

Proposed Cuts to SNAP and Medicaid:

What's at Stake for Pennsylvanians?



Presented on June 16, 2025

Agenda

- Budget Reconciliation Process
 - Lydia Gottesfeld, Community Legal Services
- Proposed SNAP Cuts
 - Louise Hayes, Community Legal Services
 - Colleen Young, Greater Pittsburgh Community Food Bank
- Proposed Medicaid and Pennie Cuts
 - Amy Lowenstein, Pennsylvania Health Law Project
 - Patrick Keenan, Pennsylvania Health Access Network
- Proposed cuts to immigrant eligibility for SNAP, Medicare, Pennie, and Medicaid
 - Maripat Pileggi, Community Legal Services

Budget Reconciliation Process

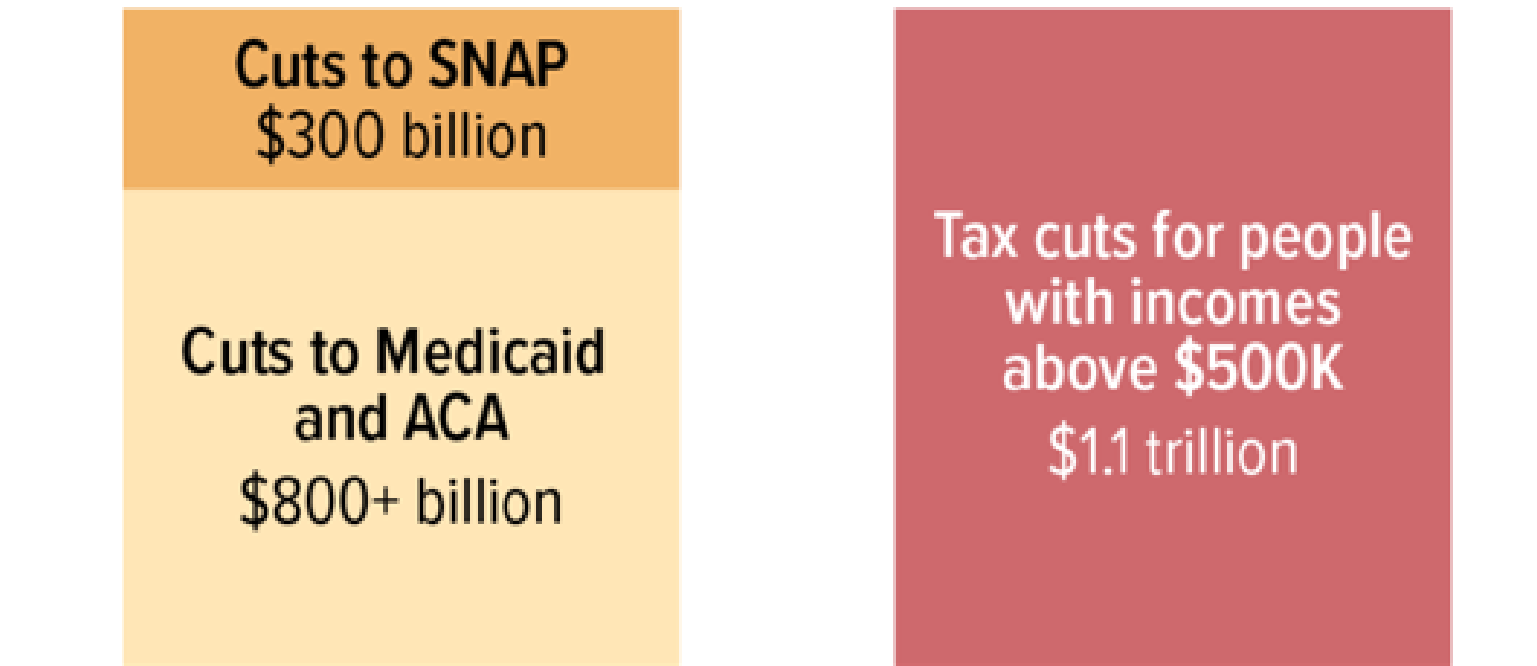
- Special process available to Congress to “reconcile” current law with future budget goals.
- Key features of the process:
 - Debate is limited in the Senate
 - Cloture is not required
 - Everything included in reconciliation legislation must have a financial impact

Where is Congress in the Process?

- House has passed their reconciliation bill in May
 - H.R. 1 – Big Beautiful Bill Act
 - This is primarily what we will discuss today
- Senate released language over the course of the last few days
- Senate could hear points of order to strike pieces from the bill this week
- Vote could happen in the Senate as early as this week
- Congressional leaders aim to vote on joint language before July 4 recess

House Plan Would Take Away Health Care and Food Assistance from People to Pay for Tax Cuts to the Wealthy

Plan would cut health coverage by at least \$800 billion and SNAP by roughly \$300 billion while giving the wealthy \$1.1 trillion in tax cuts



Graphic credit: Center on Budget and Policy Priorities

Budget Reconciliation Cuts to SNAP

Louise Hayes (she/her)
Supervising Attorney, Health
and Independence Unit
Community Legal Services



Colleen Young (she/her)
Director, Government Affairs
Greater Pittsburgh
Community Food Bank



Greater Pittsburgh
**community
food bank**

How Bad Are the SNAP Cuts?

If enacted, this bill would:

- Make the deepest cut in SNAP's history – 30% (House bill) or 20% (Senate)
- Radically restructure the program, leading to likely additional cuts and reducing its effectiveness in recessions.
- Take food assistance away from households with kids, seniors, people with disabilities, and others
- Cut the funds that directly support over 12K PA grocery jobs and almost 7K in other PA jobs

Forcing States to Pay for Federal Benefit Cut

- SNAP benefits have always been 100% federally-funded. Proposal is for states to pay a share:
 - House: Minimum state share 5%, going higher based on state's "payment error rate"
 - PA share would be \$225 million a year at a minimum
 - Senate would have no state share if state error rate under 6%.
 - House: 25% for states (like PA) with payment error rates over 10 percent
 - PA's error rate for FFY 2023 was 16.61%
 - National average was 11.68%
 - PA would have to pay \$1.13 billion/ year
 - Senate: Maximum 15% state share
 - PA would have to pay \$680 million/ year – still unaffordable

What's Up with PA's Payment Error Rate?

