



New York's Commitment to Children's Health

The Promise

New York State's Medicaid program, along with Child Health Plus, helps ensure children have the health coverage and care they need to thrive. New York prioritizes child health coverage and care by investing in mental health and policies focused on young children and their families that are proven to prevent poor health and disease.

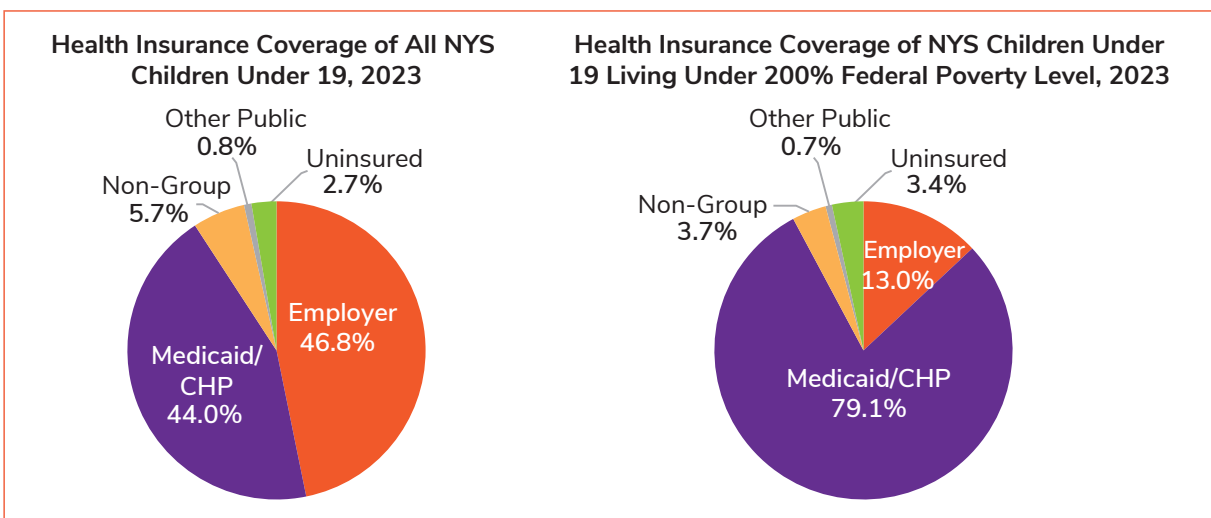
The Challenge

Connecting children and their caregivers to care and services early, before there is a diagnosis or disease, prevents many health challenges and reduces the financial and human costs associated with acute and chronic conditions.¹ The 2025 federal tax and budget reconciliation bill—H.R. 1— instituted deep cuts to Medicaid and other health coverage assistance that will cause people to lose coverage, reduce access to care, and force states to make significant decisions about how to maintain health coverage and care with far less federal funding. In addition to funding reductions, federal policy changes impose costly new administrative barriers that will burden enrollees, states, and local governments.

What We Know

New York is a leader in providing affordable, comprehensive health insurance coverage to 1,780,200 children through Medicaid and Child Health Plus, which cover 44% of the state's children and nearly 80% of children living in poverty and near poverty.^{2,3} In 2025, New York implemented continuous Medicaid eligibility for children from birth to age six, with the aim of maintaining uninterrupted access to services young children need to thrive. This new state policy is threatened by recent federal action stating that the federal government will not renew waivers that allow states to implement continuous eligibility.⁴

Medicaid and Child Health Plus cover 44% of all NYS children and nearly 80% of children in poverty



Sources: KFF. (2024). Health Insurance Coverage of Children 0-18.
KFF. (2024). Health Insurance Coverage of Low Income Children 0-18 (under 200% FPL).

While children are not specifically targeted for Medicaid cuts in the new federal law, H.R. 1's funding reductions and administrative barriers, together with immigrant restrictions and aggressive immigration enforcement, will impact children's coverage and access to services. There will be far less federal Medicaid

funding coming into the state, which will force New York policymakers to make hard decisions about how to continue vital health care coverage and services.

