



NATIONAL LOW INCOME  
HOUSING COALITION



# NLIHC's HoUsed Campaign for Long-Term Housing Solutions

January 28, 2025

# Welcome & Updates



**Sarah Saadian**

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# Agenda



## **Updates on the Trump Administration**

- Sarah Saadian, NLIHC

## **Reconciliation Threats to Healthcare Programs**

- Kim Johnson, Policy Manager, NLIHC
- Anna Bailey, Senior Policy Analyst, Center on Budget & Policy Priorities
- Dr. Yolanda Stevens, Program & Policy Analyst, National Alliance to End Homelessness

## **Field Updates: How Medicaid Funds Help People Experiencing Homelessness**

- Nicole Newhouse, Executive Director, Arizona Housing Coalition

## **Resources & Next Steps**



NATIONAL LOW INCOME  
HOUSING COALITION

# Updates on the Trump Administration

Sarah Saadian

**National Low Income Housing Coalition**

# Freeze All Federal Grants and Loans



This extreme order could prevent states and communities, nonprofit organizations, and low-income families from receiving the critical resources needed to address our nation's most pressing affordable housing and homelessness challenges.

# Freeze All Federal Grants and Loans



## **This order could deny states and communities key federal resources used to:**

- Provide rental assistance.
- Build and preserve affordable rental housing.
- Operate and maintain public housing and homes for older adults and people with disabilities.
- Address and prevent homelessness.
- Revitalize neighborhoods, promote economic development, and improve community facilities.
- Investigate and enforce fair housing and civil rights laws.
- Rebuild housing and infrastructure after major disasters.
- Ensure low-income households have access to heat in winter.
- Provide downpayment assistance and help current homeowners with repairs.

# Freeze All Federal Grants and Loans



**Contact your senators and representatives!**

# Executive Actions



Many of Trump's first actions in office would – if implemented – make it **harder** to address our nation's affordable housing and homelessness crisis.



# Executive Actions



## **Diversity, Equity, & Inclusion**

The EOs undermine efforts to address historic and ongoing systemic racism, ensure a diverse federal workforce, and enforce fair housing and civil rights laws.

# Executive Actions



## **Hiring Freeze at Federal Agencies**

The EO instituting a hiring freeze will prevent HUD from hiring essential staff and slow down its ability to help states and communities address their most pressing housing needs.

# Executive Actions



## **Undo Protections for LGBTQ People**

The EO may lead to harassment, discrimination, housing instability, and unsheltered homelessness, which puts lives at risk.

# Executive Actions



## **Withholding Funding**

This EO could undermine local governments' ability to help families purchase a home, build more affordable rental housing, and prevent and address homelessness.

# Executive Actions



## **Targeting Immigrant Households**

This EO denies immigrant families, including U.S. citizen children, safety and creates fear, deterring them from seeking assistance when they need help the most.

# Scott Turner Nomination to HUD



**Who is Scott Turner?**

# Scott Turner Nomination to HUD



Mr. Turner expressed support for several policies supported by NLIHC:

- **Increasing the supply of affordable housing** by encouraging states and communities to reform zoning and land use restrictions that drive up housing costs.
- **Ensuring federal disaster recovery efforts** reach households and communities more quickly by permanently authorizing HUD's long-term recovery program.
- **Improving federal housing programs**, including Housing Choice Vouchers, to make it easier for families to access affordable housing.
- **Encouraging workforce development opportunities** in low-income communities.
- **Vigorously enforcing fair housing laws.**

# Scott Turner Nomination to HUD



## Concerns:

- **Refused to commit to protecting funding** for federal housing and homelessness programs and the families who rely on these programs to afford a roof over their head.
- **Opposes Housing First** as a strategy to address homelessness, despite saying that he wanted to follow the data on outcomes.
- **Advocated for increasing the role of private equity** in the rental market, despite a track record of raising rents, imposing junk fees, evicting tenants, and failing to maintain properties in good condition.
- **Opposed HUD's efforts to advance equity**, claiming it holds grantees "hostage."
- **Blamed immigrants** for our nation's homelessness crisis.
- **Endorsed new barriers** to assistance, including work requirements.
- **Lifts up Opportunity Zones** as the answer to all problems.



# Scott Turner Nomination to HUD



## **NLIHC fully expects HUD to propose to:**

- Slash HUD's budget and cut families off from housing assistance
- Create new barriers to assistance, through work requirements, time limits and rent increases
- Force mixed-status immigrant households, including U.S. citizen children, to break up or face eviction.
- Divert resources from proven solutions to homelessness to poor-performing, costly, and ineffective models.
- Allow discrimination against LBGTQ people seeking shelters.

**Thankfully, NLIHC and our partners have defeated these proposals before, and we will do so again!**



NATIONAL LOW INCOME  
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Questions?

