

# Health and Human Services Virtual Briefing

Impacts on SNAP and  
Medicaid Due to Trump's  
Budget Law

August 1, 2025



# Opening Remarks

Grace Hou

Deputy Governor for Health and Human Services

# Changes to Medicaid in the H.R.1 Budget Reconciliation Law & the Impact in Illinois

August 1, 2025



**HFS**

Illinois Department of  
Healthcare and Family Services

# Agenda

- 1. Medicaid Background**
- 2. The Impact of Cuts to Medicaid in Illinois**
- 3. Level-Setting: H.R. 1 and the Law's Projected Impact**
- 4. Provider Taxes and State Directed Payments**
- 5. Work Requirements**
- 6. Eligibility and Cost Sharing**
- 7. Coverage Penalties**
- 8. Rural Provider Relief Fund and Looking Ahead**

# Medicaid Background

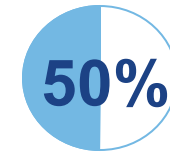


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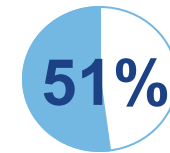
# Medicaid 101

**Medicaid is a joint federal and state program that provides health coverage for people with limited income and resources.**

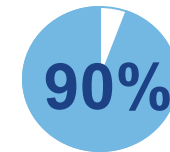
- The federal government pays a specified percentage, called the Federal Medical Assistance Percentage (FMAP), of Illinois' program expenditures.
  - The FMAP is based on the state per capita income, meaning that higher per capita income states get proportionally fewer federal dollars.
- Illinois funds its share of Medicaid expenditures through general revenue, health care related taxes (e.g., hospital assessment, nursing home assessment), and other sources.



**Federal FMAP floor**



**IL FFY25 FMAP**



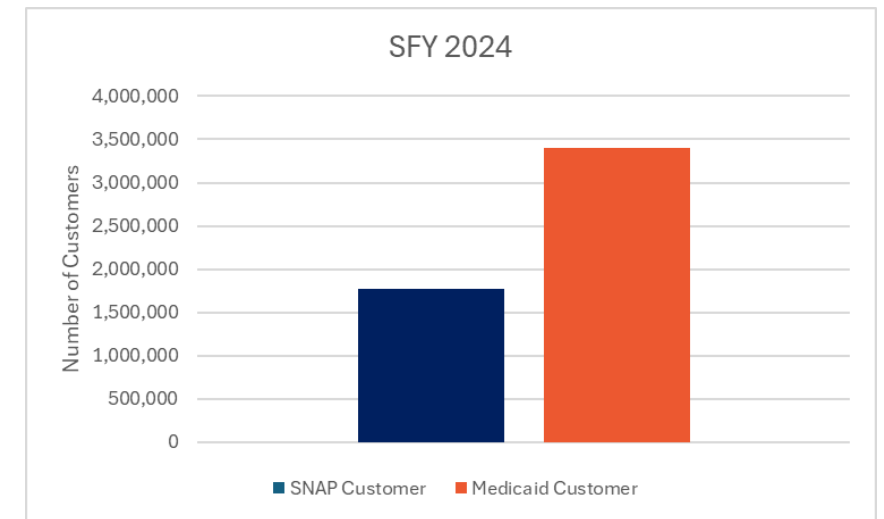
**ACA expansion FMAP**

# Medicaid 101

At the end of SFY24, over 3.4 million Illinoisans were enrolled in Medicaid.

Who are Illinois Medicaid customers?

- 44% are children
- 9% are seniors
- 7% are adults with disabilities
- **Approximately half of Medicaid customers are also SNAP customers.**



# Medicaid 101

## Who is covered by Medicaid?

- Medicaid provides critical coverage for several special populations. Illinois Medicaid advocacy groups shared the following statistics with HFS:
  - Medicaid covered approximately **68%** of all nursing facility days in Illinois, making Medicaid the largest insurance payer for these services in the state.
  - About **50%** of all births in Illinois are covered by Medicaid.
  - Roughly **80%** of people served by community mental health centers are Medicaid customers.\*
  - About **50%** of people living with HIV in Illinois are enrolled in Medicaid. Medicaid the largest payer of HIV care in IL.\*
  - Approximately **60%** of community health center patients are Medicaid customers.\*

\*Sources: Illinois Association of Rehabilitative Facilities (IARF), AIDS Foundation of Chicago (AFC), and the Illinois Primary Health Care Association (IPHCA).



