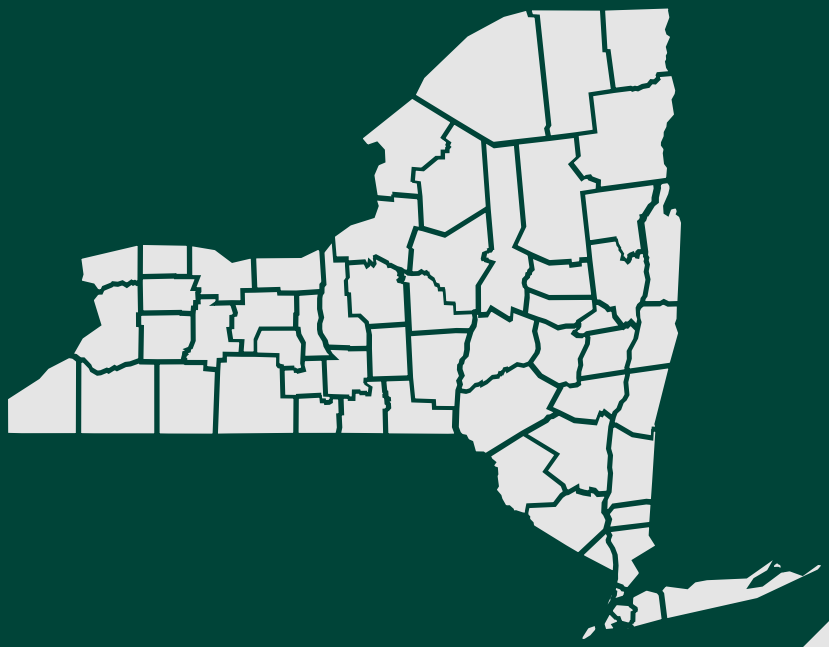

2025

NEW YORK STATE ASSOCIATION OF COUNTIES

FEDERAL LEGISLATIVE PROGRAM

1925 • 2025 NYSAC United for 100 Years

New York County Priorities for the 119th Congress

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NYSAC President

STEPHEN J. ACQUARIO, ESQ.
NYSAC Executive Director

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Medicaid Background

Federal entitlement reform is always under consideration in Washington. The newly seated 119th Congress is considering major reforms and across the board cuts to Medicaid and other health care programs that provide health insurance to tens of millions of Americans, as well as contribute provide critical financial resources to all health care providers, especially those in poorer and rural communities.

Today, direct federal spending pays for about 40 percent of all health care service delivery in the U.S. (mainly Medicaid, Medicare, CHIP, Veteran's health care, uncompensated care, etc.) according to research from the Peterson Foundation and the Congressional Research Service. This does not include federal tax incentives of about $380 billion provided annually to support the availability of private health insurance.

What is not often recognized is that the current U.S health system is based on structured integration that relies on a wide variety of revenue sources including individual out-of-pocket pay, employee/privately sponsored group insurance, and direct government spending to support programs like Medicaid, Medicare, VA health care, etc. If any of these major components experience major funding declines the entire health system is impacted. The hardest impacts will be felt at the bottom, at the point of direct health care service delivery – it is a trickle up effect, not trickle down.

Even without federal health care cuts in place, health care providers have struggled to maintain services levels and there have been hundreds of hospitals and health care facility closures across the country over the last decade, especially in rural and other underserved areas. This leaves the elderly, sick and expectant mothers with few options other than driving hours for care. Health outcomes and quality of life for these individuals continue to decline because of their lack of access to health care.

RECOMMENDATIONS

OPPOSE:

- **Arbitrary Medicaid Block Grants,**
- **Per Capita Caps,**
- **Lowering the 50% FMAP Floor, and**
- **Further Reductions to ACA Health Insurance Subsidies**

New York counties support protecting the federal-state partnership structure for financing and delivering Medicaid services while maximizing flexibility to support local systems of care. We encourage New York's congressional delegation to oppose Medicaid cuts that have a disproportional impact on New York State compared to the rest of the nation. Counties in New York spend at least $7.6 billion annually to support Medicaid coverage for New Yorkers. Any dramatic federal funding cuts in Medicaid will impact county tax levies and programs that provide health services to our shared constituents.

