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No Food and No Healthcare

Impact of the One Big Beautiful Bill Act on Households Receiving SNAP and Medicaid[1]

Key Findings

- More than one million New York households (over three million people) simultaneously receive both SNAP and Medicaid. Nearly one in three of these dual-recipient households includes a child under the age of fourteen.
- There are 843,857 adults in dual-recipient households that will be subject to work requirements for both SNAP and Medicaid, and thus liable to lose both benefits.
    - Of these dual-recipients, FPI estimates that 141,431 will lose SNAP and 135,301 will lose Medicaid due to failure to meet work requirement mandates.
- Among all dual SNAP–Medicaid households, 51,359 people in 32,709 households are *newly exposed* to SNAP work requirements and simultaneously in the ACA Medicaid expansion band—meaning they will face Medicaid work requirements for the first time as well.
    - 99 percent of these individuals are currently not meeting Medicaid work requirements.
- Approximately 41,000 legally present immigrants in New York will lose SNAP and Medicaid benefits under new OBBBA restrictions on eligibility.

Introduction

Approximately one million households in New York State, encompassing over three million people, simultaneously receive both Supplemental Nutrition Assistance Program (SNAP) benefits and Medicaid coverage. This group includes nearly the entire SNAP recipient population.[2] These dual-recipient households sit at the intersection of the two largest federal safety-net programs. They are also among the most economically vulnerable households in New York: definitionally low-income, disproportionately composed of people of color, and deeply dependent on both programs to meet their basic food and healthcare needs.

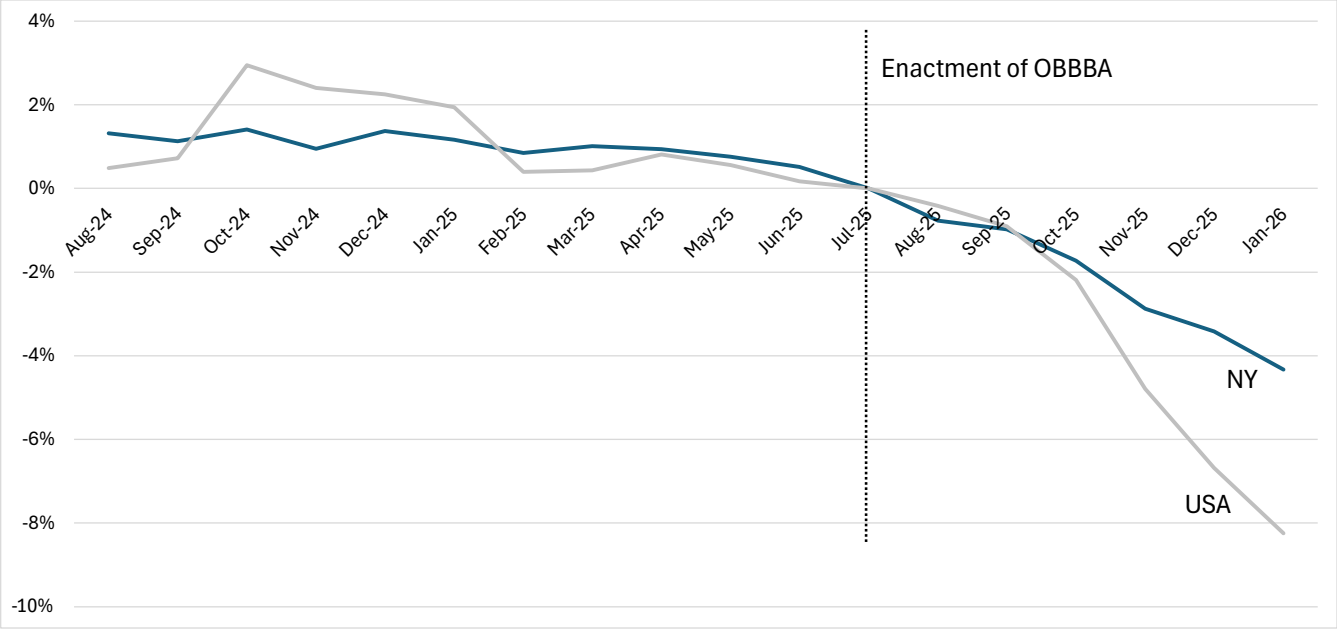
[1] We thank the Altman Foundation for their support, without which this report would not have been possible.
[2] FPI analysis of 2020–24 5-year American Community Survey Public Use Microdata Sample for New York State.

The One Big Beautiful Bill Act (OBBBA), signed into law in July 2025, made sweeping changes to both programs and eliminated eligibility for some immigrant groups, including refugees, asylum seekers, and those who have been victims of sex trafficking.[3]

For SNAP, the OBBBA expands an already-existing set of work requirements for Able-Bodied Adults Without Dependents (ABAWDs)—raising the age ceiling from fifty-four to sixty-four and narrowing the childcare exemption to children under fourteen. These work requirement changes went into effect on March 1, 2026.[4]

For Medicaid, the OBBBA imposes work requirements on the Affordable Care Act Medicaid expansion population—the first time work requirements have ever been introduced as part of the program. The OBBBA also tightens documentation demands, increases recertification frequency, and reduces retroactive eligibility.[5] Further, the act makes changes to the Essential Plan that take effect as early as July 2026. Changes in work requirement rules for Medicaid recipients begin January 1, 2027.[6] Precise guidelines for the implementation of the Medicaid work rules will not be final until the fall of 2026.

Figure 1. SNAP enrollment compared to July 2025 (OBBBA enactment)



Source: Data from the USDA, collected by and downloaded from the Center on Budget and Policy Priorities.

For households relying on *both* programs, the risks of benefit loss are compounded. Loss of SNAP worsens nutrition and health, increasing demand on Medicaid, which will be harder to access under the

[3] An act to provide for reconciliation pursuant to title II of H. Con. Res. 14., H.R. 1, 119th Cong. (2025) (enacted), https://www.congress.gov/bill/119th-congress/house-bill/1/text.
[4] New York State Office of Temporary and Disability Assistance (OTDA), SNAP work requirements, accessed May 27, 2026,: https://otda.ny.gov/programs/snap/work-requirements.asp.
[5] Amelia Coffey and Heather Hahn, "Medicaid Cuts in the One Big Beautiful Bill Act Leave 3 in 10 Young Adults Vulnerable to Losing Health Care Access," Urban institute, August 7, 2025, https://www.urban.org/urban-wire/medicaid-cuts-one-big-beautiful-bill-act-leave-3-10-young-adults-vulnerable-losing.
[6] Coffey and Hahn, "Medicaid Cuts in the One Big Beautiful Bill Act."

new rules.[7] Loss of Medicaid limits a person's ability to work, increasing the risk of losing SNAP.[8] For children in these households, adverse consequences extend into lifelong development, lowered educational attainment, and reduced earnings.[9] For the state, the costs of inaction today—in uncompensated care, greater use of hospital emergency services, downstream public health burdens, and reduced future tax revenue—could far exceed any federal savings realized through benefit reductions.

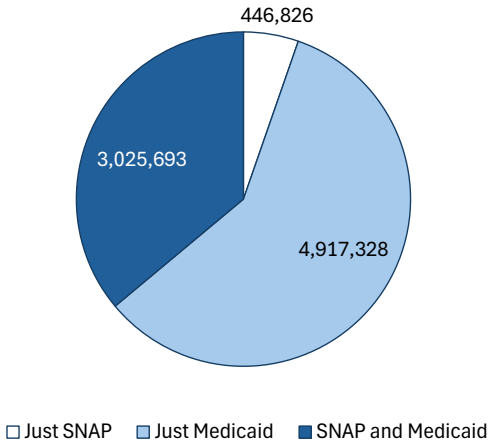
This report measures the number of Medicaid and SNAP recipients that are at risk of losing both benefits. It distinguishes between risk types, as many individuals will likely lose access to each program due to both the additional restrictions on enrollees and the added administrative burdens imposed. A second report in this series will discuss policy solutions to ensure that vulnerable New Yorkers maintain these essential services.