# Medicaid 101

## Illinois is a Managed Care state.

- Managed Care is a method of delivering health care through a system of network providers that offer quality health care and care coordination.
- When a Medicaid customer enrolls in Managed Care, they become a member of a Health Plan. The Health Plan offers the full range of Medicaid benefits while helping to coordinate care.
- In SFY24, the Managed Care Program offered quality healthcare services and enhanced care coordination to 80% of all Medicaid customers.

### Health Plan Contact Information for HealthChoice Illinois Members

- Aetna, Blue Cross, Meridian, and Molina cover All Illinois counties, including Cook
- CountyCare covers Cook County only



AETNA BETTER HEALTH® OF ILLINOIS

[Welcome to Aetna Better Health](#)  
Member Services: 1-866-329-4701



Blue Cross Community  
Health Plans™

[Welcome to Blue Cross Community  
Health Plans](#)  
Member Services: 1-877-860-2837

### Health Plan Contact Information for HealthChoice Illinois YouthCare Members



[Welcome to YouthCare](#)  
Member Services: 844-289-2264

### Health Plan Contact Information for the Medicaid Medicare Alignment Initiative Members



AETNA BETTER HEALTH® OF ILLINOIS

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Member Services: 1-866-600-2139



[Welcome to Blue Cross Community MMAI-Blue  
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Member Services: 1-877-723-7702



[Welcome to Humana Health Plan](#)  
Member Services: 1-800-787-3311



[Welcome to Meridian Complete](#)  
Member Services: 1-855-580-1689



[Welcome to Molina HealthCare](#)  
Member Services: 1-877-901-8181



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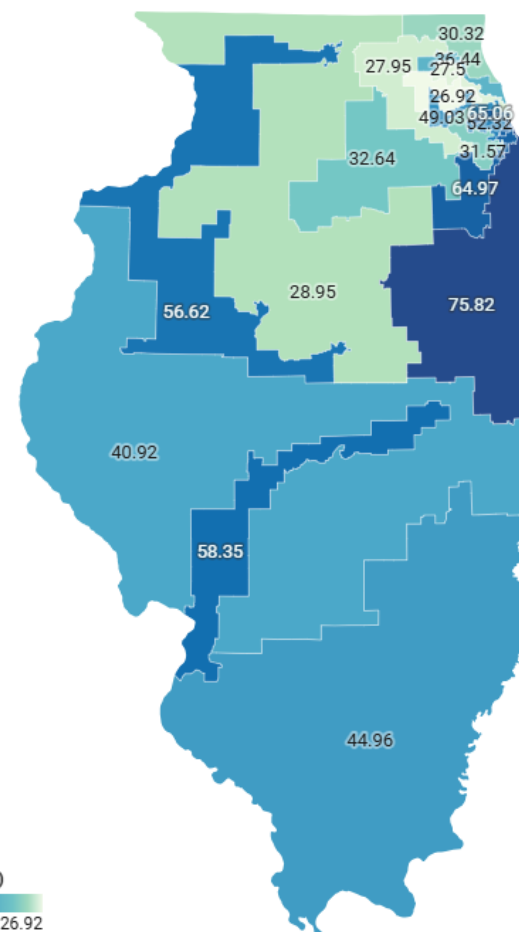
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## ENROLLMENT BY CONGRESSIONAL DISTRICT

SFY 2024

Congressional District	ACA Newly Eligible Adult	Children	Disabled Adults	Other Adults	Seniors	Partial	Total
01	64,971	91,707	21,180	40,432	21,112	4,164	243,566
02	75,817	133,362	23,774	53,325	22,853	5,176	314,307
03	49,034	109,846	11,717	44,838	23,494	3,565	242,494
04	52,318	131,047	10,897	56,390	23,661	3,843	278,156
05	27,499	49,337	6,246	26,494	16,463	1,994	128,033
06	31,574	58,897	7,256	28,485	12,676	2,094	140,982
07	65,059	89,837	19,199	42,266	24,341	3,704	244,406
08	26,922	77,771	6,196	29,440	16,070	2,146	158,545
09	36,436	63,032	10,099	30,012	23,297	2,373	165,249
10	30,316	76,078	7,619	28,138	13,490	2,181	157,822
11	27,948	70,183	6,672	26,743	12,274	1,815	145,635
12	44,961	80,492	18,409	33,794	15,812	3,054	196,522
13	58,351	99,991	20,912	40,231	15,730	3,610	238,825
14	32,637	78,810	8,588	30,001	10,716	1,872	162,624
15	40,916	77,380	15,197	31,294	13,419	2,710	180,916
16	28,945	64,685	9,972	25,163	8,437	2,272	139,474
17	56,616	114,156	20,717	45,602	16,636	3,802	257,529
Unknown	21,913	20,413	7,548	11,949	5,136	829	67,788
<b>Total</b>	<b>772,233</b>	<b>1,487,024</b>	<b>232,198</b>	<b>624,597</b>	<b>295,617</b>	<b>51,204</b>	<b>3,462,873</b>

