



2025 Annual Report



LEGAL ACTION CENTER
Breaking Barriers. Defending Dignity.

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Message from Our Leaders

Since our founding more than five decades ago, the Legal Action Center (LAC) has stood firm in the belief that **justice, health, and equity are inseparable**. We know that **the legal and health care systems profoundly shape people's lives**—and that **both have long been influenced by structural racism** and other forms of **systemic oppression**.

In 2025, we continued our work to confront these realities head-on, advancing solutions rooted in dignity, autonomy, and opportunity.

At LAC, we believe every person has the right to high-quality, person-centered care—regardless of their substance use, health status, income, or involvement in the criminal legal system. We know criminalization is not care—and that the ongoing crises of overdose and mass incarceration, rising mental health needs, and enormous economic, social, and health disparities nationwide demand community-driven responses that advance wellbeing and equity—not punishment, stigma, or surveillance. These principles guide every case we take, every training we lead, and every policy reform we pursue.

From **advancing fair housing protections** to **increasing alternatives to incarceration** and reentry supports, our work continues to expand opportunities and reduce harm. From **expanding evidence-based substance use and mental health care coverage** to **defending health privacy protections** and **leveraging civil rights laws** against stigma-driven discrimination, we center the voices and experiences of those most harmed. We know that lasting change requires shifting power—and we remain committed to building solutions in true partnership with impacted communities.

The challenges before us are real and evolving, but so too is our resolve. With each victory—large and small—we are energized by the progress made and clear-eyed about the work that remains.

None of this would be possible without you. Your generosity fuels our work and enhances our ability to create meaningful change. Together, we are building a future defined not by stigma or exclusion, but by equity, compassion, and justice.

With deep gratitude,

LAC's Executive Team: Sally Friedman, Gabrielle de la Guéronnière, Sharon X. Hayes, Roberta Meyers, Adela Prignal, Sarah Nikolic, and Paul N. Samuels

Mission

Legal Action Center (LAC) fights for the rights of people who use drugs, are in recovery, are living with HIV/AIDS or mental health conditions and people with arrest/conviction records. We combat discrimination and advocate for equitable health outcomes, and to drastically shrink the reach and harm of the criminal legal system.

Vision

LAC is fighting for a future where all people have the opportunity to obtain the jobs, homes, health care, and other life essentials needed to thrive, everyone's rights are upheld, and no one is held back by discrimination.

Approach

For more than 50 years, LAC has fought on behalf of our constituents to challenge discriminatory laws and practices, advance access to health care, and remove barriers to opportunity through a multi-pronged approach. Utilizing direct legal services, impact litigation, policy advocacy, education and training, and coalition-building, LAC works to dismantle the obstacles that deny people their rights and to promote health, justice, and dignity for all.

Staff

Victoria Palacio Carr
Adanna Carter
Courtne Drigo
Betty Escobar
Megan French-Marcelin
Sally Friedman
Lindsee Gregory
Gabrielle de la Guéronnière
Sharon X. Hayes
Aliya-Begum Jessa
Rebekah Joab
Diane Johnston
Nicole Juispais
Arianne Keegan

Alyssa "Lee" Kennedy
Christine Khaikin
Sang Kim
Colleen McCormack-Maitland
Roberta "Toni" Meyers
Teresa Miller
Sarah Nikolic
Lionel Oglesby
Adela Prignal
Jessica Ramos
Deborah A. Reid
Megan Retana
Jason Rodriguez
Jose Rodriguez

Paul N. Samuels
Jacqueline Seitz
Vanessa Severino
Crystal M. Seward
Deborah Steinberg
Phyllis Summers
Crystal Tascon
Isabella Todaro
Maggie Wagner
Alexandra Warren
KB White
Brent Yoshikami

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Harya Tarekegn
Hon. James Yates

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Our Top Accomplishments in 2025

We helped **999 clients** solve a total number of **1,980 cases**.

We delivered **317 units of technical assistance** to 188 organizations.

We produced a **first-of-its-kind guide** on **how advocates and public health officials can use anti-discrimination laws to defend substance use treatment, recovery, and harm reduction programs against local opposition** and NIMBY-fueled attacks. (Learn more on page 9!)



We launched what we believe is the **first-ever medical-legal partnership focused on enforcing the rights of people who use drugs (PWUD) to access non-discriminatory health care**. Our partner is VOCAL-NY, a community-based organization that provides harm reduction, health care, and other social services to PWUD. Through this model, an LAC attorney meets with VOCAL-NY participants on-site to help address discrimination and stigma negatively impacting their health. Meeting with people in their community significantly minimizes the burdens often present when trying to access legal services. It also allows us to educate and help case managers, social workers, physicians, and other providers advocate for participants' rights to help improve their health outcomes.

We participated in **37 community events** and **provided 77 trainings** to **6,396 participants**.

Staff Attorney KB White and Deputy Director of Litigation and Legal Services Rebekah Joab presenting at Columbia Law School's Paralegal Pathways Initiative.