Maintain Health Care Investments

Counties are opposed to measures that would further shift Medicaid costs from the federal government to states and counties, including proposals to institute block grants, per capita caps and lowering or eliminating the floor for the FMAP matching rate paid by the federal government.

Because New York has a big Medicaid program, cuts being circulated in Congress will disproportionately impact New Yorkers. The lowering of the FMAP floor would be the "SALT of Medicaid," but even more targeted with three states absorbing 75 percent of the federal funding cut – New York, New Jersey and California. Proposals to eliminate the federal Medicaid funding floor for the FMAP calculation could cut as much as $530 billion from Medicaid over 10 years according to the Committee for a Responsible Budget.

In New York State more than eight million people receive their health care through Medicaid, 1.5 million receive their health care through ACA health insurance subsidies and nearly 600,000 children are enrolled in CHIP. Large cuts to Medicaid will have an impact on health care services for all New Yorkers because health care providers rely on Medicaid as part of their revenue to support their operations. Statewide, over 70 percent of all inpatient hospital admissions are Medicaid or Medicare recipients, and over 60 percent of outpatient care is provided to Medicaid and Medicare recipients.

Dramatically lower Medicaid revenues will ultimately lead to fiscal stress for many New York-based health care providers, leading to fewer services, and more people without health insurance. Counties in New York, and local taxpayers, pay a share of the costs of the Medicaid program and when people lose their health coverage due to federal Medicaid funding cuts it will dramatically increase costs on local governments to provide additional resources for the newly uninsured.

More details on these cuts and their potential dollar impact on New York can be found in the "Additional Information" section below.

RECOMMENDATIONS

SUPPORT:

- **Reforming Pharmaceutical Pricing and the Operation of Pharmacy Benefit Managers**
- **Site-Neutral Payment Mechanisms**

Reform Pharmaceutical Pricing & Limit Pharmacy Benefit Manager Powers

Significant savings to Medicaid, Medicare and private insurance can be generated through federal government reforms to prescription drug pricing. Americans continue to pay the highest prices in the world for pharmaceuticals. Prescriptions can often cost ten times more in the U.S. than what is paid in other countries. Incentives should be built into the system to expand the use of generic drugs and federal government negotiations with pharmacy manufacturers should be expanded.

Maintain Health Care Investments

There have also been too many examples of self-dealing among pharmacy benefit managers that sometimes control the pharmacy filling prescriptions and the insurance company providing coverage for the individual. These uncalled-for price increases impact consumers directly through higher co-pays, and raise costs for private insurers, as well as federal and state Medicaid programs and Medicare. Many counties in New York are self-insured for health insurance and several have aggressively reformed their pharmacy operations by switching away from the big pharmacy benefit managers and streamlining these activities using other vendors with some counties cutting these costs in half in just a few years.

Site-Neutral Payment Mechanisms

Medicare recipients can receive health care services in a variety of settings. Many services can be provided safely in various settings including a physician's office (which tend to have the lowest reimbursement rates), hospital outpatient departments, or ambulatory surgical centers. Even though the same service is being provided, the Medicare reimbursement rate varies dramatically depending on the location of the service. This requires Medicare beneficiaries to pay higher co-pays and the Medicare program to pay much higher costs for the same procedure based strictly on the setting it is provided. Site-neutral payment methodologies would implement the same payment amount regardless of the location of the service. The Committee for a Responsible Budget estimates the 10-year cost savings to Medicare could be $170 billion, while also saving Medicare recipients savings through lower co-pays.

Stabilize Affordable Care Act Subsidies

New York and its counties continue to benefit financially and programmatically from the provisions of the Affordable Care Act because more people have health insurance, which reduces the need for county-financed health and social services care stemming from untreated health conditions. More than 1.5 million New Yorkers receive low-cost affordable health care through the Affordable Care Act.