- Payment error rate \neq fraud. Mostly unintentional mistakes.
- Rate includes underpayments as well as overpayments.
 - Does not include incorrect denials (so essentially no penalty for those).
- In 2022, USDA changed the rules. Rate now includes procedural problems with state application processing.
 - Previously, these didn't count if the household was actually eligible.
 - E.g., if the application is missing a signature, every month's benefits all year add to the error rate.
 - PA had many of these errors, especially during the pandemic. Should be better now.

Bill Sets Up States' Error Rates To Get Worse

- Bill cuts federal share of administrative costs from 50% to 25%.
 - In Pennsylvania, this is a loss of \$130 million a year
 - CAOs are already short-staffed
- Time limits are very complicated (error-prone) to administer.
- House bill reduces error tolerance from \$57 to \$0.

What Might This Force States to Do?

- Huge incentive to reduce the caseload and benefits to save state dollars.
- For example:
 - Reduce the eligibility income limit from 200% -> 130% of poverty, creating cliff effects
 - Reinstate asset limits (\$3,000 or \$4500)
 - Review eligibility more frequently
 - Increase verification requirements (so more applications are denied)
- Especially hard in recessions, when state revenues dip and need increases.
 - SNAP has always been counter-recessionary, pumping money into the economy when needed. \$1 in SNAP => \$1.54 in economic activity.

What Might This Force States to Do? (cont'd)

- Cuts in SNAP eligibility means cuts to school meals, Sun Bucks, and WIC.
 - Kids could lose school meals, Sun Bucks, and/or WIC if their family loses SNAP
 - Schools could lose “community eligibility” if fewer of their kids are on SNAP => up to 300,000 kids now getting free meals could lose them.
- States might opt out of SNAP altogether.

Current Time Limits

- SNAP already has harsh time limits
 - Able-Bodied Adults without Dependents (ABAWDs)
 - Ages 18-54
 - Required to document 20 hours of work or approved training/volunteering per week
 - Limited to 3 months of SNAP in 3-year period
- Current exemptions
 - Pregnant
 - Homeless
 - Veterans
 - Former Foster Youth ages 18-24
 - Living in area with high unemployment, with a waiver
 - And others (see DHS website)

Expansion of Time Limits

- House Bill expands 3-month time limit to:
 - Adults up to age 65
 - Adults living with children 7-17
 - Exempts caregivers if spouse in household meets work requirements
 - In PA, 400,000 people including children at risk of losing some or all SNAP
- Senate Bill expands 3-month time limit to:
 - Adults up to age 65
 - Adults living with children 10-17
 - All caregivers in household must meet work requirements
 - In PA, 261,000 people including children at risk of losing some or all SNAP
 - Eliminates exemptions for veterans, homeless, former foster youth
- Neither bill provides for childcare

Meet Lisa & Mia

- Mia is 10 years old with a diagnosed disability
- Lisa is Mia's only caregiver
- Lisa volunteers with the Cambria County Backpack Project
- Lisa has not been able to find a part-time job that would still allow her to care for Mia
- Lisa does not meet the work requirements to maintain SNAP
- Lisa & Mia would lose 50% of their combined SNAP benefit



“The high cost of groceries is so overwhelming. I always run out of food stamps before the next month. I spend so much on basic groceries; I can’t afford fruit or fresh vegetables.”

Expansion of Time Limits: Geographic Waivers

- PA has had geographic waivers for areas of high unemployment since the time limit was adopted in 1990s.
 - Some areas including Philadelphia have always been waived.
- House Bill :
 - Limits geographic waivers to counties with unemployment rate over 10%
 - County cannot receive waiver for more than 12 months
 - Reduces discretionary exemptions from 8% to 1%
- Senate Bill
 - Limits geographic waiver to “areas” with unemployment rate over 10%
 - Does not limit waivers to 12 months or reduce discretionary exemptions

Note: No county in PA has an unemployment rate over 10%

Thrifty Food Plan

- Thrifty Food Plan = maximum SNAP benefit
- Both bills restrict future adjustments to the Thrifty Food Plan, incl:
 - Future SNAP benefits - \$35 billion cut
 - TEFAP - \$100 million cut
 - Summer EBT (SUN Bucks) - \$1 billion cut
- Impact: SNAP benefits would not keep pace with actual costs of frugal, nutritious diet

SNAP reductions: Utilities

- Currently, SNAP is adjusted to account for utility costs
 - In PA, benefits are increased between \$77 to \$198
- Both bills limit Standard Utility Allowance (SUA)
 - LIHEAP payments no longer automatically qualify households for SUA
 - Only households with elderly or disabled members would qualify for this benefit
 - In PA, 347,000 households would lose their “heat and eat” benefit
 - Creates risk of increasing error rate
- Reverses USDA regulation that allows internet expenses to be counted toward SUAs and allowable shelter expenses

Elimination of SNAP-Ed

- SNAP-Ed = nutrition education and obesity prevention
 - Teaches cooking, budgeting, supports access to fresh produce, and more
 - In PA, 762,637 people would lose access to direct nutrition education and the benefits of policy, systems and environmental change strategies.
- Impact: eliminates funding that helps families eat healthier and stretch food budgets farther

SNAP Sign-On Letter

Please join the PA Hunger Action Coalition by signing on to a letter urging Senators McCormick and Fetterman to protect SNAP:

<https://forms.office.com/r/G8nxmc6sBR>



Budget Bill Attacks on Health Care

Patrick Keenan
Director of Policy & Partnerships



Amy E. Lowenstein
Director of Policy / Supervising Attorney



How is Medicaid Paid For? Who Benefits?