Section I: A Profile of Dual-recipient Households in New York

To understand the population of New York households and individuals that will be impacted by cuts to both Medicaid and SNAP, we use data from the American Community Survey (ACS). These data, while imperfect, are the main public resource available to understand the magnitude of the compounding impacts of the OBBBA at the state level.

The overlap between SNAP recipients and Medicaid recipients in New York is substantial: just over one million households with three million people receive both. This is not a marginal subgroup. It represents roughly 15 percent of all New York households and an outsized share of the state's most economically vulnerable residents.

Figure 2. SNAP, Medicaid and Dual-recipient populations in New York



[7] Stephanie Ettinger de Cuba et al., "Loss of SNAP Is Associated with Food Insecurity and Poor Health in Working Families with Young Children," *Health Affairs* 38, no. 5 (May 2019): 765–773. https://doi.org/10.1377/hlthaff.2018.05265.
[8] Rodlescia S. Sneed et al., "Chronic Disease, Functional Limitations, and Workforce Participation Among Medicaid Enrollees Over 50: The Potential Impact of Medicaid Work Requirements Post-COVID-19." *Journal of Aging and Social Policy* 36, no. 3 (2024): 347–367. https://doi.org/10.1080/08959420.2023.2226291.
[9] Hilary Hoynes et al., "Long-Run Impacts of Childhood Access to the Safety Net," *American Economic Review* 106, no. 4: 903–34, https://www.aeaweb.org/articles?id=10.1257/aer.20130375.

Table 1. Summary statistics for SNAP, Medicaid and Dual-recipient households in New York State

	SNAP	Medicaid	Dual-Recipient
Individuals	3,472,519	7,943,021	3,025,693
Households (HHs)	1,199,908	2,520,522	1,009,167
% Female	54.4	51.8	54.3
% With a disability	23.5	18.6	24.1
% Non-citizen	11.2	13.2	11.4
% Language other than English at home	41.6	40.8	42.7
% in HH with child age 0–13	51.2	47.5	53
% in HH with child age 14–17	24.3	22.4	25.1
% Below 100% FPL	40.1	26.6	43.2
% Below 130% FPL	50.6	34.7	54
% Employed (ages 18–64)	27.3	34.8	26
Median household income	$26,518	$48,935	$25,058

Note: Estimates based on the 2019-2024 5-year American Community Survey Data and author's calculations.

Deep Economic Insecurity

Dual-recipient households have a median household income of just $25,058, well below what is needed to meet basic needs in New York. To contrast these incomes with expected costs, observe that according to the MIT Living Wage Calculator, a family of two working adults with two children typically has food expenses worth $14,280 and healthcare costs worth $11,324.[10]

Over 43 percent of dual-recipient individuals are not in the labor force, and more than half of dual households are rent-burdened, paying more than 30 percent of their total income on housing. In other words, for these households, SNAP and Medicaid are critically needed resources, and any reduction or disruption in these benefits can push these households into making harsh trade-offs: to go hungry or to pay rent, to forego prescribed medications or pay the utility bill.

Racial and Ethnic Composition

Dual-recipient households are disproportionately households of color: 35 percent Hispanic, 22 percent Black non-Hispanic, and fewer than 29 percent white non-Hispanic (figure 3). This reflects both the legacy of historical discrimination as well as present day and structural inequities in access to education, employment, income, housing, and access to employer-sponsored benefits. OBBBA's changes will carry substantial disparate racial impacts, even without any explicit targeting.

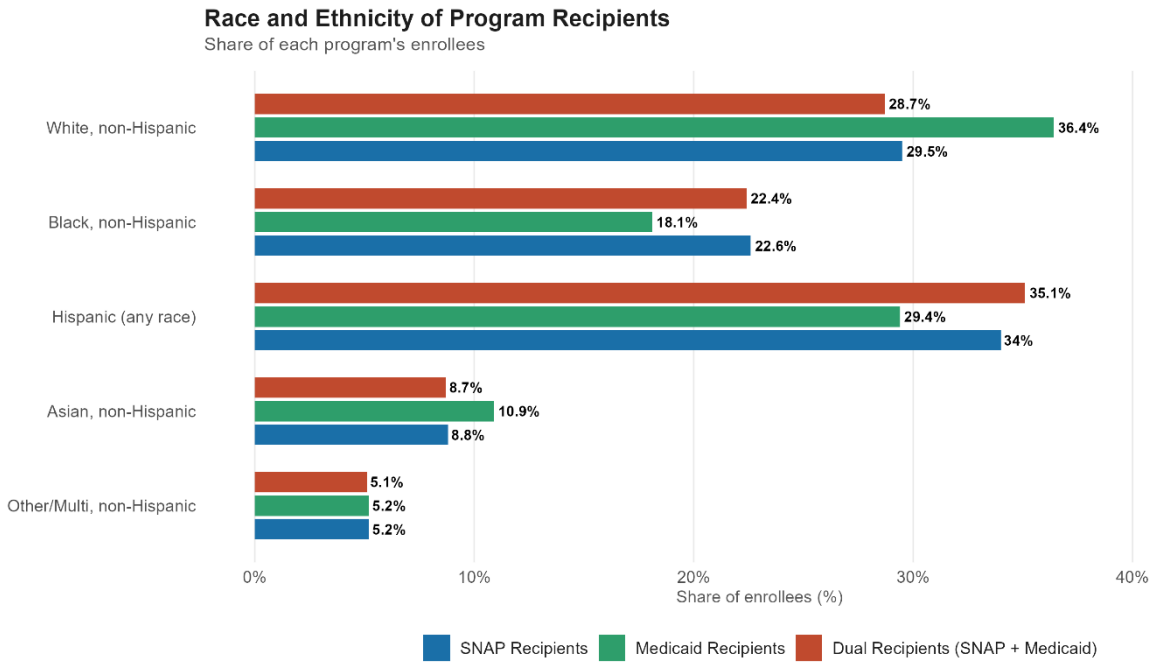
Children, Seniors, and Caregivers

Among dual-recipient households, 342,944 include a child under fourteen and an additional 156,468 include only a teenager aged fourteen to seventeen. Under prior ABAWD rules, presence of any child under eighteen would exempt the adult recipients from having to meet work requirements. OBBBA

[10] Living wage data sourced from the Living Wage Institute, "Living Wage Calculation for New York," accessed March 26, 2026, https://livingwage.mit.edu/states/36.

narrows this to children under fourteen only, directly exposing parents of teenagers for the first time (and thus, the teenagers themselves, by association). At the other end of the age spectrum, 174,934 dual recipients are ages sixty to sixty-four years. This group is now newly subject to SNAP work requirements under OBBBA's age-ceiling expansion from fifty-four to sixty-four years.

Figure 3. Racial composition of dual-recipient households



Note: Estimates based on the 2019–2024 5-year American Community Survey Data and author's calculations.

