



INDIANA
COMMUNITY ACTION
POVERTY INSTITUTE
Research and Public Policy

Before the House Committee on Ways and Means

Against SB 1

February 3, 2026

Thank you, Chairman Thompson & Committee members, for allowing me to speak. My name is Lauren Murfree, and I am a policy analyst with the Indiana Community Action Poverty Institute and I am here today to share our concerns about SB1, especially the downstream impacts related to the SNAP asset cap, Medicaid compliance and cost-sharing provisions, as well as the increased potential for churn among eligible Hoosiers and the negative impact such changes will have Hoosiers' financial well-being.

As someone who grew up on social support programs for many years, I can speak personally to the integral need for programs like SNAP and Medicaid. I am greatly appreciative of these programs, the taxpayers who invested in these efforts to support families like mine and the stability they brought to my family.

I can vividly recall the excitement I had when SNAP benefits came in each month, as we didn't have to rely on just the food pantry items and could get fresh fruits and vegetables. I can also acutely recall when our family was pushed off of SNAP in my teenage years due to an asset cap policy, which punished our family that was struggling to make ends meet and, in turn, led to many hungry nights in our home.

The Institute worked with you and with other partners to increase the SNAP asset limit in 2018. This was done to encourage savings, account for fluctuations in income that are common among low-income workers such as those waiting tables, landscaping and help people weather benefit cliffs. We are sad to see this revert in SB1 to a lower cap of \$3,000, which amounts to barely two months' rent for many Hoosiers.

Additionally, having access to healthcare coverage through programs like Medicaid is invaluable for Hoosiers in need. Such programs again helped my family from acquiring significant medical debt due to my health conditions that required multiple invasive emergency surgeries. I can tell you my family, my neighbors, and my community needed these programs and without these supports, it is unlikely I would be where I am today, able to speak to you at this committee.

We are particularly concerned about the compliance requirements of working 80 hours consistently across the 3 months prior to application as well as the medical certification requirements. To obtain medical certification, the person would need to engage with a provider to get diagnosed and if they do not have any coverage, are struggling to make ends meet it is unlikely they will have the means to pay out of pocket to seek medical care.

Additionally, the cost-sharing provisions and the paperwork burdens in SB 1, will make it harder for families using these services to retain financial stability and move out of poverty. While an increase in co-payments noted in the bill may not appear significant to many, for those who are struggling financially, they can quickly turn into medical debt, forcing Hoosiers to triage their basic needs. At the same time, increased complexity and paperwork will mean some Hoosiers who are eligible get bounced off the program temporarily. In these instances, Hoosiers are forced to choose as one told us “*between having a house, a roof over your head and being on medication but out in the streets.*” It places them in a financial hole that makes it harder to deal with emergencies and creates intense stress, as one Hoosier shared with us, “*I just felt nothing but despair.*”

As Hoosiers, we should be seeking to bring hope to our neighbors, not despair, and to consider the reality of the most vulnerable in our communities, to walk alongside them. I hope today that this testimony will provide points of consideration to this committee on SB1 when discussing this bill further.