NLIHC  
[www.nlihc.org](http://www.nlihc.org)

# Reconciliation Threats to Healthcare Programs



**Kim Johnson**

*Policy Manager*

National Low Income Housing Coalition

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# Reconciliation Threats to Healthcare Programs



## Basics: Budget reconciliation

***Budget reconciliation*** is a legislative process that allows Congress to quickly move fiscal legislation

- Avoids Senate filibuster rule – only 51 votes to pass Senate, rather than 60 usually required
- Limits the scope of amendments that can be added to a bill
- Limits debate time on the bill

# Reconciliation Threats to Healthcare Programs



## Basics: Budget reconciliation

Limit to what can be included in reconciliation:

- Debt limit
- Revenues – taxes
- Spending – “mandatory” spending (Medicare, Medicaid, SNAP; *not* Social Security, or “discretionary” spending like HUD)

# Reconciliation Threats to Healthcare Programs



## Basics: Budget reconciliation

Why are we talking about this?

- Republicans are considering one (or two) reconciliation bills year that **could make major cuts to vital anti-poverty programs**, including Medicaid
- If enacted, these cuts would have a significant impact on people with low incomes – including those served by HUD programs

# Reconciliation Threats to Healthcare Programs



## **Dr. Yolanda Stevens**

*Policy & Program Analyst*

National Alliance to End Homelessness

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## **Anna Bailey**

*Senior Policy Analyst*

Center on Budget & Policy Priorities

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# THREATS TO MEDICAID STRUCTURE AND FINANCING

Dr. Yolanda Stevens – National Alliance to End Homelessness

Anna Bailey – Center on Budget and Policy Priorities

January 28, 2025



# AGENDA

- Medicaid 101
- Legislative Threats to Cut Medicaid
- Impact of Potential Medicaid Cuts on Housing Security and Homelessness
- Ways to Get Involved

# MEDICAID: A STATE/FEDERAL PARTNERSHIP

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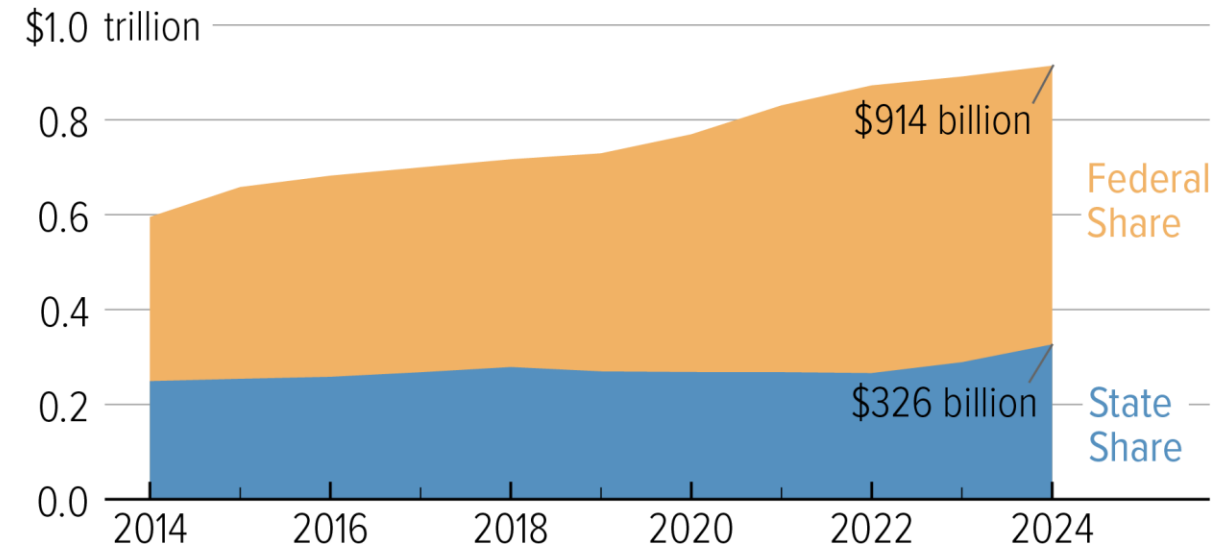
- Medicaid covers roughly 72 million people.
- Each state operates its own Medicaid program within federal guidelines and have considerable flexibility to design and administer their programs.
- Eligibility: States decide which “optional” categories of low-income people to cover, and up to what income levels.
- Benefits: States also decide which benefits to provide beyond minimum standards. For example:
  - While all state Medicaid programs cover some mental health and substance use treatment and recovery services, the kinds of services, who can access them, and provider payment rates vary widely.
  - Some states cover housing-related services like tenancy supports or use Section 1115 Medicaid demonstrations (i.e. “waivers”) to cover time-limited housing services like housing navigation or up to 6 months of transitional rent. (Learn more here <https://www.cbpp.org/research/health/states-can-use-medicaid-to-help-address-health-related-social-needs>)

# MEDICAID: A STATE/FEDERAL PARTNERSHIP

- States and the federal government share in the cost of paying for Medicaid.
- Federal government pays the majority of Medicaid costs. Federal share is called the Federal Medical Assistance Percentage (FMAP)
  - Federal government pays 90 percent of costs for Medicaid expansion population.
  - Federal government pays between 50 and 77 percent for most other health services (varies by state).
- Medicaid is the largest federal source of funds in state budgets.