In NYC, we successfully **prevented \$17 million in cuts to alternative to incarceration (ATI) and reentry services** and **helped achieve baseline ATI funding for the first time** ever in the City's budget.

We also launched a **Youth Justice Council (YJC) comprised of six young NYC residents who have successfully completed ATI programs** and are now leaders in their communities, as well as a youth service providers coalition to support the work of the YJC! (Learn more on page 16!)

In partnership with the bipartisan Congressional Addiction, Treatment, and Recovery Caucus, LAC hosted a **briefing** in Washington, D.C., focused on the resources and funding needed to effectively and sustainably ensure meaningful access to prevention, treatment, and recovery supports for people throughout the country with substance use disorders. Attended by roughly 75 stakeholders, the briefing made clear the importance of Medicaid as a key program in helping connect people to lifesaving care and curbing the ongoing overdose crisis.

In Albany, we **helped pass two crucial bills**: one allowing **certified peer advocates** to provide vital support inside correctional settings; and another ensuring that **New Yorkers in acute opioid withdrawal can obtain methadone or buprenorphine while awaiting treatment**—because no one should suffer or die waiting for care. (Learn more about the bills on pages 10-11!)

Through our partnership with Disability Rights North Carolina, we achieved a **landmark settlement in the first-known case challenging nursing homes' automatic exclusion of people with substance use disorders**. This settlement sends a powerful message to skilled nursing facilities nationwide: denying patients care based solely on their substance use disorder constitutes illegal discrimination! (Learn more on page 8!)

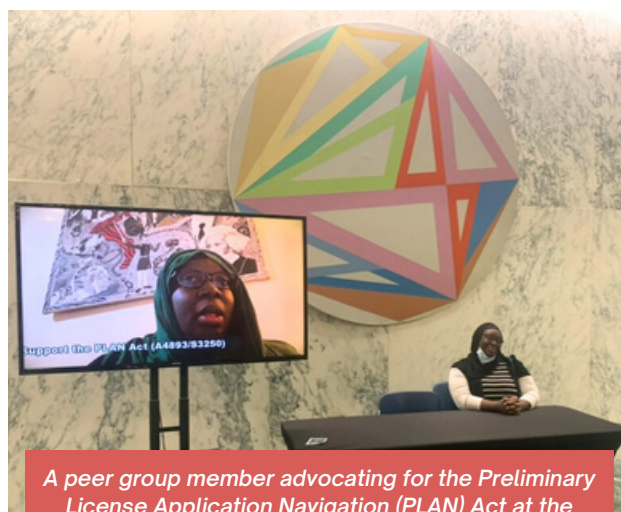


Fighting Records-Based Employment & Licensure Discrimination

For more than 50 years, LAC has fought discrimination that blocks people with conviction histories from employment and professional licensing—opening doors to stable careers, reducing recidivism, and boosting the economy at large. Through our free legal services, LAC helps hundreds of New Yorkers every year in securing gainful jobs as well as occupational licenses in growing fields such as health care. By ensuring non-discriminatory access to vital employment opportunities, LAC helps to not only transform individual lives but also to strengthen families and communities at large.

In 2025, LAC deepened our commitment to expanding employment opportunities for New Yorkers with arrest/conviction records by enhancing our **occupational licensure project** and launching a peer advisory group for those navigating the complex licensure process. In partnership with our clients, LAC convenes meetings every month that provide both practical guidance—such as gathering letters of support, securing certificates of relief, preparing personal statements, and navigating interactions with licensing board investigators—and emotional support for individuals seeking licenses during what can be an arduous one to three year process requiring applicants to prove “good moral character.” Facilitated by Staff Attorney KB White, the peer group works to inform the licensure process to make it more equitable for applicants with conviction records.

To date, LAC has helped more than two dozen individuals obtain or retain professional licenses or clearances to practice—most in helping professions including home health care, social work, nursing, and substance use counseling—and we are currently representing over a dozen others in pending administrative hearings. The majority of our licensure clients are Black and Hispanic women who have spent an average of 14 years rebuilding their lives since their last conviction. With our support, they can identify discrimination, compile critical evidence of rehabilitation, understand their record-sealing options, and confidently pursue meaningful careers.



A peer group member advocating for the Preliminary License Application Navigation (PLAN) Act at the New York State Senate. This bill aims to bring transparency to the occupational licensing process by allowing New Yorkers to determine their eligibility for licensure before investing their time and money into a professional pathway.

JV's Story

Over a year after Staff Attorney KB White represented JV in her application for a mental health counseling license through the New York State Education Department, LAC received a favorable decision granting the license! JV had been required to undergo a moral character hearing (which lasted nearly 10 hours) due to an eight-year-old conviction record. KB worked with JV to harness ample evidence of their positive change, including JV's time working as a therapist with Exodus' Center for Trauma Innovation. She has since started her own practice.

