# STEFANIK SUPPORTED GUTTING CRUCIAL PROGRAMS THAT NEW YORKERS RELIED ON – INCLUDING SOCIAL SECURITY, MEDICAID AND SNAP

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| **KEY POINTS**  **STEFANIK SUPPORTED RAISING THE SOCIAL SECURITY RETIREMENT AGE AND BACKED A PLAN THAT WOULD CUT BENEFITS FOR RETIREES**   * Stefanik suggested raising the Social Security retirement age for people under 50. * In 2014, Stefanik advocated for using a chain-weighted CPI to calculate Social Security benefits, which would cause benefits to grow at a slower rate would cut benefits for seniors.   **STEFANIK APPEARED OPEN TO RAISING THE MEDICARE RETIREMENT AGE FOR FUTURE RECIPIENTS**   * In 2014, Stefanik called for taking “a closer look a look at Medicare as younger workers start paying into the system.” She appeared to be open to raising the retirement age for younger people, saying only that she would not raise the retirement age for those 50 and older. * In 2014, Stefanik refused to say if she supported a proposal to end Medicare coverage for people under 55.   **DESPITE CALLING MEDICAID A “CRITICAL” PROGRAM, STEFANIK REPEATEDLY TRIED TO SLASH MEDICAID FUNDS – INCLUDING IN NEW YORK**   * In 2021, Stefanik called Medicaid a “critical” program and called to safeguard its future. * In 2025, Stefanik voted for the “One Big, Beautiful Bill” (OBBB), which slashed federal Medicaid spending by $911 billion. The law was expected to put 860,000 New Yorkers’ health coverage at risk, including 760,000 New Yorkers who relied on Medicaid. * In 2017, Stefanik voted for the AHCA, which would have cut $880 billion from Medicaid, including $2.3 billion for New York. The AHCA’s Medicaid cuts would have imperiled health care access for soldiers stationed at Ft. Drum, which lacked an on base hospital and relied on local hospitals.   + Stefanik claimed that the AHCA did not cut Medicaid funding, but local news outlets fact checked her claims and found that her claims were not true. * In 2023 and 2017, Stefanik cosponsored legislation that would have cut Medicaid funding for New York but left every one state’s funding untouched. The legislation would have cut Medicaid funding for states that required local areas to contribute to Medicaid and New York was the only state with such a requirement.   **STEFANIK VOTED TO SLASH SNAP BENEFITS FOR MORE THAN 1.7 MILLION NEW YORK FAMILIES, INCLUDING MORE THAN 200,000 FAMILIES WITH CHILDREN**   * Stefanik voted for the OBBB, which was expected to cause more than 22 million families nationwide to lose some or all of their SNAP benefits, including more than 1.7 million families in New York. 208,000 families with children were expected to lose at least some of their benefits in New York alone. |

## STEFANIK SUPPORTED RAISING THE SOCIAL SECURITY RETIREMENT AGE AND BACKED A PLAN THAT WOULD CUT BENEFITS FOR FUTURE RETIREES

### STEFANIK SUGGESTED RAISING THE SOCIAL SECURITY RETIREMENT AGE FOR PEOPLE UNDER 50

**2014: Stefanik Said She Supported Gradually Raising The Retirement Age, Without Any Changes For Those 50 Or Older.** “A day after walking away from reporters' questions in Glens Falls, Republican and Conservative Party congressional candidate Elise M. Stefanik provided more details about her proposals for Social Security during a news conference in the city. In response to a question about raising the retirement age, Ms. Stefanik said a gradual increase for those of her generation -- about 30 years old -- would be appropriate but said there would be no changes for those 50 or older.” [Watertown Daily Times, 8/27/14]

**2018: Stefanik “Could Not Articulate A Plan [To Preserve Social Security] For Those Who Are Younger [Than 50], Except Perhaps Raise The Age Of Eligibility.”** “Republicans and conservatives don't always agree. Yet U.S. Rep. Elise Stefanik told the Upstate Conservative Coalition on Tuesday night that they must be united on Nov. 6 in order ‘to keep the House.’ […] Stefanik said she believes in ‘modernizing’ Social Security. Her plan is to keep Social Security as is for those 50 years and older, but could not articulate a plan for those who are younger, except perhaps raise the age of eligibility.” [Albany Times-Union, [9/19/18](https://www.timesunion.com/news/article/Stefanik-warns-of-Pelosi-disaster-13240015.php)]

**2018: Stefanik Suggested That She Would Be Open To Changes To Social Security For People Under 50.** “From a panel of three journalists, North Country Public Radio's Brian Mann asked about the federal deficit, which is rising after the passage of the GOP tax bill despite the U.S. not being in recession or war. U.S. Sen. Mitch McConnell has placed the blame for the deficit rise on Social Security and Medicare, and Mann wondered if the candidates agree.  Stefanik said that the federal deficit is lower today than its $1 trillion-plus level when former President Barack Obama and former House Minority Leader Nancy Pelosi were in charge.  ‘I believe we should make no changes to Social Security and Medicare for those above the age of 50,’ Stefanik said. ‘But for my generation, Brian, we know those programs are not on a path to solvency.” [Malone Telegram, 10/24/18]

#### STEFANIK SAID SHE OPPOSED CHANGING SOCIAL SECURITY BENEFITS FOR ANYONE “AT OR NEAR RETIREMENT”

**2018: Stefanik Said She Would Not Support Changes To Social Security For Anyone Over 50.** “One resident, John from Brownville, asked about the recent reports that Social Security would run short on funds in the near future.  ‘I wouldn't support any changes to Medicare or Social Security for people age 50 or above,’ Ms. Stefanik said.  She did say that the programs need to be modernized, although she did not elaborate, and that she does not support taking funds from Social Security for other purposes.” [Malone Telegram, 6/11/18]