What is Medicaid?

- Public health insurance for people with limited incomes
- Also called “Medical Assistance” in Pennsylvania



Most People Get Medicaid Through a Health Plan

Updated 6/16/25

Geisinger

First Name Last Name
ID 12345678901

Copay	Primary care	Office
PCP \$0	Office	123/456-7891
Spec \$0	Medical record	12345678
ER \$0	BIN 026010 PCN MCDG	

NAVITUS

GHP Family
Offered by Geisinger Health Plan, part of Geisinger.

UnitedHealthcare

Community Plan

Health Plan (80840) 911-87726-04

Member ID: 999999999 Group: PAPHCP

Member:
Subscriber Brown
Medicaid ID: 9999999999
PCP Name:
Provider Brown
PCP Phone: (999) 999-9999

Group ID: 87726

OPTUMRx

Rx Bin: 610494
Rx Grp: ACUPA
Rx PCN: 9999

Copays and Limits May Apply to Some Services
0501 UnitedHealthcare Community Plan for Families
Administered by UnitedHealthcare of Pennsylvania, Inc.

HIGHMARK

WHOLECARE

Member Name Mary L Sample	Effective: 01/01/2022 DOB: 01/01/1975 SEX: F RXBIN: 004336 RXPCN: ADV PXGRP: RX2338
Member ID G5Y12345678	
Primary Care Doctor No PCP Selected Phone (555) 555-5555	State ID 1234567891

Health Partners

<FIRSTNAME Q MEMBERLASTNAME>

ID: <999999999>

DOB: <99/99/9999>

PCP: <DR.> <FNAME LNAME>
<999-999-9999>

PROV #: <999999XX999999X>

RxBIN: 004336 RxPCN: MCAIDADV RxGroup: RX3892

Health Partners

Community HealthChoices

pa health & wellness

Name: <First Last App>
DOB: <00/00/0000>
MEDICAID ID#: <XXXXXXXXXX>
PCP: <First Last>
PCP Phone: <XXX-XXX-XXXX>
PCP Address: <Street Name>
<City, State ZIP>

RXBIN 003858
RXPCN MA
RXGRP 2FBA
Effective Date:
<mm/dd/yyyy>

Community HealthChoices

AmeriHealth Caritas Pennsylvania

Name: <Partici
ID #: <1234567

AmeriHealth Caritas Pennsylvania

Coverage by AmeriHealth First.

Member Name Last name, First name AmeriHealth Caritas Pennsylvania ID 123456789	Primary Care Practitioner (PCP) Last name, First name Group name PCP Phone Number 555-555-1234 Lab
Sex: Male/Female DOB: MM/DD/YYYY State ID: XYZ123456789	Rx BIN: XXXXXX Rx PCN: XXXXXXXX
Co-Pays ER PCP SPEC	

Limits may apply to some services.

BlueCross.

Keystone First
Community HealthChoices

Participant
<Particip
Participant
YXM<12

BlueCross.

Keystone First

Member Name Last name, First name Keystone First ID YXM123456789	Sex: Male/Female DOB: MM/DD/YY State ID: XYZ123456789
Primary Care Practitioner (PCP) Last name, First name Group name PCP Phone Number (555) 555-1234 Lab XXXXXXXX Dental XXXXXXXX	Rx BIN: XXXXXX Rx PCN: XXXXXXXX Copays ER XX Dental XX PCP XX SPEC XX Limits may apply to some services. Not transferable

UPMC Community HealthChoices

UPMC for You
Affiliate of UPMC Health Plan

Not Transferable

EXPRESS SCRIPTS

Rx BIN 003858
PCN A4
Rx Grp# PMDM

EXPRESS SCRIPTS

Rx BIN 003858
PCN A4
Rx Grp# PMDM

SAMPLE MEMBER
ID#: 111111111
PCP: SAMPLE PROVIDER
Phone: (555)555-5555
Copays and Limits May Apply to Some Services

