



National Center for Housing + Health

June 17, 2026

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About the National Center for Housing + Health

The National Center for Housing + Health (NCH+H) is an innovative resource dedicated to advancing the alignment between affordable housing and healthcare. The Center brings together innovations, proven models, and practical strategies and policies that help housing providers, healthcare organizations, policymakers, and community and system leaders work better together — and make a bigger difference for people and communities. Visit us at housinghealthcenter.org





H.R.1 AND THE IMPACT ON AFFORDABLE AND SUPPORTIVE HOUSING RESIDENTS



SUPPORTING THE FIELD IN RESPONDING TO
H.R.1

Without insurance coverage, services are significantly more difficult to access. Learn more at [H.R.1 and the Impact on Affordable and Supportive Housing Residents - National Center for Housing + Health](#)

The SNAP Landscape after H.R. 1

Ed Bolen

Director of State SNAP Strategies

Center on Budget and Policy Priorities - cbpp.org



H.R. 1 Makes the Deepest Cuts to SNAP in History

Restricts eligibility

- Expands harsh and ineffective work requirement
- Terminates eligibility for many immigrants with a lawful status based on humanitarian need

Cuts benefits

- Eliminates simplification for calculating utility costs for many households

Effective upon enactment

Historic Cut to Federal Funding for SNAP

Slashes federal funding for program administration

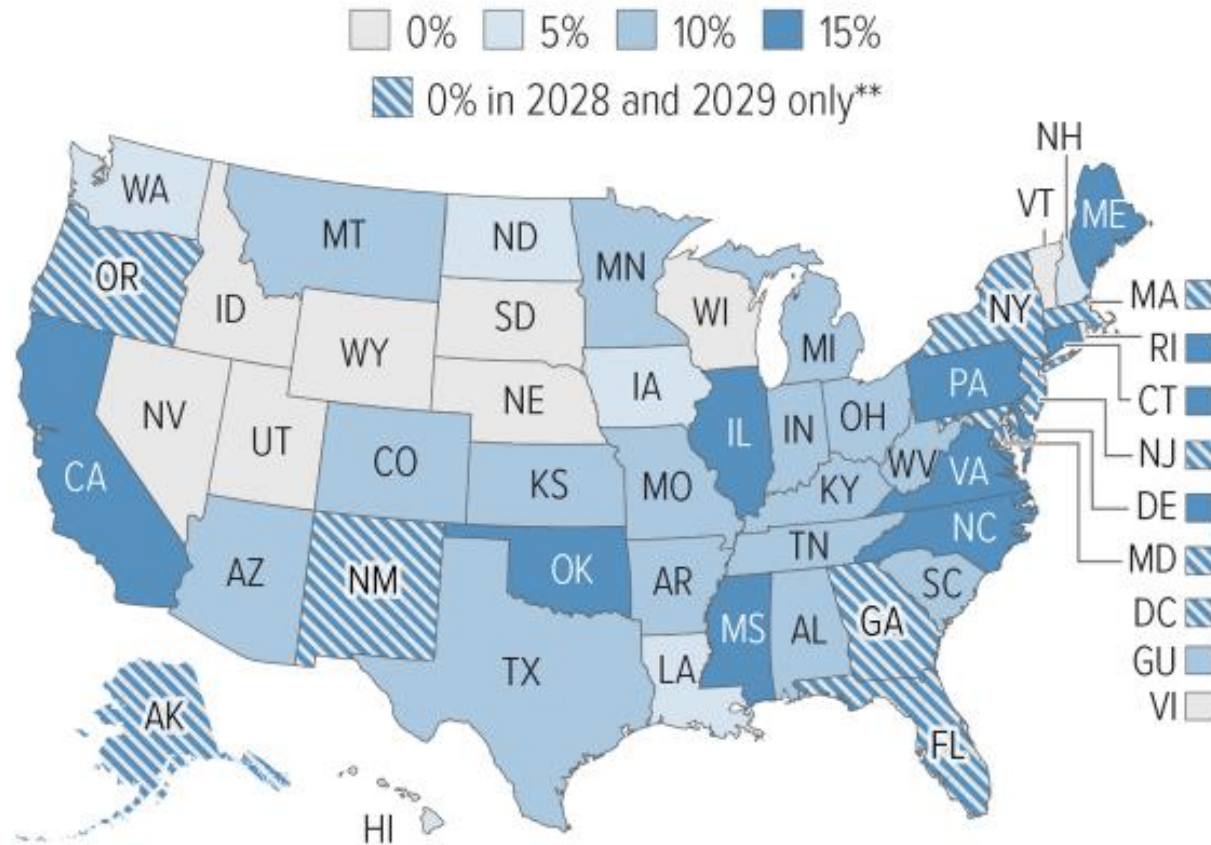
- Federal reimbursement for administrative costs cut in half **starting October 2026**