H.R. 1 introduces new work reporting requirements and more frequent eligibility determinations for many adult Medicaid enrollees.⁵ Starting January 1, 2027, most adults aged 19-64, including parents of dependent children above age 13, will be expected to document at least 80 hours/month of work or other qualifying activity. Among those exempt from work reporting requirements are parents/guardians/caretakers of dependent children under the age of 14 and disabled family members; pregnant people or those receiving postpartum coverage; and former foster youth. As reported by the Congressional Budget Office, Harvard University researchers, and the Urban Institute, work reporting requirements are expected to have little or no effect on employment or hours worked.^{6, 7, 8} Work requirements and more frequent redeterminations produce savings in Medicaid when people are disenrolled from Medicaid due to red tape.⁹ While these new rules do not apply to children, studies have shown that parental health insurance continuity is integral to maintaining children's insurance coverage.¹⁰

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I am a young, single mother to a 7-year-old with developmental disabilities, on my own with limited supports, and despite working to the greatest of my capabilities and opportunities, [have] extremely low income. Medicaid allows me to feel safety in regard to my son's health. Without Medicaid, I would not have an effective way to provide him with health insurance and, therefore, any and all treatments he needs or may need.

—Selena Mosquera, *New York City*

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Another federal action threatening access to health care: in July 2025, the federal Department of Health and Human Services issued a reinterpretation of existing law, defining “public benefit” to exclude potentially millions of immigrant residents of the United States—many of whom are lawfully present—from access to federally-funded health and social service programs, many of which serve children.¹¹

State Policy Solutions

- ▶ Prioritize children's coverage and care, with a focus on healthy development, preventing chronic and acute conditions, and mental health.
- ▶ Increase funding for navigators/assisters to help people get and retain benefits for which they are eligible.
- ▶ Automate enrollment and renewals through ex-parte processes (assessing eligibility based on information available to the agency from the case file or data sources) to avoid burdensome paperwork and strengthen program accuracy. Improve coordination and data sharing across agencies to assist with eligibility documentation.
- ▶ Streamline, simplify, and clarify Medicaid application and renewal to ensure people keep the coverage for which they are eligible.

¹ Tolbert, J., Cervantes, S., Bell, C., Damico, A. (2024). [Key Facts about the Uninsured Population](#). KFF.

² KFF. (n.d). [Health Insurance Coverage of Children 0-18](#).

³ KFF. (n.d). [Health Insurance Coverage of Low Income Children 0-18 \(under 200% FPL\)](#).

⁴ Snyder, D. (2025). [Section 1115 Demonstration Authority for Continuous Eligibility Initiatives](#). Centers for Medicare and Medicaid Services.

⁵ Hinton, E., Diana A., Rudowitz, R. (2025). [A Closer Look at the Work Requirement Provisions in the 2025 Federal Budget Reconciliation Law](#).

⁶ Swagel, P. (2025). [Re: Estimated Effects on the Number of Uninsured People in 2034 Resulting From Policies Incorporated Within CBO's Baseline Projections and H.R. 1, the One Big Beautiful Bill Act](#).

⁷ Sommers, B., Goldman, A., Blendon, R., Orav, J., Epstein, A. (2019). [Medicaid Work Requirements — Results from the First Year in Arkansas](#).

⁸ Karpman, M., Gangopadhyaya, A. (2025). [New Evidence Confirms Arkansas's Medicaid Work Requirement Did Not Boost Employment](#).

⁹ Park, E., Corlette, S. (2025). [Medicaid, CHIP, and Affordable Care Act Marketplace Cuts and Other Health Provisions in the Budget Reconciliation Law Explained](#).

¹⁰ Yamauchi, M., Carlson, M. J., Wright, B. J., Angier, H., & DeVoe, J. E. (2013). [Does Health Insurance Continuity Among Low-income Adults Impact Their Children's Insurance Coverage?](#)

¹¹ U.S. Department of Health & Human Services. (2025). [HHS Bans Illegal Aliens from Accessing its Taxpayer-Funded Programs](#).

*For all sources and computations, go to: <https://scaany.org/sonyc-sources-2026/>