Today we will talk about:

- Action (and inaction) at Wisconsin's state legislature
- Movement on federal 2026 budget bills important to people with disabilities
- Extending the ACA subsidies is looking less likely, what are the other ideas Congress is considering?
- Policy changes the administration is making that impact people with disabilities and families, and continued coverage of impacts of HR 1.

Weekly Update Nov 21st, 2025

Federal Funding Fallout 2025

Around Wisconsin

We have a lot to say.

State Legislature updates

- 1. Increase to special education reimbursement passed in state budget will not result in promised reimbursement rate for schools.
 - The budget promised school districts would get 42 cents back for every dollar spent on special education this budget year (up from 32 cents). Next year they were supposed to get 45 cents.
 - The legislature set aside a fixed amount of funding based on estimates that used old data
 - It's not enough money to keep the promise the legislature made in the budget
 - When dividing the funding across schools using current costs, the promised reimbursement drops from 42 cents on the dollar down to 35 cents on the dollar.
 - DPI school finance bulletin

BPDD released statement

- Action Step: You can share with your state legislators what it means to be promised more and get less locally for special education.



FOR IMMEDIATE RELEASE: November 18, 2025

Contact: Beth Swedeen, Executive Director, Beth.Swedeen@wisconsin.gov, (608) 220-2924

BPDD Statement: Promised increase for special education doesn't materialize for schools, students

This spring and summer grassroots disability advocates across the state worked for months to elevate the importance of raising the low **special education reimbursement** rate so students with disabilities can be successful and local public school districts have the resources they need. BPDD supports these parent advocates who understand the challenges their children and schools face to deliver the education they have a right to under federal law.

The state budget did not implement the Governor's original proposal to raise the special education reimbursement rate from 32% to 60% sum sufficient funding. Instead, the legislature set aside a fixed amount of funding and promised that school districts would get 42% of special education costs reimbursed in the first year of the budget, and 45% the second year. Disability advocates saw it as a positive step towards a much needed increase in support for students with disabilities.

The fixed amount set aside by the legislature, however, was based on estimates that used old data and it's not enough to keep the promise the legislature made to students, parents, and schools. When dividing the funding across schools using current costs, the promised reimbursement drops from 42 cents on the dollar down to 35 cents on the dollar.

"It's time to build a budget that is rooted in real costs and can provide budget certainty to schools and parents that the promises made by the legislature will translate into real dollars schools can use," said Beth Swedeen, Wisconsin Board for People with Developmental Disabilities Executive Director. "We should not be in this position cycle after cycle where students with disabilities and schools are

State Legislature updates

- 1. State legislature fails to act in November to provide more funding for FoodShare needed to respond to federal changes in HR 1.
 - Wisconsin DHS says they need about \$70 M more dollars to make the changes required by HR 1.
 - Changes in HR 1 increases the work (costs) for states while reducing the amount of federal money given to states to run the program.
 - HR 1 includes financial penalties for states if they have too many mistakes.
 - Some HR 1 changes went into effect Oct 1st, more went into effect Nov 1st.
 - The state legislature must approve more funding.
 - DHS and hunger advocates have been asking the legislature to act since August.
 - The legislature may not meet again until December or January.

Education

- AB 613 and AB 614
- Make it easier for teachers to take students out of classrooms if the teacher says the student's behavior is disruptive. Under the bill, the definition of "disruptive incident" is broad an gives a lot of room for the teacher to fit many common behaviors into the definition.
- Add time consuming paperwork requirements that can delay a student's return to the classroom.
- Require the school to notify all parents of every student in the class each time a student is removed from the class and say how the removed student diminished the quality or quantity of instructional time provided to the class.
- BPDD testimony

Decision-Making

SB 578 and AB 598

- Lets hospitals pick a decision-maker (called a Patient's Representative) if a
 patient becomes unable to make medical decision, based on a list set in
 statute.
- The Patient's Representative gets broad authority over the person and their money, where they live, and their medical care, without any court oversight.
- The bill does not say how, who, or when the person can be re-evaluated to get their rights to make their own medical decisions restored.
- The patient's representative's authority potentially continues indefinitely.
- Coalition memo sent to legislature
- BPDD testimony

Voting

- AB-560 and AB 599
- AB-560 would not allow people to use drop boxes to return ballots
- AB-599 eliminate the indefinitely confined option and require everyone currently using it to get a Photo ID to vote. Current users would get an absentee ballot automatically.
- Bill says voters with disabilities can get help from an "authorized disability advocate" or a licensed caregiver, but does not define who the authorized advocates are or how to find them.
- The bill penalizes anyone (voters, caregivers, "authorized disability advocates") who makes a mistake
- <u>BPDD Press release</u>

Action Steps you can take

Education

AB 613 and AB 614

- Passed full Assembly on 11/19
- Contact your State Senator with your thoughts on the bill. The bill has not had a public hearing and the Senate had not voted to support these bills yet.
- Contact the Governor with your thoughts on these bills. This helps the Governor decide whether to sign or veto a bill that gets to his desk.

Decision-Making

SB 578 and AB 598

- Contact your State Senator and State Assembly Representative with your thoughts on this bill. These bills have had a public hearing but constituents can inform legislators on whether to vote for or against a bill if it gets to the floor.
- Contact the Governor with your thoughts on these bills. This helps the Governor decide whether to sign or veto a bill that gets to his desk.