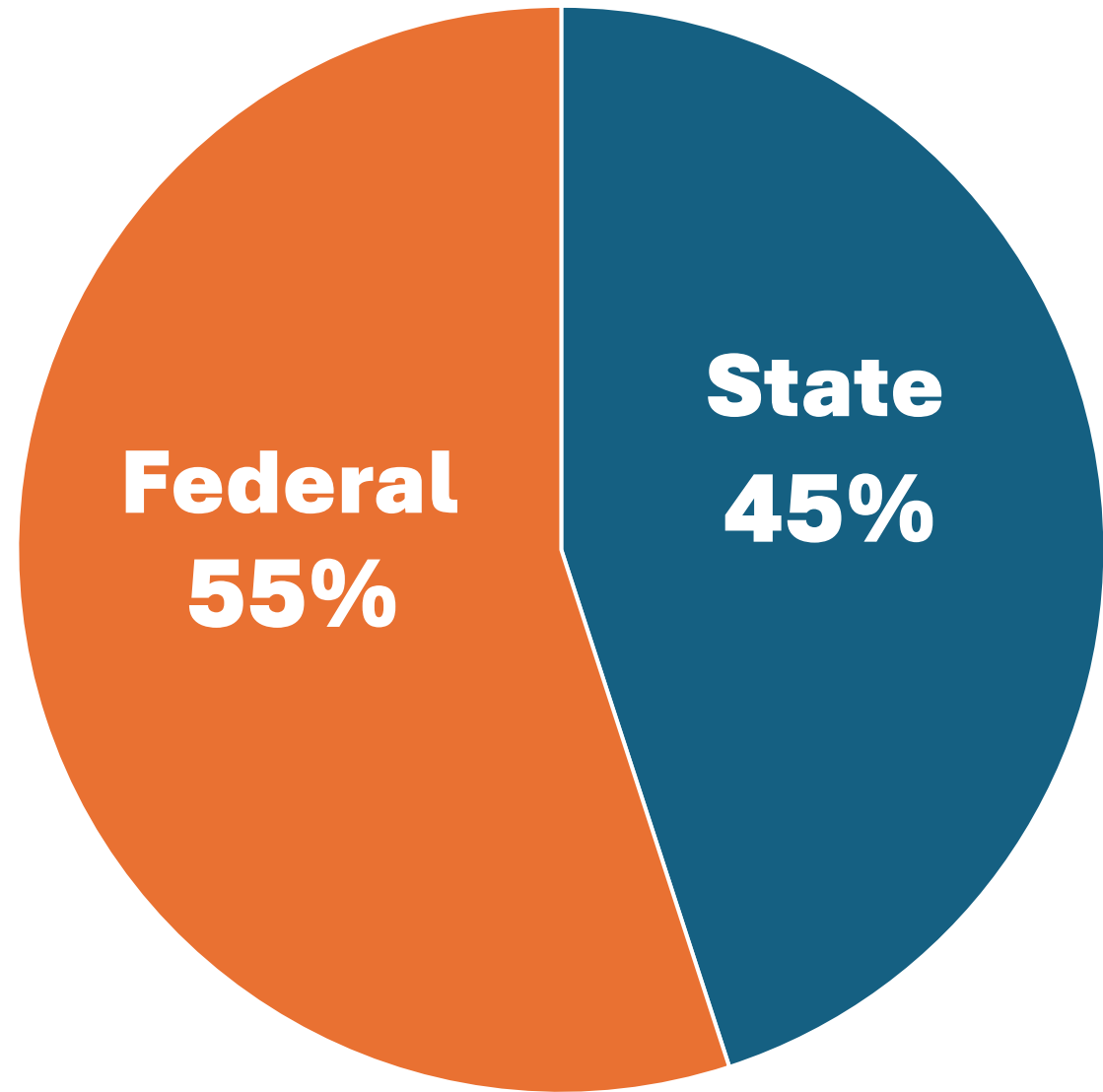
Member Services: 1-800-285-4242. TTY: 711.
Dental Member Services: 1-888-257-0474.
Vision Member Services: 1-866-458-2138.
Pharmacist Helpdesk: 1-800-396-4139.

www.upmchealthplan.com

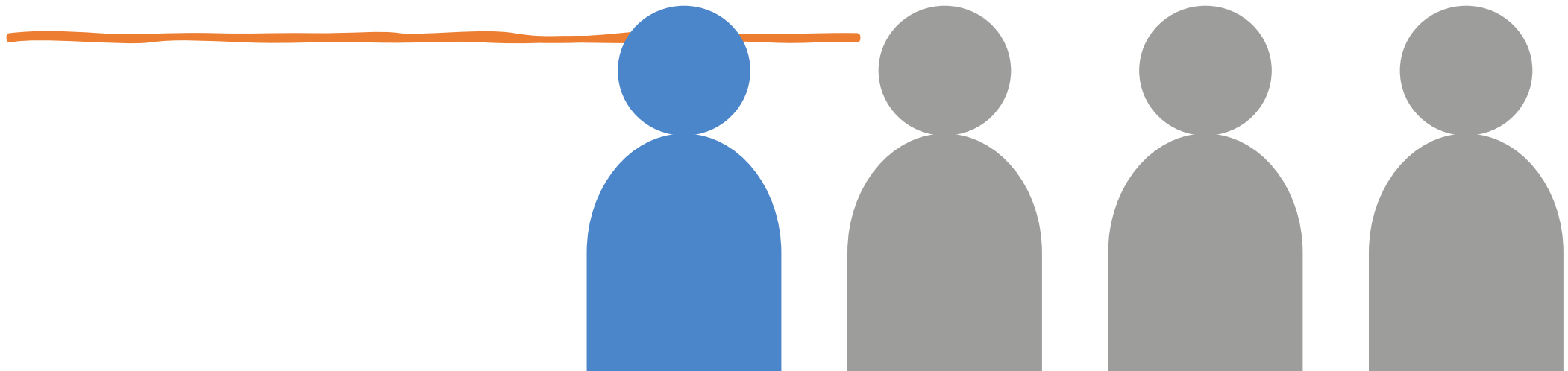
Medicaid Funding in Pennsylvania

Medicaid is a federal-state partnership. It's paid for by both the federal government and Pennsylvania.

Normal Federal Match (FMAP)



3 Million Pennsylvanians are on Medicaid



Nearly 1 in 4
Pennsylvanians is
on Medicaid

39% of
Pennsylvania's
children are on
Medicaid

48% of children
with "special
health care needs"
are on Medicaid

1 in 3 births in
Pennsylvania is
covered by
Medicaid

19% of adults aged
19-64 rely on
Medicaid







17% of Medicare
beneficiaries are
on Medicaid

192,000 rely on
Medicaid to stay
out of institutions

59% nursing facility
residents are
covered
by Medicaid

Impact of Medicaid Cuts on Pennsylvania

Big Picture

-  More than 300,000 working-age Pennsylvanians cut from Medicaid
-  \$707 million/year in uncompensated care
-  \$1.7 to \$4.5 billion cut from our state Medicaid budget
-  47 hospitals vulnerable to reduced services
-  57,000 jobs lost
-  \$173 million/year in added medical debt for Medicaid patients

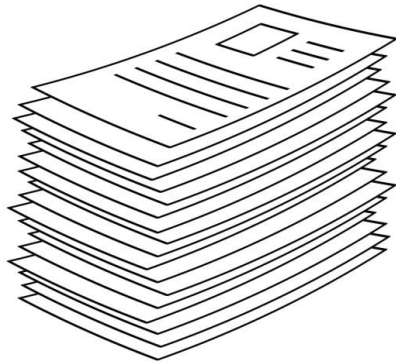
Impact of the Budget Bill on Pennsylvania