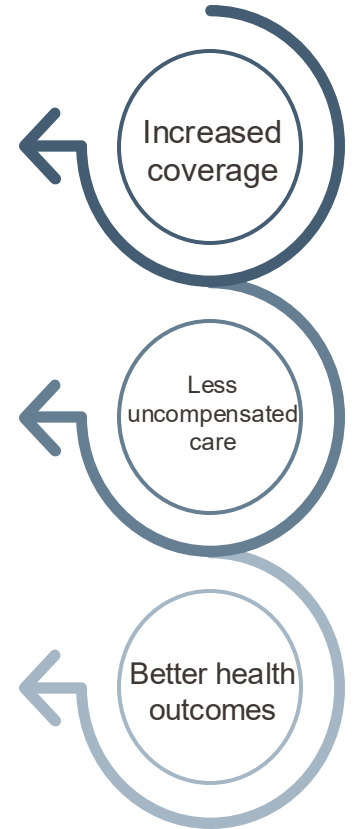


Source: Illinois Department of Healthcare & Family Services • Get the data • Created with Datawrapper



# Affordable Care Act (ACA) Medicaid Expansion

- At the end of SFY24, over **770,000** adults were enrolled in Medicaid under the ACA expansion population.
  - The 2010 ACA expansion of health insurance coverage extended Medicaid to single, childless adults with incomes up to 138% of the federal poverty level (FPL) who previously had no option to enroll in Medicaid.
- Illinois implemented Medicaid expansion in January 2014. Between 2013 and 2015:
  - Hospitals saw an approximately **37% reduction** (\$675 million) in uncompensated care costs.
  - The uninsured rate **dropped by about 44%**.
- Research shows gaining Medicaid coverage improves access to preventive and primary health care, particularly in rural areas, and improves health outcomes and reduces financial strain.



# Budget Impact

- In SFY24, Illinois received over **\$20 billion** from the federal government for Medicaid spending across the state. That amount made up about 62% of the total funding for Medicaid programs in Illinois.
- In SFY24, the ACA Medicaid expansion alone brought in over \$7 billion to the state in federal revenue.
- Cuts in federal funding will lead to reduced services and enrollment, as the state cannot make up the funding gap.
- For example, Home and Community-based Services, Hospice Care, and Community and Behavioral Health Services, among others, will be at risk.



# Medicaid Supports the Health and Human Services Sister Agencies



# The Impact of Cuts to Medicaid in Illinois



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# Economic Impact

## Spending and Jobs

- Data from CY24 shows that Illinois' hospitals and health systems, most of which serve Medicaid enrollees, generate about **\$117.7 billion for the state** every year.
  - This breaks down to approximately \$50.3 billion for payroll, \$61.8 billion for supplies and services, and \$5.6 billion in capital dollars.
  - Every \$1 spent on these categories generates an additional \$1.40 in spending in the state.
- The same 2024 data shows that Illinois' hospitals and health systems supported **445,000 full-time jobs**, comprising about 11% of the state's total employment.
- Manatt Health estimates that the bill would force Illinois to lose about **\$52 billion in Medicaid funds** over 10 years.

# Economic Impact

## Providers

- As of January 2025, there were over 240,000 healthcare providers that relied on timely payments from HFS for care they provided to Illinois Medicaid enrollees.

- In SFY24, Illinois' Medicaid program paid:



- **\$10.8 billion** to hospitals



- **\$3.8 billion** to long-term care facilities

- **\$4.5 billion** to pharmacies



- **\$2.1 billion** to physicians and clinics





# Economic Impact

## Local Governments

- Federal cuts to Medicaid could leave state and local governments with vast budget shortfalls, compromising successful existing partnerships.
- The Ground Emergency Medical Transportation (GEMT) Program is a federally funded program that was introduced to Illinois via legislation in 2019. The program allows municipalities to collect an additional Medicaid reimbursement for ambulance services, above and beyond what HFS reimburses for Medicaid claims for Emergency Transportation.
- In SFY24, HFS received **\$235 million** in federal match for emergency transportation services which is passed to providers annually as supplemental reimbursement.