"The assistance I received through this program has been life-changing. Services like these—offered at no cost—have the power to transform lives. Because of LAC's support, I was able to maintain my dignity and autonomy while successfully obtaining my licensure. This experience has truly been a gift. Even if the services had not been free, I would have been willing to pay whatever I could, given the quality of care and commitment I received."

Maria's Story

Maria*, a dedicated substitute paraprofessional who has spent years in Bronx public schools, was ready to give up when she came to LAC. Even though teachers say she is "invaluable" and exhibits the "critical qualities" needed to serve students with disabilities, the New York State Education Department had denied her application for licensure due to convictions from 20 years ago. To contest that decision, she traveled to Albany for a "moral character" hearing at which LAC represented her. Because of LAC's help and Maria's determination, she was successful in contesting the denial and is now working as a certified teacher's assistant.



"LAC helped me change my life. If it wasn't for them helping me get my license, I don't know what I would have done. They really helped me to get a career in something I'm interested in. I enjoy waking up every day and going to work with the kids."

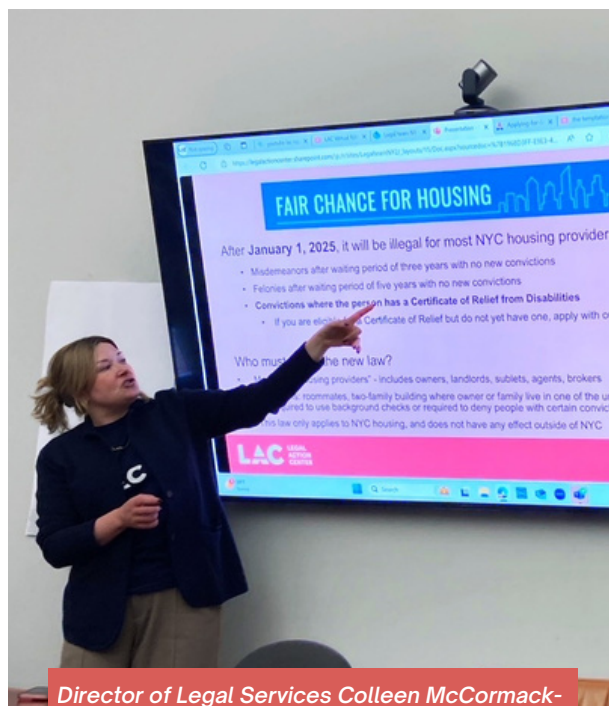
**Maria is a pseudonym used to protect our client's privacy. Photo not of actual client.*

Advancing Fair Housing

Nationally, eight in every ten formerly incarcerated people report being denied housing due to their conviction history. As a result, these individuals are nearly 10 times more likely to be unhoused than the general population. Though research shows that conviction histories have little to no impact on housing outcomes while stable housing significantly reduces recidivism, such denials—and the stigma and stereotypes that fuel them—persist. In an already strained housing market, expanding fair access to housing is critical to breaking cycles of homelessness, reducing systemic inequities, and improving public safety for all. This is precisely why LAC was proud to be a part of the Fair Chance for Housing Campaign in the nation's largest city.

NYC's Fair Chance for Housing Act (FCHA), which took effect on January 1, 2025, represents a historic shift. For the first time in New York City, protections extend to the general housing market, prohibiting landlords across all five boroughs from running background checks until after making a conditional lease offer, and limiting what convictions they may consider. The law also bars landlords from considering all convictions covered by a New York State Certificate of Relief from Disabilities.

Because awareness of the new law remains limited, LAC has prioritized **public education** and training in addition to offering free legal help to individuals seeking housing. Beyond providing individual representation and bringing cases against landlords who violate the law, our NYC-based legal team has developed resources to enable everyday New Yorkers to recognize and challenge housing discrimination, while also conducting trainings for other attorneys, advocates, reentry providers, and community-based organizations to identify violations and leverage housing protections for their clients.



Director of Legal Services Colleen McCormack-Maitland conducting a training on FCHA.

Combating HIV-Based Discrimination

For decades, LAC has defended the civil and privacy rights of people living with HIV/AIDS (PLWHA), ensuring equitable access to health care, housing, employment, and education—free from stigma, discrimination, and criminalization. Through our free, confidential legal services and robust know-your-rights education, we strive to empower PLWHA to make informed decisions about disclosure, challenge unlawful discrimination, and protect their privacy. We also work with health care providers, community organizations, and advocates nationwide to provide technical assistance on HIV criminalization, privacy, and discrimination issues.

In 2025, we secured a **major victory** on behalf of **our client**, a SUNY Buffalo State University student who was evicted from campus housing and expelled due solely to her HIV status. In partnership with Housing Works and co-counsel, we won a six-figure settlement and the clearing of our client's disciplinary record. **Our case sends a powerful message** to higher ed institutions statewide: policies must reflect anti-discrimination protections and current medical evidence—not stigma and misinformation.



