



February 6, 2026

### **Testimony of Make the Road NY on the Proposed Executive FY27 Health and Mental Hygiene Budget**

Make the Road NY (MRNY) would like to thank the Chairs and Members of the Senate Finance and the Assembly Ways and Means Committees for providing an opportunity to provide public comment on the State Budget proposal. MRNY is a membership-based organization of nearly 29,000 that builds the power of immigrant and working class communities to achieve dignity and justice. Since our founding in 1998, we have been addressing the basic needs of low-income individuals and families by providing high quality support services and advocating for equitable access to healthcare, regardless of immigration status.

MRNY has the following four categories of recommendations to offer to the State Legislature: (1) Protect and Improve Health Insurance Coverage for Immigrants; (2) Fund Navigators and Consumer Assistance Programs; (3) Enact the New York Health Act (A1466/S3425) ; (4) Enact SNAP for All (A6632/S9033).

#### **(1) Protect and Improve Health Insurance Coverage for Immigrants**

The enactment of H.R. 1 will trigger sweeping, devastating cuts to health insurance eligibility and funding, putting coverage for an estimated 1.7 million New Yorkers at immediate risk, and an unprecedented burden on immigrant New Yorkers, including those with lawful immigration statuses. MRNY urges the State to act decisively in the FY27 budget to mitigate the damage of H.R. 1 and keep as many New Yorkers as possible enrolled in the coverage they rely on. To prevent widespread health coverage losses, MRNY urges the New York State Legislature to adopt the following policy solutions: (a) Use the Basic Health Program trust fund surplus to maintain Essential Plan coverage for the next four years, (b) Maintain Essential Plan coverage until the end of December 2026, (c) Create a state funded health insurance program for DACA recipients and other immigrants who are Permanently Residing Under Color of Law (PRUCOL) with income up to 200% FPL in order to remain eligible for insurance, (d) Create an

ACA-equivalent state-funded premium assistance program, (E) Provide eligibility for state or local public benefits regardless of immigration status.

**a. Use the Basic Health Program trust fund surplus to maintain Essential Plan coverage for the next four years**

In response to the federal funding cuts to New York State's Essential Plan (EP), the state submitted a request to CMS<sup>1</sup> to terminate the Section 1332 State Innovation Waiver and return to the Basic Health Programs (BHP) in an attempt to offset the funding loss. A return to BHP will allow 609,000 lawfully present immigrants to retain EP coverage, many of whom would have otherwise lost coverage. We urge the legislature to ensure the use of BHP trust fund surplus dollars to provide EP coverage to lawfully present immigrants with income under 200% Federal Poverty Level (FPL). There is currently over \$8 billion in the BHP trust fund surplus account to use towards the cost of coverage for this population. Federal funding for lawfully present immigrants below 100% of FPL expired on January 1, 2026; those with incomes over 100% of FPL will lose funding on January 1, 2027.

**b. Maintain Essential Plan coverage until the end of December 2026**

New York State's request to convert back to the BHP will have a devastating impact resulting in approximately 450,000 EP enrollees with incomes between 200-250% FPL losing coverage in July 2026. To avoid large gaps in coverage and care, NYS should maintain plan coverage through the end of 2026. This would allow individuals and families to potentially enroll in a Qualified Health Plan (QHP) during the normal Fall 2026 open enrollment period. It would also support working families by removing the unexpected burden of meeting large deductibles in 2026 if they opt to enroll in a QHP. According to the Community Service Society's February 2026 report: [Mitigating the Impact of HR 1 on New York's Health Insurance Landscape: Four Policy Proposals to Preserve Coverage](#), six-month coverage with no premium would cost between \$960 million and \$1.7 billion, depending on the premium rate level set. If a modest \$50 premium is levied, this option would cost between \$710 and \$943 million per year, depending on the premium rate level set.