# Economic Impact

## Local Governments

- Nationally, Medicaid is the third-largest funding stream for K-12 public schools.
- In SFY24, the Illinois School-Based Health Services program paid for healthcare services for approximately **244,000** Medicaid-enrolled students.
- In SFY22, Local Education Agencies (LEAs) were reimbursed about **\$267 million** by the Medicaid program.
- Cuts to Medicaid could compromise critical school funding.



# Level-Setting: H.R. 1 and the Law's Projected Impact



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# The Impact of H.R. 1 in Illinois

- Projected Coverage Losses:
  - KFF projects about **544,000 Illinoisans** will lose coverage.
  - Manatt projects about **330,000 Illinoisans** will lose coverage.
  - Internal HFS projections show that about **270,000 – 500,000 Illinoisans** will lose coverage due to the work requirements provision.
- Projected Funding Losses:
  - Manatt projects the state will face about a **\$51 billion reduction** in Medicaid expenditures in the next decade.
  - Internal HFS projections for certain provisions show the state will face at least **\$26 billion** reductions in federal funding in the next decade.
- Cuts to Medicaid compound with changes to the ACA Marketplace that make health coverage out of reach for many low-income people.



OBBBA Provision	Effective Date
Freeze current and prohibit new provider taxes	July 4, 2025
Prohibit Medicaid funding to Planned Parenthood for 1 year	July 4, 2025
Cap new SDPs at 100% Medicare payment rates	July 4, 2025
Rural Provider Relief Fund	Application period will end no later than December 31, 2025
Narrow the definition of "qualified aliens"	October 1, 2026
6-month eligibility redeterminations for ACA adults	January 1, 2027
Work requirements	January 1, 2027 (January 1, 2029, with good faith effort determination)
Cost-sharing for ACA adults	October 1, 2028
Phase-down provider hold harmless threshold	October 1, 2028
Reduce current SDPs by 10 percentage points per year until the SDPs are no greater than 100% of Medicare	January 1, 2028
Modify "generally redistributive" provider tax criteria	Transition period of up to 3 years
Several other eligibility-related proposals	January 1, 2027 – October 1, 2029

# Provider Taxes and State Directed Payments



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# Provider Taxes

- Medicaid is jointly financed by the federal government and the states, with the federal government paying close to 70% of total costs in fiscal year (FY) 2023.
- States are permitted to finance the non-federal share of Medicaid spending through health-care related taxes. States can levy taxes (assessments) on a wide range of provider types, including hospitals and nursing facilities, to fund the state share and garner federal match to put back into the Medicaid system.
- 49 states and DC use at least one provider taxes
- 39 states (including DC) have three or more provider taxes.
- Proponents of restricting provider tax authority say that provider taxes allow states to game the system and receive federal matching funds without expending their own money.



# Provider Tax Reform in H.R. 1

- The bill **freezes current provider taxes** as well as prohibits new ones at the time of enactment (July 4, 2025).
- Phases down the hold harmless threshold for provider taxes **from 6% to 3.5%** of net patient revenues (except for nursing home and intermediate care facilities) for expansion states starting October 1, 2028.
  - This provision will impact Illinois's hospital and MCO taxes.
- Bill modifies the criteria in determining whether a health-care related tax is considered “generally redistributive.” Effective upon enactment with a transition period TBD.
  - i.e., No taxing Medicaid businesses at higher rates than non-Medicaid businesses
  - This provision will impact Illinois's MCO and nursing home taxes.
  - CMS also proposed a rule which would have the same effect as this provision. If finalized, we anticipate this rule could be effective as early as SFY28.





# State Directed Payments

- State directed payments (SDPs) allow states to direct Medicaid managed care organizations to make specific payments to providers.
- Bill caps new SDPs at **100% of Medicare payment levels** (110% for non-expansion states) upon enactment.
- Bill requires states to **reduce their current SDPs** by 10 percentage points per year until the SDPs are no greater than 100% of Medicare for expansion states starting January 1, 2028.
- This will require Illinois to reduce our directed payments to hospitals by about **\$3.4 billion** over the funding reduction period.

