



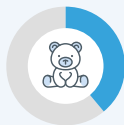
Medicaid Matters to New York's 17th Congressional District (NY-17)

New York State's Medicaid program is a lifeline for the Hudson Valley

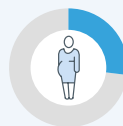
Medicaid provides health coverage to 211,500 people in NY-17 — 27% of all district residents, including children, pregnant women, working families, vulnerable seniors, people with disabilities and many other New Yorkers.¹

Medicaid also serves as the core financial backbone of the Hudson Valley's health care system, paying for care and services at local clinics and hospitals and serving as a critical engine for the local economy.

In NY-17, Medicaid Serves:



A total of 79,500 children — **39% of all children** in the district.²

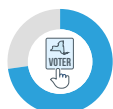


At least 30,800 women of reproductive age — **27% of those aged 19 to 44** in the district.³



33,900 seniors and **people with disabilities**.⁴

Millions of New Yorkers will lose health coverage and care if Congress cuts or caps Medicaid funding, forcing the state to offset budget holes by throwing people off coverage, cutting provider reimbursement, and/or eliminating essential health services. Any cut to Medicaid is a direct attack on the health and financial security of people living in the Hudson Valley and runs counter to the will of the vast majority of voters from across political parties who want Congress to continue to guarantee coverage for low-income people through Medicaid.



A total of **71% of voters** want Congress to continue to guarantee coverage for low-income people through Medicaid.⁵

Protecting Medicaid Means:

CHILDREN IN NY-17

Have access to newborn care, checkups, care for diabetes and asthma, and more.

Stay healthy and ready to learn, miss fewer school days, are more likely to graduate, and earn more as adults.⁶



FAMILIES IN NY-17

Have access to cancer screenings, mental health and substance use disorder treatment, and diabetes and blood pressure medications.

Have less risk of medical debt and eviction and can better afford to buy groceries or pay rent.⁷



SENIORS IN NY-17

Have access to nursing home care, transportation to medical appointments, and home health services.

Stay healthy and receive needed care in their homes and communities.



Medicaid keeps families in the Hudson Valley healthy and working

Many low-wage jobs either do not offer health coverage or offer coverage that is unaffordable. Medicaid provides health coverage for workers at these jobs so they can remain healthy and earn income for their families.

- **At least 59,800 low-wage workers** in NY-17 are covered by New York State Medicaid.⁸
- Nationwide, **92% of adults** covered by Medicaid either work, care for a family member, have an illness or disability, or attend school.⁹

Cutting Medicaid would make our country's affordability crisis much worse for families in the Hudson Valley who already face significant health care costs.

Medicaid is the bedrock of the health system in the Hudson Valley

Medicaid keeps nursing homes and hospitals in the Hudson Valley open. It covers 5 in 8 nursing home residents in New York,¹⁰ and pays for more than 20% of all hospital services at Montefiore Nyack Hospital and Westchester Medical Center — including payment for labor and delivery services.¹¹ If Medicaid is cut, hospitals throughout the Hudson Valley would treat more uninsured people and the amount of uncompensated care will increase.

New York State Medicaid also plays a particularly important role for young families in funding maternal and pediatric health care. It pays for nearly half of all births in New York,¹² and covers over 52% of children under 6 living in the state.¹³

Medicaid stabilizes New York's state and local economies.

Medicaid is the largest source of federal funding for New York State, accounting for 59% of the federal funds received by the state.¹⁴ Medicaid dollars ensure New York State can deliver essential health care without depleting resources reserved for other essential services, including public safety, transportation, housing and education. **Less Medicaid funding for the state could mean higher property taxes** for Hudson Valley homeowners and many other unexpected consequences.

Cutting Medicaid would make our country's affordability crisis much worse. Americans from all backgrounds just voted for economic security, imploring their representatives to lower costs on everyday needs, including health care. Cutting Medicaid would be a direct betrayal of constituents by making health care more unaffordable. **Families in the Hudson Valley already face significant health care costs:**

- **68% of Westchester County and Hudson Valley residents** are worried about their ability to pay for a major illness.¹⁵
- **59% of Westchester County and Hudson Valley residents** are worried about their ability to pay for their usual health care services.¹⁶
- **More than 900,000 New Yorkers** report having medical debt in a given year.¹⁷

Congress has the responsibility to stand with families in New York and across the country by protecting Medicaid and opposing any attempts to weaken this essential program.

Endnotes

- ¹ Rhiannon Euhus, Alice Burns, and Robin Rudowitz, “Congressional District Interactive Map: Medicaid Enrollment by Eligibility Group,” KFF, March 11, 2025, <https://www.kff.org/medicaid/issue-brief/congressional-district-interactive-map-medicaid-enrollment-by-eligibility-group/>.
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- ⁴ Euhus, Burns, and Rudowitz, “Congressional District Interactive Map.”
- ⁵ Ibid.
- ⁶ “How Medicaid Supports Student Success,” Georgetown University McCourt School of Public Policy, Center for Children and Families, January 9, 2025, <https://ccf.georgetown.edu/2025/01/09/how-medicaid-supports-student-success/>.
- ⁷ David U. Himmelstein et al., “Prevalence and Risk Factors for Medical Debt and Subsequent Changes in Social Determinants of Health in the US,” *JAMA Network Open* 5, no. 9 (2022): e2231898, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796358>; Raymond Kluender et al., “Medical Debt in the US, 2009-2020,” *JAMA* 326, no. 3 (2021): 250–256, <https://jamanetwork.com/journals/jama/fullarticle/2782187>.
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- ⁹ Jennifer Tolbert et al., “Understanding the Intersection of Medicaid and Work: An Update,” KFF, February 4, 2025, <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>.
- ¹⁰ “Medicaid in New York,” KFF, August 2024, <https://files.kff.org/attachment/fact-sheet-medicaid-state-NY>.
- ¹¹ “Hospital Cost Tool,” National Academy for State Health Policy, last updated February 7, 2025, <https://tool.nashp.org/>.
- ¹² “Births Financed by Medicaid,” KFF, 2023, accessed February 11, 2025, <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- ¹³ Estep, Murphy, and Ducas, “Medicaid and CHIP Coverage.”
- ¹⁴ “Medicaid Is Vital to New York,” Georgetown University Center for Children and Families, n.d., <https://ccf.georgetown.edu/wp-content/uploads/2025/02/Medicaid-is-Vital-to-New-York-2025-Fact-Sheet.pdf>.
- ¹⁵ How New Yorkers Feel About Affordability and Healthcare Reform (PerryUndem, March 2022), https://smhttp-ssl-58547.nexcesscdn.net/nycss/Affordability_NY_D4.pdf.
- ¹⁶ PerryUndem, How New Yorkers Feel.
- ¹⁷ Shameek Rakshit et al., “The Burden of Medical Debt in the United States,” Peterson-KFF Health System Tracker, February 12, 2024, <https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/#Share%20of%20adults%20who%20have%20medical%20debt,%20by%20household%20income%20and%20insurance%20status,%202021>.

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