Makes it harder for people
to get and keep Medicaid

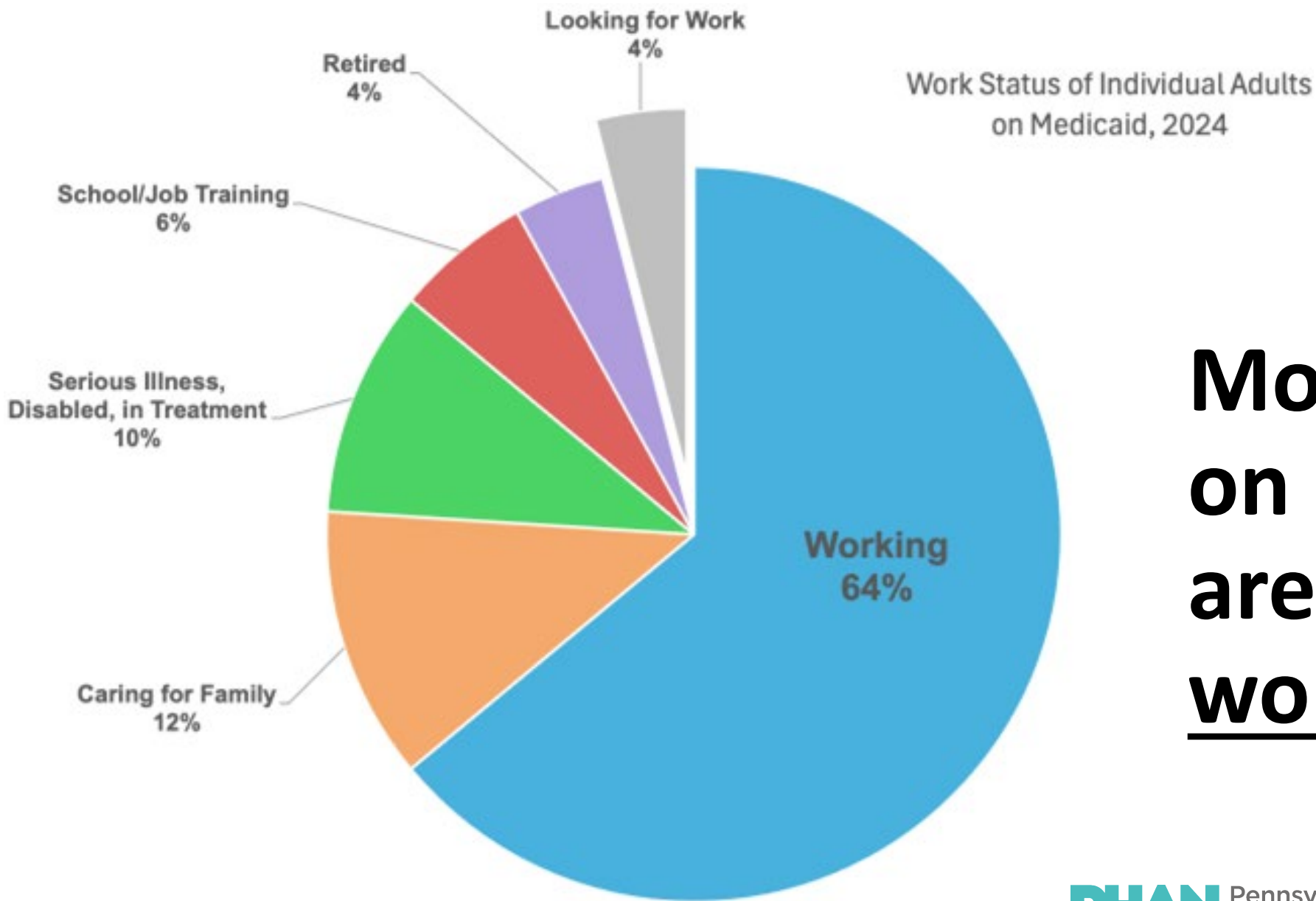
Worse and more expensive
Medicaid coverage