**2014: Stefanik Said That She Opposed Changing Social Security Benefits For Those 50 Or Older.** “Ms. Stefanik, vice president of her family’s plywood company and former White House policy adviser, said there should be no change in Social Security benefits for those 50 and older.  Previously she had said those ‘at or near retirement.’” [NNY360, [10/9/14](https://www.nny360.com/news/stefanik-woolf-funiciello-engage-in-testy-debate-in-congressional-race/article_8ea60e60-da02-5a5c-a322-10d73faf5b24.html)]

* **Stefanik Had Previously Said That Social Security Benefits Should Not Be Changed For Those “At Or Near Retirement.”** “Ms. Stefanik, vice president of her family’s plywood company and former White House policy adviser, said there should be no change in Social Security benefits for those 50 and older.  Previously she had said those ‘at or near retirement.’” [NNY360, [10/9/14](https://www.nny360.com/news/stefanik-woolf-funiciello-engage-in-testy-debate-in-congressional-race/article_8ea60e60-da02-5a5c-a322-10d73faf5b24.html)]

**Stefanik Said She Wanted To Make Sure Social Security And Medicare Would Continue To Exist In The Future And Said She Did Not Want To Make Any Changes That Would Impact Seniors Today.** “Stefanik said the federal government has a commitment to those who have paid into the program for years. […] Asked at the press conference on Monday if there should be any changes in Medicare or Social Security for those retiring 10, 20 or 30 years from now, she said, ‘We need to make sure these programs exist in the future. Social Security and Medicare are on a path to insolvency for our future generations. So my commitment today is to reiterate my support to no changes to Medicare and Social Security for our seniors today.’” [Glens Falls Post-Star, [8/25/14](https://poststar.com/news/local/stefanik-walks-away-as-questions-on-medicare-prompt-end-to/article_b63666f0-2c9a-11e4-986a-0019bb2963f4.html)]

##### STEFANIK ENDED A PRESS CONFERENCE 20 MINUTES EARLY AFTER SHE WAS ASKED TO DEFINE WHAT CONSTITUTED “IN OR NEAR RETIREMENT”

**Stefanik Ended A Press Conference Over 20 Minutes Early After She Said That Changes To Social Security And Medicare Would Not Impact Seniors Near Retirement And Was Asked By A Reporter To Define “In Or Near Retirement.”** “Stefanik held a press conference Monday in front the Glens Falls Senior Center to reiterate her position that no changes should be made in Social Security and Medicare for ‘our seniors today.’ Stefanik said the federal government has a commitment to those who have paid into the program for years. ‘So then, my commitment is protecting and preserving these programs for our seniors with no changes to those who are in or near retirement, because they have paid in to these programs,’ she said. When a reporter asked her to define ‘In or near retirement,’ Stefanik abruptly ended the press conference and walked away from reporters. The press conference was scheduled to last 30 minutes, according to a media advisory her campaign sent out in advance. But Stefanik ended the press conference after eight minutes.” [Glens Falls Post-Star, [8/25/14](https://poststar.com/news/local/stefanik-walks-away-as-questions-on-medicare-prompt-end-to/article_b63666f0-2c9a-11e4-986a-0019bb2963f4.html)]

* **Stefanik Ended A Press Conference And Walked Away When Asked By Reporters About Her Position On Medicare And Social Security.** “Republican and Conservative Party congressional candidate Elise Stefanik abruptly ended a press conference and walked away when reporters asked for specifics about her position on Medicare and Social Security coverage for future generations of retirees.” [Glens Falls Post-Star, [8/25/14](https://poststar.com/news/local/stefanik-walks-away-as-questions-on-medicare-prompt-end-to/article_b63666f0-2c9a-11e4-986a-0019bb2963f4.html)]

### 2014: STEFANIK ADVOCATED FOR “A CHAIN-WEIGHTED CONSUMER PRICE INDEX,” WHICH WOULD CUT BENEFITS FOR SENIORS IN RETIREMENT

**2014: Stefanik Advocated For “A Chain-Weighted Consumer Price Index” To Adjust Social Security Benefits To Changing Costs Of Living.** “To adjust for cost of living, Ms. Stefanik advocated for a chain-weighted consumer price index, or chain-CPI, which accounts for substitutions and changes consumers make in their spending habits to account for changing costs of certain goods and services. The measure is viewed as controversial by some because it means that Social Security benefits would increase at a slower rate than under the current system, thus cutting benefits to seniors already in retirement.” [Watertown Daily Times, 8/27/14]

* **A Chain-Weighted Consumer Price Index Meant That Social Security Benefits Would Increase At A Slower Rate And Would Cut Benefits To Seniors In Retirement.** “To adjust for cost of living, Ms. Stefanik advocated for a chain-weighted consumer price index, or chain-CPI, which accounts for substitutions and changes consumers make in their spending habits to account for changing costs of certain goods and services. The measure is viewed as controversial by some because it means that Social Security benefits would increase at a slower rate than under the current system, thus cutting benefits to seniors already in retirement.” [Watertown Daily Times, 8/27/14]

**HEADLINE: “The Chained CPI: A Painful Cut in Social Security Benefits and a Stealth Tax Hike.”** [Center for Economic and Policy Research, December 2012, accessed [9/3/25](https://www.cepr.net/documents/publications/cpi-2012-12.pdf)]