# Work Requirements



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# Mandatory Work Requirements

- These requirements mandate Medicaid customers prove they work or are involved in eligible activities in order to be eligible for benefits.
- Work requirements apply to non-disabled, Medicaid customers ages 19 – 64 without dependents under age 14.
- Current estimates show that between **270,000 – 500,000** Medicaid customers would lose coverage in Illinois.
- Effective January 1, 2027, though states can apply for a "good faith effort determination" exemption until January 1, 2029.



# Eligibility and Cost Sharing



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# Eligibility and Cost-Sharing

- Requires states to conduct eligibility redeterminations for ACA expansion population adults **every six months**, as opposed to annually, effective January 1, 2027.
- Requires **cost sharing** for certain Medicaid expansion enrollees on or after October 1, 2028. For expansion adults with income above 100 percent of the federal poverty level (\$15,560/year), states must impose copayments (up to \$35) on all services except those exempted under existing law (e.g., primary care, prenatal care, family planning services, and emergency services).



# Coverage Penalties



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# Coverage Penalties in H.R. 1

- **Narrows the “qualified aliens”** – those non-citizens eligible for Medicaid benefits – to lawful permanent residents, certain Cuban immigrants, and individuals living in the U.S. through a Compact of Free Association (CoFA) effective October 1, 2026.
  - Refugees, parolees, asylees, victims of trafficking, and other groups currently considered qualified aliens would no longer qualify.

# Coverage Penalties in H.R. 1, cont.

- Prohibits federal payments to **“prohibited entities”** that provide abortion services for a period of 1 year following bill enactment.
  - “Prohibited entities” are defined as certain non-profit family planning providers that offer abortions for reasons other than rape, incest, or a medical emergency and that received at least \$800,000 in Medicaid payments in 2023, including funds to “affiliates” or “nationwide health care provider networks.”
  - The funding ban applies to all services offered by such entities, including family planning services.
  - In essence, this is a targeted funding ban on Planned Parenthood (PP).
    - On July 7, PP Federation of America, and two PP members – PP League of Massachusetts and PP Association of Utah – filed a lawsuit in the U.S. District Court for the District of Massachusetts against the provision. On July 28, the district court indefinitely blocked the prohibition provision from being implemented by issuing an injunction. HHS is expected to appeal the decision.

**In CY2024, Illinois received approximately \$4M in federal reimbursement for family planning services delivered to Medicaid customers at PPIL clinics that the state will no longer be eligible to receive after the prohibition.**



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# Rural Provider Relief Fund and Looking Ahead



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# Rural Provider Relief Fund

- The bill establishes a \$50 billion fund for rural healthcare providers.
- To qualify for funding, states will need to apply to CMS for approval. CMS is required to approve or deny applications by December 31, 2025.
- Funding will be distributed in \$10 billion annual allotments from FYs 2026 to 2030:
  - **50% of the funding will be allocated equally across all states**
  - **50% will be distributed at CMS Administrator discretion**



# Looking Ahead At Implementation

- Partner with DHS, DoIT, CMS, and other state agencies
- Building additional staff capacity
- Robust communication to customers



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# **Empty Promises, Empty Cupboards:**

## *The Impact of Federal SNAP Cuts on Illinois Families*

*Last updated: August 1, 2025*

The **Supplemental Nutrition Assistance Program** (SNAP) (formerly Food Stamps) **helps low-income people and families buy the food they need for good health.**



Benefits are provided on the Illinois Link Card - an electronic card that is accepted at most grocery stores. The program is managed by the Food and Nutrition Service (FNS) of the United States Department of Agriculture. The Department of Human Services administers the program in Illinois.



Eligibility is determined based on:

- income and expenses
- the number of persons who live and eat together



Households may be eligible for benefits with gross incomes less than **165% of the Federal Poverty Level (FPL)** or less than 200% FPL if the household includes elderly or disabled members (above the federal minimum of 130%).



