April 2026
Public Policy & Government Relations Update
Volume 2: Issue 4

Introduction

This issue of the Public Policy and Government Relations Update provides updates about New York State's delayed budget process, a federal update and a review of PPGR activities. As always, we urge you to read our monthly update. You are especially urged to join us in taking the New York State budget action we will be describing on the following pages. Thank you for reading this update and for joining us in taking action.

Contents

New York State Update - Page 1

Federal Update - Page 3

New York City Update - Page 5

PPGR Events & Advocacy - Page 5

Policy Round Up - Page 6

Additional Reading - Page 7

New York State Update

PPGR remains engaged in advocacy at the state level. The State budget that was due on April 1, 2026, is late and negotiations are ongoing. The positions of the Governor, State Senate and State Assembly were outlined in the March policy update. PPGR remains focused on ensuring access to health care for our members. This means that we are prioritizing securing $8M funding for Gender Affirming Care, $10M for the Trans Equity and Wellness Fund and $300M for community health centers.

PPGR urges you to join us in advocacy by taking the following action from now until a budget is passed.

Don’t Delay – Act Today to Protect Access to Health Care for Transgender New Yorkers

The New York State budget is overdue, and agreement could come at any time. Please take a few moments today and over the coming days to contact New York State leaders. Tell them that ensuring access to healthcare for Transgender New Yorkers must be a priority in this year’s budget.

Don’t Delay Email or Call Today with this simple message:

Hello! I am writing to encourage the Governor and Legislature to do all that they can to ensure that gender affirming care is funded at the $8m in this year’s budget. I also ask that leaders support adding $10m to the Transgender Wellness and Equity Fund (TWEF). These actions are critical as the federal government seeks to restrict access to health care for transgender people by stopping providers from using Medicaid or Medicare to pay for the care.

Additionally, I trust that you and your colleagues are doing all possible to mitigate the awful harm caused by HR1 the One Big Ugly Bill! The legislature and the governor must be vigilant in mitigating the impacts on Medicaid and healthcare in New York State.

Email Leadership

Senate Majority Leader Andrea Stewart Cousins – Scousins@nysenate.gov

Assembly Speaker Heastie- Speaker@nyassembly.gov

Governor Hochul: https://www.governor.ny.gov/content/governor-contact-form

Also Call your State Legislator

Find your State Senator https://www.nysenate.gov/find-my-senator

Switchboard: 518-455-2800

Find your Assemblymember https://nyassembly.gov/mem/search/

Switchboard: 518-455-4100

Time is short, so please join this action, and be prepared to act again in the coming days. Please share this message with your friends and family so they too can act.

Other New York State Updates

1. Essential Plan Changes – The US Centers for Medicaid and Medicare Services approved a plan for New York to change its Health Exchange (NYSOH) Essential Plan to reduce eligibility from 250% Federal Poverty Level (FPL) to 200% FPL. The change is a direct result of HR1 restrictions on health care coverage for immigrants and other populations who rely on NYSOH for coverage. **The change will maintain insurance coverage for over 1.2 Million New Yorkers, but 450,000 would no longer be eligible for coverage under the change. There is currently no agreement in New York State government about how to retain coverage for those who will lose coverage.** Amida Care supports an effort by Sen. Rivera and Assembly Member Paulin, Health Chairs in the legislature, to pass a bill that would help the 450,000 retain coverage.
   (Read more here; https://www.cssny.org/campaigns/entry/protect-health-coverage-in-new-york)
2. The Medical Society of the State of New York Board rejected an effort to delegitimize gender affirming care. Instead, the body reaffirmed that gender affirming care is medically necessary. In their newsletter they further clarified that the Board does not endorse the controversial "position statement" from the American Society of Plastic Surgeons (ASPS) issued this past February. The document was created after meeting with Trump officials and repeatedly cited by anti-trans acolytes grasping for a "scientific" reason to support transphobia. (*Read more here; https://www.erininthemorning.com/p/the-largest-physician-organization*)
3. The HR1 enacted work (community engagement) requirements for individuals receiving benefits will be implemented on January 1, 2027 and set the below rules/requirements in place to receive Medicaid for individuals between 19-64 years old who are not exempt:
   - Work at least 80 hours per month at a job where you get paid
   - Go to school at least half-time
   - Join a job training or work program amounting to 80 hours a month
   - Volunteer or help out in your community amounting to 80 hours a month
   - A combination of any of the above

More information can be read here.