Reduced funding for PA,
destabilizing health systems

Harder to Get and Keep Coverage

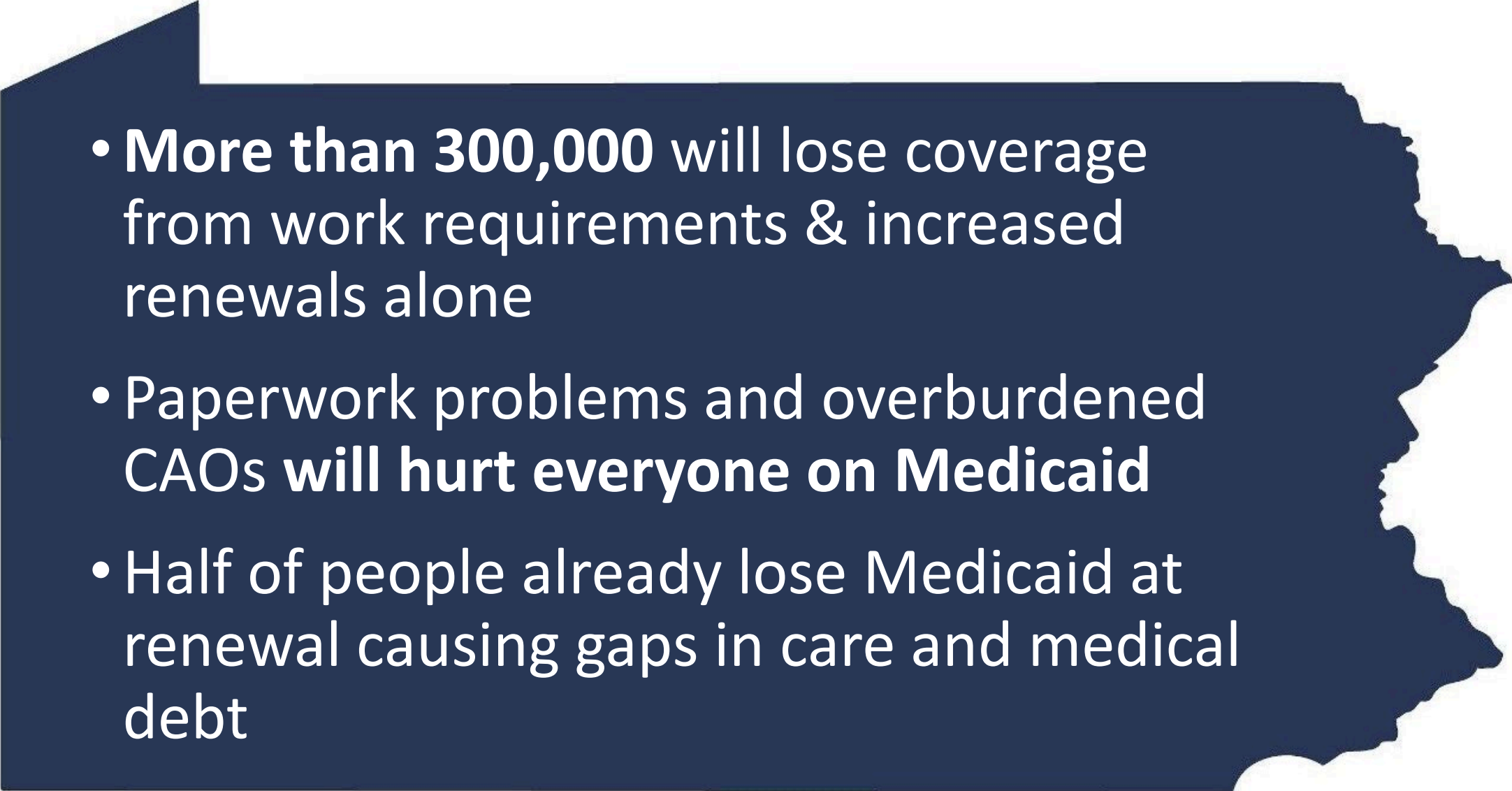


- **Work reporting requirements**
 - Must document work or exemption before get Medicaid + every 6 months
 - Massive red tape
 - Lock out of affordable Pennie (ACA marketplace) coverage
- **Renewals every 6 months**
- **Halts rules that made it easier for children, people with disabilities & older adults to get and keep Medicaid**



**Most Adults
on Medicaid
are already
working**

Source: March 2024 Current Population Survey

- 
- **More than 300,000** will lose coverage from work requirements & increased renewals alone
 - Paperwork problems and overburdened CAOs **will hurt everyone on Medicaid**
 - Half of people already lose Medicaid at renewal causing gaps in care and medical debt

Worse, More Expensive Medicaid Coverage



- Cuts retro Medicaid from 3 months to just 1 month
- Requires Medicaid plans to charge copays up to \$35 for some
- Reduces access to reproductive and preventive healthcare by defunding Planned Parenthood
- Ends gender affirming care coverage
- Could lead to more restrictions on eligibility, cuts to services, and fewer Medicaid providers

Reduced funding for Pennsylvania, destabilizing health systems



Immediately upon passage of the bill, Congress would restrict a source of Medicaid revenue called a provider tax (or assessment) that PA uses to raise nearly \$4.5 billion/year.

Provider Assessment Revenue Assumptions (in <i>billions</i>)	SFY 2024-25	SFY 2025-26	State Statute Expiration
ID/ICF Assessment	\$0.034	\$0.036	June 30, 2029
Statewide Hospital Assessment	\$1.442	\$1.469	June 30, 2028
Philadelphia Hospital Assessment	\$0.294	\$0.252	June 30, 2029
Nursing Home Assessment	\$0.414	\$0.414	June 30, 2026
MCO Assessment	\$2.035	\$2.321	June 30, 2025
Health Care Provider Assessments Total	\$4.219	\$4.492	

The “Silent Repeal” of the Affordable Care Act

Pennie, Pennsylvania’s ACA marketplace will likely lose half its enrollment (270,000) due to the proposed changes.

Added to the Medicaid loses, **over 600,000 will become uninsured.**

- 30 days less to sign up.
- Eliminates “auto-renewal” which accounts for over 65% of enrollment.
- Adds cumbersome “pre-enrollment verification” making it difficult to enroll if you have a baby, get married, or lose or change jobs.



- Reduces reliance on the federal data services hub and requires manual proof of things like Social Security Number for **ALL** enrollees.
- Changes how financial assistance is calculated and increases out-of-pocket costs.

Cost Increases

The Reconciliation Bill fails to extend enhanced premium tax credits

Additional tax credits implemented in 2021 made marketplace coverage more affordable than ever and drove large enrollment increases.

These tax credits expire under current law on Dec 31, 2025.

Costs will go up by 82% in PA - nearly double – for almost all marketplace enrollees in 2026.

**Married couple (60 years old), York County,
\$82,000 annual income**

With enhanced premium tax credits:

Monthly premium - \$586 (\$7,032/year) | Percent of income - 8.5%

Without enhanced premium tax credits:

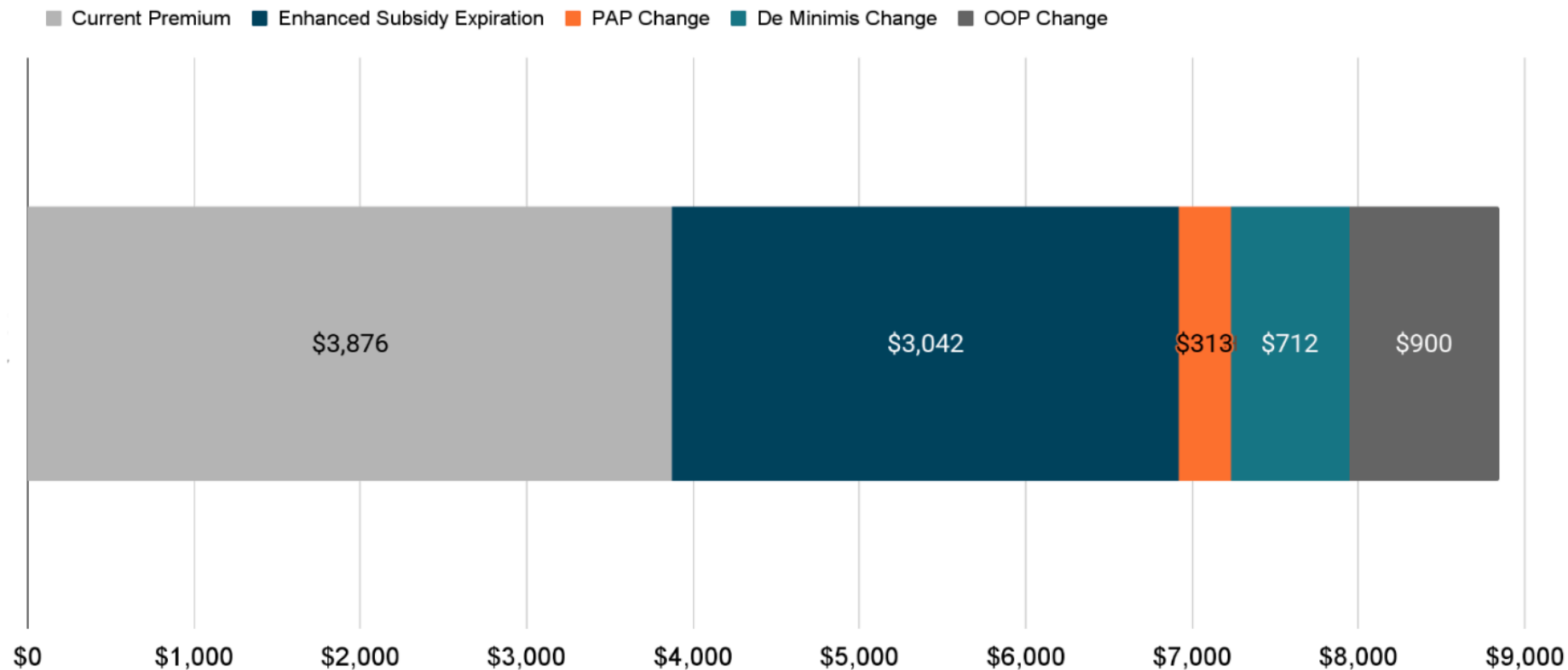
Monthly premium - \$2,976 (\$35,712/year) | Percent of income - 44%

Expiration of the tax credits results in a 412% increase on this couple's net premium.

Cumulative Premium and Out-of-Pocket Increases due to Proposed Changes

**Family of 4 at
\$85,000/year:**

Goes from
\$323/month to
\$662/month
with an added
\$900 in yearly
costs.



Source: CBPP

\$4,967/year in additional costs!

Immigrant Access Changes in HR1

Maripat Pileggi

Community Legal Services

MPileggi@clsphila.org

June 16, 2025

In a nutshell

- **SNAP, Pennie, and Medicare would become inaccessible to almost all non-US Citizens who do not have a green card.** Many immigrants would lose access to these programs.
- **Medicaid eligibility would not change.** BUT, Pennsylvania would lose federal funds if they choose to continue provide Medicaid or other “comprehensive health benefits coverage” to certain groups of immigrants with lawful statuses in accordance with longstanding federal and state law. 37 other states + DC are in this same situation.

General Overview of Changes to SNAP, Pennie, and Medicare Eligibility

HR 1 shrinks immigrant access to these 3 programs to just 3 groups of immigrants:

1. Green card holders. These folks are also known as Lawful Permanent Residents, or LPRs.
2. Cubans admitted under a specific Cuban family reunification program. These are Cuban nationals with family members in the US. The family member in the US can petition for the Cuban family member to come to the US. If the petition is approved, the Cuban family member is granted parole to enter the U.S. This is a very specific process that most of the Cuban entrants in PA have not used to enter the US.
3. COFA migrants. Compact of Free Association (COFA) Migrants from the Republic of the Marshall Islands (RMI), the Federated States of Micronesia (FSM), and the Republic of Palau. Nearly all of these folks live on the west coast or Hawaii. Very, very few in PA.

A few notes on green cards

- There are many statuses that are lawful and permanent, but that are not lawful permanent residency (LPR/green card holder). HR 1 would eliminate the eligibility of many people with lawful statuses who do not have green cards. Keep in mind, however, that some (not all) of the immigration statuses that would no longer be eligible under HR 1 are statuses that put people on the path to a green card. So, some people who might lose eligibility under HR1 could regain eligibility by getting their green cards. Refugee status is one example of a status that HR 1 will strip of eligibility, but that puts people on a path to a green card. Withholding of removal is one example of a status that HR 1 will strip of eligibility and that does not put people on a path to a green card. We'll discuss the other statuses in the next slides.
- Green card processing, along with a lot of other immigration processing, is currently very slow, and for some groups is currently “paused.”
- HR 1 does not change the SNAP five-year bar. Even though green card holders would remain eligible for SNAP under HR 1, those green card holders who are currently subject to the SNAP five-year bar would remain subject to it.

