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**Testimony on the New York State Executive Budget**  
Office of Temporary and Disability Assistance — SNAP  
Joint Legislative Budget Hearing: Human Services  
Senate Finance Committee & Assembly Ways and Means Committee  
New York State Fiscal Year (SFY) 2026 – 27  
February 5, 2026

Public Health Solutions (PHS) appreciates the opportunity to submit this testimony to highlight 1) the critical role PHS' Supplemental Nutrition Assistance Program (SNAP) Program plays to combat food insecurity throughout New York City and urge continued and strengthened legislative support for this essential program; and 2) the need for sufficient Targeted Inflationary Increases (TII) for all human services workers, including those working in programs funded by the Department of Health (DOH, who have not received an increase in more than a decade).

### **Supplemental Nutrition Assistance Program (SNAP)**

With 13 years of experience delivering SNAP assistance across New York City, PHS has built a trusted, easy-to-access network of SNAP enrollers, who are embedded in communities and trusted to handle sensitive benefit applications. We provide SNAP enrollment and recertification support for some of the city's most food-insecure neighborhoods, including East Harlem, the Bronx, Jamaica/Southeast Queens, Corona/Elmhurst/ Central Queens, and Flatbush/Southern Brooklyn, reaching families with young children as well as older and isolated adults. In 2025, we successfully enrolled nearly 5,000 households for SNAP benefits. Our dedicated team of authorized enrollers translated operational expertise into \$1.9 million in SNAP benefits. They accomplish this by moving federal dollars quickly and accurately, reducing application errors, and ensuring enrollment timelines stay within 30 days. They also assist with the necessary documents, provide follow-up, complete re-certifications, mediation, and provide referrals to other programs and social services.

We are thrilled to learn the Executive Budget includes an initiative to provide new Electronic Benefits Transfer ("EBT") card protections that will introduce modernized CHIP-enabled technology to prevent theft of benefits. Over the last several years, SNAP enrollers have seen a worrisome increase in "SNAP skimming" cases. New chip-enabled technology will be a welcome improvement that PHS and other SNAP advocates have long supported. While we are thankful for Governor Hochul's investments in SNAP, we are concerned about the continuity of care for SNAP recipients given the recent announcement of the early termination of the Targeted SNAP Outreach IV (T-SNAP IV) contract. The contract is now set to end on September 30, 2026.

We understand that ending this contract was necessary to address the SNAP "administrative cost shift" enacted in H.R.1 last year, which is forcing states to shoulder a greater burden of the costs.

We are deeply thankful that New York is taking action to mitigate the impact for community-based organizations providing enrollment assistance services in the just-released Request for Proposals (RFP) for the replacement program, Nutrition Navigator- Direct Services. However, this competitive RFP introduces uncertainty and financial pressure: if awarded, applicants must have funding in place to support 75% of their full annual budgeted expenses at the start of each program year. The mechanism for establishing

the share of State General fund described in the RFP seems complex and raises concerns that the total amount of funding available to existing providers could be substantially lower than included in current contracts.

This uncertainty occurs at a time when community-based organizations like PHS need to focus all our energy on helping the public navigate changes in eligibility and certification process, especially new workforce requirements. Due to the federal changes forcing the early termination of existing programs, the timeframes for application, selection of awardees and contract implementation in the new RFP are very compressed. PHS is concerned that there is high potential for gaps in services should we not be successful in securing a new contract under the competitive RFP.

We believe the State should safeguard against this possibility by providing stop-gap funding that will ensure continuity of services if we are unsuccessful in our efforts to secure a new contract, or that can be put to use to help meet the increased demand we will face assisting SNAP consumers and applicants navigate the new requirements.

### **Recommendation**

PHS' SNAP enrollment assistance services provide an essential infrastructure: a trusted, high-accuracy system embedded in communities where food insecurity is highest, and capacity is hardest to replace. Public Health Solutions respectfully requests \$115,000 from the Legislature -- critical funding that will allow PHS to confidently maintain the availability of our SNAP services for New Yorkers through the end of 2026.

### **Targeted Inflationary Increases (TII)**

A strong and robust social services and public health workforce employed by community-based organizations is crucial to the health and well-being of New Yorkers. With renewed attacks on public health, more and more of our fellow neighbors are in acute need of health-related social services and benefits, such as Health Insurance, Maternal and Child Health Services, Sexual and Reproductive Healthcare and Education, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and other public health services supported by the State and local Health Departments.

Beginning in State Fiscal Year (SFY) 2022-2023, recognizing the need to shore up the safety net workforce, New York State reinstated the human services cost of living adjustments (COLAs), now referred to as TII, and implemented the Healthcare Worker Bonus Program (HWB). However, these initiatives left behind most of the public health workforce employed by CBOs, because they did not meet the eligibility requirements for either program. This oversight left out the trusted frontline workforce best equipped at reaching, engaging and supporting the most marginalized communities in accessing healthcare, social services, and benefits. Previously, those workers employed by programs funding by the Department of Health (DOH) were eligible to receive COLAs.

This workforce is difficult to recruit and retain. Nearly one in six of these workers lives at or below 200 percent of the federal poverty level, compared to just one in ten public sector workers. At PHS, turnover rates are as high as 22%, creating strain on the remaining workforce and negatively impacting staff morale.

These workers are not providing healthcare or Medicaid-funded services, so they are considered part of the human services or social services workforce. However, since their funding flows through DOH, they

are ineligible for increases that are provided to the rest of the human services workforce. This includes PHS staffing working in various roles including the following:

- Community Health Workers and Coordinators who work to address the maternal health crisis, such as those who work for the State's Perinatal and Infant Community Health Collaborative (PICHC), WIC Nutritionists, WIC Center Managers, Community Service Aides, and Breast-Feeding Peer Counselors unaffiliated with a healthcare system (Neighborhood WIC); and
- Health Insurance Navigators who assist low-income aging, blind and disabled individuals and others to access affordable health insurance plans.

With housing and food costs remaining high, new eligibility requirements and federal actions that are causing people to lose health insurance, this workforce is more essential than ever. Community-based organizations and public health workers support the most vulnerable populations; they live and work in neighborhoods disproportionately impacted by health and social inequities.

The lived experience of this workforce makes them uniquely qualified to provide culturally and linguistically relevant and effective services. PHS and other community-based organizations recruit this workforce from the neighborhoods they serve, creating jobs in neighborhoods that need them, but these jobs are not keeping up with other sectors, forcing workers to choose between serving their communities and finding work outside them. At PHS, we are experiencing high vacancies and turnover as well as low retention because these workers can easily find similar positions with better pay and benefit packages with healthcare or government sector employers. Vacant positions and continuous staff loss over time exacerbates structural inequities, lowers productivity, creates significant institutional knowledge gaps, and decreases staff morale.

**Recommendations:**

- Reinstate DOH-funded public health programs in the eligibility to receive the human services COLA or TII.
- Include a TII of 2.7% for Fiscal Year 2026-2027.
- Provide funding for contracts sufficient to ensure wages and benefits can be offered with parity to City and State employees in the same field, regardless of source of funding.

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**About Public Health Solutions**

Health disparities among New Yorkers are large, persistent, and increasing. Public Health Solutions exists to change that trajectory and support underserved New Yorkers and their families to achieve optimal health and build pathways to reach their potential. As the largest public health nonprofit serving New York City, we improve health outcomes and help communities thrive by providing direct services to underserved families, supporting community-based organizations through our long-standing public-private partnerships, and bridging the gap between healthcare and community services