**Center For Economic And Policy Research: Using A Chain-Weighted CPI Would Cut Social Security Benefits By 3% Over 10 Years, 6% Over 20 Years And 9% Over 30 Years.** “Social Security benefits are already quite modest. In 2012, the average annual benefit for beneficiaries aged 65 and older was less than $15,000.2 Any additional reduction of benefits would have serious repercussions for retirees, 2-out-of-5 of whom rely on Social Security for 90 percent of their retirement income. The Chained CPI is relatively new and has only been calculated by the BLS since 2002. It has shown a rate of inflation 0.3 percent lower than the current index used to calculate Social Security’s annual cost-of-living adjustment. Over time, changing to the Chained CPI would result in significant cuts to Social Security benefits: a cut of roughly 3 percent after 10 years, about 6 percent after 20 years, and close to 9 percent after 30 years. In addition, lower-income retirees would lose much larger proportions of their income than wealthy ones.” [Center for Economic and Policy Research, December 2012, accessed [9/3/25](https://www.cepr.net/documents/publications/cpi-2012-12.pdf)]

**Center On Budget And Policy Priorities: Chain-Weighted CPI Would Cut Benefits For Future Social Security Retirees By An Average Of 2%.** “Most future Social Security beneficiaries would experience a benefit cut averaging about 2 percent over the course of their retirement from the President’s proposal to adopt the chained Consumer Price Index (CPI) for computing Social Security’s cost-of-living adjustments, our brief report explains:  For beneficiaries receiving an average benefit, the reduction would average 1-2 percent. For beneficiaries receiving smaller-than-average benefits, the reduction would be smaller, likely in the 0.5 percent to 1.5 percent range — except for beneficiaries poor enough to qualify also for Supplemental Security Income (SSI), who would be held harmless. For beneficiaries receiving higher-than-average benefits, the reduction would be larger, averaging 2 percent or slightly more.” [Center on Budget and Policy Priorities, [4/23/13](https://www.cbpp.org/blog/how-would-the-chained-cpi-affect-social-security-benefits)]

## STEFANIK APPEARED OPEN TO RAISING THE MEDICARE RETIREMENT AGE FOR FUTURE RECIPIENTS

### 2014: STEFANIK CALLED FOR TAKING “A CLOSER LOOK AT MEDICARE AS YOUNGER WORKERS START PAYING INTO THE SYSTEM”

**Sun Community News: Stefanik Called For Taking A “Closer Look At Medicare As Younger Workers Start Paying Into The System.”** “Stefanik, a former White House aide who lives in Willsboro, has previously called for a closer look at Medicare as younger workers start paying into the system. The candidate has never used the words 'voucherize', but has rather called for a public discussion to ensure these programs remain sustainable for future generations.   The candidate has also called for a repeal of the Affordable Care Act, arguing rising costs and premiums hurt small business owners and drive up costs.   ‘Elise has said numerous times she will not change Medicare for those at or near retirement, and will fight to protect this important entitlement for New York seniors,’ said Charlotte Guyett, a spokesperson for the Stefanik campaign, in an email on Tuesday.” [Sun Community News, [8/19/14](https://suncommunitynews.com/news/49148/congressman-owens-aaron-woolf-stump-for-social-security-in-willsboro/)]

### STEFANIK APPEARED OPEN TO RAISING THE RETIREMENT AGE FOR FUTURE MEDICARE BENEFICIARIES

**2019: Stefanik Appeared Open To Changing Medicare And Social Security For People Under 50.** “On the topics of Social Security and Medicare, Stefanik said that we have paid into those programs and are owed them. However, the programs' current paths will lead them to insolvency for younger generations, which will take new legislation to remedy. ‘But no changes for those 50 and above,’ she stressed. ‘This district has a huge amount of seniors so that monthly budget is critical to their ability to make ends meet.” [Plattsburgh Press-Republican, 10/12/19]

**2018: Stefanik Suggested That She Would Be Open To Changes To Medicare For People Under 50.** “From a panel of three journalists, North Country Public Radio's Brian Mann asked about the federal deficit, which is rising after the passage of the GOP tax bill despite the U.S. not being in recession or war. U.S. Sen. Mitch McConnell has placed the blame for the deficit rise on Social Security and Medicare, and Mann wondered if the candidates agree.  Stefanik said that the federal deficit is lower today than its $1 trillion-plus level when former President Barack Obama and former House Minority Leader Nancy Pelosi were in charge.  ‘I believe we should make no changes to Social Security and Medicare for those above the age of 50,’ Stefanik said. ‘But for my generation, Brian, we know those programs are not on a path to solvency.” [Malone Telegram, 10/24/18]

**2018: Stefanik Said She Would Not Support Changes To Medicare For Anyone Over The Age Of 50.** “One resident, John from Brownville, asked about the recent reports that Social Security would run short on funds in the near future.  ‘I wouldn't support any changes to Medicare or Social Security for people age 50 or above,’ Ms. Stefanik said.  She did say that the programs need to be modernized, although she did not elaborate, and that she does not support taking funds from Social Security for other purposes.” [Malone Telegram, 6/11/18]

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* **Stefanik Ended A Press Conference And Walked Away When Asked By Reporters About Her Position On Medicare And Social Security.** “Republican and Conservative Party congressional candidate Elise Stefanik abruptly ended a press conference and walked away when reporters asked for specifics about her position on Medicare and Social Security coverage for future generations of retirees.” [Glens Falls Post-Star, [8/25/14](https://poststar.com/news/local/stefanik-walks-away-as-questions-on-medicare-prompt-end-to/article_b63666f0-2c9a-11e4-986a-0019bb2963f4.html)]