New York has seen a significant reduction in the number of uninsured due to the provisions of the Affordable Care Act. The uninsured rate in 2023 was just under five percent statewide, less than half of what it was before the Affordable Care Act (ACA) was enacted, and premiums in the individual market have remained significantly lower, after adjusting for inflation and before the application of federal tax credits, than they were before the ACA. Counties oppose federal actions that undermine the stability of the health insurance marketplaces established under the Affordable Care Act and encourage Congress to extend current subsidy levels that provide hundreds of thousands of New Yorkers with affordable health care coverage.

Additional Information

As noted, public resources are an essential component of keeping our health system operating as effectively and affordably as possible even though more efficiency can be brought to the system. Nationwide, state and local governments provide hundreds of billions in funding by matching federal payments for Medicaid and CHIP, some Medicare programs, and other federal programs. In addition, there are approximately 900 county and/or local government-owned hospitals in the U.S., which accounts for about 15 percent of all U.S. hospitals. Finally state/local governments operate hundreds of nursing homes, public health and urgent care clinics, and ambulance and EMT services; while also supporting uncompensated, and bad debt and charity care.

Maintain Health Care Investments

New York

Because New York has one of the largest Medicaid programs in the country it will be hit harder than every other state if federal funding cuts are enacted. New York's program size and scope is the result of many decades of federal law changes and administrative flexibilities, coupled with requests by Governors from both political parties and, likewise, approved by federal administrations of both parties.

Local governments in New York operate nearly two dozen nursing homes, nearly 20 hospitals, dozens of clinics, as well as supporting ambulance and EMT services across the state. All are reliant on a robust mix of payers to support health care service delivery in their community. According to the Healthcare Association of New York State (HANYS):

Statewide, Medicare and Medicaid patients make up:

- 72% of all people admitted to hospitals
- 63% of all outpatients provided care

53% of hospital patient service revenue in New York comes from Medicare and Medicaid. This is a result of the large volume of services being reimbursed by Medicare and Medicaid, which do not cover the cost of care, driving significant underpayment from these public insurance programs.

In NYC, at Health and Hospitals Corporation facilities, Medicare and Medicaid patients make up:

- 84% of all people admitted to hospitals
- 63% of all outpatients provided care

75% of patient service revenue in this system comes from Medicare and Medicaid. Again, reimbursements from Medicare and Medicaid do not cover the cost of care provided

Because the federal funding cuts being considered to health care programs are broad and deep, the lost revenue to support the overall health care system would cause health care providers of all types to limit, or end, services due to a lack of revenue and insured individuals. This will impact anyone seeking health care services, whether it is routine appointments or critical emergency care.

The loss of federal Medicaid funding would accelerate the decline in health care for millions of New Yorkers regardless of where they live or the type of health insurance coverage they have. For health care providers such as long-term care and nursing homes where Medicaid revenue is their primary source of revenue, the outcomes will be tragic for patients in need of these services.

Nationwide

Even in a period of robust health care spending growth, according to the Center for Healthcare Quality and Payment Reform, since 2015;

- 106 rural hospitals have closed,
- Another 31 no longer provide inpatient services,
- 1,175 hospitals are operating at a loss (53% of all rural hospitals), with
    - 706 at risk of closing, and
    - 364 at immediate risk of closing.

Maintain Health Care Investments

Medicaid Per Capita Caps and Block Grants

Under a per capita cap, states would receive an arbitrarily assigned fixed amount of federal funding per Medicaid beneficiary. While details of this type of plan can vary dramatically, New York is especially vulnerable to federal funding cuts because of the size of our federally approved system. New York's per capita spending is much higher than other states and a scenario that uses a national average per capita cap could cut New York's federal Medicaid funding considerably, reducing federal funding by as much as $15 billion annually. Block grants could fuel similar results.