Slashes federal funding for SNAP benefits

- Most states will be required to cover 5-15% of SNAP benefit costs for the first time **starting October 2027**
- Based on each state's "payment error rate"

SNAP Cost Shift to States

States' cost shares in 2028 and 2029, assuming error rates from 2024*



- Most states are projected to face **very significant costs**
- Fully covering these new costs will be difficult
- Failing to fully cover these costs will be far worse

*Actual cost shares will be based on 2025-2026 error rates. 2024 used for illustrative purposes.

**Based on delay for states with the highest error rates.

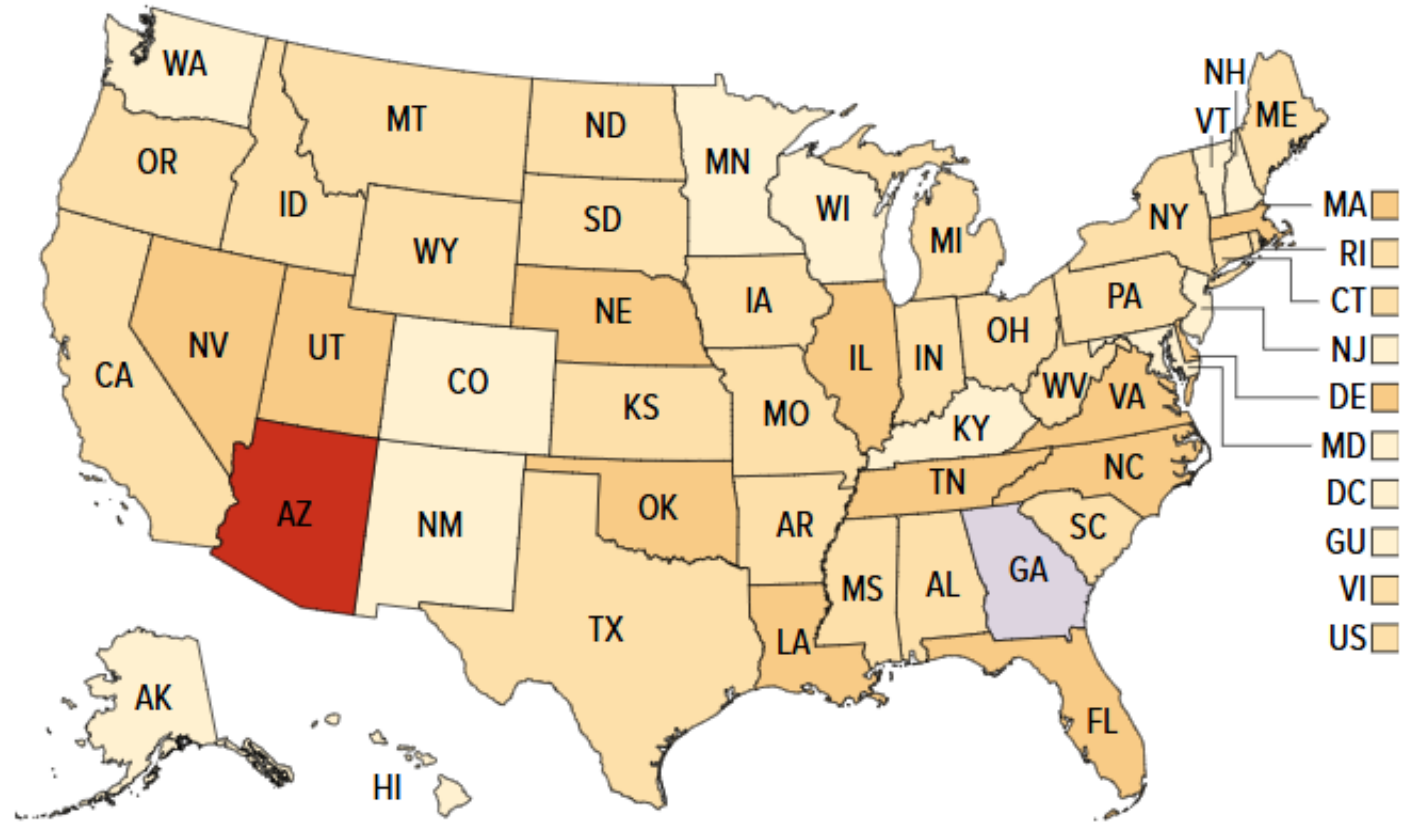
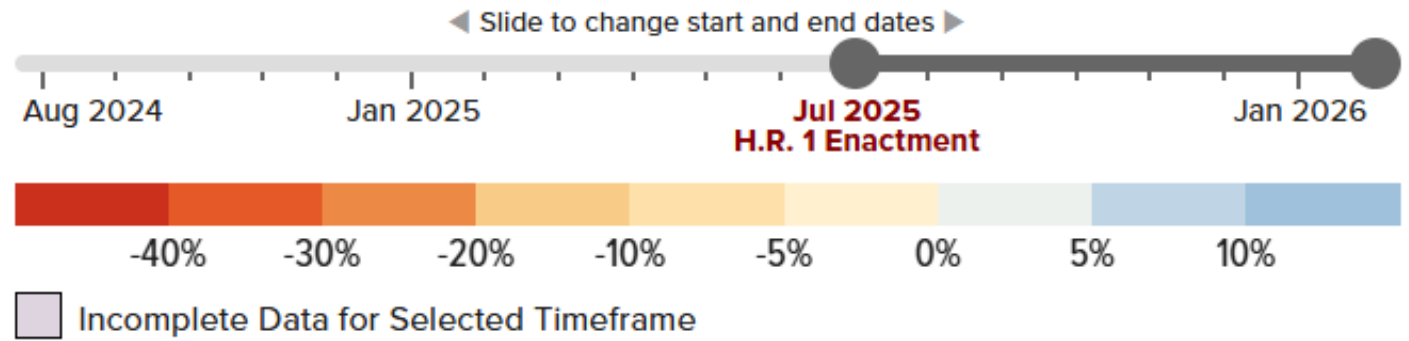
SNAP Cost Shift to States