SNAP Eligibility Changes

Eligible Immigration Statuses Under Current Law

1. Refugees
2. Asylees
3. Cuban and Haitian Entrants
4. Human trafficking victims, T-Visa holders
5. Withholding of removal
6. Special Immigrants from Iraq or Afghanistan
7. Afghans paroled after July 31, 2021 and Ukrainians paroled after Feb 24, 2022, until parole expiration
8. VAWA Petitioners 5+ years or less than 5 years if exempt from 5 year bar
9. Green card holders 5+ years or less than 5 years if exempt from 5 year bar
10. Parolees 5+ years or between 1 and 5 years if exempt from the 5 year bar
11. COFA migrants

Eligible Immigration Statuses Under HR1

1. Green card holders who have had their green card 5+ years or less than 5 years and exempt from the 5 year bar.
2. Cuban family reunification.
3. COFA migrants

SNAP Eligibility Changes

Would lose eligibility entirely	Would lose eligibility if not LPR/green card holder
<ul style="list-style-type: none">- Withholding of removal- All parolees who are not Cuban family reunification parolees	<ul style="list-style-type: none">- Special Immigrants from Iraq or Afghanistan (just about all are LPR)- Refugees (most are LPR)- Asylees (many are LPR)- T-Visa (some are LPR)- VAWA Petitioners exempt from 5-year bar (some are LPR)- Cuban/Haitian entrants who are not Cuban family reunification parolees (few are LPR)

Pennie Eligibility Changes

Immigration Statuses Eligible for Pennie Access and Subsidies Under Current Law

1. Green card holders
2. Refugees
3. Asylees
4. Cuban and Haitian Entrants
5. Human trafficking victims, T-Visa holders
6. Withholding of removal
7. Special Immigrants from Iraq or Afghanistan
8. VAWA Petitioners
9. Parolees
10. COFA migrants
11. Temporary Protected Status
12. U-Visa holders
13. Work authorized green card and asylum applicants.
14. All other “lawfully present” people who are not otherwise listed in this chart.

Eligible For Pennie Premium Tax Credits Under HR1– IF OVER 100% FPL

1. Green card holders.
2. Cuban family reunification.
3. COFA migrants

Eligible For Pennie Access Under HR1– IF UNDER 100% FPL

Pennie Eligibility Changes

Would lose all access to Pennie– under 100% FPL	Would lose Pennie Premium Tax Credit eligibility entirely– over 100% FPL	Would lose Pennie Premium Tax Credit eligibility if not LPR/green card– over 100% FPL
<ul style="list-style-type: none"> - Green card holders subject to Medicaid 5 year bar - VAWA Petitioners subject to Medicaid 5 year bar - Parolees 1-5 years subject to Medicaid 5 year bar - Temporary Protected Status - U-Visa holders - Work authorized green card and asylum applicants. - All other “lawfully present” people who are not otherwise listed in this chart. 	<ul style="list-style-type: none"> - Parolees who are not Cuban family reunification parolees - Withholding of removal - Temporary Protected Status - U-Visa - Work authorized green card and asylum applicants. - All other “lawfully present” people who are not otherwise listed in this chart. 	<ul style="list-style-type: none"> - Special Immigrants from Iraq or Afghanistan (just about all are LPR) - Refugees (most are LPR) - Asylees (many are LPR) - T-Visa (some are LPR) - VAWA Petitioners exempt from 5-year bar (some are LPR) - Cuban/Haitian entrants who are not Cuban family reunification parolees (few are LPR)

Medicare Eligibility Changes

Eligible Immigration Statuses Under Current Law

1. Green card holders
2. Refugees
3. Asylees
4. Cuban and Haitian Entrants
5. Human trafficking victims, T-Visa holders
6. Withholding of removal
7. Special Immigrants from Iraq or Afghanistan
8. VAWA Petitioners
9. Parolees
10. COFA migrants
11. Temporary Protected Status
12. U-Visa holders
13. Work authorized green card and asylum applicants.
14. All other “lawfully present” people who are not otherwise listed in this chart.

Eligible Immigration Statuses Under HR1

1. Green card holders.
2. Cuban family reunification.
3. COFA migrants.

Medicare Eligibility Changes

Would lose eligibility entirely	Would lose eligibility if not LPR/green card.
<ul style="list-style-type: none">- Withholding of removal- Temporary Protected Status- U-Visa- Work authorized green card and asylum applicants.- Parolees who are not Cuban family reunification parolees- All other “lawfully present” people who are not otherwise listed in this chart.	<ul style="list-style-type: none">- Special Immigrants from Iraq or Afghanistan (just about all are LPR)- Refugees (most are LPR)- Asylees (many are LPR)- T-Visa (some are LPR)- VAWA Petitioners exempt from 5-year bar (some are LPR)- Cuban/Haitian entrants who are not Cuban family reunification parolees (few are LPR)

Medicaid: No Eligibility Changes, But a Penalty

- HR1 makes no change to immigrant eligibility for Medicaid, but it penalizes states that 1) have expanded Medicaid eligibility as permitted under the Affordable Care Act to cover adults up to 138% FPL and 2) provide “comprehensive health benefits coverage” as permitted under longstanding federal law to non-USCs with certain lawful immigration statuses. PA, along with 37 other states + DC, meet these 2 criteria.
 - EMA is NOT implicated here because it is not “comprehensive health benefits coverage.”
- The penalty is a reduction in the amount of federal funds a state receives to cover the costs of the Medicaid expansion. The federal government currently covers 90% of those costs, this would go down to 80% for PA, and those 37 other states + DC, if HR1 becomes law.
- This would amount to an estimated loss of nearly \$1Billion in federal funds per year in PA alone.

In a nutshell, again

- **Under HR1, Medicaid eligibility would not change.** BUT, Pennsylvania would be at risk of losing federal funds if they choose to continue provide Medicaid or other comprehensive health benefits coverage to certain groups of immigrants with lawful statuses in accordance with longstanding federal and state law. 37 other states + DC are in this same situation.
- **HR 1 would make SNAP, Pennie, and Medicare inaccessible to many immigrants who are currently eligible.** Almost all non-US Citizens who do not have a green card would lose access to these 3 programs.

There is still time to stop these cuts!

Take action **NOW** to prevent these cuts:

- Make sure your clients, communities, and partners are aware of the proposed cuts.
- Call and email members of Congress!
 - Calls are better, but emails work too.
 - The Senate is voting next, but the house will vote again.
 - Congressional switchboard: **(202) 224-3121**
- Sign-on Letters for **Organizations only**
 - Anti-Hunger groups circulating a new SNAP sign on letter.
 - PHAN circulating a health sign on letter.