## States and the Federal Government Share in the Costs of Medicaid

Medicaid expenditures (trillions of 2024\$)

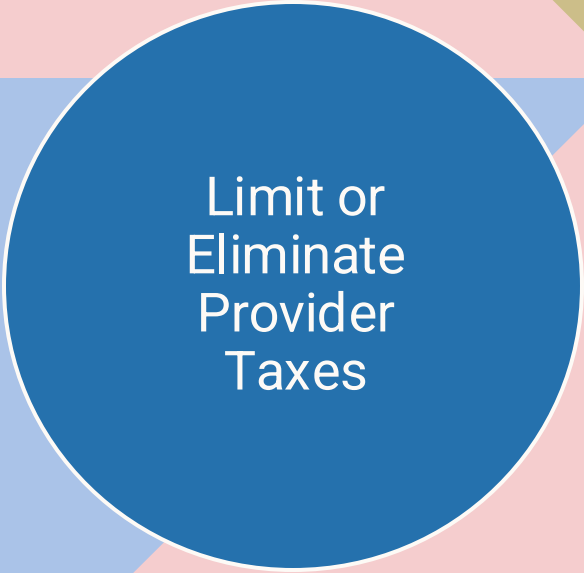
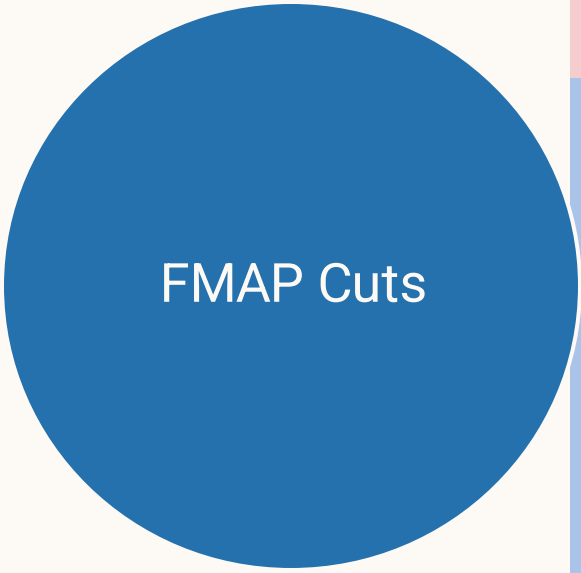
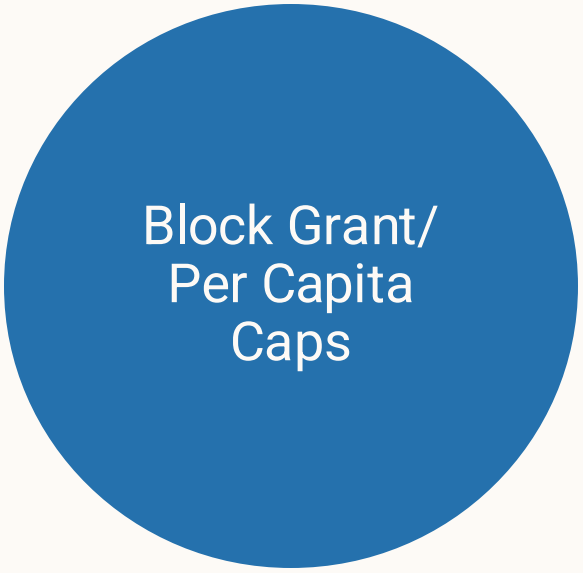


Note: Expenditures are inflation adjusted using GDP deflators from the Bureau of Economic Analysis. Years are state fiscal years.

Source: National Association of State Budget Officers, State Expenditure Report data.