In both cases, the caps are arbitrarily assigned simply to lower costs for the federal government not recognizing the impact on recipient care and ignoring that each state's current baseline of services have been in place for decades in many cases and approved by both Republican and Democratic administrations and congresses.

Lowering the FMAP Calculation Floor

The current federal Medicaid match determined for each state is based on a formula that looks at the wealth of each state compared to other states. The higher the wealth the lower the federal Medicaid match. Under current law, there is a floor of 50 percent to ensure the federal government pays at least half of the cost of the federally designed program and approved for each state.

Only 10 states would be impacted by this floor in FFY 2026 (CA, CO, CT, MD, MA, NH, NJ, NY, WA, WY). This means the funding cut would be borne disproportionately by a handful of states with New York, New Jersey and California absorbing 75 percent of the total funding cut – creating the "SALT of Medicaid." The nationwide cut over 10 years could reach $530 billion according to the Committee for a Responsible Budget.

The current estimate of this calculation for New York without a federal floor would be about 39 percent – this equates to about a 22 percent cut in federal Medicaid funding match to New York, or $10 billion in the first year that would grow with the rate of medical inflation every year thereafter. Every one percent reduction in the floor would cost New York about $1 billion in lost federal aid but translates to a two percent Medicaid program cut because state match will likely decline as well.

Limiting Health Care Provider Taxes

As allowed and approved under federal law through numerous administrations, New York uses health care provider taxes, fees and assessments to support Medicaid and other health programs that directly benefit New Yorkers. Current New York health care provider taxes, surcharges and fees generate about $7 billion annually ($5 billion to support Medicaid) and $2 billion to support other health programs such as elderly pharmaceutical programs (EPIC), Physician Excess Medical Malpractice Insurance, indigent care payments to hospitals, worker recruitment and retention, developing statewide electronic medical records systems across all payers and providers, among others.

Depending on the scope of federal cuts to the allowable use of health care providers taxes, it will have significant impacts on Medicaid and other health programs in New York. While we agree some reforms are needed in this area, they need to be carefully calibrated and phased in. Excessive, immediately implemented limitations would cause harm to health care delivery in New York.

Broadband & Cellular Infrastructure

Rural Cellular Coverage

Many areas of New York remain underserved or not served at all by cellular phone carriers, preventing access to education, economic advancement, and emergency services.

Americans are increasingly dependent on cellular phones. According to a study released in 2023 by the Center for Disease Control, 76% of adults and 87% of children live in wireless-only households—up from 24.5% in 2009. The percentage is even higher for young adults (30-34) at 90%, and adults that rent their homes at 86%. Still, many rural areas throughout the United States remain either unserved or underserved by cellular carriers.

Cell phones and the requisite cell coverage are often the first link of our emergency response chain. Americans who live in or travel to these areas cannot reach emergency services when they need them.

The Federal Communications Commission (FCC) designates the Universal Service Administrative Company (USAC) to administer the Universal Service Fund. The USAC established the High-Cost Program to provide funding to telecommunications carriers to deliver services to rural areas where the market alone cannot support the cost to provide telecommunications services.

RECOMMENDATION

The federal government must prioritize and incentivize rural cellular deployment to increase equity across the nation, using it as a springboard to more robust broadband in the hardest to reach places.

Broadband & Cellular Infrastructure

Broadband—Affordable Connectivity Program Extension Act

Enacted as part of the 2021 Bipartisan Infrastructure Law, the Affordable Connectivity Program (ACP) provides low-income households with a discount of up to $30 per month for internet service and up to $75 per month on qualifying Tribal lands or high-cost locations, making an internet subscription affordable for all, and in many cases, entirely free. Today, approximately 1 in 5 Americans without home internet cite cost as a factor and 43 percent of adults with a household income under $30,000 do not have high-speed internet at home.