Table 2. Age composition of SNAP, Medicaid, and dual-recipient households

Age	SNAP Recipients	Medicaid Recipients	Dual-Recipients
0–5	326,243	661,296	300,372
6–13	472,769	934,578	425,332
14–17	220,309	459,357	197,023
18–24	270,478	726,887	236,481
25–44	853,705	2,129,321	750,473
45–59	561,404	1,380,797	485,851
60–64	200,406	485,198	174,934
65+	567,205	1,165,587	455,227

Note: Estimates based on the 2019–2024 5-year American Community Survey Data and author's calculations.

Section II: Overview of How OBBBA Changed Eligibility Rules

Changes to the SNAP program

In 2024, New Yorkers received more than $7.8 billion in aggregate SNAP benefits, with New York City residents receiving over $5 billion of that total.[11] Thus, even a 20 percent reduction in the program benefit amounts, as envisioned in the OBBBA, represents a loss of over $1.5 billion each year for the state, of which approximately $1 billion will be lost to New York City.

The OBBBA's changes to SNAP operate through four interconnected mechanisms:

1. expanded work requirements;
2. cost-shifting that transfers administrative costs from the federal government to states;
3. cost-shifting that transfers benefits costs from the federal government to states, and;
4. restricted eligibility that eliminates SNAP access for refugees, asylees, and other vulnerable immigrant populations.

Since this report is focused on dual-recipient households, we will not elaborate on the nature and depth of cuts to SNAP from the cost-shifting measures (both benefits and administrative costs). FPI has previously published detailed analyses of these impacts.[12]

Expanded Work Requirements in SNAP

While SNAP recipients have been required to provide information about their work status since 1977, it was only after the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 that strict work requirement mandates were introduced for the "Able-Bodied Adults Without Dependents" (ABAWD) population.[13] The OBBBA further expands the scope of these work requirements and eliminates critical exemptions that previously protected vulnerable populations.

Table 3 lists the main changes to the work requirement mandates for ABAWDs in New York that went into effect after February 28, 2026. Failing to meet these work requirement mandates would restrict ABAWDs to three months of SNAP benefits in a thirty-six-month period.

[11] FPI analysis of SNAP caseloads and expenditure data from OTDA, as retrieved from New York State, Office of Information and Technology Services, "Supplemental Nutrition Assistance Program (SNAP) Caseloads and Expenditures" dataset, last updated April 28, 2026, https://data.ny.gov/Human-Services/Supplemental-Nutrition-Assistance-Program-SNAP-Cas/dq6j-8u8z.

[12] See Fiscal Policy Institute, "Healthcare" and "Issue Focus: SNAP Cuts" in *Annual Budget Briefing: Fiscal Year 2027*, February 24, 2026, https://fiscalpolicy.org/wp-content/uploads/2026/02/FY-2027-Budget-Briefing.pdf.

[13] The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 created the ABAWD time limit: Able-Bodied Adults Without Dependents (ages 18–49) were limited to three months of SNAP in a thirty-six-month period unless they: (1) Worked or participated in qualifying activities twenty or more hours per week, or (2) Qualified for an exemption (caregivers, foster youth, homeless individuals, and veterans). This was a hard eligibility cutoff, not just a condition of participation—and it fundamentally changed SNAP access for single adults. In subsequent years, the work requirement mandates have been modified to include state flexibility for waivers in high-unemployment areas (2008 Farm Bill) and the age range expanded to 54 years (2023 Fiscal Responsibility Act). See Congressional Research Service, "Supplemental Nutrition Assistance Program (SNAP): A Primer on Eligibility and Benefits," last updated September 29, 2025, https://www.everycrsreport.com/reports/R42505.html.

Table 3. Changes to select work requirement rules for SNAP

Aspect	Pre-OBBBA Policy	OBBBA Changes
Age of recipients	ABAWDs aged 55 and above are exempt from work requirements	ABAWDs aged 55–64 are no longer exempt
Caregiver Exemption	All adults residing in households with children aged less than 18 years are exempt from work requirements	Only adults residing in households with children aged less than 14 years are exempt from work requirements.
Other Exempt Groups	Veterans, homeless, foster youth are exempt from work requirements	These groups are no longer exempt from work requirements

Medicaid Work Requirement

The OBBBA established federal Medicaid work requirements for the first time in the program's history. ACA expansion adults (ages nineteen to sixty-four, with household incomes up to 138% of the federal poverty level) must document at least eighty hours per month of qualifying activity—employment, job training, education, or community service—or demonstrate that they qualify for one of several exceptions beginning January 1, 2027.[14] One can also meet this work requirement by earning $580 of monthly income (equivalent to working eighty hours per month at the federal minimum wage of $7.25/hour).

The OBBBA also requires more frequent recertification for the ACA expansion population: States will need to reevaluate Medicaid eligibility for these enrollees at least every six months, rather than annually as is now the case. States will be permitted to automatically check eligibility through external data sources, but these methods will be imperfect, significantly increasing the burden of remaining enrolled in Medicaid even for those who do meet work and income requirements.

Changes to SNAP and Medicaid Eligibility for Legally Present Immigrants

Beyond work requirements and cost-shifting, the OBBBA eliminates SNAP and Medicaid eligibility for certain specific populations of legally present immigrants. These restrictions target some of the most vulnerable individuals and families, including those fleeing persecution, violence, and trafficking; many of them are refugees, asylees, and humanitarian parolees who have fled displacement, persecution, or violence in their home countries (see table 4). Approximately forty-one thousand legally present immigrants in New York will lose benefits under these restrictions.[15]

[14] Katherine DeBriere et al., "Eligibility and Enrollment Provisions in OBBBA," National Health Law Program, August 21, 2025, https://healthlaw.org/resource/eligibility-and-enrollment-provisions-in-obbba/.
[15] New York State Attorney General Letitia James, "Attorney General James Sues to Stop Trump Administration's Attempt to Cut Off SNAP Benefits for Permanent Residents," November 26, 2025, https://ag.ny.gov/press-release/2025/attorney-general-james-sues-stop-trump-administrations-attempt-cut-snap-benefits.

Table 4. Changes in eligibility for SNAP and Medicaid benefits based on immigration status

Immigration Status	SNAP	SNAP Notes	Medicaid / CHIP (Effective 10/ 1/ 26)	Medicaid Notes
NO LONGER ELIGIBLE				
Refugees	**Lost**		**Lost**	
Asylees (without green card)	**Lost**		**Lost**	
Survivors of domestic violence / VAWA self-petitioners	**Lost**		**Lost**	
Trafficking victims (T-visa holders)	**Lost**		**Lost**	
Withholding of removal / certain humanitarian parolees	**Lost**	*Includes those granted for ≥1 year*	**Lost**	
Temporary Protected Status (TPS) holders	**Lost**		**Lost**	
Work visa holders	*Never eligible*		**Lost**	
DACA recipients	*Never eligible*		**Lost**	*Never eligible for federal Medicaid*
REMAIN ELIGIBLE (FEDERAL)				
U.S. citizens	**Eligible**		**Eligible**	
Lawful permanent residents (LPRs / green card holders)	**Conditional**	*5-year waiting period still applies*	**Eligible**	
Cuban and Haitian entrants	**Eligible**		**Eligible**	
COFA migrants (Micronesia, Marshall Islands, Palau)	**Eligible**		**Eligible**	
Lawfully residing children & pregnant individuals	*Never eligible*		**Eligible**	*NY & 38 other states + DC had elected this option as of 1/25*

Sources: Drishti Pillai et al., "1.4 Million Lawfully Present Immigrants are Expected to Lose Health Coverage due to the 2025 Tax and Budget Law," KFF, September 25, 2026, https://www.kff.org/immigrant-health/1-4-million-lawfully-present-immigrants-are-expected-to-lose-health-coverage-due-to-the-2025-tax-and-budget-law/; USDA, "Supplemental Nutrition Assistance Program (SNAP) Implementation of the One Big Beautiful Bill Act of 2025 – Alien SNAP Eligibility," October 31, 2025, https://www.fns.usda.gov/snap/obbb-alien-eligibility; SNAP eligibility. State-funded programs may fill some gaps for ineligible groups.