### STEFANIK REFUSED TO SAY IF SHE SUPPORTED A PROPOSAL TO END MEDICARE COVERAGE FOR PEOPLE UNDER 55

**August 2014: Stefanik Refused To Answer Whether She Supported Paul Ryan’s Medicare Proposal To End Medicare Coverage For People Under 55.** “Ryan, a congressman from Wisconsin, has proposed a ‘premium support’ program for future retirees, under which the federal government would provide stipends for Medicare recipients to buy coverage from private insurance companies. That concept is similar to the supplemental Medicare prescription plans. […] Stefanik was a debate preparation adviser on Ryan's 2012 vice presidential campaign, and Ryan has endorsed her congressional candidacy and contributed, through his political action committee, to her campaign fund. In interviews with The Post-Star on Aug. 19 and April 15, Stefanik would not say whether she supports Ryan's Medicare proposal. Asked in April if she agrees with Ryan's age cutoff of 55 and younger to no longer receive traditional Medicare, she said, ‘I'm going to take a good look at it. I have to study it first.’” [Glens Falls Post-Star, [8/25/14](https://poststar.com/news/local/stefanik-walks-away-as-questions-on-medicare-prompt-end-to/article_b63666f0-2c9a-11e4-986a-0019bb2963f4.html)]

## DESPITE CALLING MEDICAID A “CRITICAL” PROGRAM, STEFANIK REPEATEDLY TRIED TO SLASH MEDICAID FUNDS – INCLUDING IN NEW YORK

### 2021: STEFANIK SAID THAT MEDICAID WAS A “CRITICAL” PROGRAM AND CALLED TO SAFEGUARD ITS FUTURE

**Stefanik Said Medicare And Medicaid Were “Critical” And Said “To Safeguard Our Future, We Must Reject Socialist Healthcare Schemes.”** "Today’s Anniversary of Medicare & Medicaid reminds us to reflect on the critical role these programs have played to protect the healthcare of millions of families. To safeguard our future, we must reject Socialist healthcare schemes." [X, @EliseStefanik, [7/30/21](https://x.com/EliseStefanik/status/1421115026300186634)]

A screenshot of a social media post

AI-generated content may be incorrect.

[X, @EliseStefanik, [7/30/21](https://x.com/EliseStefanik/status/1421115026300186634)]

### 2025: STEFANIK VOTED TO SLASH MEDICAID SPENDING BY $911 BILLION, RISKING HEALTH INSURANCE FOR 760,000 NEW YORKERS

#### STEFANIK VOTED FOR THE “ONE BIG BEAUTIFUL BILL,” WHICH CUT FEDERAL MEDICAID SPENDING BY $911 BILLION

**July 2025: Stefanik Voted For H.R. 1, The “One Big Beautiful Bill” Act.** In July 2025, Stefanik voted for: “Motion to concur in the Senate amendment to the bill that would permanently extend nearly $4 trillion in expiring individual and business tax cuts, create several new tax breaks and fund border and immigration enforcement and air traffic control upgrades. It would cut Medicaid and other safety net programs to partly offset the cost. Among other provisions, it would raise the statutory debt ceiling by $5 trillion and appropriate more than $448 billion in mandatory funding for Trump administration priorities and other needs, including $153 billion for defense, $89 billion for immigration enforcement, and $89.5 billion for border control and security. It also would increase the state and local tax deduction cap to $40,000 annually for five years for households making up to $500,000 a year until 2030, when it would permanently revert to $10,000.” The motion was agreed to by a vote of 218-2014. [H.R. 1, [Vote #190](https://clerk.house.gov/Votes/2025190), 7/3/25; CQ, [7/3/25](https://plus.cq.com/vote/2025/H/190?4)]

**Kaiser Family Foundation: The “One Big Beautiful Bill” Would Cut Federal Medicaid Spending By $911 Billion.** “On July 4, President Trump signed into law a budget reconciliation package once called the “One Big, Beautiful Bill” that made major reductions in federal health care spending to offset part of the costs of extending expiring tax cuts. The Congressional Budget Office’s (CBO) latest cost estimate shows that the reconciliation package would reduce federal Medicaid spending over a decade by an estimated $911 billion (after accounting for interactions that produce overlapping reductions across different provisions of the law) and increase the number of uninsured people by 10 million.” [KFF, [7/23/25](https://www.kff.org/medicaid/allocating-cbos-estimates-of-federal-medicaid-spending-reductions-across-the-states-enacted-reconciliation-package/)]

#### 760,000 NEW YORKERS COULD LOSE INSURANCE BECAUSE OF THE OBBB’S MEDICAID CUTS

**Kaiser Family Foundation: An Estimated 860,000 New Yorkers Would Lose Insurance Coverage Under The OBBB.** “Relative to current law, the reconciliation law is estimated to increase the uninsured rate by 3 percentage points or more in 20 states (Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Illinois, Indiana, Kentucky, Louisiana, Montana, New Jersey, New Mexico, New York, Oklahoma, Oregon, Rhode Island, Virginia, Washington, West Virginia) and the District of Columbia. These increases are attributable to the reconciliation law alone and do not include the effects of the expiration of the enhanced premium tax credits or the proposed Marketplace integrity rule. In terms of increases in the number of uninsured people, California and New York are the top two states (1.6M and 860k, respectively). Florida, Texas, and Illinois would follow at 590k, 480k, and 470k, respectively.” [KFF, [8/20/25](https://www.kff.org/uninsured/how-will-the-2025-reconciliation-law-affect-the-uninsured-rate-in-each-state/)]

**Kaiser Family Foundation: An Estimated 760,000 New Yorkers Could Lose Healthcare Coverage Because Of Medicaid Changes In The Republican Budget Reconciliation Bill.** [KFF, [6/6/25](https://www.kff.org/affordable-care-act/issue-brief/how-will-the-2025-reconciliation-bill-affect-the-uninsured-rate-in-each-state-allocating-cbos-estimates-of-coverage-loss/)]

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| **State** | **One Big Beautiful Bill Act Medicaid Uninsured Increase** |
| New York | 760,000 |