PPGR is actively and closely monitoring both New York State and New York City response to these new work requirements. New York State has informed us that they submitted a request to CMS to also exempt people living with HIV from the work requirements. They are waiting for CMS guidance on this matter.

Federal Update

PPGR continues to engage in federal advocacy to protect access to HIV services and to counter the harmful effects of HR1. In relevant developments, on April 3, President Trump released his FY2027 budget proposal. In said proposal the President reintroduced his proposal to cut almost $2B in HIV funding (*See more in Additional Reading*). This proposal is almost identical to the proposal he put

forward for FY 2026 to cut essential programs such as Ryan White, housing assistance for people living with HIV and AIDS and to HIV prevention funding through the CDC. Notably, Congress, not the President is charged with enacting a federal budget. Congress decided to fully fund HIV programs in FY2026, despite the President's proposal. Already, there are indications that Congress will chart a different path than the President in 2026 with 22 Senators signing onto a letter that call for higher funding levels. (*see additional reading*)

Other Federal Updates

1. A federal judge rejected a directive from Health and Human Services Secretary Robert Kenedy Jr. to limit access to gender affirming care. In the ruling the judge labeled RFK Jr.'s attack on transgender care 'unlawful' and an act of 'cruelty'. Read more here: https://www.latimes.com/business/story/2026-04-23/not-mincing-words-judge-labels-rfk-jr-s-attack-on-gender-affirming-care-unlawful-act-of-cruelty

2. Reconciliation 2.0
   Republicans in the United States Senate have begun an appropriation process to fund ICE and Border Patrol. They have agreed on terms to pass a budget for the Departments without Democratic votes. **PPGR is watching this process closely because under the Reconciliation process, any budget must be paid for by offsets from other parts of the budget.** The situation remains changeable, with some House Republicans still pushing for a much broader reconciliation package to fund other priorities. So far health care programs are not part of the process but that could change. (Read more here - https://thehill.com/homenews/senate/5841140-senate-republicans-ice-border-patrol-budget-resolution/)

3. Pressure on the AIDS Drug Assistance Programs continues to mount as HR1 and other Health Care access pressures mount. The high of HIV drugs and increases premiums for insurance are the primary drivers. Utah and Iowa have implemented waiting lists for the program that helps PLWH access their medications. Several other states have had to reduce eligibility for the program because of budgetary pressures. NOTE: New York State Department of Health has committed to continuing to fully fund the program. Read the latest NASTAD ADAP Watch tracker here: https://nastad.org/resources/nastad-adap-watch-april-2026

4. <u>New CDC Leader nominated</u>
   President Trump has nominated Dr. Erica Schwartz, who served as deputy surgeon general in his first administration, to serve as the next director of the Centers for Disease Control and Prevention. Dr. Schwartz is a retired Rear Admiral and a board-certified preventive medicine physician. She previously served as chief medical officer of the U.S. Coast Guard, and as deputy surgeon general in the first Trump administration. She has a medical degree from Brown University, a law degree from the University of Maryland, and a master's in public health degree from the Uniformed Services University.

Dr. Erica Schwartz

New York City Update

NYC Council Announces Historic Investment in LGBTQIA+ Caucus, Names First-Ever Executive Director

On April 9, New York City Council's LGBTQIA+ Caucus announced the historic appointment of Yanery Cruz to serve as the Caucus' first-ever Executive Director. Her appointment marks a significant investment in strengthening the Council's efforts to support LGBTQIA+ New Yorkers at a time when communities nationwide face escalating attacks from the Trump Administration. Yanery Cruz is a very familiar face to Amida Care and one that we have a long-standing relationship with.