The revised criteria also eliminate SNAP and Medicaid eligibility for survivors of human trafficking (T-visa holders)—often young people brought into the country against their will—and for immigrants who are survivors of domestic violence.[16] A majority of victims of trafficking and domestic violence are women and young children; the new criteria will make it harder for them to escape abusive conditions.[17] Cutting off access to benefits places these groups at severe risk of food insecurity, malnutrition, and is almost certain to worsen their long-term health outcomes.

Section III: Households and Individuals at Risk of Losing Benefits Under New Work Requirements

Our analysis uses a structured typology to identify which recipients are at risk under the new rules, applied to both SNAP and Medicaid beneficiaries. This framework divides all working-age benefit recipients into three mutually exclusive and exhaustive groups based on their relationship to the work requirement.

Categorically Exempt: This group comprises of recipients who qualify for a statutory exemption and are therefore protected from the behavioral compliance requirement. For both programs, exemptions cover individuals who are disabled, living in a household with a disabled member, or caring for a child under fourteen. SNAP recipients who are receiving or applying for unemployment insurance benefits are also exempt from SNAP work requirements. For Medicaid, school enrollment at least half-time is not a standalone exemption but a qualifying compliance activity—enrolled individuals without another exemption are counted as Conditionally Safe (see next section).

Categorically exempt recipients face no risk of losing benefits due to lack of employment. However, they face a distinct administrative risk of documenting their categorical exemption. Under the newly tightened verification regime, a non-citizen parent caring for a disabled child, for example, may be unable to produce the documentation required to establish their exemption status. This risk is specifically about the capacity to *prove* a qualifying exemption, not about general renewal paperwork burden.

Conditionally Safe: This group comprises of recipients who have no categorical exemption but are currently meeting the work requirement — working at or above the 20-hour weekly threshold (meeting the OBBBA's eighty-hour monthly rule) or, for Medicaid, enrolled in school at least half-time (which qualifies as a compliance activity). Conditionally safe recipients are not at behavioral risk of losing benefits, but face documentation burden at recertification. Since OBBBA has increased the recertification frequency for Medicaid recipients from annual to semi-annual, the paperwork burden represents real risk. This risk is further amplified for recipients who are non-citizens or speak a language other than English at home, who must additionally navigate citizenship verification and language barriers.

Employment-status / Non-compliance Risk: This group comprises of recipients who have no categorical exemption and are not currently meeting the work requirement. This is the population who

[16] Survivors of domestic violence are considered a legally present group of immigrants. These individuals are often fleeing abuse or violence from a US citizen or legally present resident (LPR or green-card holder).
[17] UN Women, "Facts and figures: Ending violence against women," November 19, 2025, https://www.unwomen.org/en/articles/facts-and-figures/facts-and-figures-ending-violence-against-women.

might lose benefits unless they are able to change their labor market status to maintain eligibility. Within this genuinely at-risk population, we distinguish two tiers of severity:

1. Severe risk: individuals who are fully disconnected from the labor force—i.e. who are 'not-in-labor-force' (NILF)—and who report zero hours and worked zero weeks in the prior year. Both SNAP and Medicaid recipients in this group are at great risk of losing benefits.
2. Moderate risk: individuals who are partially attached—those who are not in labor force currently, but have some prior labor market activity, or who are working but below the twenty-hour effective threshold. For Medicaid, a further sub-group within this group captures the unemployed individuals who are actively seeking work but carry no categorical Medicaid exemption, unlike their SNAP counterparts who are exempt through the Unemployment Insurance receipt provision.

This typology is mutually exclusive and exhaustive within each program's relevant population. The sections below apply this framework to SNAP recipients, Medicaid expansion adults, and dual recipients in turn.

SNAP At-Risk Population

Applying the three-way typology to the 1,885,993 SNAP adults aged 18–64 yields the full picture in table 5 below.

The overwhelming majority of adult SNAP recipients—80 percent—qualify for at least one categorical exemption and are therefore insulated from non-compliance risk. Exemptions cover disability, presence of a disabled household member, care of a child under fourteen, school enrollment at least half-time, and receipt of or application for unemployment insurance. While these individuals should not lose SNAP due to work requirements, 709,564of them—nearly half—face heightened exemption-documentation risk: they are non-citizens or have limited English proficiency and may be unable to successfully prove their exemption status under tightened verification requirements at renewal.

About 12 percent of SNAP adults (228,262 individuals) have no categorical exemption but are currently working at or above twenty hours per week, or earning at least $217.50 per week, and thus meeting the compliance threshold. Their risk is entirely administrative: They must successfully document their work activity at every recertification cycle. Of these, 108,472 face either a citizenship or language barrier that compounds this administrative burden, putting them at risk of losing benefits even though they technically meet the compliance standards.

Finally, 158,567 SNAP recipients have no categorical exemption and are not currently meeting the work requirement. They face direct risk of losing benefits due to not meeting the work requirements, unless their labor market status changes. Of these, 92 percent (145,996) are fully disconnected—not in the labor force, with zero hours and zero weeks worked in the prior year. The remaining 11 percent (12,571) are working but below the twenty-hour threshold.[18]

The OBBBA's specific changes created two newly exposed sub-groups of SNAP recipients who were not subject to requirements before. Adults aged 55–64 account for 63,838 persons (39 percent of those at risk of non-compliance) previously exempt by age but now subject to work requirements. Parents or guardians whose only dependent child is aged 14–17 account for 15,568 persons (10 percent). These

[18] Note that because unemployed individuals are considered exempt under the SNAP work requirement.

adult caregivers of teens were previously protected by the caregiver exemption, but are now exposed because the child-age cutoff was lowered from eighteen years to fourteen years.

Table 5. SNAP recipients at-risk

Category	Persons	% of SNAP
All SNAP adults 18–64 (denominator)	1,885,993	100%
Categorically exempt	1,499,164	79.5%
Citizenship barrier	224,654	11.9%
Language barrier	679,049	36.0%
Conditionally safe (working ≥20 hrs/wk, no exemption)	228,262	12.1%
Citizenship barrier	35,673	1.9%
Language barrier	102,871	5.5%
Newly exposed — total	76,027	4.0%
— Ages 55–64	63,838	3.39%
— Adult caregivers of teens 14–17 only	15,568	0.8%
Non-Compliance risk (not meeting work requirement)	158,567	8.70%
Fully disconnected (NILF, 0 hours, 0 weeks)	145,996	7.70%
Partially attached — total	12,571	0.8%
Core at-risk (subject to ABAWD pre-OBBBA)	96,976	5.10%
Newly exposed — total	76,027	4.0%
— Ages 55–64	63,838	3.40%
— Adult caregivers of teens 14–17 only	15,568	1.00%

Source: FPI analysis of 2020–2024 5-year ACS PUMS.

The Hidden Price of Paperwork: Administrative Burden, Attention Poverty, and the Cost of Recertification

Before the One Big Beautiful Bill Act, Medicaid expansion adults renewed their eligibility once a year. Under Section 71107 of the OBBBA, that cycle is cut to every six months, effective January 1, 2027.[1] The Congressional Budget Office projects the change will reduce federal Medicaid outlays by $62.6 billion over ten years[2]—a figure that represents, in equal measure, the anticipated scale of coverage loss among people who may remain eligible but cannot complete the process twice as often.