[KFF, [6/6/25](https://www.kff.org/affordable-care-act/issue-brief/how-will-the-2025-reconciliation-bill-affect-the-uninsured-rate-in-each-state-allocating-cbos-estimates-of-coverage-loss/)]

### 2017: STEFANIK VOTED TO CUT $880 BILLION FROM MEDICAID, INCLUDING $2.3 BILLION IN NEW YORK MEDICAID FUNDING

#### 2017: STEFANIK VOTED FOR THE AHCA

**2017: Stefanik Voted For The American Health Care Act.** In 2017, Elise M. Stefanik voted for passage of the bill that would make extensive changes to the 2010 health care overhaul law, by effectively repealing the individual and employer mandates as well as most of the taxes that finance the current system. It would, in 2020, convert Medicaid into a capped entitlement that would provide fixed federal payments to states and end additional federal funding for the 2010 law's joint federal-state Medicaid expansion. It would prohibit federal funding to any entity, such as Planned Parenthood, that performs abortions and receives more than $350 million a year in Medicaid funds. As amended, it would give states the option of receiving federal Medicaid funding as a block grant with greater state flexibility in how the funds are used, and would require states to establish their own essential health benefits standards. It would allow states to receive waivers to exempt insurers from having to provide certain minimum benefits, would provide $8 billion over five years for individuals with pre-existing conditions whose insurance premiums increased because the state was granted a waiver to raise premiums based on an individual's health status, and would create a $15 billion federal risk sharing program to cover some of the costs of high medical claims. [H.R. 1628, Vote #256, [5/4/2017](http://clerk.house.gov/evs/2017/roll256.xml); D: 0-193, R: 217-20]

#### THE AHCA WOULD HAVE CUT $880 BILLION IN MEDICAID FUNDING AND 14 MILLION PEOPLE WOULD HAVE LOST MEDICAID COVERAGE UNDER THE BILL

**Malone Telegram: Despite Stefanik’s Claims That The AHCA Would Not Have Cut “Traditional Medicaid” It Would Have Cut $880 Billion In Medicaid Funding.** “Medicaid cuts Stefanik: ‘I want to address the misinformation; there are no cuts to traditional Medicaid, only to expanded Medicaid. We are going to a traditional 50/50 match instead of a 90/10 match. This modernizes Medicaid.’  The AHCA will cut $880 billion in Medicaid funding; and $2.3 billion in New York Medicaid funding, with those who recently qualified for expanded Medicaid coverage at greatest risk.  In several states, including New York, Medicaid eligibility criteria were expanded to those at 138 percent of the federal poverty level. That was aimed at helping working families unable to afford health insurance. The AHCA repeals enhanced eligibility criteria as of January 2020.  Included in the expanded coverage was additional funding for opioid addiction treatment. With the AHCA, that would be eliminated, which would mean fewer people with opioid addictions receiving treatment.  Additionally, the AHCA requires a six-month renewal review for the expansion population. And it repeals mandatory coverage for children 6 through 18 with family incomes above 100 percent of the federal poverty level.  According to the AHCA, states have the option to require work as a condition of eligibility for Medicaid enrollees who are not disabled, elderly or pregnant, as of Oct. 1.  The Congressional Budget Office estimates that there will be about 14 million fewer Medicaid enrollees.” [Malone Telegram, 5/13/17]

**Malone Telegram: The Congressional Budget Office Estimated That 14 Million Fewer People Would Receive Medicaid Under The AHCA.** “Medicaid cuts Stefanik: ‘I want to address the misinformation; there are no cuts to traditional Medicaid, only to expanded Medicaid. We are going to a traditional 50/50 match instead of a 90/10 match. This modernizes Medicaid.’  The AHCA will cut $880 billion in Medicaid funding; and $2.3 billion in New York Medicaid funding, with those who recently qualified for expanded Medicaid coverage at greatest risk.  In several states, including New York, Medicaid eligibility criteria were expanded to those at 138 percent of the federal poverty level. That was aimed at helping working families unable to afford health insurance. The AHCA repeals enhanced eligibility criteria as of January 2020.  Included in the expanded coverage was additional funding for opioid addiction treatment. With the AHCA, that would be eliminated, which would mean fewer people with opioid addictions receiving treatment.  Additionally, the AHCA requires a six-month renewal review for the expansion population. And it repeals mandatory coverage for children 6 through 18 with family incomes above 100 percent of the federal poverty level.  According to the AHCA, states have the option to require work as a condition of eligibility for Medicaid enrollees who are not disabled, elderly or pregnant, as of Oct. 1.  The Congressional Budget Office estimates that there will be about 14 million fewer Medicaid enrollees.” [Malone Telegram, 5/13/17]

**Malone Telegram: The AHCA Would Have Shifted Funding For Medicaid Expansion From A 90/10 Match To A 50/50 Match.** “Medicaid cuts Stefanik: ‘I want to address the misinformation; there are no cuts to traditional Medicaid, only to expanded Medicaid. We are going to a traditional 50/50 match instead of a 90/10 match. This modernizes Medicaid.’  The AHCA will cut $880 billion in Medicaid funding; and $2.3 billion in New York Medicaid funding, with those who recently qualified for expanded Medicaid coverage at greatest risk.  In several states, including New York, Medicaid eligibility criteria were expanded to those at 138 percent of the federal poverty level. That was aimed at helping working families unable to afford health insurance. The AHCA repeals enhanced eligibility criteria as of January 2020.  Included in the expanded coverage was additional funding for opioid addiction treatment. With the AHCA, that would be eliminated, which would mean fewer people with opioid addictions receiving treatment.  Additionally, the AHCA requires a six-month renewal review for the expansion population. And it repeals mandatory coverage for children 6 through 18 with family incomes above 100 percent of the federal poverty level.  According to the AHCA, states have the option to require work as a condition of eligibility for Medicaid enrollees who are not disabled, elderly or pregnant, as of Oct. 1.  The Congressional Budget Office estimates that there will be about 14 million fewer Medicaid enrollees.” [Malone Telegram, 5/13/17]