- Very short window to reduce errors & no quick fixes
- Factors outside of states' control are making errors more likely:
 - Other SNAP cuts added complexity & administrative burden
 - Rushed & chaotic implementation from USDA
 - Disruption from government shutdown

Cost Shift is Already Harming Low-Income Families

- **Some states are working to reduce errors through strategies like:**
 - Hiring more eligibility workers
 - Staff training
 - Upgrading computer systems
 - Data analytics
- **But some are making it harder for eligible families to get SNAP:**
 - Requiring more documentation
 - Shortening certification periods
 - Adding additional layers of review

The number of people receiving SNAP has fallen by more than 3.5 million people



Note: Some states appear to have anomalous data. See ["Chart Notes"](#) below.

Change in Child SNAP Participation Since H.R. 1 Enactment in July 2025

State	Most Recent Month of Data	Change in Total Participation		Change in Child Participation		
		Count	Percent	Count	Percent	Share of State's Total Participation Change
Arizona	April 2026	-473,793	-52%	-205,223	-55%	43%
Kansas	April 2026	-21,906	-12%	-10,331	-12%	47%
Louisiana	April 2026	-168,059	-21%	-79,148	-22%	47%
Maine	April 2026	-13,993	-8%	-4,306	-8%	31%
Maryland	April 2026	-39,452	-6%	-17,267	-7%	44%
Massachusetts	March 2026	-141,075	-13%	-49,429	-15%	35%
Michigan	April 2026	-109,797	-8%	-37,519	-7%	34%
New Jersey	February 2026	-16,540	-2%	-12,132	-4%	73%
New Mexico	March 2026	-17,117	-4%	-9,478	-6%	55%
Ohio*	December 2025	-93,955	-7%	-47,806	-8%	51%
South Dakota	March 2026	-5,001	-7%	-2,793	-8%	56%
Texas	April 2026	-468,731	-13%	-253,060	-15%	54%
Total	-	-1,569,419	-14%	-728,492	-15%	46%

* Ohio defines children as individuals under age 22 who receive SNAP benefits and live with a parent.