The administrative burden literature identifies three costs citizens face navigating public benefits: learning costs (understanding the rules and requirements), compliance costs (gathering documents, completing forms, attending appointments), and the stress and uncertainty of engaging with a system whose outcome is unpredictable).[3] Each of these costs doubles when recertification frequency doubles. None of them falls evenly.

A landmark 2013 study published in *Science* by Mani et al. found that financial scarcity depletes cognitive function.[4] Mullainathan and Shafir posited that poverty levies a bandwidth tax that leaves less mental bandwidth available for everything else.[5] A renewal notice arriving in a household already managing financial precarity, childcare, irregular work schedules, and possibly a language barrier is exactly the kind of task that the theory of bandwidth scarcity predicts will go unaddressed—not from indifference, but from depletion.

> *"We recognize that the poor are short on cash, so we are careful to conserve on that. But we do not think of bandwidth as being scarce as well." —Mullainathan and Shafir,* Scarcity *(2013)*

Compliance costs are not merely inconvenient for low-wage workers, they are financially consequential. A required trip to a local Department of Social Services office can mean a lost day of work. For a home health aide or retail worker earning at the median income of the Medicaid employment-status risk population analyzed in this report — $11,216 per year — that is roughly $130 in wages, representing more than ten percent of a month's income. Workers in service industries, who account for a large share of SNAP and Medicaid recipients, routinely face irregular and unpredictable scheduling:[6] taking time off is not simply a matter of requesting it. A recertification appointment that requires advance scheduling conflicts directly with an employment environment that provides little advance notice of anything.

The evidence from Arkansas—the first and only state to implement Medicaid work requirements before a federal court intervened—is instructive. Nearly half of case closures (49 percent) were attributable not to non-compliance with work requirements but to **failures of communication**: enrollees who did not receive notices, failed to return documentation, or were confused by having to separately report work hours *and* complete their annual renewal simultaneously.[7] Under OBBBA, that bifurcated burden—compliance verification *and* eligibility renewal, now both on a six-month cycle**—is not an implementation accident but a structural feature. Two years after the requirement was suspended by a federal court, 70 percent of enrollees still did not know it had been put on hold, suggesting that administrative complexity generates chilling effects that outlast the policies** that created them.[8]

For dual SNAP–Medicaid recipients, the burden is compounded further. Under the OBBBA's six-month Medicaid renewal cycle, combined with SNAP's own recertification requirements, some dual recipients will face up to four separate benefit-renewal interactions per year—each requiring documentation, each carrying the risk of an administrative error that terminates coverage, and each drawing on bandwidth that is already constrained by poverty. Nearly 40 percent face a citizenship or language barrier on top of the underlying compliance challenge.

In this report, we try to capture these costs to the best extent possible by separating out the exact nature of risk faced and then layering other challenges (citizenship barrier, language barrier) on top of the base risk.

Notes

1. One Big Beautiful Bill Act of 2025, Pub. L. 119-21, § 71107. Effective for redeterminations scheduled on or after January 1, 2027.

2. Congressional Budget Office, *Cost Estimate: H.R. 1, One Big Beautiful Bill Act* (July 21, 2025).

3. Donald Moynihan, Pamela Herd, and Hope Harvey, "Administrative Burden: Learning, Psychological, and Compliance Costs in Citizen-State Interactions," *Journal of Public Administration Research and Theory* 25, no. 1 (2015): 43–69.

4. Anandi Mani et al., "Poverty Impedes Cognitive Function," *Science* 341, no. 6149 (2013): 976–980.

5. Sendhil Mullainathan and Eldar Shafir, *Scarcity: Why Having Too Little Means So Much* (New York: Times Books, 2013), 117.

6. Economic Policy Institute, "Work Requirements for Safety Net Programs Like SNAP and Medicaid" (January 24, 2025), citing the Shift Project (Zundl et al., 2022): approximately 15 percent of service-sector workers had a shift canceled in the prior year; nearly 40 percent had worked a closing shift immediately followed by an opening shift.

7. MaryBeth Musumeci et al., "Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees," KFF, December 18, 2018; KFF, "State Data for Medicaid Work Requirements in Arkansas," last updated May 14, 2026.

8. Benjamin D. Sommers et al., "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," *Health Affairs* 39, no. 9 (2020): 1542–1550.

Medicaid At-Risk Population

For Medicaid, the population that is newly subject to work requirements is all ACA expansion adults aged 19–64 with household incomes up to 138 percent of the federal poverty level — 1,541,013 persons in New York. The work requirement, effective January 1, 2027, requires eighty hours per month of qualifying activity, or being enrolled in school at least half-time, and other community work.[19]

The large majority of ACA expansion adults, over 1.06 million persons residing in over 525,000 households, qualify for at least one categorical exemption and are protected from employment non-compliance risk. Categorical exemptions cover disability, presence of a disabled household member, and care of a child under fourteen. Of the 1,063,078 categorically exempt enrollees, 507,520—nearly half—face exemption-documentation risk: they are non-citizens or have limited English proficiency and may be unable to successfully prove their exemption at renewal. This is a risk of documentation failure, not employment non-compliance; these individuals are legally protected but may lose coverage if they cannot navigate tightened verification requirements.

Fourteen percent of the ACA expansion group have no categorical exemption but are currently meeting the eighty-hour monthly work requirement—either through working twenty or more hours per week or through school enrollment. These enrollees are not at risk of losing coverage due to non-compliance, but face documentation burden at recertification. Of these, 105,525 face either a citizenship or language barrier that compounds this renewal risk.

Seventeen percent of the expansion band have no categorical exemption and are not currently meeting the work requirement. This is the population facing direct non-compliance risk of losing Medicaid. Within this group, severity matters considerably. Those who are fully disconnected from the labor market accounts for 188,993 persons (72 percent of the overall non-compliant group): these are recipients who are not in the labor force, with zero hours and zero weeks worked in the prior year. There are also 74,929 individuals who are partially attached to the labor market. There are 40,886 unemployed individuals and 38,603 individuals working 1–19 hours per week, who are attached to the labor market but below the compliance threshold.

Of the 263,922 enrollees deemed to be at-risk of not meeting work requirements, 104,408 (40 percent) also face either a citizenship or language barrier, placing them in double jeopardy: they must both change their labor market behavior and successfully navigate a documentation-intensive renewal process.

Across demographic groups, the Medicaid population at risk of not meeting work requirements due to non-compliance is 54 percent female, with significant racial and ethnic concentration: 33 percent White non-Hispanic, 26 percent Black non-Hispanic, and 28 percent Hispanic. The population skews older than the SNAP at-risk pool, with 38 percent aged 45–59 and 20 percent aged 60–64. The age distribution partly reflects the expansion band's concentration in mid-career and pre-retirement adults. Poverty is acute among Medicaid enrollees with 54 percent having incomes below 50 percent of the federal poverty level. Median household income in 2024 was a mere $11,216—lower than the parallel SNAP population ($12,401).

[19] NY State of Health The Official Health Plan Marketplace, "Changes to Medicaid Coverage," accessed May 28, 2026, https://info.nystateofhealth.ny.gov/stay-covered.