"It is difficult to express how devastating this was to every aspect of my life. My heart felt completely shattered. But the pain and humiliation I endured as a result of my arrest and expulsion did not stop me from having hope and pursuing what I have worked so hard for. For me, this settlement is a win, and I hope it helps ensure no one has to go through what I did."

Photo not of actual client.

Likewise, at the national level, we continue to advocate for sustained funding and leadership in the fight against HIV. Last year, as the federal government worked to cut critical funds for prevention and care programs, we reasserted our commitment to protecting the rights and wellbeing of the 1.2 million Americans living with HIV and **warned** that such retreating would risk a resurgence not just of HIV, but also other sexually transmitted infections, viral hepatitis, and tuberculosis, and reverse years of hard-earned progress. LAC remains steadfast in our mission to protect the health and dignity of PLWHA and to advance the collective efforts needed to end the epidemic once and for all.

Ending Substance Use-Based Discrimination in Health Care

Last year, we intensified our fight against substance use-based discrimination in health care through education, advocacy, and groundbreaking litigation. People who use(d) drugs—including those with substance use disorder (SUD) and those taking medications for opioid use disorder—continue to face pervasive stigma, which often results in them receiving substandard care or being denied care altogether, in violation of federal civil rights laws. Our [Clinicians and Administrators Legal Guide to Non-Discriminatory Health Care for People Who Use Drugs](#), released last year, equips providers with clear guidance on their obligations under the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and Patient Protection and Affordable Care Act, and how to advocate for change. Through associated trainings, technical assistance, and [partnerships](#), LAC is helping to replace stigmatizing and punitive approaches with evidence-based, legally compliant care for this chronic medical condition.

We're also advancing systemic change through impact litigation. In April 2025, LAC, alongside [our partners at Disability Rights North Carolina](#), filed what we believe was the [first lawsuit in the country challenging skilled nursing facilities' blanket denials of admission to people with ongoing SUD](#). The case charged two NC nursing homes with violating federal disability rights laws and state law by refusing our client post-hospital nursing care based on his SUD and recent drug use. The case resulted in a [groundbreaking settlement](#) requiring [compensation for our client](#) and sweeping policy reforms by the two facilities, including adoption of a [Substance Use Disorder Non-Discrimination Policy](#) prohibiting automatic admission denials, staff training on ADA compliance, implementation of grievance procedures, and ongoing monitoring. [We're confident](#) this case will encourage [skilled nursing facilities](#) around the country to implement similar non-discrimination policies and [stop illegal discrimination](#) that results in adverse health outcomes for so many.

"I just want to be able to get the care that everyone else gets. I want to be treated with dignity. I was sick and needed help after being in the hospital, but the nursing homes said no. It was really hard for me, and it didn't feel fair. I'm very glad this case is settled and that the nursing homes are changing their rules. Now, other people like me won't have to go through what I did."

-LAC Client

Further, through our creation of [Overcoming Opposition to Substance Use Programs: Leveraging Anti-Discrimination Law](#) for national audiences and [Developing an Effective Advocacy Strategy to Overcome Local Opposition to SUD Programs in New York](#), we've worked to help other advocates address "not-in-my-backyard" (NIMBY) opposition that too often blocks SUD treatment, recovery, and harm reduction services from ever opening their doors. Grounded in the same federal civil rights laws mentioned above, these resources outline how local efforts to delay or prevent the siting of substance use programs can constitute illegal discrimination. Our guides and related [trainings](#) provide concrete legal, communications, and coalition-building strategies to counter opposition and ensure these lifesaving services can open and operate without unlawful obstruction.

Together, these efforts reflect LAC's comprehensive strategy: empowering patients and advocates with knowledge of their rights, equipping providers and policymakers with practical legal tools, and holding institutions accountable when discrimination causes harm. By challenging stigma in both health care settings and local zoning debates, LAC is committed to ensuring that people who use(d) drugs, have SUD, and/or are in recovery receive the dignity, respect, and access to vital health services that they deserve and the law demands.

Defending Harm Reduction

LAC has long been a stalwart supporter of strengthening access to voluntary, evidence-based health care, services, and supports that meet people who use drugs where they are in the community. Amid last year's dangerous focus on expanding punitive drug policies and use of involuntary treatment, and attacks on harm reduction strategies at the federal level, LAC reasserted our stance through policy advocacy, public education, and coalition leadership. When the President issued an executive order reviving failed "tough on crime" approaches of the past that conflate public health challenges with criminality, [we warned](#) that forcing treatment, expanding law enforcement involvement in crisis response, and criminalizing homelessness would not improve public safety but instead would only deepen racial and economic disparities, retraumatize over-policed communities, and deter people from seeking lifesaving care. When the Substance Abuse and Mental Health Services Administration (SAMHSA) revised their strategic priorities, walking away from harm reduction and elevating coercive approaches, [we underscored](#) that syringe service programs, overdose prevention centers, medications for opioid use disorder, housing-first initiatives, and peer support are not fringe strategies—they are interventions proven to reduce overdose deaths, curb HIV and hepatitis transmission, and connect people to voluntary treatment and recovery. By defending and prioritizing harm reduction, LAC is working to ensure that national drug policy centers public health, civil rights, and long-term community safety—not punishment and exclusion.