PPGR Events & Advocacy

Trans Wellness & Equity Fund (TWEF) Convening in Albany

Monday March 23 – 24, Joe Pressley joined the inaugural New Pride Agenda TWEF convening in Albany. This convening was a great opportunity to join other advocates, organizations, as well as community leaders and providers to reaffirm commitments to advancing protections and funding for the TGNB community and strengthening relationships.

NYS Assemblymember Harry Bronson Speaking at the convening.

Joe Pressley

NYS Senator Erik Bottcher Speaking at the convening.

SOMOS 2026 in Albany

From April 17 – 19, Lyndel Urbano participated in the SOMOS 2026 conference in Albany. Lyndel was part of a workshop themed "*Navigating Queer & Trans Safety and Belonging*" along with New York State Senator Julia Salazar, New York Assemblymember Jessica Gonzalez-Rojas, as well as colleagues from various advocacy organizations.

PPGR Round Up

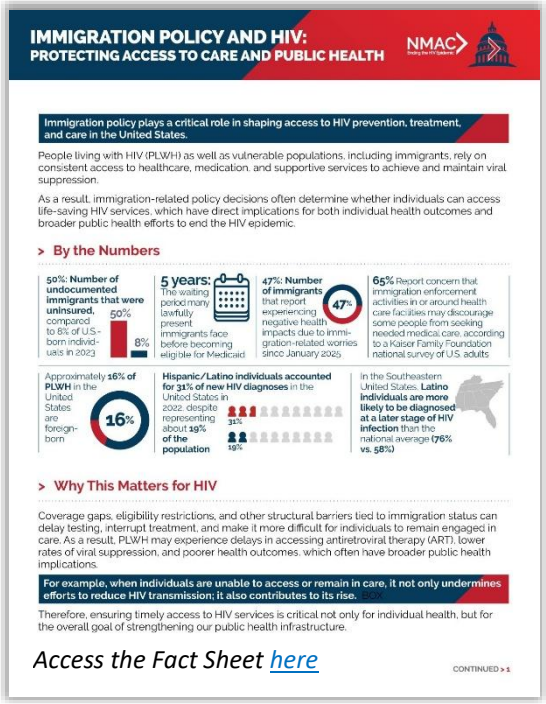
As mentioned above, PPGR remains vigilant and will continue to act until a New York State budget is passed. We urge you to join us in action. We also ask that you stay involved in our federal advocacy. Stay tuned for more details about a planned Federal action in June 2026. As we are awaiting a budget to be passed for New York State, and as we are navigating through the continuous attacks on Gender Affirming Care access and HIV prevention funding, it is imperative that we amplify our voices! Remember that our voices were heard and we got substantial victories during the last reconciliation process. In this vein, **we want to highlight Joe Pressley's interview with BronxNetTV on Wednesday March 11, which is now available on YouTube here.**

Additional Reading

HIV & AIDS

Immigration Policy and HIV

Immigration policy plays a critical role in shaping access to HIV prevention, treatment, and care in the United States. Our communities living with HIV do not exist in a silo, and ensuring access to care for our diverse immigrant groups is essential to achieving managing viral loads, having an optimal quality of life, and improving public health outcomes.



When people cannot get consistent health care coverage, are limited on being allowed to receive available health services, and have concerns about immigration-related consequences, those barriers can delay testing, interrupt treatment, and make it more difficult for individuals to remain engaged in care. Those barriers not only impact an individual's health outcomes but also weaken broader efforts to prevent HIV from being transmitted to others that destabilize our public health infrastructure.