Table 6. Medicaid recipients at risk due to newly imposed work requirements

Category	Persons	Households	% of Total
All expansion-band adults 19–64 (denominator)	**1,541,013**	**—**	**100%**
Categorically Exempt			
Total	**1,063,078**	**525,303**	**69.0%**
+ Citizenship barrier (non-citizen)	192,065	81,166	12.5%
+ Language barrier (limited English)	483,277	232,182	31.4%
Conditionally Safe (Meets Work Requirement)			
Total	**214,013**	**101,624**	**13.9%**
+ Citizenship barrier (non-citizen)	43,656	19,344	2.8%
+ Language barrier (limited English)	100,270	45,084	6.5%
Non-Compliance Risk (Not Meeting Work Requirement)			
Total	**263,922**	**126,324**	**17.1%**
Fully disconnected (NILF, 0 hours, 0 weeks)	188,993	87,500	12.3%
Partially attached—total	74,929	38,824	4.9%
Unemployed (no categorical Medicaid exemption)	40,886	—	2.7%
Working 1–19 hrs/week	38,603	—	2.5%
+ Citizenship barrier	40,870	13,263	2.7%
+ Language barrier	97,254	44,275	6.3%

Source: FPI analysis of 2020–2024 5-year ACS PUMS data.

Dual Recipients: Compounded Risk Across Both Programs

A substantial share of SNAP recipients also receives Medicaid, and vice versa. Among dual recipients—households enrolled in both programs simultaneously—the risks identified above compound in ways that are qualitatively distinct from either program in isolation. Losing SNAP and losing Medicaid simultaneously eliminates both food security and health coverage in a single administrative event, often triggered by one recertification failure. The dual population is therefore the highest-priority group for both targeted outreach and fiscal planning.

There are 1,647,739 adults ages 18–64 in dual SNAP–Medicaid households. These adults are all subject to SNAP work requirements. However, only 846,792 adults in dual recipient households are part of the Medicaid expansion group and thus subject to the newly imposed Medicaid work requirements. These are the individuals most at risk of losing both SNAP and Medicaid under the OBBBA cuts.

Reflecting the wider SNAP recipient pool, the vast majority of dual-recipients are exempt from SNAP work requirements, with 1,338,574 persons (81 percent),protected by disability, caregiver, or UI-receipt exemptions. On the Medicaid side, 643,514 dual recipients newly exposed to Medicaid work requirements(76 percent of all ACA-expansion adults) are categorically exempt. Of these dual recipients with exemptions, 288,676 (45 percent) face either a language or citizenship documentation barrier, putting them at heightened risk of losing benefits despite meeting a categorical exemption.

The non-compliance risk group for SNAP is 141,431—a smaller share, but one that overwhelmingly consists of disconnected individuals: 130,182 (92 percent) report zero hours and zero weeks worked. For Medicaid, the non-compliance risk group is 135,301 (16 percent of the dual-earner ACA expansion group).

Table 7. Dual SNAP–Medicaid recipients at risk

Category	Persons	% of dual band
SNAP—Three-Way Typology Among Dual Recipients		
Categorically Exempt (SNAP side)		
Total	**1,338,574**	**81.2%**
+ Citizenship barrier	204,412	12.4%
+ Language barrier	616,015	37.4%
Conditionally Safe (SNAP side)		
Total	**167,734**	**10.2%**
No barrier (base paperwork risk only)	82,636	5.0%
+ Citizenship barrier	28,768	1.7%
+ Language barrier	81,170	4.9%
Non-compliance risk (SNAP side)		
Total	**141,431**	**8.6%**
Fully disconnected (NILF, 0 hours, 0 weeks)	130,182	7.9%
Partially attached	11,249	0.7%
Language OR Citizenship barrier	54,298	3.3%
Medicaid—Three-Way Typology Among Dual Recipients		
Categorically Exempt (Medicaid side)		
Total	**643,514**	**76.2%**
+ Citizenship barrier	92,410	10.9%
+ Language barrier	276,160	32.7%
Conditionally Safe (Medicaid side)		
Total	**65,042**	**7.7%**
Citizenship barrier	11,016	1.3%
Language barrier	31,106	3.7%
Non-compliance risk (Medicaid side)		
Total	**135,301**	**16.0%**
Fully disconnected (NILF, 0 hours, 0 weeks)	102,317	12.1%
Partially attached — total	32,984	3.9%
Unemployed (no Medicaid exemption)	20,688	2.5%
Working 1–19 hrs/week	14,167	1.7%
+ Language OR Citizenship barrier	48,597	5.8%

Source: FPI analysis of 2020–2024 5-Year ACS PUMS
Notes: For the SNAP side, % of dual band uses the SNAP band denominator (1,647,739 adults 18–64 in dual households). For the Medicaid side, % of dual band uses the Medicaid expansion denominator (843,857 adults 19–64, ≤138% FPL, in dual households).

Newly Exposed and Doubly Vulnerable

For most of New York's dual SNAP–Medicaid recipients, work requirements are not new—they have navigated the existing ABAWD rules for years. But the OBBBA created two groups for whom both sets of requirements are new at the same time: adults aged 55–64, previously exempt from SNAP work requirements by age, and parents whose only dependent child is 14–17 years old, previously shielded by the caregiver exemption. These groups are newly exposed to SNAP requirements as of March 1, 2026. They will become newly exposed to Medicaid work requirements on January 1, 2027.

Among all dual SNAP–Medicaid households, we identify 51,359 persons in 32,709 households who are newly exposed to SNAP work requirements and are simultaneously in the ACA Medicaid expansion band—meaning they will face Medicaid work requirements for the first time as well. This group breaks down into 43,602 adults aged 55–64 (28,795 households) and 9,863 parents of teenagers 14–17 (5,282 households), with a small overlap between the two. Of the 51,359 newly exposed dual recipients in the expansion band, 51,073—fully 99.4 percent—are genuinely at-risk of losing Medicaid coverage because they have no categorical exemption and are not currently meeting the eighty-hour monthly compliance threshold.

These are households that, prior to the OBBBA, had no work requirement obligations at all under either program, but now they face requirements under both. They need to learn to navigate two separate documentation systems testifying that they are meeting their work requirements, simultaneously, with often overlapping and confusing certification timelines, and with essentially no categorical protection on the Medicaid side. The newly exposed 55–64-year-olds who are not currently complying with Medicaid's work requirement represent a population navigating new compliance demands at an age when labor market attachment is declining and health care needs are rising.

Section IV: Consequences of losing benefits

Food Insecurity and Health: A Reinforcing Cascade

The research literature is unambiguous: SNAP and Medicaid save lives, improve health, and reduce long-term costs. Their removal creates a predictable cascade of harm. Food-insecure households spend, on average, 45 percent more on medical costs per year than their food-secure counterparts. This translates to approximately $1,900 more in annual spending, rising to $4,400 more for those with diabetes and $5,100 more for those with heart disease.[20] Food-insecure seniors who participate in SNAP are 46 percent less likely to be hospitalized than low-income seniors who do not.[21] SNAP participation is associated with fewer inpatient hospitalizations, fewer emergency room visits, and lower annual Medicaid payments.[22]

[20] Seth A. Berkowitz et al., "Food Insecurity and Health Care Expenditures in the United States, 2011–2013," *Health Services Research* 53, no. 3 (2018): 1600–1620, https://doi.org/10.1111/1475-6773.12730.
[21] Seth A. Berkowitz et al., "Supplemental Nutrition Assistance Program Participation and Health Care Use in Older Adults: A Cohort Study," *Annals of Internal Medicine* 174, no. 12 (2021): 1674–1682, https://doi.org/10.7326/M21-1588.
[22] Seth A. Berkowitz et al., "Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults," *JAMA Internal Medicine* 177, no. 11 (2017): 1642–1649, https://doi.org/10.1001/jamainternmed.2017.4841.