Congress could consider programmatic changes to help continue to improve the efficacy of the ACP, such as the following:

- Restructure the $100 device credit to allow a consumer to apply it towards a different provider from the one that offers them the monthly internet service bill credit.
- With respect to funding high-quality internet services through the ACP, Congress could instruct the FCC to prioritize application of the ACP towards high-speed home broadband services, where feasible and equitable.
- Consider expanding eligibility categories for the program to better reach residents in need, by adding eligibility for those receiving unemployment compensation, public job seeking assistance, social security, agricultural subsidies, and Low-Income Home Energy Assistance Program (LIHEAP), among others.

RECOMMENDATION

The federal government must reauthorize and fund the ACP to ensure that low-income residents can continue to afford internet service.

Strengthen the 10th Amendment Through Entrusting States (STATES) Act

Background

Nearly three dozen states have legalized medical cannabis or the recreational use of cannabis for adults. New York State has approved both. Legalization is anticipated to have implications for public health, public safety, criminal justice, the economy, and even the environment. Because marijuana is illegal under federal law, the banking industry is restricted from working with the burgeoning industry. The industry is cash-intensive, and this makes "cannabusinesses" a target for internal and external theft and hinders its development as a regulated and accepted business—when a state chooses to legalize the industry within its borders. In 2024, total sales of Medical and adult-use cannabis sales in New York exceeded $1 billion.

RECOMMENDATION

New York counties support the enactment of legislation that allows the banking sector to become more involved, such as Strengthening the Tenth Amendment Through Entrusting States (STATES) Act and the Secure and Fair Enforcement (SAFE) Banking Act to resolve the disconnect between federal and state laws. These bills will help ensure the legalization of cannabis in New York, and other states, is done under a process that facilitates a regulated and safe environment that balances public health and safety concerns while supporting economic development opportunities.

The Secure and Fair Enforcement (SAFE) Banking Act would solve a key logistical and public safety problem in states that have legalized medicinal or recreational cannabis and prevent federal banking regulators from: (1) prohibiting, penalizing or discouraging a bank from providing financial services to a legitimate state-sanctioned and regulated cannabis business, or an associated business (such as a lawyer or landlord providing services to a legal cannabis business); (2) terminating or limiting a bank's federal deposit insurance solely because the bank is providing services to a state-sanctioned cannabis business or associated business; (3) recommending or incentivizing a bank to halt or downgrade providing any kind of banking services to these businesses; or (4) taking any action on a loan to an owner or operator of a cannabis-related business.

The bill also creates a safe harbor from criminal prosecution and liability and asset forfeiture for banks and their officers and employees who provide financial services to legitimate state-sanctioned cannabis businesses while maintaining banks' right to choose not to offer those services.

The bill would require banks to comply with current Financial Crimes Enforcement Network (FinCEN) guidance, while at the same time allowing FinCEN guidance to be streamlined over time as states and the federal government adapt to legalized medicinal and recreational cannabis policies.

Environmental Health

Establish MCLs for PFOA/PFOS and Classify These Chemicals as Hazardous Substances

Counties across the state have been urging the U.S. Environmental Protection Agency (EPA) to set a nationwide maximum containment level (MCL) for perfluorooctanoic acid (PFOA) and perfluorooctanesulfonic acid (PFOS) and classify these chemicals as hazardous substances.

Establishing a MCL for these chemicals and classifying them as hazardous substances is vital to protecting the health, safety, and welfare of all Americans. Exposure to PFOA and PFOS has been linked to kidney cancer, testicular cancer, pre-eclampsia, thyroid disease, developmental defects in fetuses, liver tissue damage, and immune system impairments, among other potentially life-threatening conditions. While the EPA's health advisory is an initial step in combatting this crisis, it is not adequate to effectively remediate these chemicals.

New York State has already classified PFOA and PFOS as hazardous substances and set MCLs of 10 parts per trillion (ppt) for both chemicals in recognition of their negative environmental and public health impacts.

RECOMMENDATIONS

We are encouraged to see EPA set a goal of setting MCLs for PFOA and PFOS by fall 2022 and recommend that the MCLs be at least as low as New York State's (as opposed to the EPA's higher health advisory level of 70 ppt).