NMAC's fact sheet, "*Immigration Policy and HIV: Protecting Access to Care and Public Health*", outlines key data points and policy considerations at the intersection of immigration and HIV.
In addition, it highlights how current policies affect access to care and offers recommendations to ensure more equitable access to prevention, treatment, and supportive services.
This fact sheet can be used as a tool for advocates and community leaders to educate policymakers at local levels and on Capitol Hill, as well as to inform conversations happening within communities and workforce.

Stable Housing is a Matter of Life or Death for All New Yorkers with HIV by Senator April Baskin & Assemblymember Harry Bronson "*About extending housing assistance to PLWH who reside outside of New York City. It is authored by the bill champions*"

Housing is key to ending the HIV epidemic. Yet as many as 2,800 extremely low-income New Yorkers living with HIV remain homeless or in precarious housing situations, according to estimates from the New York State Office of Temporary and Disability Assistance. That is unacceptable, especially because there is a long-standing state public assistance program to help these New Yorkers obtain safe housing. Read the full op-ed here.

More information about President Trump's FY2027 budget proposal

On Friday April 3, The White House released its Fiscal Year 2027 President's budget. The budget unsurprisingly contains many of the same extremely harmful provisions, funding cuts, and program eliminations that were in the FY26 President's Budget. You can read the budget here.

It is worth mentioning that the FY27 President's budget not only looks to cut essential HIV funding across the federal government, it also specifically attacks multiple organizations such as the AIDS Foundation of Chicago, Neighborhood Center in San Francisco and the Maui AIDS Foundation in their section regarding their desire to eliminate the HOPWA program (*Page 31 in the budget*).

With regards to the specifics of the President's FY27 Budget, much of it is a reprise of what we saw in FY26, including an effort to restructure the Department of Health and Human Services. The restructuring would create a new Administration for a Healthy America with a new HIV/AIDS branch that would include functions of Ryan White, Centers for Disease Control (CDC) and Prevention Ending the HIV Epidemic funding (EHE).. Here are some of the most harmful cuts from the FY27 President's Budget:

- More than $1B in cuts to the Centers for Disease Control and Prevention's National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention, including the elimination of core HIV prevention funding which would devastate our nation's HIV prevention infrastructure and leave states without the means to effectively reduce new HIV transmissions and get undiagnosed people into care. *While the HHS Budget in Brief has indicated that $220M in Ending the HIV Epidemic Initiative funding would be transferred from CDC to the HIV/AIDS branch of the Administration for a Healthy America, it is important to highlight the totality of cuts to the CDC until more information has been provided from the Administration about how they would maintain existing HIV prevention infrastructure and programmatic integrity through this proposed reallocation of funding.*
- The erasure of the Housing Opportunities for Persons With AIDS (HOPWA) Program and the $529M in funding it provides to ensure that unhoused and unstably housed people living with HIV get the assistance they need to provide shelter for themselves and their families, allowing them to effectively manage their HIV and improve their quality of life.
- The elimination of all funding for Part F of the Ryan White HIV/AIDS Program, which includes the AIDS Education & Training Centers that are responsible for public health workforce development around HIV and other infectious diseases, as well as the Ryan White HIV/AIDS Dental Program, and the Special Projects of National Significance.
- The zeroing out of all funding for the Minority HIV/AIDS Fund within HHS, which would widen already existing gaps in access to care for Black, Brown and Indigenous communities who are disproportionately impacted by HIV.
- Opposition to funding for lifesaving and evidence-based harm reduction interventions including syringe services programs that are essential for preventing HIV and viral hepatitis transmission for people who inject drugs and for providing pathways to treatment, recovery, and better health outcomes for those who want it.
- Cutting $77M in funding for the CDC's work around viral hepatitis, sexually transmitted infections, tuberculosis, and infectious diseases and the overdose epidemic through the creation of a new consolidated grant program.

- $5B in cuts to the National Institutes of Health, including $1.8B in cuts to the National Institute of Allergy and Infectious Diseases, which is essential for continuing research on new treatments, prevention modalities, and cures for HIV and other infectious diseases.
- The elimination of the Teen Pregnancy Prevention Program and the $101M in funding to support high-quality, evidence-based sexual health education and information that reduce behaviors that put young people at increased risk for unintended pregnancy, HIV, and other STIs.