- **\$4.7B in SNAP benefits** issued to Illinoisans, annually:
- **1.0M households**
- **~1.9M people**
- This includes **44,217 Veterans**
- Notably:
  - **37%** SNAP households have **older adults**
  - **45%** SNAP households have **children**
  - **44%** SNAP households have a person with a **disability**<sup>1</sup>



## \$7.2B

### ECONOMIC IMPACT

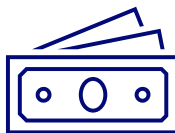
Annually on Illinois' GDP



## 18,254

### JOBS

Supported across Illinois



## \$966M

### IN WAGES

Generated Annually

- For every \$1 in SNAP benefit, there is an economic impact of \$1.54 on communities<sup>2</sup>, the threat to the entire \$4.7B, **threatens \$7.2B in positive economic impact for IL.**
- SNAP is responsible for **11,584 U.S. grocery industry jobs** and drove growth of nearly **6,670 jobs in supporting industries** (e.g., agriculture, manufacturing, transportation, municipal services).<sup>3</sup>
- Jobs required to administer SNAP at the grocery store level generated more than **\$476.3 million in grocery industry wages**. Paychecks earned by workers in supporting industries push the total to **more than \$966.6 million.**<sup>3</sup>

2. Supplemental Nutrition Assistance Program (SNAP) - Key Statistics and Research | Economic Research Service;

3. National Grocers Association: <https://www.nationalgrocers.org/news/new-economic-data-underscores-snaps-critical-role-in-supporting-american-jobs-and-local-economies/>

# Trump Budget Bill Impact on Illinois



## OBBBA changes threaten Illinois' SNAP program by:

### 1. Shifting costs to States

- **Forcing states to pay for benefits:** Since the program's inception more than 60 years ago, SNAP benefits have been 100% federally funded. Trump's budget bill forces states to incur some of the costs of benefits using the payment error rate **leading to an estimated annual State liability of \$705M.**
- **Reduces the federally funded portion of administrative costs:** Results in **more than \$80M annual loss in federal admin match** for the State.
- **Administrative Burden:** Conservatively, we estimate that ~258 FTEs would be needed to respond to the resulting application churn and change reports, costing over \$20M annually.

### 2. Changing eligibility for benefits

- Expands age range and reduces children considered "dependents," broadening people considered Able-Bodied Adults Without Dependents (ABAWDs).
- Removes exemptions from work requirements, subjecting ABAWDs and other people to work requirements.

### 3. Potentially eliminating cost of living adjustment through re-evaluation of Thrifty Food Plan.



**~360K**  
ILLINOISANS

These policies could **directly impact more than ~360K Illinoisans who may no longer be eligible for SNAP benefits** due to work requirements and eligibility changes.



**\$1B**  
ILLINOIS  
INDUSTRIES

Federal government's actions to pull back from SNAP investment could cause **wage losses of up to \$1 Billion annually across Illinois industries along the supply chain from farms to tables.**