Improving Access to SUD and MH Care



Sr. Health Policy Attorney Deb Steinberg presenting on a panel to state medical associations on opportunities to improve parity enforcement in their states.

A major element of LAC's work to improve and expand access to lifesaving substance use disorder (SUD) and mental health (MH) care includes breaking down insurance barriers. In 2025, we intensified our national leadership in ensuring MH and substance use coverage is truly equal to other medical benefits. In partnership with The Kennedy Forum, we launched comprehensive **State Parity Gold Standards**. These practical, up-to-date briefs are designed to help state governments, regulators, and advocates close persistent gaps in enforcement of the Mental Health Parity and Addiction Equity Act (Parity Act). We provide model legislative and regulatory language on state codification of the federal law, generally accepted standards of care, corrective enforcement actions, and data collection and reporting.

LAC also continues to advance our **Medicare Addiction Parity Project (MAPP)**, which seeks to strengthen Medicare's coverage of substance use and MH care—and finally apply the Parity Act to this program that millions of older adults and individuals with disabilities nationwide rely on to stay well. According to a **landmark study** that we and partners published last year in Health Affairs, fewer than 40% of Medicare beneficiaries with opioid use disorder received quality care—stark evidence of how Medicare lags behind other payers, including Medicaid.

In addition to such awareness-raising and advocacy-boosting efforts, we also worked to improve education on Medicare's new intensive outpatient coverage, after our successful advocacy in recent years to add this critical level of care. In partnership with the Center for Health Care Strategies, we created a **resource for states** and a **billing guidance** for providers serving dually eligible individuals.

Beyond our systems-change work, LAC offers direct support to people in New York facing insurance hurdles to obtaining care through the State's **Community Health Access to Addiction and Mental Healthcare Project (CHAMP)**. We at LAC are dedicated to making sure that people seeking vital addiction and MH care are not met with discriminatory barriers at their most vulnerable moments.

Relatedly, we likewise helped achieve a major breakthrough in the State's overdose response at large through **passage of a new law** allowing health care practitioners statewide to dispense a three-day supply of medication for opioid use disorder (MOUD) while patients await admission to ongoing treatment. By aligning state law with a 2023 federal rule, this reform enables providers to offer short-term supplies of lifesaving medications like methadone and buprenorphine during the critical window between hospitalization and entry into longer-term care. Now, New Yorkers leaving emergency rooms and hospitals—especially on weekends or holidays—are no longer forced to endure dangerous gaps in treatment that heighten their risk of fatal overdose.

Lastly, our work to expand access to MOUD at retail pharmacies—the primary access point for many patients seeking buprenorphine—continues to grow. Our 2025 **issue brief** provides concrete steps on improving access, including through regulatory guidance, pharmacist education and training, and sustained efforts to eradicate stigma and racism. LAC believes evidence-based addiction medications must be consistently available, accessible, and treated as an essential component of mainstream health care nationwide.

Enhancing Supports for Incarcerated People

Last year, LAC advanced health equity for New Yorkers involved in the criminal legal system by playing a leading role in securing passage of the [Peer Recovery and Reentry Act](#). For decades, blanket exclusions rooted in stigma prevented certified peer advocates—people with lived experience of incarceration and addiction recovery—from providing services inside NY's jails and prisons, despite the proven benefits. Peer advocates strengthen both individual outcomes and facility environments, with research showing their involvement increases treatment engagement by 40% and reduces recidivism by 25%. By helping to dismantle punitive policies that prevented these credible messengers from delivering critical support within correctional settings, the new law will not only improve successful rehabilitation and reintegration but also help address workforce shortages in the state's correctional health services.

Likewise, we've continued efforts at the state and federal levels to expand access to health care at reentry, including through development of a [web platform](#) to increase transparency and understanding about the [state Medicaid Section 1115 reentry waivers](#); and by convening health practitioners who serve currently and formerly incarcerated people to identify barriers to quality care access and potential strategies to address these issues.

Safeguarding Medicaid

In 2025, LAC mounted an aggressive, [multi-front campaign](#) to oppose devastating federal cuts and changes to Medicaid—the single largest payer of mental health and addiction treatment in the country. As Congress advanced budget legislation slashing nearly \$1 trillion from this lifeline health program and imposing burdensome work reporting requirements, LAC warned that millions would lose coverage, including people with substance use disorders, people living with HIV, and individuals returning home from incarceration.

To center the real people with the most to lose in this policy debate, LAC launched our [Faces of Medicaid](#) campaign, elevating the voices of people throughout the country whose recovery and reentry journeys were made possible through Medicaid. Their stories powerfully illustrated what was at stake and helped policymakers understand the vast potential human toll behind coverage losses and bureaucratic red tape.