While this is a lot of information to unpack and that the size and breadth of these cuts are overwhelming, it is important to note that the President's Budget has to be approved by Congress. For FY26, Congress d**id not** grant the Administration's wishes with regards to funding for HIV programming. This doesn't make these proposed cuts any less serious, but it should frame the fact that our advocacy last year was effective and that we have many allies in Congress who will continue to work and be vocal to ensure that these vital programs continue.

CMS & Governor Hochul Battle

On March 3, Governor Hochul received a letter from Centers for Medicare and Medicaid Services (CMS) Administrator Dr. Mehmet Oz questioning the integrity of the state's $124B program, demanding answers to scrutinizing questions about NYS' growing Medicaid expenses, due to the administrations suspicion of fraud and excessive provider payment levels. Dr. Mehmet Oz claims in the letter sent to the Governor that New York's "elevated costs" reflect "potential fraud, expansive benefit structures, and excessive provider payment levels," citing two recent criminal fraud indictments of home care providers. Read more here.

- New York has the second-largest Medicaid program in the U.S., surpassed only by California in total spending, and spends significantly more per person than most other states, public data shows. About 6.8 million mostly low-income New Yorkers — roughly a third of the state's population — were enrolled in Medicaid as of February, according to the state Department of Health.

Around April 10, the Trump administration acknowledged it made a significant error in figures it used to help justify a fraud probe into New York's Medicaid program, a mistake that undercuts a federal campaign to tackle waste, mostly in Democratic-led states.
CMS claimed that New York's Medicaid program provided around 5 million people with personal care services, which assist people in need with basic activities like bathing, grooming and meal preparation in 2025, which add up to nearly three-fourths of the state's 6.8 million Medicaid enrollees. The real number of New Yorkers who used those services last year was about 450,000, or between 6% and 7% of total enrollees. Read more here.

The probe is still ongoing as CMS is investigating other spending by New York State which they claim could be a sign of fraud. The New York State Department of Health say the state's high spending reflected both high costs for services in New York and a policy choice to provide robust at-home care. The Trump administration's investigation into New York comes as it has similarly approached at least four other states, including California, Florida, Maine and Minnesota, with investigations into potential health care fraud.

Health care ranks as top domestic concern in latest Gallup polling

For the first time in more than five years, cost and access to health care ranked as the top domestic issue of concern in the latest polling by Gallup, outpacing issues like the economy and inflation.

In new polling conducted during March, **61 percent** of those who participated said they personally worry a great deal about "the availability and affordability of healthcare." Overall, 94 percent said they were worried about this issue to some degree. Ninety-five percent of participants said they were concerned about the economy on some level, but within this group **51 percent** said they were concerned "a great deal."

These polling numbers come just days after the most recent figures on Affordable Care Enrollment were released, indicating that **more than 1 million people** dropped out of coverage for 2026 when compared to last year. When the ACA enhanced premium tax subsidies expired, a drop in enrollment was anticipated. According to the Centers for Medicare & Medicaid Services (CMS), 23.1 million consumers selected or were re-enrolled in coverage through HealthCare.gov and state-based exchanges. In 2025, CMS reported that 24.2 million people had signed up for coverage, an **all-time high**. Read the full article here.

American Medical Association reaffirms support for trans health care after controversial statement

The American Medical Association (AMA) reaffirmed its support for gender-affirming care and said media outlets that reported a change in its policy (including LGBTQ Nation) misinterpreted a recent statement from the organization.

AMA's March 2026 newsletter devoted a section to the debacle and explained that it all started in February when Dr. Mehmet Oz, the head of the Centers for Medicare and Medicaid Services, held a meeting for the leaders of the nation's major medical organizations to discuss why they all endorsed medical interventions for trans teenagers. Read the full article here.