



RESULTS 2026 Policy Priorities

Our goal at RESULTS is always to build the political will to end poverty. Some of the most important areas to fight poverty include access to quality health care, affordable housing, and economic justice in the tax code. This year, bipartisan efforts will be needed to reverse harms, find compromises that protect the most vulnerable/impoverished, and take advantage of opportunities, such as the Farm Bill and FY27 Appropriations bills, to highlight and invest in these vital priorities.

RESULTS volunteers have a long history of success in advocating for legislation and building relationships with members of Congress across the political spectrum. We can make the biggest impact right now by focusing on specific issue areas that we can help advance with bipartisan support, and where members of Congress choosing to speak up could influence the Administration.

We believe that the most high-impact issues right now, where RESULTS can have an outsized impact, are: delaying the SNAP cost-sharing policy, expanding the Child Tax Credit, increasing funding for Housing Choice Vouchers, passing the End Tuberculosis Now Act, and increasing funding and accountability measures for lifesaving global health investments.

U.S. Poverty Policy

SNAP

The [Supplemental Nutrition Assistance Program](#) (SNAP), formerly known as the Food Stamp Program, is the most important anti-hunger program in the U.S. Every month, SNAP helps more than 41 million low-income people afford a nutritious diet. SNAP helps working families in low-wage jobs, older adults, and people with disabilities. Nearly 62 percent of recipients are in families with children.

Every state has its own SNAP application process, which can be difficult to navigate. There are also work requirements that limit the amount of time unemployed, non-disabled adults can receive SNAP benefits. SNAP benefits are also restricted for only certain types of grocery items (namely, food).

On average, a SNAP participant received an estimated \$187 per month. The amount varies based on income and family size, with benefits lessening as income increases. Research

shows that SNAP reduces poverty and food insecurity, and leads to long-term health and economic improvements, especially for children.

For most of SNAP's long history, the federal government has paid the full cost of SNAP benefits (administration costs were split with the states). In 2025, the partisan "One Big Beautiful Bill Act" (H.R.1, OBBBA) instituted unprecedented changes. For the first time, states will soon be required to pay a portion of SNAP benefit costs. This could amount to hundreds of millions or billions of dollars per year, which most states cannot afford. As a result, they may be forced to reduce the amount of SNAP benefits they provide, eliminate the program entirely, or cut funding for other critical services (i.e., public education).

As this cost-shift goes into effect, as estimated 2.4 million people will lose critical nutrition benefits altogether. Households that retain benefits will see reductions averaging \$327 per year. Older adults, parents of teenagers, veterans, homeless individuals, and former foster youth will also be subject to increased work requirements. In total, over 22 million families are expected to lose some or all of their SNAP benefits as a result of OBBBA.

The amount each state will owe is [determined based on error rates](#). Those error rates overwhelmingly result from unintentional mistakes by workers and participants ([Fiscal Year 2025 error rates](#)). This is not fraud, but simple human error. Ironically, the rule does not punish states for improperly *denying* benefits; just in cases when the state makes overpayments or underpayments.

The cost-share rule is scheduled to begin in fiscal year 2028 (FY28), but the amount states will have to pay gets locked in this fall. A [few states](#) have received delays in the start date of the cost-sharing rule until 2030. This gives those states more time to reduce errors and limit the amount they need to pay. Most states do not get this extra time. Hunger does not restrict itself to state lines. **Congress must delay the cost share rule for all states, and work to repeal the harmful policy altogether.**

Current opportunities

Changes to SNAP are generally adopted through a "Farm Bill". The House passed a Farm Bill (H.R.7567) in March. Unfortunately, it does not address the SNAP cost sharing policy at all. Senate Agriculture Chair Sen. John Boozman (R-AR) released a proposal in June 2026, which also does nothing to address these harmful changes to SNAP. However, the Senate will not be able to pass a Farm Bill without bipartisan support and Senate Agriculture Committee Democrats have stated that delaying the SNAP cost-share policy is a prerequisite for supporting any Farm Bill. If the two chambers can't come to an agreement,

another extension of the lapsed 2018 Farm Bill remains a real possibility. The consequences of this legislative stalemate will fall on hungry families.

Congress may also take up separate farm-related legislation to help farmers hurt by international tariffs. Whether it is through a Farm Bill or other legislation, **Congress must include a delay in the cost-sharing policy for all states until 2030.** Every month that Congress fails to act means millions of families will lose critical SNAP benefits in the near future—worsening hunger and poverty, and the current Farm Bill does nothing to stop it.