Through [story-telling](#), [producing educational resources](#), [collaborating with partners](#), and conducting robust [public advocacy](#), we stressed how [work reporting requirements](#)—the primary vehicle lawmakers sought to effectuate massive cuts to Medicaid—would not boost employment but rather strip eligible individuals of coverage due to paperwork hurdles, leaving people sicker, deeper in medical debt, and less able to work. We also sounded the alarm about the broader ripple effects of Medicaid retrenchment, including the threat to already strained state budgets as well as [rural hospitals](#) that often function as the sole health care facility serving communities for miles and miles.

Faces of Medicaid



Pattie Vargas
(Vacaville, CA) &
Rebekah Mutch
(Danville, KY)

Two of Pattie Vargas' three children struggled with substance use disorder. Tragically, Pattie's son Joel died in 2017 after decades of struggling with SUD. Today, her daughter Rebekah is in long-term recovery, and both women credit Medicaid as being essential in the early stages of her journey.

On our website, you can [hear Pattie's story in her own words](#), and/or [read Rebekah's full story](#).

For Nydia, Medicaid made family, healing, and purpose possible. Medicaid didn't just save her life—it gave her the foundation to rebuild it.

[Read Nydia's full story.](#)

Nydia Hill
(Amsterdam, NY)



Frederick Shegog (Drexel Hill, PA)

"I was homeless, dumpster diving, begging for change, and I promise you that every step I've taken that has allowed me to get a master's degree, that has allowed me to keynote in another country, that has allowed me to travel nationally and uplift student bodies and businesses, that has allowed me to be a community member, a family man, that has allowed me to hold a place in this world is because Medicaid stepped in when I needed help."

[Hear Frederick's full story in his own words.](#)

"Programs such as Medicaid and SNAP benefits have been invaluable to my family and me. I am uncertain how we would have managed without Medicaid's assistance."

[Read Bernadette's full story.](#)

Bernadette Gutierrez
(Española, NM)



While H.R. 1, the spending bill that drastically reduced federal Medicaid spending and overhauled the program's structure, ultimately became law last summer, [LAC's work didn't end](#). We immediately shifted from opposition to [mitigation](#)—developing concrete strategies to prevent wrongful coverage losses and protect those most at risk. Our report [Protecting People with Substance Use Disorders and Formerly Incarcerated Individuals from Losing Medicaid Coverage](#) provides a practical roadmap grounded in three core principles—maximizing exemptions, minimizing administrative burdens, and advancing inclusive, equitable policies—for state and federal policymakers implementing H.R. 1. The report outlines actionable steps to ensure that eligible individuals are not terminated from Medicaid due to paperwork traps, verification barriers, or discriminatory systems. Recognizing that different communities face distinct risks, we also produced targeted issue briefs to safeguard [people living with HIV](#) as well as [individuals with mental health conditions](#). Through ongoing training, direct technical assistance, and widespread collaboration, we are equipping providers, advocates, and state officials with tools to streamline compliance processes, expand exemptions, and create flexible reporting pathways that preserve people's access to vital coverage and care. While many of H.R. 1's provisions will not take effect until 2027, LAC is using this critical window to blunt the law's harshest impacts. By combining legal analysis, policy guidance, and on-the-ground education, we are working to ensure that people with SUD, HIV, mental health conditions, and criminal legal system involvement remain connected to the care that makes recovery, stability, and opportunity possible.

Protecting Health Privacy

As federal immigration enforcement intensified last year, and prior limits on actions in “sensitive locations” were rescinded by the Department of Homeland Security, LAC moved swiftly to protect patient privacy and safeguard those seeking substance use-related health care services. Harm reduction and SUD treatment providers across the country [reported](#) that many people are canceling appointments out of fear of immigration raids. In New York, some providers likewise hesitated to enroll undocumented individuals in the state's AIDS Drug Assistance Program (ADAP) due to concerns about federal data reporting. Drawing on our expertise in both HIV and SUD privacy laws, we educated health workers and immigrant advocates nationwide on how to leverage confidentiality protections to reassure patients, maintain trust, and prevent unlawful disclosures.

Our 2025 guidance [Responding to Immigration Enforcement: A Guide for Substance Use Disorder Treatment Programs](#) and accompanying [sample letter to law enforcement](#) clarify the strict protections under the U.S. Constitution as well as the federal SUD confidentiality regulations known as 42 CFR Part 2, which generally prohibit programs from confirming a person's patient status or disclosing identifying information without written consent or a court order. We also provided training and technical assistance directly to providers—including presentations to more than 100 clinicians and advocates in New York—on navigating privacy obligations, addressing reporting concerns, and protecting patients from discrimination and harassment.

Fear of immigration enforcement should not be a barrier to lifesaving treatment, thus LAC remains committed to equipping frontline providers with clear legal guidance and real-time support. Through steadfast defense of confidentiality and anti-discrimination protections, LAC continues to uphold the principle that everyone—regardless of immigration status—has the right to seek health care safely and without fear.

