ensure **carceral facilities give individuals all of the information and documentation** they may need upon their release to facilitate immediate access to coverage and care.

What Else Do We Know About Implementation of Work Reporting Requirements?

- No written guidance to date about how work reporting requirements will be implemented
- The federal government is signaling:
 - Upon initial application: States can decide to use a **medical screening tool** or **require documentation** of a medical condition for exemption purposes
 - Once enrolled: states will need to verify a person's exemption status in first 6 months through **Medicaid claims data** (showing diagnosis or treatment or services provided) or other **documentation** that confirms someone's medical condition
 - States will need to continue verifying exemption status every 6 or 12 months, depending on the medical condition

Why is the Requirement for States to Verify Exemption Status Via Claims Data or Documentation Problematic?

- Only 1 in 5 individuals with an SUD and about half of individuals with mental health conditions receive treatment in a given year
- 95.6% of people with a SUD who did not receive treatment did not think they needed it



If people aren't receiving treatment and don't perceive a need for it, they are unlikely to have Medicaid claims or documentation verifying their condition

How Can You Help?

- Engage with Medicaid agencies and carceral facilities to put protections in place
- Connect individuals with healthcare providers as soon as possible to ensure they have the necessary claims data or formal documentation required to qualify for exemptions.
 - To find treatment for mental health and substance use disorders, visit [FindTreatment.gov](https://www.findtreatment.gov).
 - Access list of Certified Community Behavioral Health Clinics [here](#).
 - Locate a Federally Qualified Health Center [here](#).
 - Find any Rural Health Clinics near you [here](#).

References & Resources

- Mitigating the harms of work reporting requirements for formerly incarcerated individuals: [Protecting Formerly Incarcerated Individuals from Losing Medicaid](#)
- LAC's Faces of Medicaid: <https://www.lac.org/major-project/faces-of-medicaid>
- Resources related to Medicaid changes:
 - Medicaid (for individuals with arrest/conviction records): [Important 2025 Medicaid Updates_What's Changing in Medicaid and What You Can Do](#)
 - Medicaid (for reentry providers): <https://www.lac.org/assets/files/Important-Medicaid-Updates-for-Reentry-Populations.pdf>
 - Medicaid/SNAP Work Requirements Comparison: <https://www.lac.org/assets/files/Medicaid-SNAP-WR-Comparison.pdf>
 - Medicaid provisions in the budget bill: <https://www.kff.org/tracking-the-medicaid-provisions-in-the-2025-budget-bill/>

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TAKE OUR SURVEY!!