It is also important that EPA classify PFOA and PFOS as hazardous substances to allow states and local governments to drawdown funds necessary for remediation. Communities and water suppliers should qualify for federal funding for remediation if PFAS levels exceed their state's MCLs. Counties also support making the substantial cost of monitoring for PFAS and other emerging contaminants an eligible expense for federal funding. Finally, we urge lawmakers to authorize entities that are traditionally left out of grant funding opportunities, such as mobile parks and offices, to receive funds to ensure PFAS contamination can be addressed wherever it is found.

Tax Fairness Policy

Addressing Unfair SALT Federal Tax Reform Limits

Recent federal tax reforms enacted by congress included a significantly unbalanced tax change that overturned 150 years of federal-state fiscal precedent under which the federal government agreed and understood that it was counterproductive and unfair to impose a *de facto* double tax on state residents. To avoid unfair "double taxation" the federal government provided a federal tax deduction for state and local taxes paid to specifically avoid the application of federal taxes on top of state and local taxes already paid—effectively taxing income that is never available to the taxpayer.

The longstanding precedent to avoid double taxation has also been built into the distribution of federal funds to the states. The model was built such that wealthier states would receive a lower federal match for many programs because it was anticipated these states could afford to contribute more of their own local resources compared to lower income states. This requires wealthier states to impose higher state and local taxes to support the cost of federal program implementation in their states. Federal deductibility of state and local taxes was the foundation of the state-federal fiscal partnership that supported the federal model of distributing resources from states with higher wealth to those needing more help. Capping the deductibility of state and local taxes reneged on the fiscal partnership and now allows for double taxation.

New Yorkers pay some of the highest property taxes in the nation, along with a progressive income tax rate. As a result, many homeowners (particularly in downstate areas where home prices are generally very high) pay much more than $10,000 in combined income and property taxes. It is important to note that the federal tax changes related to SALT impact downstate areas much differently than most of Upstate, but in nearly every county across the state New Yorkers are unduly punished by the SALT cap. Regardless of the local impact, large negative fiscal impacts in Downstate communities hurt the whole state. They also undermine the ability of local governments to raise revenue to support state and federally mandated spending.

Every dollar paid in higher federal taxes by New Yorkers because of the SALT cap enacted in 2017, is a dollar less spending in New York's economy; hurting families, individuals, small businesses

RECOMMENDATION

NYSAC supports the complete elimination of the SALT deductibility cap. If not full repeal, then a full repeal of SALT cap deductibility for incomes no less than $300,000 for joint filers, adjusted for inflation annually.

Election Administration

Reform IRS Reporting Requirements for Election Workers

Across New York State, counties are struggling to recruit and onboard election workers who are critical to the effective administration of elections. Current IRS reporting requirements add to the cost and administrative burden of onboarding these workers, most of whom earn less than $1000 in a calendar year.

Current IRS regulations require government entities to file a W-2 when a worker earns over $600 in a calendar year. To be issued a W-2, the election worker must be an employee. If the election worker is an employee, they must file a W-4 when they are hired and be entered into government HR systems, creating an additional administrative burden.

There is a threshold of $2000 which an election worker must earn in a calendar year before any FICA or income tax is required to be withheld by the IRS. The IRS further stipulates that once they reach $2,000 employers must go back and calculate withholding from the first dollar.

Recommendations
Change IRS reporting requirements to stipulate that election workers earning between $600 and $2000 submit a Form 1099-MISC. This change would eliminate the need to make those election workers employees and save counties a substantial amount of money, time, and effort along with benefiting the many election workers that are already retired and enable them to collect a full paycheck.