A 2025 *Lancet* study modeling the OBBBA's specific Medicaid work requirement provisions projects between 7,049 and 9,252 excess deaths annually in the United States from coverage loss.[23] A *JAMA* study found that Medicaid beneficiaries most likely to lose coverage under work requirements—those with unstable employment and documentation challenges—have significantly worse underlying health than average enrollees, meaning the mortality impact falls on those least able to absorb it.[24]

Children Bear the Consequences of Adult Policy

The OBBBA's work requirements formally target adults, but the consequences are borne by entire households. Research published in *Health Affairs* found that families whose SNAP benefits were cut experienced 1.43 times greater odds of poor caregiver health and 1.22 times greater odds of poor child health.[25] Studies of early food stamp access in the 1960s found that children who received benefits in early childhood had, as adults, lower rates of obesity, diabetes, and heart disease, and higher lifetime earnings.[26] Benefit cuts today are a long-term investment in worse outcomes for tomorrow's workforce. In New York's dual-recipient population there are approximately 726,000 children under fourteen and 220,000 teenagers across SNAP households. These children cannot work; they cannot meet any requirement. But they will live with the consequences if their households lose benefits.

The Health–Work Feedback Loop

Medicaid is foundational for dual-recipient households. Loss of health coverage impairs the ability to manage chronic conditions, access medications, and maintain the physical capacity to work. This creates a feedback loop that no work requirement can address: Losing Medicaid makes it harder to work, which increases the risk of losing SNAP, which worsens nutrition, which further undermines health and work capacity.

Among those at employment-status risk in our analysis, 92.6 percent of SNAP at-risk persons and 91.8 percent of Medicaid at-risk persons are not in the labor force. Among the broader Medicaid population not working, nearly two-thirds cite illness or disability, caregiving responsibilities, or inability to find work. Work requirements do not create employment; they create administrative hurdles that strip coverage from people who cannot surmount them.

We also note that these cuts arrive at a particularly vulnerable moment for New York's economy. Dual recipients are crowded into a few key industrial sectors for work: healthcare (23 percent of recipients), retail and transportation/warehousing (21 percent), and accommodation and food services (9 percent).

- While healthcare has been the only sector to expand at a healthy pace over the past few years, growth is expected to slow as the state's healthcare infrastructure faces federal headwinds (partial loss of Essential Plan coverage leading to a higher volume of the uninsured population seeking

[23] Abhishek Pandey et al., "Quantifying the Mortality and Morbidity Impact of Medicaid Work Requirements: A Modeling Study," *The Lancet Regional Health—Americas* 51 (2025): 1–8, https://doi.org/10.1016/j.lana.2025.101232.
[24] Anna L. Goldman et al., "Analysis of Work Requirement Exemptions and Medicaid Spending," *JAMA Internal Medicine* 178, no. 11 (2018): 1549–1552, https://doi.org/10.1001/jamainternmed.2018.4194.
[25] de Cuba et al., "Loss of SNAP," 765–773.
[26] Hoynes et al., "Long-Run Impacts," 903–934.

care),[27] rising inflation pushes labor costs higher,[28] and national trends of healthcare layoffs weave their way to the state.[29]

- Retail trade and transportation have not yet recovered from their pre-pandemic highs and in 2025 employed 71,300 fewer workers than in 2019—a shrinkage of almost 5 percent.[30] Further, tariffs imposed by the current federal administration are forcing businesses to increase costs, consumers to pullback, and investors to stall as they seek clarity on the final tariff rates. Combined, these impacts worsen the recovery of this sector, which employs almost 1.5 million New Yorkers.[31]
- Similarly, the hospitality sector workforce, which employs nearly one million New Yorkers and includes accommodation and food service industries, was 2.4 percent smaller in 2025 than in 2019.[32] Tourism and corporate travel, which are two major sources of employment for the hospitality sector, have not recovered from their pre-pandemic levels, and the outlook for the industry is broadly negative for the near-term, although the summer 2026 FIFA World Cup is expected to provide a much-needed temporary boost.[33]

The adverse impact of the slowdown in the labor market is likely to be compounded in New York by the loss of federal funding for benefit programs such as SNAP and Medicaid and threatens to push vulnerable workers further into economic insecurity just as their safety nets are pulled away.[34]

Conclusion

Federal funding cuts to SNAP and public healthcare have already caused about 100,000 New Yorkers to lose SNAP access and will result in another 450,000 losing their health insurance this summer. The overlap of these vulnerable populations is significant: nearly three million individuals receive both SNAP and Medicaid in New York, nearly 90 percent of the entire SNAP recipient population and including one million households with children under the age of fourteen. Work requirements and added administrative burdens for all enrollees are the driving force of disenrollment. Approximately 140,000 individuals receiving both SNAP and Medicaid are at risk of losing both benefits due to not meeting the programs' work requirements. However, a much broader population is at risk even if they do meet requirements or qualify for an exemption, simply due to the added administrative burdens. Additional restrictions to enrollment for legally present immigrants will cause another 40,000 individuals to lose both SNAP and Medicaid. Program disenrollment severely threatens the health and well-being of these

[27] Fiscal Policy Institute, "Statement on Federal Approval to Shrink the Essential Plan," March 23, 2026, https://fiscalpolicy.org/statement-on-federal-approval-to-shrink-the-essential-plan.
[28] Healthcare 150, "Healthcare Inflation: Outpacing the CPI and Driving Systemic Strain," June 11, 2025, https://www.healthcare150.com/p/healthcare-inflation-outpacing-the-cpi-and-driving-systemic-strain.
[29] Soumya Shashikumar, "Healthcare Layoffs 2025: A Roundup," xtalks.com, December 3, 2025, https://xtalks.com/healthcare-layoffs-2025-a-roundup-4102/.
[30] FPI analysis of New York State Department of Labor Data, "Current Employment Statistics," accessed May 28, 2026, https://dol.ny.gov/current-employment-statistics-0.
[31] New York Governor Kathy Hochul, "NYS Tariff Disruptions Report: Early Analysis of the Impacts of Federal Tariff Actions on New York," November 2025, https://www.governor.ny.gov/sites/default/files/2025-11/Tariff-Report.pdf.
[32] FPI analysis of New York State Department of Labor Data, "Current Employment Statistics," accessed May 28, 2026, https://dol.ny.gov/current-employment-statistics-0.
[33] Partnership for New York City, "NYC Economic Trends and Insights," December 1, 2025, https://pfnyc.org/research/nyc-economic-trends-insights-december-2025.
[34] Fiscal Policy Institute, *Annual Budget Briefing, Fiscal Year 2027*, February 25, 2026, https://fiscalpolicy.org/annual-briefing-on-the-executive-budget-2026.

dual recipients. The loss of funding to the state also threatens the broader economy and will likely put significant strain on the healthcare system. A future FPI report will discuss the fiscal risks and a suite of recommended policy solutions.

Data and Methodology Note

Estimates in this report are derived from the 2020–2024 American Community Survey 5-Year Public Use Microdata Sample (PUMS) for New York State, provided by the US Census Bureau. The 5-year pooling period increases the precision of estimates for small subgroups—a critical property given that several at-risk populations in this analysis (e.g., newly exposed teen parents/guardians, SNAP compliant workers, etc.) number in the tens of thousands and would carry large margins of error in single-year data. All estimates use person-level replicate weights (PWGTP and 80 replicate weights) with a jackknife (JK1) variance estimation procedure and a scale factor of 4/80, consistent with Census Bureau guidance for ACS PUMS. Household-level counts use household weights (WGTP and WGTP replicate weights) for reference-person records only.