Child Tax Credit

The tax code represents the history and priorities of a nation. While it is meant to serve everyone, there are many aspects of the tax code that favor the wealthy. For example, income from wealth (e.g., money made on the stock market) is taxed at a lower rate than wages. Homeowners get a mortgage interest deduction while renters get nothing. Through the tax code and other policies, lawmakers have created inequities along racial, gender, and other lines. But the tax code can also act as an instrument of economic justice. When it's written fairly, the tax code can help achieve lasting economic mobility for millions affected by poverty.

The Child Tax Credit (CTC) is one of the most reliable and effective ways to support households with children. Taxpayers can claim a break on their taxes each year based on the number of children in their household and the household's earnings. The CTC originally passed into law in 1997 by a Republican-controlled Congress, and has consistently received bipartisan support. There have been several versions of the CTC since 1997. In 2021, it was expanded, with the full benefits going to all families with low incomes, but for only one year. That expansion had a profound impact, helping to cut child poverty almost in half. The current CTC falls short of that expanded version.

Currently, families who qualify receive a credit of up to \$2,200 per child. The earnings requirement for the full CTC is quite high. While the CTC starts accruing at \$2,500 of income per year, a family must earn between \$28,000 and \$46,000 to receive the full credit for each of their children, depending on marital status and the number of children in the family. Many families work hard all year long, but don't earn enough to qualify for the full credit or, in some cases, any credit at all—though these are the very families who most need the full CTC!

Families must earn a lot to get the full child tax credit (CTC)

	Married, filing jointly	Head of Household Filers
1-child family	\$36,500	\$28,700
2-child family	\$41,500	\$33,700
3-child family	\$46,500	\$38,700
4-child family	\$51,500	\$45,800
Source: Center on Poverty and Social Policy at Columbia University, 2025		

In 2025, Congress increased the CTC amount from \$2,000 to \$2,200 per child. But increasing the credit only helps families already receiving the full credit. For about 19 million children in families with low incomes, their CTC did not see *any* increase.

The CTC phases in at a rate of 15 percent. This means that for every dollar earned above the \$2,500 minimum income threshold, a family receives 15 cents of CTC. And the lowest-income families— those earning less than \$2,500 per year and who need it the most— receive nothing. Changing the phase-in to better include families paid lower wages is crucial.

The best way to improve the CTC is to make it available to all low-income families, regardless of parent’s income. That’s what happened in 2021 and this resulted in the most dramatic drop in child poverty in decades. While that is still our goal, the 119th Congress will not pass it. But there are a few policy ideas that have bipartisan support that could help now:

- **Allow parents to earn their CTC from their first dollar of income, and allow their CTC amount to grow faster.** Getting rid of or reducing the minimum income threshold is critical. It would allow the CTC to reach more families grappling with the direst financial circumstances. Also, increasing the phase-in rate would help these families receive a larger CTC.
- **Prioritize parents working low-wage jobs to better target benefits.** As a result of OBBA, parents earning as much as \$400,000 received a \$200 per child boost to their CTC. Yet parents earning as little as \$20,000 per year saw no increase to their CTC. With deficits at a record high, it is important that our dollars are targeted where they are most needed.
- **Remove the refundability cap.** In general, a nonrefundable tax credit reduces the amount a household owes in taxes. However, for a family with little or no federal income liability, a nonrefundable credit does them little good (These families also pay a disproportionately higher amount in other taxes like sales taxes.) A refundable

tax credit provides households a tax refund even when their income tax liability is zero. The CTC is partially refundable in that families with lower incomes can receive a refund, but no more than \$1,700 per child (\$500 less than what families with higher incomes receive). Congress should remove this refundability cap so all families who qualify can receive the full credit.

- **Make the CTC monthly.** Currently, the CTC is only available as an annual lump sum payment when workers file taxes every year. Yet, families accrue expenses and pay bills monthly. Sending the CTC in monthly payments would help families better budget and manage expenses and use it when needed most.

Current opportunities

RESULTS would love to see an expanded and fully refundable CTC like we had in 2021. We are proud to endorse legislation to do just that. But in the current Congress, it is unrealistic to achieve this policy goal for the CTC. However, we can still have a positive impact on the CTC in any tax-related legislation this year. Even modest changes can have a profound impact on people experiencing poverty.