Following is a page from the IRS website under the heading "Election Workers - Reporting and Withholding." We suggest the following changes (in blue type) to the first paragraph under the heading of "Reporting Requirements":

> Section 6041(a) applies to payments of compensation that are not subject to withholding of FICA or income tax. If an election worker's compensation is not subject to withholding of FICA tax, the Section 6041(a) reporting requirements apply to payments that aggregate $600 or more in any taxable year. Under Regulation section 1.6041-2(a)(1), compensation subject to income tax withholding is taken into account in determining whether the $600 reporting requirement applies. **Government entities must file a Form 1099-MISC for election workers who receive payments of $600 or more; additionally** Government entities must file a Form W-2 for election workers who receive payments of **$2,000** or more

Veterans Affairs

Enact the Dole Act

The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (H.R. 8371) includes several bipartisan bills that aim to improve in-home care for veterans, increase mental health resources for caregivers and improve access to disability benefits.

Included in the Dole Act was a pared-down version of the NYSAC-endorsed *Commitment to Veteran Support and Outreach Act* (H.R. 984/S.106) (CVSO Act), which would authorize $10 million per year over the next two fiscal years to expand and strengthen County Veteran Service Officers (CVSOs).

The CVSO Act provision would:

- Authorize competitive grants, administered through the state, to expand the work of CVSOs or comparable entities to improve outreach to veterans, enhance the preparation, presentation, and prosecution of veterans' benefits claims, hire additional CVSOs, and train CVSOs for VA accreditation;
- Prioritize funding for areas with high rates of veteran suicide, Veteran Crisis Line referrals, or CVSO shortages;
- Require grants to supplement, not supplant, state or local funding; and
- Instruct the VA to develop outcome measures, track the use of benefits among populations served by grants, and report to Congress annually.

RECOMMENDATION

NYSAC supports the passage of this legislation.

The Fair Access to Co-ops for Veterans Act

The Fair Access to Co-ops for Veterans Act will reauthorize the Department of Veterans Affairs to guarantee a loan for a veteran's purchase of stock or membership in a cooperative housing corporation. The Act would also extend the VA's Home Loan Guaranty Program to permanently include cooperative housing. Expanding the VA Home Loan Program to guarantee share loans for co-ops would drastically increase the accessibility of home ownership for Veterans who live in high cost, co-op dense regions including New York City.

RECOMMENDATION

NYSAC supports the passage of this legislation.

Veterans Affairs

Collection and Reporting of Demographic Data

The Department of Defense (DoD) currently reports on demographic data by state totals. Having this information broken down at the local level will allow municipalities to have an accurate estimate of the local military and veteran population. Location specific data will help local governments to better anticipate and plan for the needs of this unique population which will hopefully improve service delivery.

RECOMMENDATION

Legislation should be introduced to improve DoD reporting of demographic data beyond state totals. DoD should disaggregate this data by state, congressional district and county level.

Expanding the Military Retirement Credit for Service Performed by National Guard Personnel After 9/11 Attack

Section 541 of the National Defense Authorization Act for Fiscal Year 2006 (H.R. 1815) provides military retirement credit for certain service performed by National Guard personnel in 15 counties in New York and Arlington County, Virginia, while in a state duty status immediately after the terrorist attacks of September 11, 2001.

RECOMMENDATION

NYSAC supports expanding the covered counties that are creditable as federal active service. All National Guard troops who served during this unprecedented national emergency deserve equal status.

Preventing Veteran Deportation

Since the passage of the Illegal Immigration Reform and Immigrant Responsibility Act in 1996, the United States has deported thousands of non-citizen military veterans. These veterans are generally childhood arrivals to the United States with legal permanent resident status, who have a criminal record. The Veteran Service Recognition Act of 2022 (HR 7946) is the first piece of federal legislation to explicitly address the issue of deported veterans. Under the Act, the DoD, DHS and VA would be required to conduct a joint study of non-citizen veterans removed from the United States. The Act also provides pathways for return of non-citizen veterans who have been subject to removal.

RECOMMENDATION

NYSAC also supports related legislation that was introduced in the Senate and House: The Veteran Deportation Prevention and Reform Act (S.3212) and The Veteran Deportation Prevention and Reform Act (H.R.1182).

The United Voice of New York's Counties

New York State Association of Counties

515 Broadway, Suite 402

Albany, NY 12207

www.nysac.org

518-465-1473