#### NEW YORK WOULD HAVE LOST $2.3 BILLION IN MEDICAID FUNDING UNDER THE AHCA, INCLUDING $20 MILLION FOR HOSPITALS IN STEFANIK’S DISTRICT

**New York Department Of Health: Under An AHCA Backed By Stefanik, Hospitals In Stefanik’s District Would Have Lost $20.2 Million In Medicaid Funding.** “Loud criticism of the American Health Care Act from politicians and health care groups increased on Wednesday, with the Obamacare replacement plan expected to come to a vote in the House of Representatives on Thursday. […] An analysis by the state Department of Health showed that if the money were cut from Medicaid, hospitals in Faso's 19th Congressional District would lose $13.7 million in funding. Among them, Cobleskill Regional Hospital in Schoharie County would lose $270,000, according to Cuomo. The 21st Congressional District, where U.S. Rep. Elise Stefanik, R-Willsboro, has also endorsed the amendment, would see $20.2 million in hospital cuts, including $4.5 million at Glens Falls Hospital and $1.6 million at Nathan Littauer Hospital in Gloversville.” [Schenectady Daily Gazette, [3/23/17](https://www.dailygazette.com/news/criticism-of-health-care-bill-grows-in-n-y-state/article_8f1fdda6-84b7-5bb4-aec3-1f3d5fea68f0.html)]

**The AHCA Would Have Cut $880 Billion From Medicaid, Including $2.3 Billion In New York Medicaid Funding.** “Medicaid cuts Stefanik: ‘I want to address the misinformation; there are no cuts to traditional Medicaid, only to expanded Medicaid. We are going to a traditional 50/50 match instead of a 90/10 match. This modernizes Medicaid.’  The AHCA will cut $880 billion in Medicaid funding; and $2.3 billion in New York Medicaid funding, with those recently qualified for expanded Medicaid coverage at greatest risk.” [Massena Daily Courier-Observer, 5/12/17]

#### THE AHCA’S MEDICAID CUTS WOULD HAVE IMPERILED HEALTH CARE ACCESS FOR SOLDIERS STATIONED AT FOR DRUM, WHICH DID NOT HAVE A HOSPITAL ON BASE AND RELIED ON LOCAL HOSPITALS

**HEADLINE: “AHCA Medicare Cuts Could Affect Local Hospitals Providing Health Care To Fort Drum Soldiers.”** [Watertown Daily Times, 5/3/17]

**Medicare And Medicaid Cuts Under The AHCA Would Have Imperiled Medical Care For Soldiers Stationed At Fort Drum And Their Families Since The Base Did Not Have Its Own Hospital.** “Fort Drum soldiers and families using local hospitals could be affected by cuts to Medicare and Medicaid in the proposed American Health Care Act. ‘Any potential reduction puts smaller north country institutions under a lot of stress,’ said River Hospital CEO Ben Moore III. ‘Depending on the financial condition of an institution and the severity of cuts, it could impact Fort Drum soldiers' care.’ The AHCA as currently proposed would cut $4.7 billion of federal support for the state's Medicaid program over the next four years, according to the governor's office. Approximately 2.7 million New Yorkers would lose their coverage. According to Mr. Moore, 56 percent of payments to River Hospital come from Medicaid and Medicare, which he described as ‘huge.’ Without which, nearly all its services are at risk. Fort Drum's soldiers are more vulnerable to cuts from local health care providers than service members at other installations. The post does not have an on-post hospital, requiring soldiers and their families to seek care from nearby civilian medical facilities. ‘We simply could not care for our soldiers without them,’ said Maj. Gen. Walter E. Piatt, post commander, during remarks to the state Senate in Albany Tuesday for 10th Mountain Division and Fort Drum Day.” [Watertown Daily Times, 5/3/17]

#### LOCAL NEWS OUTLETS FACT CHECKED STEFANIK’S CLAIM THAT THE AHCA WOULD NOT TAKE AWAY MEDICAID COVERAGE, FINDING THAT TO BE FALSE

**Stefanik Claimed That The American Health Care Act Would Not Take Away Coverage For People On Medicaid.** “Stefanik says the American Health Care Act will not take away coverage for people on Medicaid either, despite reports that the bill will cap Medicaid funding.  ‘One of my top priorities in any Obamacare replacement package was to ensure that no one had the rug pulled out from under them. The American Health Care Act makes no changes to Medicaid until 2020. After 2020, anyone currently on Medicaid will still keep their coverage,’ she said. ‘The American Health Care Act allows New York State to decide if they want to continue their expanded Medicaid program at a reduced federal reimbursement rate.” [North Country Now, 5/16/17]

**NCPR: Stefanik Falsely Claimed That The AHCA Would Not Cut Medicaid.** “At her town hall, Stefanik acknowledged that federal expansion money would go away under AHCA. But she also argued that nothing would actually be cut from Medicaid: ‘It really has to do with the Medicaid expansion population so that we can reallocate the funds toward traditional Medicaid.’  Verdict: Not true Healthcare experts we surveyed were united on this point: AHCA does contain significant cuts to Medicaid that could be transformative for the North Country.” [NCPR, [5/16/17](https://www.northcountrypublicradio.org/news/story/33944/20170516/fact-check-do-rep-stefanik-s-claims-on-healthcare-hold-up)]