Reliability thresholds follow Census Bureau guidance: Coefficients of variation (CV) below 15 percent are considered reliable and reported; CVs between 15 and 30 percent are flagged with a caution symbol (⚠) and used only where no more reliable alternative is available; CVs above 30 percent are suppressed. All figures cited in the body of the report have CVs below 15 percent.

SNAP At-Risk Methodology

The SNAP analysis applies a three-way typology to all SNAP-receiving adults aged 18–64 in the New York PUMS. The relevant band (`snap_band`) is defined as `on_snap & AGEP >= 18 & AGEP <= 64`. The three types are mutually exclusive and exhaustive.

Categorically Exempt. A SNAP adult is categorically exempt if they satisfy at least one of the following statutory exemptions, derived from OTDA's SNAP work requirements guidance and the OBBBA (H.R. 1, 2025):

- **E2: Disability** — person-level disability flag (`disabled`), constructed in Step 1 from ACS disability variables (DPHY, DREM, DDRS, DEYE, DEAR, DOUT).
- **E3: Caretaker of a disabled household member** — household-level flag (`hh_has_disabled`) indicating at least one other household member has a disability.
- **E4: Child under 14 in household** — household-level flag (`hh_has_child_0_13`). The OBBBA lowered the caregiver exemption child-age cutoff from 18 to 14; adults whose only dependent child is aged 14–17 are no longer exempt and form the "newly exposed teen-parent" sub-group.
- **E6: School enrollment at least half-time** — ACS variable `SCH` coded as "2" or "3" (`in_school`).
- **E8: Unemployment insurance receipt** — ACS employment status `ESR == "3"` (unemployed, looking for work). OTDA's guidance specifies that receiving or applying for unemployment benefits constitutes an ABAWD exemption; ACS ESR == "3" is the closest available proxy.

Conditionally Safe. A SNAP adult is conditionally safe if they are in the band, do not qualify for any exemption, and are currently working at or above 20 hours per week (`WKHP >= 20`). The 20-hour threshold is the ACS-measurable proxy for the OBBBA's 80-hour monthly compliance requirement (80 hours ÷ 4 weeks). These individuals meet the work requirement and are not at behavioral risk; their

primary risk is administrative documentation burden at recertification. Individuals also meet the work requirement if they meet an earnings floor of weekly earnings at or above $217.50 (30 × federal minimum wage of $7.25).

Employment-status Risk. This group is defined as the residual of the band after removing the first two categories: `snap_type_c = snap_band & !snap_type_a & !snap_type_b`.

Newly exposed sub-groups. Two sub-groups are identified within the employment-status risk pool to isolate individuals newly subject to SNAP work requirements under the OBBBA:

- *Ages 55–64* (`snap_newly_exposed_age`): Adults in this age range were entirely exempt from ABAWD requirements prior to OBBBA. The OBBBA extended the upper age ceiling from 54 to 64.
- *Teen parent/guardian only* (`snap_newly_exposed_teen`): Adults aged 18–64 with a child aged 14–17 in the household but no child aged 0–13. These adults were previously protected by the caregiver exemption (which applied to any child under 18); the lowered cutoff to child-under-14 removed their protection.

Both sub-groups are defined using the specific condition flags (`snap_at_risk` and `snap_newly_exposed_age/teen`) rather than the residual `snap_type_c`, so they reflect the behavioral non-compliance conditions precisely. The unduplicated newly-exposed total is reported as the union of `snap_newly_exposed_age and snap_newly_exposed_teen`.

Severity tiers within Employment-status risk. This group is further divided into:

- *Tier 1 (fully disconnected)*: Adults with `ESR == "6"` (not in labor force) AND zero current hours (`WKHP == 0` or missing) AND zero weeks worked in the prior year (`WKWN == 0` or missing).
- *Tier 2 (partially attached)*: All remaining employment-risk adults. Tier 2 (currently working 1–19 hours per week: `WKHP >= 1 & WKHP < 20`). Note: There is no Tier 2a (unemployed) sub-row for SNAP, because unemployed individuals are categorically exempt.

Administrative burden cross-tabs. Within each type, citizenship and language barriers are identified using:

- *Citizenship barrier* (`is_noncitizen`): ACS citizenship variable `CIT` coded as "3" (naturalized citizen) or other non-citizen categories.
- *Language barrier* (`limited_english`): ACS English-speaking ability `ENG` coded as "3" (not well) or "4" (not at all).
- *Either barrier*: non-duplicate union of citizenship and language flags.

Medicaid At-Risk Methodology

The Medicaid analysis applies the same three-way typology to **ACA expansion adults**: persons aged 19–64 in Medicaid-receiving households with household income at or below 138 percent of the federal poverty level (`POVPIP <= 138`). This is the population subject to OBBBA's Medicaid work requirement, effective January 1, 2027.

Categorically Exempt. A Medicaid expansion adult is categorically exempt if they satisfy at least one of the following exemptions, derived from the NY State of Health stay-covered page (updated for January 2027 rules):

- *Disability*: `disabled` flag (same construction as SNAP).
- *Caretaker of disabled household member*: `hh_has_disabled`.
- *Child under 14 in household*: `hh_has_child_0_13`.

Note that school enrollment is not a standalone Medicaid exemption. Under the NY State of Health rules, school enrollment at least half-time is a qualifying compliance activity—it counts toward the 80-hour monthly requirement—but it does not categorically exempt an individual. This is a deliberate departure from SNAP rules, where school enrollment is an explicit ABAWD exemption (E6).

Several other Medicaid exemptions listed on the NY State of Health stay-covered page—pregnancy, Medicare enrollment, tribal membership, SNAP/TANF compliance, drug or alcohol treatment, incarceration, foster care, and veteran with total disability—are not directly observable in ACS PUMS and are therefore omitted, with the consequence that the count of legally exempt individuals is somewhat understated relative to the true exempt population.

Conditionally Safe. A Medicaid expansion adult is conditionally safe if they are in the expansion band, are not exempt, and are either (a) working at or above 20 hours per week (`WKHP >= 20`) or (b) enrolled in school at least half-time (`in_school`). Both conditions satisfy the 80-hour monthly compliance requirement under NY State of Health guidance.

Employment-status Risk. This group is the residual: `medicaid_expansion & !medicaid_type_a & !medicaid_type_b`. This encompasses adults who are NILF (`ESR == "6"`), unemployed (`ESR == "3"`, which unlike SNAP carries no Medicaid exemption), or working 1–19 hours per week (and not in school).

Tier structure within non-compliant group. Tier 1 (fully disconnected) uses the same definition as SNAP. Tier 2 decomposes into three sub-rows, all mutually exclusive:

- *Tier 2a (unemployed)*: `ESR == "3"`. This sub-group is unique to Medicaid.
- *Tier 2b (working 1–19 hours per week)*: `WKHP >= 1 & WKHP < 20`.

Dual Recipients

Dual recipients (`dual`) are defined as persons who appear in both a SNAP-receiving household and a Medicaid-receiving household—that is, `on_snap & on_medicaid`. The three-way typology is applied independently to each program's rules for this sub-population. A given dual recipient can be exempt from the work requirements under SNAP rules but non-compliant under Medicaid rules (for example, an unemployed adult who is exempt from SNAP through the UI provision but non-compliant under Medicaid, which has no such exemption). The two program sides are analyzed and reported independently; the combined fiscal estimate sums the replacement costs for each program side separately.

Household-level dual counts (`at_risk_both`) are defined as households in which at least one person meets the SNAP employment-status risk definition and at least one person meets the Medicaid employment-status risk definition. These are used for household-level estimates only; person-level counts are drawn from the independent program-side analyses.