The Stronger Start for Working Families Act (S.3596), led by Sens. Hassan (D-NH) and Young (R-IN), is one example of bipartisan legislation that can improve the CTC. They are also working with House members to soon make it a bicameral bill. The bill would allow the 15 percent phase-in for the CTC to start accruing at the very first dollar earned, instead of starting at the \$2500 income threshold. As a result of this change, most families working in low-wage jobs would receive a \$375 boost to their CTC. Families already earning enough to receive the full credit would not be affected, meaning this change targets the 19 million kids not receiving the full credit amount. The bill would be a meaningful step towards a CTC that lifts all children out of poverty.

Housing Choice Vouchers

Across the country, almost half of all renters are “rent-burdened,” meaning they pay more than 30 percent of their income on rent and utilities. Over a quarter spend more than half of their income on housing. Families tend to spend their funds on rent before other expenses, and housing is often the single largest expense in a household budget. So rising rent costs put food, health care, and other basic needs out of reach and can push people into homelessness.

Rent costs have [dramatically outpaced household incomes](#). Between 2001 and 2024, the median earnings of renters have risen by just 7.7 percent, while [rent costs have risen 26.7](#)

[percent](#) (adjusted for inflation). A full-time worker making the federal minimum wage [cannot afford a two-bedroom apartment](#) in any U.S. state.

RESULTS has worked on several different housing policies in recent years. As a longer-term goal, we support policies like a Renter Tax Credit that would use the tax code to support Americans struggling to afford rent. But in this Congress, our best opportunity to help is to increase funding for Housing Choice Vouchers (HCVs).

The HCV program is one of the most effective tools currently in place to promote housing stability. It's designed to help families working in low-wage jobs, seniors, veterans, and people with disabilities. Seventy-five percent of vouchers are targeted to recipients with extremely low incomes (less than thirty percent of the area median income or federal poverty line, whichever is higher). Rental assistance lifts about 3 million people above the poverty line each year, most of whom are children or seniors.

The HCV program is the largest program overseen by the Department of Housing and Urban Development (HUD). It is federally funded and administered by a network of thousands of state and local housing agencies. When a family receives a voucher, they have at least 60 days to find housing. Vouchers are tied to the renters, not the location, meaning renters can use them at their current unit or at a new one.

HCV recipients have their rent partially covered by a subsidy paid directly to the landlord. The voucher covers the difference between 30 percent of the household's income and their rent (based on the reasonable rent for their area). This helps prevent people from becoming rent-burdened. The program also includes incentives for landlords, security deposit support, and other policies to address the full spectrum of housing costs.

The HCV program [has proven impacts](#). Research shows it is highly effective at reducing homelessness and overcrowding, and that vouchers help lift the most marginalized and lowest-income groups out of poverty. More than two-thirds of HCV recipient households are headed by a person of color. Furthermore, stable housing [improves educational and health outcomes for children](#). Children whose families use HCVs to avoid homelessness are less likely to change schools frequently or be placed in foster care. HCVs enable families to move to lower-poverty neighborhoods, which makes children more likely to attend college, earn more as adults, and have improved mental and physical health.

Unfortunately, HCVs are chronically underfunded by Congress. Only one quarter of those that qualify for the program receive vouchers (2.4 million households). The majority of low-income households are stuck on waiting lists for months or years because funding has not

increased with need. Some cities have even closed their waiting lists because they are so long.

Current risks and opportunities

Because the cost of rent increases from year to year, flat funding acts as a de facto cut to rental assistance programs. Increased funding is needed just to maintain the current number of vouchers, not to mention increasing the number of eligible households that can receive assistance. Each year, the Transportation, Housing, and Urban Development (T-HUD) subcommittees of Appropriations must write a bill funding the program for the next fiscal year. The 2027 fiscal year (FY27) starts in October 2026.

In addition to funding to renew all existing HCVs, increased funding is needed to expand the program. RESULTS is requesting funding for an increase of 250,000 new vouchers in FY27. While this still does not match the millions of eligible families without rental assistance, it is an important step towards meeting that need. It is also a proposal that has received bipartisan support in the past. In 2023, Senators Young (R-IN) and Van Hollen (D-MD) [introduced a bill](#) to create 250,000 new housing vouchers. RESULTS FY27 request builds on that proposal to begin taking steps to expand the HCV program to more households.

The House has already passed their version of the T-HUD bill. The proposed HCV funding is below even the President's Budget Request (PBR) (see chart below). It is likely not enough funding to renew all current vouchers. That means households that rely on HCVs will be at risk of housing instability, eviction, and homelessness. And when a household no longer needs their voucher, it will not be reissued to a new family.