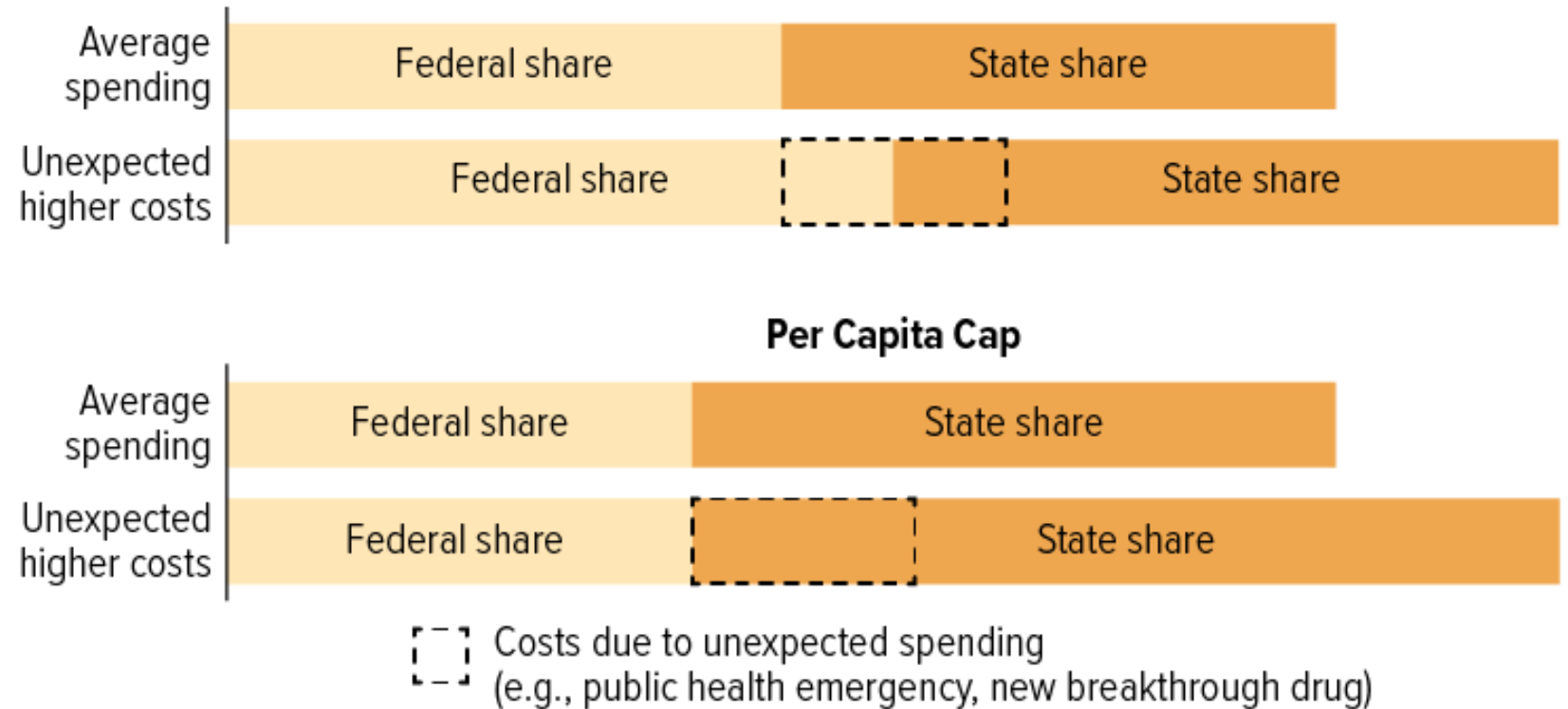
# SEVERAL LEGISLATIVE THREATS TO MEDICAID FUNDING AND STRUCTURE

Any of these would effectively cut Medicaid funding, shifting costs to states and likely reducing access to coverage and care



# BLOCK GRANTS AND PER CAPITAL CAPS CUT FUNDING 29

- Block grants and per capita caps would cap and significantly restructure Medicaid financing with intent to cut over time.
- States facing federal funding shortfalls would have to boost their funding or cut eligibility, benefits, or provider payments.
- More people would become uninsured and there would be an expected rise in medical debt and bankruptcies (CBO).



Learn more here: <https://www.cbpp.org/research/health/medicaid-per-capita-cap-would-harm-millions-of-people-by-forcing-deep-cuts-and>