**Malone Telegram: Despite Stefanik’s Claims That The AHCA Would Not Have Cut “Traditional Medicaid” It Would Have Cut $880 Billion In Medicaid Funding.** “Medicaid cuts Stefanik: ‘I want to address the misinformation; there are no cuts to traditional Medicaid, only to expanded Medicaid. We are going to a traditional 50/50 match instead of a 90/10 match. This modernizes Medicaid.’  The AHCA will cut $880 billion in Medicaid funding; and $2.3 billion in New York Medicaid funding, with those who recently qualified for expanded Medicaid coverage at greatest risk.  In several states, including New York, Medicaid eligibility criteria were expanded to those at 138 percent of the federal poverty level. That was aimed at helping working families unable to afford health insurance. The AHCA repeals enhanced eligibility criteria as of January 2020.  Included in the expanded coverage was additional funding for opioid addiction treatment. With the AHCA, that would be eliminated, which would mean fewer people with opioid addictions receiving treatment.  Additionally, the AHCA requires a six-month renewal review for the expansion population. And it repeals mandatory coverage for children 6 through 18 with family incomes above 100 percent of the federal poverty level.  According to the AHCA, states have the option to require work as a condition of eligibility for Medicaid enrollees who are not disabled, elderly or pregnant, as of Oct. 1.  The Congressional Budget Office estimates that there will be about 14 million fewer Medicaid enrollees.” [Malone Telegram, 5/13/17]

### STEFANIK COSPONSORED LEGISLATION THAT WOULD HAVE CUT MEDICAID FUNDING FOR NEW YORK – BUT LEFT EVERY OTHER STATE’S FUNDING UNTOUCHED

#### IN 2023 AND 2017, STEFANIK COSPONSORED BILLS THAT WOULD HAVE CUT MEDICAID FUNDING TO STATES THAT REQUIRED LOCAL AREAS TO HELP FUND MEDICAID

**March 2023: Stefanik Cosponsored H.R. 1523, The Property Tax Reduction Act, Which Would Have Cut Medicaid Funding For States That Required Local Areas To Contribute To Medicaid Funding.** In March 2023, Stefanik cosponsored H.R. 1523, the Property Tax Reduction Act of 2023, which "reduces&nbsp;federal Medicaid funding beginning in FY2025 for certain states that require political subdivisions to contribute funds towards medical assistance. Specifically, the bill applies to states that received, for FY2023, disproportionate share hospital (DSH) allotments&nbsp;greater than&nbsp;six times the national average. (DSHs are hospitals that receive additional payment under Medicaid for treating a large share of low-income patients.) Excepted from the bill are&nbsp;contributions that: (1) are required from a political subdivision that has a population&nbsp;greater than 5 million and imposes a local income tax upon its residents, or (2) were required for administrative expenses as of January 1, 2023." H.R. 1523 was referred to the Subcommittee on Health. [H.R. 1523, cosponsored [3/9/23](https://www.congress.gov/bill/118th-congress/house-bill/1523)]

**April 2017: Stefanik Cosponsored H.R. 1871, Which Would Have Cut Medicaid Funding For States That Required Local Areas To Contribute To Medicaid Funding.** In April 2017, Stefanik cosponsored H.R. 1871, the To amend title XIX of the Social Security Act to reduce Federal financial participation for certain States that require political subdivisions to contribute towards the non-Federal share of Medicaid., which "Property Tax Reduction Act of 2017 This bill amends title XIX (Medicaid) of the Social Security Act to reduce&nbsp;federal Medicaid funding&nbsp;for certain states that require political subdivisions to contribute funds towards medical assistance. Specifically, the bill applies to states that received, for FY2016, disproportionate share hospital (DSH) allotments&nbsp;greater than&nbsp;six times the national average. (DSHs are hospitals that receive additional payment under Medicaid for treating a large share of low-income patients.) Excepted from the bill are&nbsp;contributions that: (1) are required from a political subdivision that has a population&nbsp;greater than 5 million and imposes a local income tax upon its residents, or (2) were required for administrative expenses as of January 1, 2017." H.R. 1871 was referred to the Subcommittee on Health. [H.R. 1871, cosponsored [4/4/17](https://www.congress.gov/bill/115th-congress/house-bill/1871)]

#### NEW YORK WAS THE ONLY STATE THAT REQUIRED LOCAL AREAS TO CONTRIBUTE TO MEDICAID FUNDING

**New York Was The Only State That Required Local Areas To Contribute To Medicaid Funding.** [07:57] HOST: “Now here in New York, the governor's mad because of this provision that I guess would target New York is shifting Medicaid costs from counties to Albany, whatever 13% of the total or something.” […] [08:32] STEFANIK: “Why is New York the only state that makes polities policy decisions at the state level regarding Medicaid but pushes the cost down to the counties. And the counties don't get a vote in terms of how Albany makes the decisions about how their Medicaid program functions and how it's funded. So I've been getting great support from local town supervisors who are both Democrats and Republicans, who have been complaining for years about the unfunded mandates coming from Albany. So I think this is a win for the taxpayer in New York and, yes, Governor Cuomo is frustrated, but I think it's high time we require Albany to take responsibility for its budgetary decisions, and we know they don't have a strong record, but we need to lift the burden off of New Yorkers and lift the burden off of our local governments so that they can invest in important infrastructure projects. So this was a win for New York. It's a win for taxpayers. And while you know, I work with the governor on issues that I agree with, this is one where I vehemently disagree with him.” [Soundcloud, @NewzJunky, 07:57-09:28, [5/10/17](https://soundcloud.com/newzjunky/watn-may-10-2017-rep-elise-stefanik)] (AUDIO)