**\$7.2B**  
ECONOMIC  
IMPACT

**Threatens \$7.2B in positive economic impact for IL.**

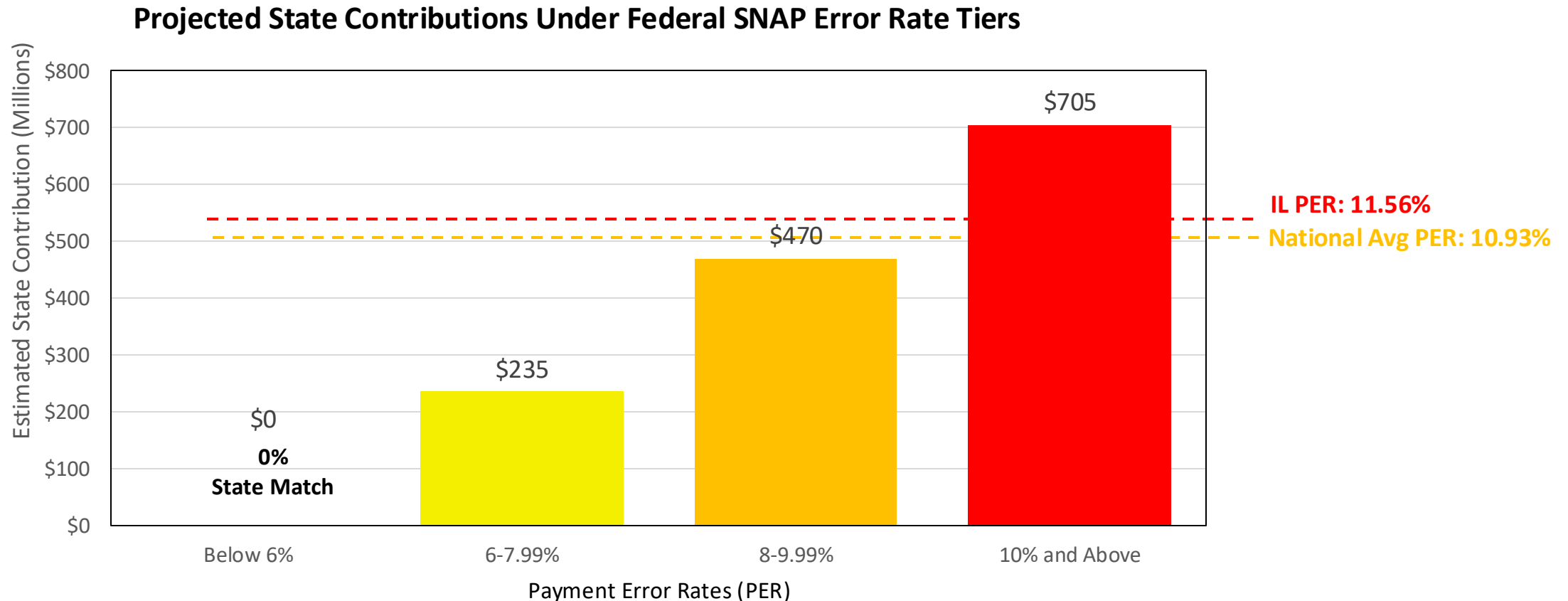


**~1.7M**  
ILLINOISANS

**Compounded impact on over 1.7 million Illinoisans who rely on both SNAP and Medicaid.**

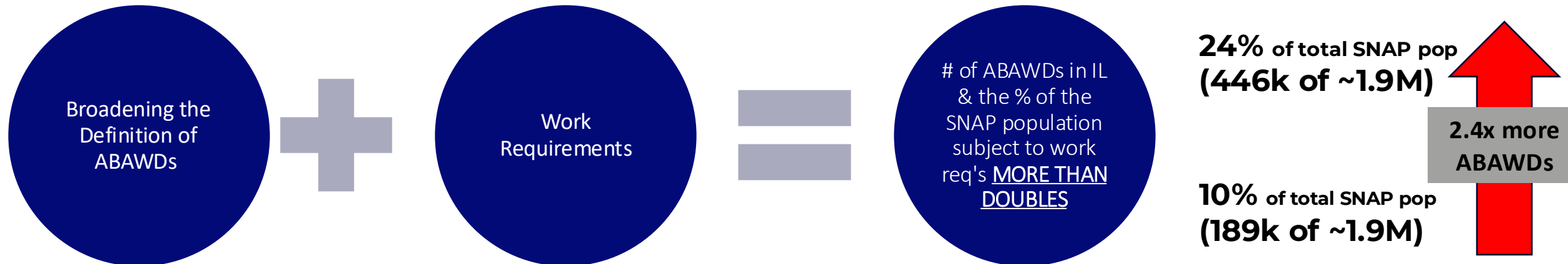
# Deep-Dives: Federal Policy Changes & Impacts on IL

- **Context:** On average, annually, IL issues ~\$393M in benefits per month, totaling ~\$4.7B per year. Trump's budget bill would implement a State cost share of benefits based on the State's Payment Error Rate (PER).
- **Impact:** Illinois' **FFY24 SNAP payment error rate of 11.56%** would place the State in the 15% cost sharing bracket, leading to an estimated State liability of **\$705M**.



**Able-Bodied Adults Without Dependents (ABAWDs)** are adults 18-64 with no "dependent" children and no disabilities. They are often subject to **work requirements\***, unless a state or county has an ABAWD work requirement waiver. Changes to ABAWD eligibility requirements include:

- **Broadening the Definition of ABAWDs:**
  - **Broadening age range and redefining "dependent":** Age range **expanded from 18-54 to 18-64 years old**. Now, "dependents" are children **under 14 years old**, rather than under 18 years old.
  - **Removing Exemptions:** Now, Veterans, people experiencing homelessness, and former foster children are subject to ABAWD work requirements.
- **Work Requirements:**
  - **Making Waivers Harder for States to Access:** Now, ABAWD work requirement waivers will only be permissible if the county or county-equivalent has an **unemployment rate above 10%** - a threshold which no IL county meets.