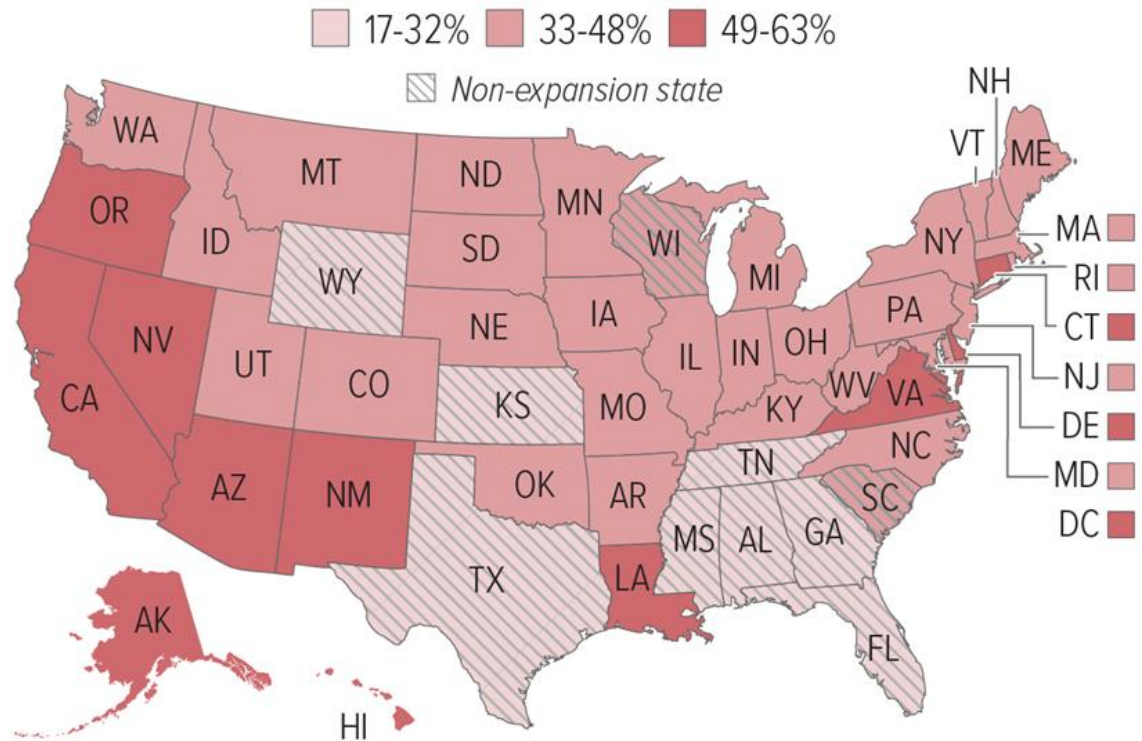
# WORK REQUIREMENTS WOULD PUT 36 MILLION PEOPLE AT RISK OF LOSING COVERAGE

- Could apply to all adults eligible through pathways other than the disability pathway
- That's a total of **44 percent** of all Medicaid enrollees
- Proportion at risk **ranges from 17 to 63 percent** in each state

## People in Every State Could Be At Risk of Losing Medicaid Coverage

Share of all Medicaid enrollees at risk under various proposals to take coverage away from people who don't meet burdensome work requirements

**44%** of all Medicaid enrollees would be at risk — about **36 million adults**.



Source: CBPP analysis of June 2024 Medicaid enrollment data collected by the Centers for Medicare and Medicaid Services, and Medicaid and CHIP Payment and Access Commission estimates using fiscal year 2022 T-MSIS enrollment data.

# CHANGING FEDERAL MATCHING RATES WOULD ALSO SHIFT COST TO STATES

## Cutting Regular Federal Matching Rate

- Removing the current 50% "floor" on the regular federal matching rates would cut overall federal spending by \$530 billion in the impacted states over nine years (CBO).
- These proposals would greatly increase costs for states, especially CA, CO, CT, DC, MD, MA, NH, NJ, NY, WA, WY
- Completely removing the floor would require states to pay an additional \$43 billion in FY 2025.

## Cutting Medicaid Expansion Matching Rate

- Reducing the 90% federal matching rate for Medicaid expansion to state's regular rate would jeopardize coverage for **20 million people**.
- Drastic cost shift to states would lead to many states dropping the expansion:
  - 9 states have laws that would end the expansion if match drops (AZ, AR, ID, IL, IN, IA, MT, NC, NH, NM, UT, VA)
  - Expansion would be at risk in at least 3 more states.

# RESTRICTING STATE USE OF PROVIDER TAXES WOULD LEAD TO CUTS

- States can impose taxes/assessments on hospitals, nursing homes, other providers, and managed care plans as long as they follow key rules.
- All states except Alaska use provider taxes to finance part of their state Medicaid share, often to help fund Medicaid expansion or provider reimbursement increases.
- More limits on provider taxes would make it harder for states to draw down federal Medicaid funds would result in states cutting benefits or eligibility, cutting provider and plan payment rates, or otherwise limiting Medicaid access because states would be unable to replace revenues raised by provider taxes.



# FEDERAL MEDICAID CUTS WILL SHIFT COSTS TO STATES AND REDUCE PEOPLE'S ACCESS TO COVERAGE AND CARE

Facing cost increases, states might:



Scale  
back  
eligibility

Reduce  
benefits

Raise  
cost  
sharing  
for  
enrollees

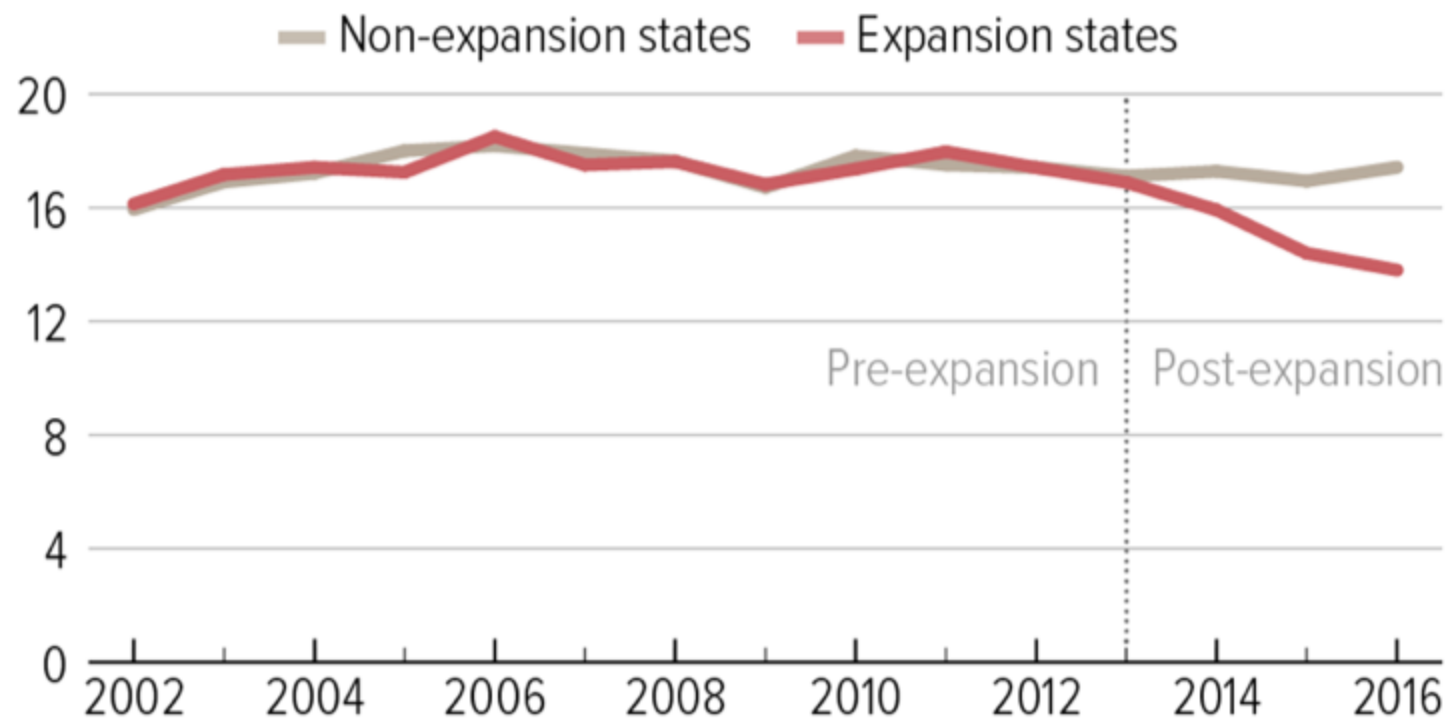
Reduce  
provider  
payment  
rates

And, states would lose funding capacity to expand or improve programs

# MEDICAID COVERAGE CONTRIBUTES TO HOUSING SECURITY

## Evictions Fell Sharply in Medicaid Expansion States

Evictions per 1,000 renter-occupied households



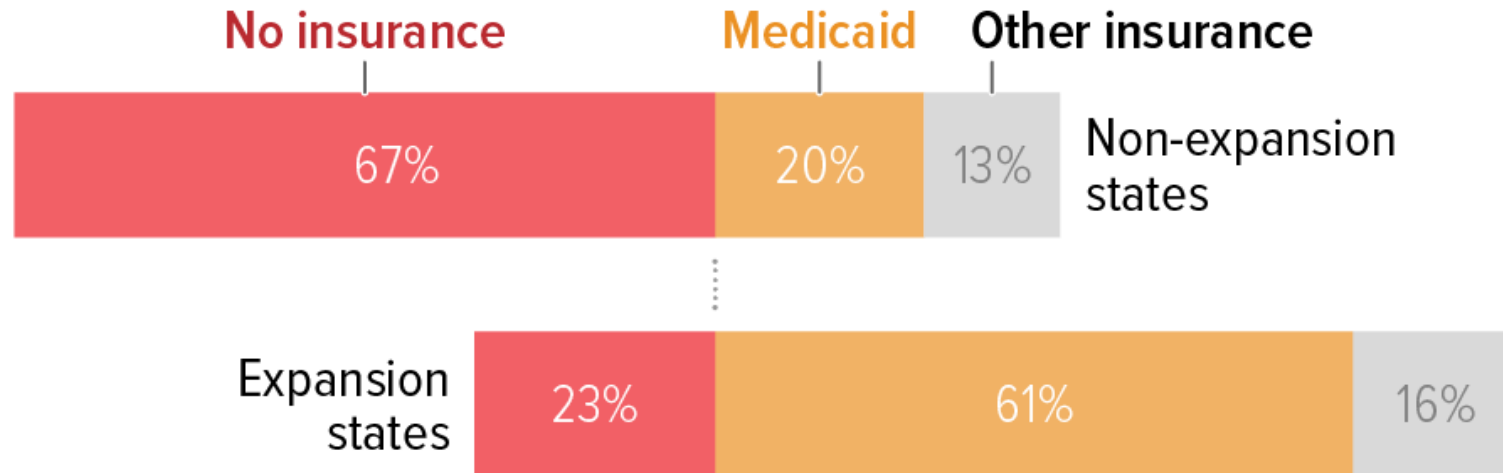
Source: Zewde et al, "The Effect of the ACA Medicaid Expansion on Nationwide Home Evictions and Eviction-Court Initiations," 2019