Note: States shown are those that publicly report SNAP caseload data for children; Kentucky also provides child caseload data but is omitted due to data quality concerns. The change in the number of participating children in these states likely is not representative of the national change because Arizona's percentage decline is larger than any other state's.

Source: CBPP calculations of SNAP state agency child caseload data as of May 26, 2026

What Can We Do?

- **Block** further harmful changes
- **Mitigate** the harm of these cuts
- **Delay** the impacts
- **Document the harm** in your communities

What Can We Do?

- **Applying for SNAP**
 - Identity
 - Residence
- **Authorized rep**
- **Appealing agency decision**
- **Exempt from work requirements**

What Can We Do?

- **Applying for SNAP**
 - Expedited or emergency benefits
 - Identity
 - Residence
- **Authorized rep**
- **Appealing agency decision**

Contact Information

Email: bolen@cbpp.org

Aligning Work Requirements Across SNAP and Medicaid to Support Public Benefit Continuity

Amanda Bank, Program Officer

Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:



Effective models for prevention and care delivery that harness the field's best thinking and practices to meet critical needs.



Efficient solutions for policies and programs that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.



Equitable outcomes for people that improve the overall well-being of populations facing the greatest needs and health disparities.



Problem Overview

- H.R. 1 includes provisions to reduce federal spending on SNAP by almost \$187 billion over the next 10 years
- SNAP reductions coincide with future reductions in federal Medicaid spending, also enacted through H.R. 1, which includes new work requirements for certain Medicaid enrollees
- SNAP and Medicaid serve largely overlapping low-income populations
- New Medicaid work requirements and expanded SNAP work requirements will likely present challenges for individuals navigating these programs, worsening food insecurity and negatively impacting health outcomes

Comparing SNAP and Medicaid Work Requirements as Outlined in H.R. 1

Category	SNAP	Medicaid
Implementation Timeline	Effective immediately, although they are not implemented for households until a new application or their next recertification	December 31, 2026, or sooner through 1115 waivers
Work Requirements	ABAWD Work Requirement: 80 hours per month	80 hours per month
Population	ABAWD Work Requirement: Ages 18-64	Adults aged 19-64
Outreach	Written notice and oral explanation at certification, recertification and whenever a new household member becomes subject to work requirements	Notice required in writing and one additional form of communication between June 30 and August 31, 2026
Verification Process	Look forward at certification, and every year during recertification	One to three month look back period prior to enrolment and every six months during redetermination
Impact Estimates	Two million people	4.8 million people

Comparing SNAP and Medicaid Work Requirements Exemptions

	SNAP	Medicaid
Exemptions	<ul style="list-style-type: none"> • Indian Health Service members • Caregivers (dependent child under the age of 14 or somebody with a disability) • Individuals already meeting work requirements under TANF or unemployment compensation • Individuals participating in a qualifying substance use disorder treatment program • Pregnant individuals • Medically certified as unable to work due to physical or mental limitation • Studying in school or a training program at least half time 	<ul style="list-style-type: none"> • Indian Health Service members • Caregivers (dependent child under the age of 13 or someone with a disability) • Individuals already meeting work requirements under SNAP or TANF • Individuals participating in a qualifying substance use disorder treatment program • Pregnant and postpartum individuals • Medically frail individuals • Disabled veterans • Foster youth and former foster youth under the age of 26 • Incarcerated or recently incarcerated individuals • Short-term hardship

State Opportunities for SNAP and Medicaid Work Requirement Alignment

- Coordinate work requirement verification systems to reduce administrative burden and minimize additional action from the client
 - Leverage SNAP Eligibility and Enrollment (E&E) systems and SNAP Employment and Training (E&T) systems
 - Utilize *ex parte* verification processes
 - Leverage federal work requirement implementation funding
- Invest in cross-trained workforce to better support individuals navigating these systems and reduce outreach costs
 - Provide technical assistance (e.g., live chat support)
 - Develop cross-agency state leader advisory committees