The Senate Appropriations committee is still writing their version of the T-HUD bill. The Senate T-HUD subcommittee should increase funding for HCVs in their bill. Then, the two Chambers will need to negotiate the final funding levels together. We don't expect the final FY27 appropriations bills to be completed until after the elections in November. This gives us time for all members of Congress to weigh in and push for the highest level possible. They can speak directly with the Appropriations committee to urge them to protect and increase funding for the HCV program.

Account	FY25 Enacted	FY26 Enacted	FY27 PBR	FY27 House	FY27 Senate	RESULTS FY27 Request
HCV Renewals	\$32.15 billion	\$34.96 billion	\$35.57 billion	\$35.45 billion	TBD	Fully renew all current vouchers and add 250,000 new vouchers

Global Poverty Policy

Tuberculosis

Tuberculosis (TB) is a contagious, airborne disease that most often affects the lungs, though it can affect all parts of the body especially in children and those whose immune systems are weakened. It is preventable and curable, yet it remains the deadliest infectious disease in the world. In 2024, 10.7 million people fell ill with TB, and 1.23 million people died. 2.4 million people with active TB went undiagnosed, and only about 2 in 5 people with drug-resistant TB got treatment.

TB disproportionately affects people living in poverty, including those experiencing undernutrition and living in overcrowded and poorly ventilated conditions. It also impacts communities facing barriers to health care, with limited access to diagnosis and treatment. TB is a major cause of impoverishment when people become too sick to work, when children are orphaned by TB, or when out of pocket costs of care overwhelm families. Drug-resistant TB presents an even greater challenge requiring longer, more complex, and more expensive treatment. TB affects every region of the world, with the highest burden concentrated in a relatively small number of countries. Progress against TB has been uneven. While some countries have reduced cases and deaths, global progress remains far off track.

For decades, the United States has played a leading role in the global fight against TB. Through bilateral programs and multilateral partnerships, U.S. investments have helped expand access to TB diagnosis, treatment, and prevention in high-burden countries.

Historically, U.S. bilateral TB funding supported country-led TB programs, trained health workers, and helped scale up new tools and innovation. These efforts complemented U.S. support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, which remains the largest external source of TB financing worldwide. Since 2000, U.S. bilateral TB programs have reduced TB deaths by nearly 50 percent and, with partners, saved more than 75 million lives.

In 2025, the abrupt shut down of U.S. foreign assistance led to widespread disruption of TB programs. Many TB programs were paused, scaled back, or shut down entirely. In addition to supply chains and access to drugs and diagnostics being challenged, this affected services such as active testing, treatment support, laboratory capacity, community-based care, and more. The result was many lives lost.

While some TB activities have resumed—and we have worked with Congress to make that happen—programs often operate at lower levels than before, with reduced reach and continuity. These disruptions have strained health systems in high-burden countries and raised concerns about setbacks in TB control including delayed diagnosis, treatment interruptions, and increased risk of drug resistance. If not corrected, cuts in international funding in the past year are projected to risk millions of additional cases and deaths between now and 2035.

Current Opportunities

Tuberculosis has been identified as a key priority in the State Department's new Global Health Strategy. The Administration acknowledged the importance of U.S. TB programs and their impact in reducing TB rates and deaths, particularly in high TB-burden countries.

The House of Representatives also signaled their continued support of bilateral TB programs, by maintaining flat funding levels in their FY27 appropriations bill. But without urgent new action, the Stop TB Partnership estimates that 43 million more people will develop TB, leading to 6.6 million deaths by 2030. In addition to increased funding, Congress must also ensure that the funding is targeted to the most impactful and effective interventions.

The End TB Now Act (S.4751) was reintroduced in June by Senators Young (R-IN) and Shaheen (D-NH). It is a bipartisan bill that will soon have a companion bill introduced in the House. This bill sets a clear, ambitious, measurable framework for the U.S. government to scale up new innovation, support countries to tackle this disease, and save more lives.

While it does not call for increased funding, it provides a bold, high impact pathway for the US to sustain and increase its leadership on TB.

The bill will enhance coordination with global partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, to deliver a comprehensive global TB response. It will also accelerate research and development (R&D) of new tools to prevent, diagnose, treat, and control TB. It also strengthens country capacity and affected community engagement in high burden settings. Finally, it will require annual reporting to evaluate program effectiveness and increase accountability to Congress.

Other Foreign Assistance Priorities

Maternal and Child Health, Nutrition

For decades, the United States has been a leader in efforts to improve global health and development. For less than one percent of the U.S. federal budget, U.S. foreign assistance programs have helped avert millions of deaths from HIV, tuberculosis (TB), malaria and prevented tens of millions of babies from dying from preventable and treatable causes, including vaccine preventable diseases like measles and pneumonia.