Shrinking the Reach of the Criminal Legal System and Expanding ATIs

In 2025, LAC continued to play a leading role in protecting and strengthening New York City's investment in Alternatives to Incarceration (ATIs). As the City approaches its legally mandated 2027 closure of Rikers Island, it is paramount that ATIs are brought to scale across the five boroughs to safely and sustainably close the notorious jail and enhance public safety citywide. As author of [Expanding Alternatives to Incarceration in NYC: A Pathway to Safely Closing Rikers Island](#), a data-driven report profiling five New Yorkers now thriving after completing ATI programs, we elevated the urgent moral and fiscal imperative to decarcerate Rikers by scaling community-based programs that address the root causes of justice involvement, including mental health needs, substance use, housing instability, and employment barriers. Serving as both a blueprint and a call to action, our report made clear that ATIs are more humane, cost-efficient, and effective at enhancing public safety, reducing recidivism, and strengthening communities at large. We disseminated the report widely, convened briefings, and held one-on-one meetings, including with the Chairs of the City Council's Criminal Justice and Public Safety Committees who then invited us to testify before the full Council and share our concrete recommendations for scaling these programs citywide.

Policy Research Associate Jason Rodriguez holding a Close Rikers sign at a rally on the steps of City Hall.



“By connecting people to essential services—counseling, job training, and safe housing—ATIs create an off-ramp from the criminal legal system that is both cost-effective and proven to reduce crime. This model succeeds precisely because it treats underlying trauma and instability, directly contrasting with the failure of mass incarceration. As a survivor of Rikers who now works to dismantle the systems that uphold it, I can tell you

where the real failure lies: we’ve allowed our jail complex to become the city’s largest, most expensive, and most dangerous mental health facility.”

You can read Jason Rodriguez' [full commentary in CityLimits](#).

Likewise, when then Mayor Adams proposed \$17 million in cuts to ATI grants for community-based providers, LAC mobilized alongside coalition partners to successfully oppose the reductions. Our coordinated advocacy led to **full restoration—and historic baselining**—of ATI funding in the City's final budget, safeguarding these critical programs from future cuts.

Beyond New York City, we advanced a strategy to bring ATIs and reentry services to scale statewide. Building on recommendations from our 2024 report **Unlocking Potential: The Role of Community-Based Alternatives in Strengthening Public Safety in NYS**, we worked closely with the New York State Division of Criminal Justice Services (DCJS) to develop a new \$15.5 million Request for Applications to seed innovative ATI programming in underserved regions—particularly upstate “service deserts” where community-based options have historically been scarce. Central to our advocacy was the creation of an ATI Innovation Fund to direct resources to community-based organizations rather than limiting funding primarily to county-based structures. DCJS confirmed that LAC’s white paper and direct engagement would inform the new RFA, which prioritizes community providers and expands access to evidence-based alternatives statewide.

Our education and advocacy efforts also contributed to the **FY26 State budget** maintaining \$31.42 million for ATIs and \$11.53 million for reentry services, with the Senate adding an additional \$6 million for related programs. Notably, the Black, Puerto Rican, Hispanic and Asian Legislative Caucus included—for the first time—an additional \$10 million for community-based reentry programming in its proposed budget, signaling growing statewide recognition that these investments are essential to public safety.

LAC's thought leadership has also begun reshaping how success is defined across the criminal legal system. At DCJS's invitation, we presented our findings to its full executive leadership team and at its Annual Symposium, sparking ongoing discussions to design a new statewide success matrix that moves beyond recidivism as the sole measure of impact. We are also collaborating with DCJS to develop technical assistance for regions seeking to build local ATI/reentry coalitions modeled after our NYC ATI/Reentry Coalition. All together, these efforts mark significant progress toward a more equitable, community-centered public safety framework across the state—one that invests in people, not punishment—paving the way for a smaller carceral footprint and a safer, stronger New York for all.

Restoring Opportunity for Justice-Involved Youth

Last year, LAC deepened our commitment to youth justice by centering the voices of directly impacted young people and advancing a statewide agenda in New York to fully implement the state's 2017 Raise the Age (RTA) law. While youth arrests have been dramatically reduced statewide, RTA's complementary obligation to fully fund ATIs and community-based diversion remains unfulfilled. Despite \$1.55 billion appropriated for RTA, most spending has supported detention and probation rather than prevention and community infrastructure. Through research, policy analysis, and our creation of a Youth Justice Council (YJC)—a working group of system-impacted youth—we are working to ensure the State fulfills its promise to move beyond punitive systems and toward one rooted in healing, accountability, and opportunity for all young New Yorkers.



Sr. Director of NYS Policy Megan French-Marcelin and Policy Research Associates Aliya-Begum Jessa & Jason Rodriguez with YJC Member Corinthian Black and Lily Shapiro of The Fortune Society at a youth justice roundtable.