Partnership Opportunities to Support Work Requirement Implementation

- Community-based organizations can serve as trusted resources to support SNAP and Medicaid work requirement implementation
 - Invest in staff training on H.R. 1
 - Utilize communications channels to raise awareness about work requirements
 - Provide hands-on support for individuals meeting work requirements by verifying work and providing volunteer opportunities
 - Track data on client impact of work requirements and report effects to policymakers

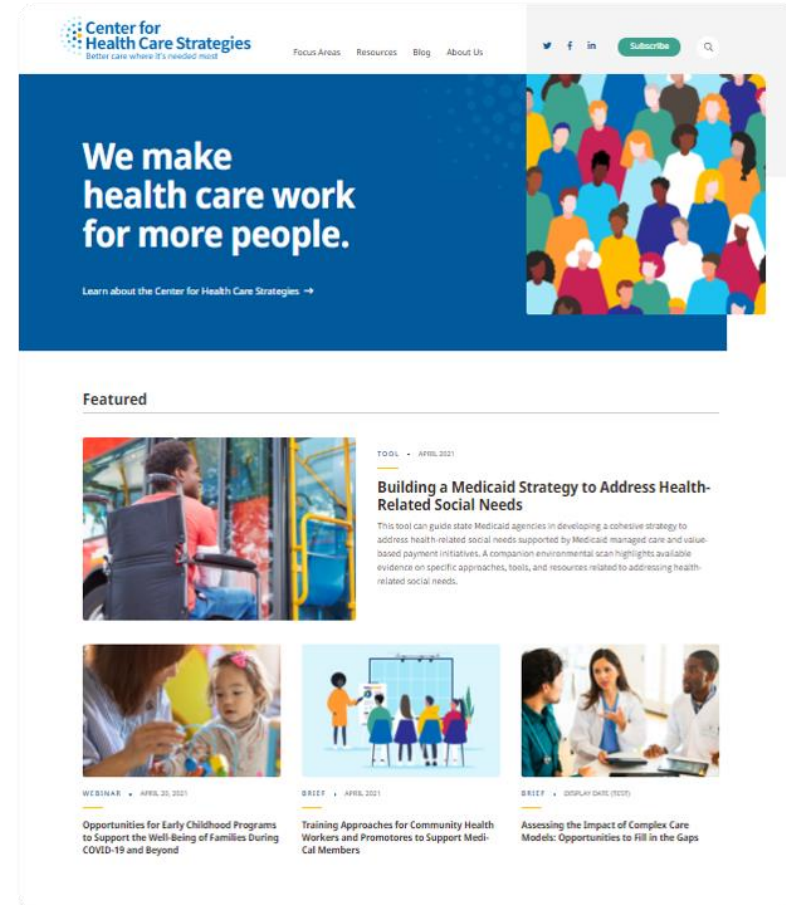


Best Practices for Supporting Families

- Screen households early and often for work requirements exemptions
- Build communication strategies that are adaptive, and culturally and linguistically responsive
- Use multiple communication channels (text, phone, mail, email, patient portals, and in-person outreach) and provide reminders before key deadlines.
- Emphasize that public benefit programs remain available to support eligible individuals and families, and help address concerns or confusion related to policy changes.

Visit CHCS.org to...

- Stay up to date with policy challenges and solutions through our [Medicaid Work Requirements Implementation Series](#).
- Subscribe to CHCS e-mail updates, to learn about new resources, webinars, and more.
- Follow us on LinkedIn or Twitter @CHCShealth.



Session Evaluation

Up in ZOOM



Enjoy a summer break and our series will be back in the fall covering how states are implementing HR1.

- Check out NCH+H Events page at [Events - National Center for Housing + Health](#)
- NCH+H Kickoff series continues with a focus on Research in July- What do we know? What do we need to know about Housing and Health.
Register at [Webinar Registration - Zoom](#)

Ready to learn more?

Contact us to get connected



contact@housinghealthcenter.org