# MEDICAID COVERAGE HELPS COMMUNITIES SERVE PEOPLE EXPERIENCING HOMELESSNESS

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## People Experiencing Homelessness Likelier to Have Health Coverage in States That Expanded Medicaid

Source of coverage, if any, at Health Care for the Homeless programs, 2019



Note: The Affordable Care Act gave states the option to expand Medicaid to adults with income up to 138 percent of the poverty line starting in 2014. “Other insurance” includes private insurance, dual eligibility for Medicare and Medicaid, or Medicare and another public insurance option.

Source: National Health Care for the Homeless (HCH) Council, “Health Insurance at HCH Programs, 2019”

# ACTIONS TO PROTECT MEDICAID FROM LEGISLATIVE THREATS

- **Outreach to federal and state officials:**
  - To members of **Congress**: Reach out to your members to educate them on importance of Medicaid
  - To **state legislators**: Holding them accountable (e.g., for framing budget resources as scarce while cutting taxes), challenge opposition statements, show cost shifting impacts of federal proposals
  - To **governors**: Urge them to underscore to federal lawmakers the harms that cutting Medicaid will cause in your state
- **Engage Media and Partners**
  - Place **op-eds**, have press conferences on the value of Medicaid
  - Engage larger network of health advocates – including **providers and patient groups** - to help them illustrate harm of Medicaid cuts on your constituencies
- Highlight **stories** and **state- and district-specific data**, whenever possible

# KEY MESSAGES

- **Cuts to Medicaid will worsen housing instability, undermine supportive housing and other solutions to homelessness, etc.**
- **Federal Medicaid cuts shift costs from feds to states and individuals.**
- **Don't cut Medicaid to pay for tax cuts for the wealthy.**
- **No matter what kinds of cuts are proposed** – i.e. policy changes that shift cost from the federal government to the state, those that reduce the ability for states to raise health care funds or those that impose new burdensome red tape requirements like work requirements – **they all mean cuts to Medicaid and will take health care coverage away from people.**