To date, LAC has facilitated 10 convenings of the YJC, focused on supporting members in researching and designing a forthcoming NY Youth-Justice Platform with concrete policy and budget recommendations to expand access to mental health care, housing, education, and community-based alternatives for young New Yorkers. When LAC was invited to present at the DCJS Youth Summit, we ensured two YJC members took the plenary stage—which led to a subsequent invitation to present at a youth justice and mental wellbeing symposium at Columbia Law School. As the **Challenging the Youth Punishment Paradigm** report that we released last year details, there are several key

priorities the YJC has identified, including: reinvestment in evidence-based Alternatives to Detention, Incarceration, and Placement; expansion of trauma-informed, school-based restorative practices; youth-centered re-engagement pathways; civilian-led crisis response; supportive housing; and paid workforce opportunities.

“Looking back on my journey, it’s clear to me that real safety means investing in young people. Community-based programming helped me grow into the leader I am today. Now, I work to help others and expand the programs that I know from firsthand experience are key to transforming lives, improving public safety, and building strong communities. That’s what keeps all of us safe.”

Read YJC Member Corinthian Black’s [**full commentary in CityLimits**](#).

Alongside directly-impacted youth, we have met with many NYC youth providers over the past several months to develop a [**comprehensive landscape**](#) of existing youth services across the five boroughs and propose budget and policy recommendations to address gaps. We are working to formalize this group in the vein of the NY ATI/Reentry coalition and look forward to building it out over the next several years.

Building on this New York work, last October, our [**No Health = No Justice**](#) team hosted a Young Adult Opportunity Forum focused on youth justice in our nation's capital. This team—which regularly convenes community partners and directly impacted people throughout the country to address current and historic racism in both the health care and criminal legal systems—brought together community leaders around youth deflection and system-impacted young people in Washington, DC. Participants raised urgent concerns about efforts to roll back policies such as the Second Chance Amendment Act, the Youth Rehabilitation Act, and the Incarceration Reduction Amendment Act, warning that shifting federal rhetoric risks returning to an era of harsher punishment for young people. The forum underscored that while employment is a critical stabilizer, record screening and barriers to record sealing continue to undermine opportunity—reinforcing the need for robust deflection strategies, workforce development, and sustained advocacy to ensure that justice-involved young people can thrive rather than be pushed deeper into the system. Working with representatives from nearly a dozen organizations, we generated recommendations focused on youth safety and employment, as well as protection of hard-won reforms. The No Health = No Justice team is committed to creating such spaces where not only can best practices and policy innovations be shared and collaborated on, but also where individuals with lived experience are centered, trusted, and empowered.

Our Annual Benefit

On November 17, 2025, over 300 people gathered at Tribeca Rooftop to celebrate LAC's mission and recent accomplishments—and our inspiring honorees Karen King, Managing Director and Chief Operating Officer at Silver Lake, and the Faces of Medicaid contributors. The evening kicked off with a warm welcome from Board Chair Brad S. Karp, followed by remarks from President and Director Paul N. Samuels about our many achievements over the year. National Director of Health Initiatives Teresa Miller presented the Edward J. Davis Community Service Award to mother-daughter duo Pattie Vargas and Rebekah Mutch, who accepted the award on behalf of all the Faces of Medicaid contributors and gave a deeply moving speech about their family's personal experiences with addiction. Berkshire Partners' Managing Director and General Counsel Sharlyn Musslewhite presented the Arthur Liman Public Interest Award to Karen King, who gave a thoughtful and powerful speech about how her drive to help others has shaped her career trajectory. We are so grateful to everyone who contributed to this incredible evening, which raised over \$1.9 million to support our mission.

[Visit our website](#) to read a full recap of the event, watch the program video, and/or see the full list of sponsors.



Our Financials

These numbers represent fiscal year 2025, which runs April 1, 2024 to March 31, 2025.

Revenue

Government Contracts	\$ 2,941,174
Contributions & Events	\$ 1,087,092
Foundations & Corporations	\$ 3,145,012
Publication & Consultation	\$ 3,750
Member Fees & Miscellaneous	\$ 747,947
In-Kind Contributions	\$ 1,631,079
Total Revenue	\$ 9,556,054

Expenses

Program Services	\$ 8,223,502
Management & General	\$ 1,725,607
Fundraising	\$ 663,563
Total Expenses	\$ 10,612,672

Change in Net Assets	\$ (1,056,618)
Net Assets - Beginning of Fiscal Year	\$ 12,332,644
Net Assets - End of Fiscal Year	\$ 11,276,026

Our Supporters

LAC is incredibly grateful to the following foundations, corporations, and individuals who supported our work by donating \$250 or more during fiscal year 2025 (April 1, 2024 to March 31, 2025). We also very much appreciate those supporters who contributed smaller amounts, chose not to be listed, or who donated their time and expertise.

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New York Office

39 Broadway, 26th Floor

New York, NY 10006

T (212) 243-1313

F (212) 675-0286

Washington DC Office

50 F Street NW, Suite 350

Washington, DC 20001

T (202) 544-5478

F (202) 544-5712