Globally, [about 260,000 women](#) die each year from pregnancy related causes. Around 2.3 million newborns die in their first month of life annually. The burden is not evenly distributed. In 2023, approximately [92 percent](#) of maternal deaths occurred in low- and lower-middle income countries. Most could have been prevented with access to quality basic health services, especially around the time of birth.

Undernutrition is an underlying cause of nearly half of all deaths among children under five worldwide. For those who survive, the damage often lasts a lifetime. In 2024, 42.8 million children were wasted (the technical term for dangerously thin due to severe malnutrition) and 50.2 million children were stunted (the term for when children are too short for their age due to chronic malnutrition).

U.S.-supported foreign aid programs are working. Since 2000, there has been a 55 percent drop in deaths for children under age five, and a 42 percent decrease in maternal mortality across the U.S. government's 25 priority countries. In 2023, U.S. government supported programs reached 28 million children and 11 million pregnant women with quality nutrition services. They also resuscitated 238,000 newborns who were not breathing at birth.

Basic Education

Access to basic education is also a major issue. Too many children are not able to access the quality basic education they need and deserve. As a result, 70 percent of 10-year-olds in low- and middle-income countries are unable to read and understand a simple story. Conflict, economic and political instability, climate disasters, disease, and hunger continue to disrupt learning. Children in rural areas and low-income communities are more likely to be left behind by their education system.

Over the past 50 years, education improvements have powered half of global economic growth. One additional year of school can increase annual income by almost 10 percent. A child whose mother can read is 50 percent more likely to live past age five. In 2023, the U.S. government helped provide 40 million kids with quality basic education.

Multilateral Partnerships for global health

Multilateral partnerships and pooled funding sources like the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Gavi, the Vaccine Alliance (Gavi), and the Child Nutrition Fund (CNF) have also played a massive role in reducing illness and death, and U.S. leadership and financial support for these programs has been essential to their impact. And in a time when much of U.S. foreign assistance infrastructure has been dismantled, these “turn-key investments” are ready to scale up immediately to deliver results.

Since 2002, Global Fund-supported programs have reduced the combined death rate of AIDS, TB, and malaria by 63 percent. In 2024 alone, tens of millions of people received lifesaving prevention, treatment, and care. Since its creation Gavi has helped immunize more than 1.2 billion children and prevent more than 20 million future deaths.

Current Opportunities and Risks

Each year, Congress must fund bilateral and multilateral foreign aid through the annual appropriations process. Congress must also provide specific direction on how those funds are spent, setting aside resources for child health, nutrition, disease, and basic education. The House National Security, Department of State, and Related Programs (NSRP) and Senate State, Foreign Operations, and Related Programs (SFOPS) appropriations subcommittees must agree on and pass a bill funding foreign aid for the next fiscal year. The 2027 fiscal year (FY27) starts in October 2026.

The House has already passed their version of the FY27 bill. They cut global health funding overall, but maintained existing funding levels for our priority issues. This is a great sign that they are willing to reject the Administration's proposed cuts to foreign and humanitarian aid. The Senate Appropriations committee is still writing their SFOPS bill so

we still have time to shape some critical priorities. The two chambers will then need to negotiate the final funding levels together. We don't expect final FY27 appropriations bills to be completed until after the November election. This means there is time for all members of Congress to weigh in with leadership and appropriators on these priorities. They can speak directly with Appropriations committee members to urge them to protect and increase funding for global health and education in FY27.

Over the past year, the Administration has drastically reduced the size and scale of foreign assistance agencies. But the 2025 "America First Global Health Strategy" has their recommendation for what comes next. The strategy commits to some important principles like country ownership and a focus on lifesaving care and support for health workers. But it also leaves out critical work. Perhaps most glaringly, it doesn't include any clear focus on nutrition and maternal/child health.

Recently, the Administration has begun negotiating global health agreements with more than 30 partner countries. The structure and outcomes of those bilateral health compacts will shape how funding and programs operate going forward. But the details of those agreements are not fully available to Congress or the public, and there are worrying signs that they may include major funding cuts.

In addition to appropriating funding for FY27, Congress must exercise their constitutional authority and reject any future foreign aid rescissions requests (cancellations of already appropriated money). They must work with the Administration to ensure funds they've already appropriated are actually distributed to high-impact programs. Bipartisan congressional leadership created and maintained these programs for years. They must take affirmative steps to ensure their tremendously positive impact continues.