\*Without a waiver, ABAWDs are subject to 80 hour/month work requirements that can be met through work, volunteering, education, or training

- Impacts:



**Expanded ABAWD Population & Illinoisans At-Risk of Losing SNAP:** Expanded definition increases the IL ABAWD population size from ~189,000 to ~446K. Based on historical data, an estimated **~340k ABAWDs would be at risk of losing benefits**. Of those at risk, historically, 45% would lose eligibility after the 3-month time limit. Amongst the ~340k, **23,000 unhoused, veterans, or youth aged out of foster care in IL** would lose their ABAWD exemptions.



**Administrative Burden & Cost:** Conservatively, we estimate that **~258 FTEs** would be needed to respond to the resulting application churn and change reports, costing over **\$20M annually**.



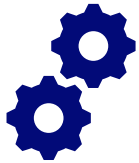
**Economic Impact:** Given that, during a slowing economy, for every \$1 in SNAP benefit, there is an economic impact of \$1.54 on communities<sup>2</sup>, and assuming at-risk ABAWDs all constitute 1 person households receiving an average of \$208 per month, this implies potential **economic loss of \$110M/month**.

- **Context:** Reduces the federal portion of administrative costs from 50% to 25%. In FY2024, Illinois was reimbursed \$164M by the federal government for SNAP administration.
- **Impacts:**



## Revenue Loss & Cost Shift

Results in a **more than \$80M loss in revenue/reimbursement** for the State, significantly reducing federal support for SNAP administration.



## Service Delivery Strain

Impacts access to services by leaving the State with limited ability to address **staffing, IT infrastructure**, and **administrative operations** across SNAP programs, potentially increasing Payment Error Rates in the future.

- **Context:** Limits SNAP eligibility to U.S. citizens, lawful permanent residents, Cuban and Haitian entrants, and those allowed to live and work in the U.S. under Compacts of Free Association (COFA). Specifically, **removes ~20,000 legally present refugees, asylees, and humanitarian parolees.**

- **Impacts:**



### **Technology System Updates**

The State's technological systems would require upgrades to reflect new eligibility criteria, including integration with federal verification databases and eligibility rule changes.



### **Increased Administrative Burden**

IDHS staff will face additional workload gathering and verifying citizenship documentation, resulting in higher processing time and the use of additional taxpayer dollars.



### **Potential Loss of Eligibility**

Up to 20,000 SNAP beneficiaries will no longer be eligible.



- **Context:** SNAP-Ed provides **nutrition education** and **health promotion** across Illinois, reaching **over 1 million residents** annually. The end of funding for this program would eliminate **statewide access** to these services in **schools, food pantries, health clinics, nonprofit organizations**, and more.
- **Impacts:** The de-funding of this program would eliminate **\$19.8M in federal allocation** (supporting hiring of over **270 FTEs through grantees**) and limit beneficiaries' ability to access educational materials on healthy eating recommendations and important changes to SNAP.

## DEMONSTRATED IMPACT OF SNAP-ED



**245** Communities Served with **1M+** Residents Reached



**56,309** Direct Participants



**5,060** cases of obesity & **570** cases of food insecurity prevented in IL per year<sup>3</sup>



**\$5.36** return on investment estimated per dollar spent<sup>3</sup>

3. [https://extension.illinois.edu/sites/default/files/2023-07/illinois\\_snap-ed\\_impacts\\_and\\_return\\_on\\_investment\\_infographic\\_fy20-fy22\\_final.pdf](https://extension.illinois.edu/sites/default/files/2023-07/illinois_snap-ed_impacts_and_return_on_investment_infographic_fy20-fy22_final.pdf)

# What can we do?

- Trump's budget bill is intentionally designed to dismantle support for the country's most vulnerable residents to cut costs in order to fund tax breaks for the wealthy.
- States' payment error rates are being used to pass costs onto states.
- Every state has a payment error rate and through the new requirements, only 8 states in the U.S. would not have to incur any costs if it were implemented today.
- This is intentionally designed to shift costs onto states while creating additional bureaucracy and hurdles for people to obtain benefits.

- ❑ Implement IT tools and improvements to identify and reduce errors.
- ❑ Improve training tools and provide updated trainings (e.g., virtual reality training for interviews and de-escalation).
- ❑ Clarify and simplify policies, particularly for income and medical.
- ❑ As necessary, tighten customer documentation and verification requirements.

Q&A

Ryan Croke

First Assistant Deputy Governor for Health and  
Human Services



# Closing

Ryan Croke

First Assistant Deputy Governor for Health and  
Human Services