**c. Create a state funded health insurance program for DACA recipients and other immigrants who are Permanently Residing Under Color of Law (PRUCOL) with income up to 200% FPL in order to remain eligible for insurance**

Roughly 6,000 Deferred Action for Childhood Arrivals (DACA) recipients and some other PRUCOL immigrants with income between 138% and 200% FPL will lose their Essential Plan coverage on July 1, 2026. NYS must protect working individuals and families instead of

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<sup>1</sup>Submission to the Centers for Medicare and Medicaid Services (CMS): New York State's Request to Terminate the Section 1332 State Innovation Waiver and Return to the Basic Health Program, [https://info.nystateofhealth.ny.gov/1332#anch\\_6](https://info.nystateofhealth.ny.gov/1332#anch_6)

stripping away coverage. This would cost the state between \$29 and \$50 million annually and would depend on EP premium rates.

**d. Create an ACA-equivalent state-funded premium assistance program**

Beginning January 1, 2027, moderate-income lawfully present immigrants, with incomes between 200-400% of FPL will lose access to premium tax credits, which make coverage affordable, due to H.R.1. NYS should establish a state-funded premium assistance program to ensure that roughly 30,000 lawfully present New Yorkers receive support equivalent to their U.S. citizen counterparts. \$244 million should be allocated annually in the State budget starting this year to preserve affordability and continuity of coverage for thousands of individuals and working families.

**e. Provide eligibility for state or local public benefits regardless of immigration status (A176)**

The federal government continues to attempt to restrict states from using state funds to offer state benefits to immigrants; benefits that they have always provided using state dollars. If the federal government restricts access to state benefits, New York State must continue to provide the state-level benefits it has always provided by codifying our practices into state law.

**(2) Fund Navigators and Consumer Assistance Programs**

MRNY urges the Legislature to support consumer assistance programs by increasing funding for Navigators and Community Health Advocates. The devastating cuts to federal health programs make investing in Navigators and Consumer Assistance Programs more important than ever.

- a. Maintain Community Health Advocates (CHA) funding at \$7.2 million. CHA helps New Yorkers understand and use their insurance. CHA's free services are available statewide through a network of community-based organizations and a toll-free helpline. Since 2010, CHA has saved consumers over \$180 million and worked on more than 498,000 cases for people needing help getting the care they need or resolving billing disputes.
- b. Augment Navigator & Enrollment Assistance Funding to \$38 million. Too many New Yorkers are uninsured because they are unaware that they qualify for assistance or public programs or do not know how to enroll. Under HR 1, 1.7 million New Yorkers may lose their existing coverage, and many more will see their premiums increase sharply when the enhanced premium tax credits expire. Navigators are local in-person assistants who help consumers and small businesses shop for and enroll in health insurance plans.
- c. Allocate \$5 million in grants to community-based organizations to conduct outreach and education about changes in eligibility and costs under HR 1 and the availability of free enrollment assistance.

**(3) Enact the New York Health Act (A1466/S3425)**

Many of the changes above would be unnecessary if the State enacted the New York Health Act, which would provide affordable, comprehensive coverage for all New Yorkers, regardless of income or immigration status. MRNY recommends that the Legislature enact the New York Health Act to address the long-term health care needs of all New Yorkers.

**(4) Enact SNAP for All (A6632/S9033)**

One in 7 New Yorkers, most of whom are children, elderly, or disabled, rely on SNAP for food. And yet too many New Yorkers are excluded from this lifesaving program. SNAP for All New York would allocate \$244 million to next year's fiscal budget to establish a state-funded supplemental nutrition assistance program to provide for those who are excluded from federal SNAP benefits solely due to immigration status, many of whom are newly ineligible for SNAP due to recent federal policy changes.

I appreciate this opportunity to submit testimony and thank you for your consideration of our comments. Please contact Arline Cruz Escobar ([arline.cruz@maketheroadny.org](mailto:arline.cruz@maketheroadny.org)) with any questions.