## STEFANIK VOTED TO SLASH SNAP BENEFITS FOR MORE THAN 1.7 MILLION NEW YoRK FAMILIES, INCLUDING MORE THAN 200,000 FAMILIES WITH CHILDREN

### STEFANIK VOTED FOR THE ONE BIG BEAUTIFUL BILL

**July 2025: Stefanik Voted For H.R. 1, The “One Big Beautiful Bill” Act.** In July 2025, Stefanik voted for: “Motion to concur in the Senate amendment to the bill that would permanently extend nearly $4 trillion in expiring individual and business tax cuts, create several new tax breaks and fund border and immigration enforcement and air traffic control upgrades. It would cut Medicaid and other safety net programs to partly offset the cost. Among other provisions, it would raise the statutory debt ceiling by $5 trillion and appropriate more than $448 billion in mandatory funding for Trump administration priorities and other needs, including $153 billion for defense, $89 billion for immigration enforcement, and $89.5 billion for border control and security. It also would increase the state and local tax deduction cap to $40,000 annually for five years for households making up to $500,000 a year until 2030, when it would permanently revert to $10,000.” The motion was agreed to by a vote of 218-2014. [H.R. 1, [Vote #190](https://clerk.house.gov/Votes/2025190), 7/3/25; CQ, [7/3/25](https://plus.cq.com/vote/2025/H/190?4)]

### THE OBBB WAS EXPECTED TO CAUSE MORE THAN 22 MILLION FAMILIES TO LOSE THEIR SNAP BENEFITS, INCLUDING MORE THAN 1.7 MILLION FAMILIES IN NEW YORK

**The Final Version Of The One Big Beautiful Bill Was Expected To Cause 22.3 Million Families To Lose Some Or All Of Their SNAP Benefits.** "We estimate that the Thrifty Food Plan, work requirement, matching funds requirements, and noncitizen SNAP policies proposed in the Senate bill would cause 22.3 million US families to lose some of or all their benefits, with the number ranging from 15,000 in Wyoming to 3.1 million in California." [Urban Institute,[7/2/25](https://www.urban.org/sites/default/files/2025-07/How-the-Senate-Budget-Reconciliation-SNAP-Proposals-Will-Affect-Families-in-Every-US-State.pdf)]

**1,701,000 New York Families Would Lose Some Or All Of Their SNAP Benefits Under The Trump Bill.** [Urban Institute, [7/2/25](https://www.urban.org/sites/default/files/2025-07/How-the-Senate-Budget-Reconciliation-SNAP-Proposals-Will-Affect-Families-in-Every-US-State.pdf)]

|  |  |
| --- | --- |
| **NEW YORK FAMILIES LOSING SOME OR ALL SNAP BENEFITS** | |
| **State** | **Number Of Families (1,000s)** |
| New York | 1,701 |

[Urban Institute, [7/2/25](https://www.urban.org/sites/default/files/2025-07/How-the-Senate-Budget-Reconciliation-SNAP-Proposals-Will-Affect-Families-in-Every-US-State.pdf)]

**460,000 New York Families Would Lose More Than $25 A Month In Benefits With The Average Family Losing $190 A Month.** [Urban Institute, [7/2/25](https://www.urban.org/sites/default/files/2025-07/How-the-Senate-Budget-Reconciliation-SNAP-Proposals-Will-Affect-Families-in-Every-US-State.pdf)]

| **NEW YORK FAMILIES LOSING MORE THAN $25 A MONTH IN SNAP BENEFITS** | | |
| --- | --- | --- |
| **Category** | **Number Of Families (1,000s)** | **Average Monthly Benefit Reduction** |
| All Families | 460 | $190 |
| Families with Children | 208 | $86 |
| Working Families | 257 | $146 |

[Urban Institute, [7/2/25](https://www.urban.org/sites/default/files/2025-07/How-the-Senate-Budget-Reconciliation-SNAP-Proposals-Will-Affect-Families-in-Every-US-State.pdf)]

**208,000 New York Families With Children Would Lose More Than $25 A Month In Benefits With The Average Family Losing $86 A Month.** [Urban Institute, [7/2/25](https://www.urban.org/sites/default/files/2025-07/How-the-Senate-Budget-Reconciliation-SNAP-Proposals-Will-Affect-Families-in-Every-US-State.pdf)]

| **NEW YORK FAMILIES LOSING MORE THAN $25 A MONTH IN SNAP BENEFITS** | | |
| --- | --- | --- |
| **Category** | **Number Of Families (1,000s)** | **Average Monthly Benefit Reduction** |
| All Families | 460 | $190 |
| Families with Children | 208 | $86 |
| Working Families | 257 | $146 |

[Urban Institute, [7/2/25](https://www.urban.org/sites/default/files/2025-07/How-the-Senate-Budget-Reconciliation-SNAP-Proposals-Will-Affect-Families-in-Every-US-State.pdf)]

**257,000 New York Working Families Would Lose More Than $25 A Month In Benefits With The Average Family Losing $146 A Month.** [Urban Institute,[7/2/25](https://www.urban.org/sites/default/files/2025-07/How-the-Senate-Budget-Reconciliation-SNAP-Proposals-Will-Affect-Families-in-Every-US-State.pdf)]

| **NEW YORK FAMILIES LOSING MORE THAN $25 A MONTH IN SNAP BENEFITS** | | |
| --- | --- | --- |
| **Category** | **Number Of Families (1,000s)** | **Average Monthly Benefit Reduction** |
| All Families | 460 | $190 |
| Families with Children | 208 | $86 |
| Working Families | 257 | $146 |

[Urban Institute, [7/2/25](https://www.urban.org/sites/default/files/2025-07/How-the-Senate-Budget-Reconciliation-SNAP-Proposals-Will-Affect-Families-in-Every-US-State.pdf)]