

FEDERAL ACTIONS AND THE ONE BIG BEAUTIFUL BILL ACT (OBBBA)/HR1: REAL HARM FOR RHODE ISLANDERS

OBBBA/HR1 cut more than \$1 trillion in SNAP and Medicaid funding to pay for historic tax cuts to the rich and allocate \$170 billion to CBP and ICE for more detentions and deportations..

55,051 Rhode Islanders

are projected to or are already experiencing benefit loss of SNAP, Medicaid, and/or Healthsource RI (SOURCE: EOHHS)



MEDICAID

Health care at risk

23,563 People

are projected to lose Medicaid because of OBBBA/HR1.

\$275 Million

in lost federal funding for FY28.



State Response
\$26 Million
to hospitals for the uninsured

On Oct 1, 2026, about 3,500 lawfully present immigrants (refugees, asylees, victims of domestic violence and trafficking, and others) lost Medicaid.

In Jan 2027, the Medicaid expansion population will be subject to new work requirements and will have to recertify their Medicaid every 6 months instead of only once a year.



SNAP

Food security at risk

23,000 People

have lost benefits, including 2,300 lawfully present immigrants.

\$6 Million Per Month

in lost benefits - that's \$6 million fewer dollars circulating in our local economy.



State Response
\$3 Million
to the RI food bank in FY27

INCREASED COSTS TO RI

- **\$12-\$13M/yr:** due to an increase in RI's share of the administrative cost from 50% to 75%.
- **Predicted \$17.1-\$51.3M:** Beginning in FY2028, states with SNAP payment error rates of more than 6% must start sharing SNAP benefit costs. This is the estimated range depending on Rhode Island's FY 2025 payment error rate.



RI WORKS

Not directly affected by OBBBA/HR1

RI Works is serving 33% fewer people since 2025: from about 9,300 people to about 6,186 people (most are children). 20 years ago, we had 18,000 people enrolled in RI works.

This means fewer benefits and dollars in our local economy.

NO STATE RESPONSE

The state could raise the benefit amount to 100% FPL and add an annual cost-of-living adjustment to make it more beneficial for people to stay in the program.



The Economic
Progress Institute



AFFORDABLE CARE ACT SUBSIDIES - HSRI

Health insurance at risk

Enhanced premium tax credits were a temporary expansion of the Affordable Care Act (ACA) subsidies that made healthcare more affordable for millions. Congress allowed these tax credits to expire at the end of 2025 - a loss of \$60 million/yr in subsidies in RI.

40,000 People

saw their insurance premiums double and triple on average without the tax credits.

13,000 People

have dropped health insurance because they couldn't afford it without the enhanced tax credits.

This is equivalent to

\$60 million

in lost federal subsidies in our state healthcare system.



State Response

In 2027, the state restores subsidies to 20,000 (those earning up to 200% FPL)

Rhode Islanders who lost them. This cost the state \$19 million.



OTHER FEDERAL CHANGES

Gender Affirming Care

Effective October 13, 2026, Medicaid and CHIP will no longer cover gender affirming care for minors.

Immigration & Public Charge

Effective September 18, 2026, the public charge rule has expanded. When someone applies for a green card or visa, the U.S. govt. evaluates whether or not an applicant is likely to become a "public charge" (primarily dependent on the government for support), which is disqualifying. The U.S. will now consider the use of *more* benefits (including Medicaid, SNAP, WIC, and housing assistance) when determining who would be a public charge/ineligible for a green card; this includes benefits for U.S. citizen children in the household. Public benefit use is considered but is not automatically disqualifying.

Fewer Children Automatically Qualify for Free School Meals

Children automatically qualify for free school meals when their households participate in SNAP or Medicaid. When families lose SNAP or Medicaid, their children automatically lose direct certification status, which means they lose access to free school meals unless their parents fill out complicated paperwork.

The United States Department of Agriculture also relies on local SNAP and Medicaid enrollment rates to let high-poverty schools offer universal free meals to all students via the Community Eligibility Provision (CEP). When neighborhood SNAP numbers drop, entire schools or districts can lose their CEP status and children lose their automatic "direct certification" status.