**Include stories and mention other policies that are also at risk, like SNAP, whenever possible**

# RESOURCES

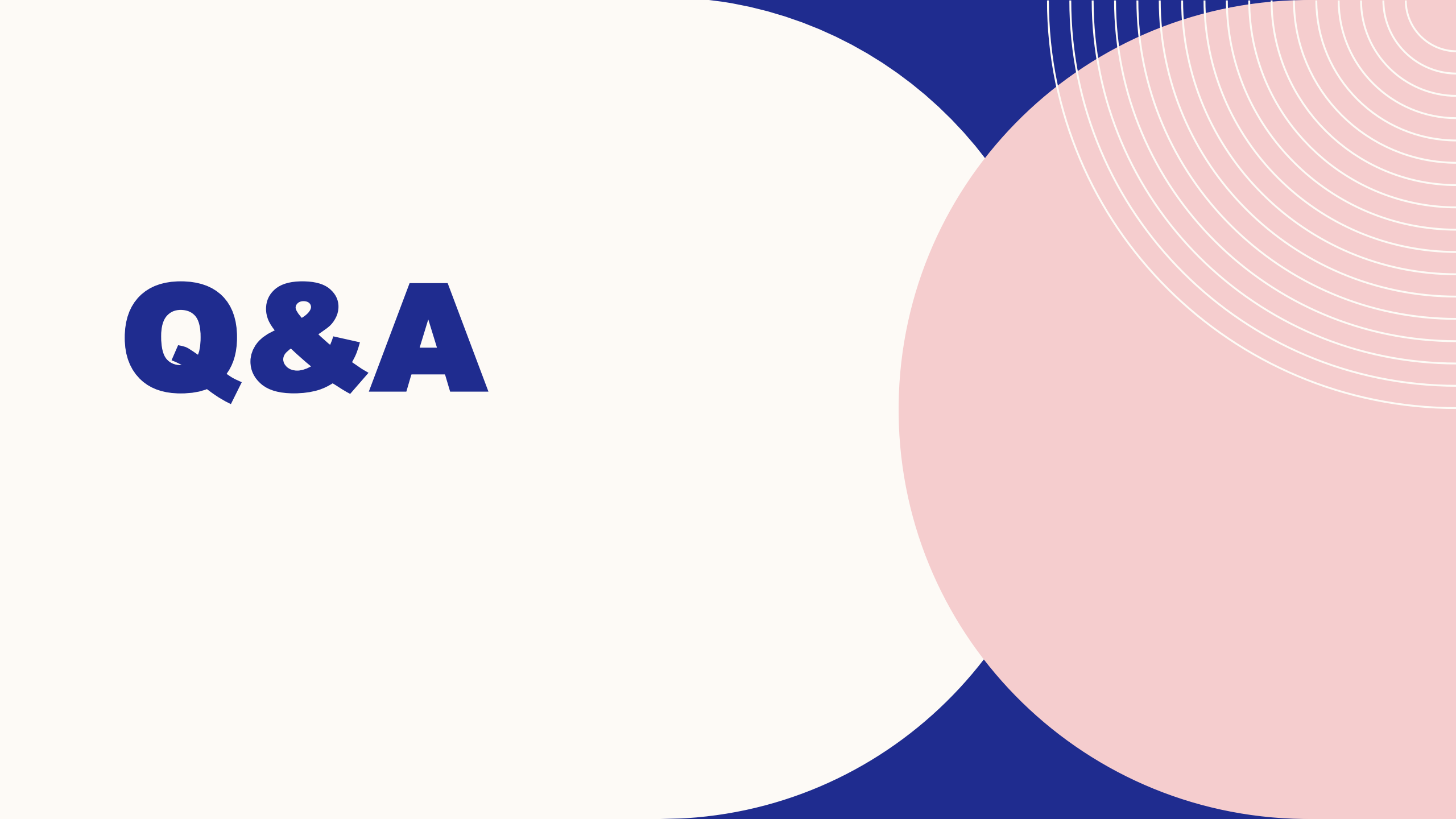
- **Understanding Medicaid Threats**

- Medicaid threats this Congress: <https://www.cbpp.org/research/health/medicaid-threats-in-the-upcoming-congress>
- Per Capita Cap: <https://www.cbpp.org/research/health/medicaid-per-capita-cap-would-harm-millions-of-people-by-forcing-deep-cuts-and>
- Work requirements: <https://www.cbpp.org/research/health/medicaid-work-requirements-could-put-36-million-people-at-risk-of-losing-health>
- Work requirements harm unhoused people: <https://www.cbpp.org/research/health/harm-to-people-experiencing-homelessness-from-taking-away-medicaid-for-not-meeting>

- **Connection between Health and Housing**

- Chart book: <https://www.cbpp.org/research/health/housing-and-health-problems-are-intertwined-so-are-their-solutions>
- Paper about how Medicaid can be used to address unmet housing needs: <https://www.cbpp.org/research/health/states-can-use-medicaid-to-help-address-health-related-social-needs>
- CSH map of states covering housing-related services in Medicaid: <https://www.csh.org/health/medicaid-waivers-map/>

# Q&A



# On-the-Ground Impact: How Medicaid Funds Help People Experiencing Homelessness



**Nicole Newhouse**

*Executive Director*

Arizona Housing Coalition

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Arizona Housing Coalition



*Speaking up for home and hope*



**CUTS TO MEDICAID AND TANF**



# MEDICAID IN AZ

21% of AZ population



**~ 2,032,000**  
individuals  
enrolled



# MEDICAID IN AZ



30% of AZ population is considered low-income

SUBSCRIBER I.D. NO.

SUBSCRIBER INFORMATION

PATIENT'S GENDER

FEMALE

EASE CHECK  
EW ADDRESS

CITY

SELF

CHILD


A COVERED PERSON THAT  
CERTIFY THAT THE QUALIFYING  
PENSATION INSURANCE PROGRAM

INFORMATION





# MEDICAID IN AZ

A donut chart with an orange outer ring and a white inner circle. The number '70%' is written in black text inside the white circle. The chart is positioned over a blurred background of a form and a magnifying glass.

70%

70% of non-elderly enrollees are people of color



# MEDICAID IN AZ

65%

The Federal Government covers  
65% traditional Medicaid costs



# TANF IN AZ

In 2022 Arizona spent about \$384 million in federal and state funds under the TANF program.

It spent

**9%**

of these funds on basic assistance, generally as cash assistance to TANF families.



# What are We Doing?





# WHAT WE NEED TO DO

Advocate without Rhetoric or Reaction







**THANK YOU!**

# Resources & Next Steps



- NLIHC's [statement](#) on the Trump EO freezing federal funding
- Contact your members of Congress and [urge them to take action](#) on the federal funding freeze
- [NLIHC's analysis](#) of recent EOs and additional resources for advocates
- CBPP's introduction to [budget reconciliation](#)
- Learn more about how states use [Medicaid to address health-related social needs](#), including housing
- Learn more about the [threats to Medicaid](#) funding
- Visit the [Arizona Housing Coalition's website](#) and learn more about their work
- View [recordings](#) of previous National Calls, and [register](#) for future calls

- **Join our next National HoUsed Campaign Call:**
- **Tuesday, February 11 at 4:00 - 5:00 pm ET**