Voting

AB-560 and AB 599

- Contact your State Assembly Representative with your thoughts on this bill. These bills have had a public hearing but constituents can inform legislators on whether to vote for or against a bill if it gets to the floor.
- Contact the Governor with your thoughts on these bills. This helps the Governor decide whether to sign or veto a bill that gets to his desk.

Look up who your state legislators are: https://legis.wisconsin.gov/ Governor's office: 608-266-1212

Survival Coalition Caregiver Survey results

- 60% of unpaid caregivers provide care equal to or exceeding a half-time job (20+ hours per week).
- 10% provide care equivalent to a full-time job, and
- 31% deliver more than 60 hours weekly, often around the clock.
- When paid workers are unavailable, 63% of families step in to fill the gap.
- 31% report going without care entirely when shifts cannot be covered.
- More than 525 respondents shared their experiences.



CAREGIVER STATISTICS

In a typical week ...

Almost 60% of unpaid caregivers are providing as much or more care hours than a half-time job.



Half-time 20+ hours per week 10% are providing as much care as a full time job.



Full-time 40 hours per week 31% of caregivers are providing care more than 60 hours per week.



Overtime More than 60 hours per week



31% of people say they go without care when paid workers can't make shifts.



More than 63% say when they can't hire workers or when paid workers can't make a shift, family members fill in the gaps.

Survival Coalition Caregiver Survey results

- Caregivers report leaving or considering leaving the workforce due to caregiving demands.
- Employee caregiving costs US employers \$33 billion annually from lost productivity and an additional \$6.6 billion to replace employees who retire early or quit.



CAREGIVER STATISTICS

In a typical month, unpaid caregivers navigate complex paperwork and logistical tasks while providing the same level of complex medical and home health care expected of paid professionals:





86% Coordinate care (e.g. Make and manage appointments, research/contact providers to hire or check for service availability, pick up prescriptions/medical equipment etc.



67% help navigate and complete Medicaid paperwork to verify income and eligibility

67% perform nursing or medical tasks



83% attend medical appointments



60% provide personal care, home health care, assistance with transfer, assistance with toileting, assistance with eating, etc.



36% have to spend time clarifying what Medicaid participants need to do, correct paperwork, correct billing mistakes



Congress

Government Shutdown, 2026 Budget bill, ACA subsidies

Shutdown ends (for now), next fights begin

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Oct 1st

Government shuts down because Congress did not pass CR or 2026 federal budget.

U.S. House stayed out of Session from Sept 19th.



Nov. 1st

ACA Marketplace open enrollment begins.



Week of Nov 17th

Federal government reopens.

Senate says 5 regular 2026 budget bills will be advanced.

Alt. ideas to extending ACA subsidies floated.



Week of Dec. 15th

Possible Senate vote on Dem ACA subsidy extension

Dec 19th last day Congress is in session.

Dec. 15th deadline for ACA plan selection in many states



Jan. 15th

ACA Open Enrollment period ends

Administration fires 4200+ federal employees using Reduction In Force (RIF).

Week of Oct 6th

Continuing Resolution passed and signed into law.

Resumes Telehealth, 3 regular 2026 budget bills (incl. SNAP), fed worker backpay, undoes fed worker firings until Jan 30th, funds agencies until Jan 30th.

Week of Nov 10th

WE ARE HERE

Congress goes on Thanksgiving break.

Nov. 27th

ACA subsidies expire if there is no Congressional action.

Jan. 1st

New expiration date of Continuing Resolution.

If final 2026 budgets for remaining 9 budget bills are not passed, those agencies and programs shut down.

Jan. 30th, 2026

Shutdown ends, but fallout for states is just beginning

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- The Continuing Resolution says that states shall be reimbursed for expenses "that would have been paid" by the federal government during the shutdown. But it's unclear how that language will be interpreted.
- It could take weeks or months before states know the full fallout from the shutdown.
- Since taking office, the Trump administration has stripped states and cities of billions of dollars that Congress approved for education, infrastructure and energy projects.
- Federal uncertainty can cause state leaders to be more cautious about their own budgets



https://stateline.org/2025/11/14/shutdown-ends-but-more-federal-chaos-looms-for-states

Shutdown ends, but fallout for states is just beginning

15

- The shutdown and its aftermath underscore the ongoing strain between state and federal governments.
- HR 1 makes deep cuts to social service programs, including Medicaid and SNAP.
- In addition to spending cuts and new administrative costs, HR 1 made tax code changes that will cost many states.
- Most states use the federal tax code as a basis for their own income tax structures. Changes at the federal level can impact revenues coming into state tax systems.



https://stateline.org/2025/11/14/shutdown-ends-but-more-federal-chaos-looms-for-states

2026 appropriation bills fund programs important to people with disabilities

Labor/Health & Human Services/Education

- Disability and Aging advocacy organizations, and programs
- Medicaid, Medicare, ACA Marketplaces
- Mental health, Public health, Health Research
- Special Education & Office of Civil rights
- Rehabilitative Services (DVR)

Transportation/Housing Urban Development

- Public Transit aid to states
- Housing programs, including Section 8 Housing voucher and Section 811 Supportive Housing programs, Homelessness prevention

Status of 2026 appropriations bills

Labor/Health & Human Services/Education

- The Senate and House committees both have approved a version of the bill.
- The bills do not reflect the President's proposal to eliminate certain agencies or programs (U.S. Dept of Ed, ACL)
- Disability programs are level funded in both the House and Senate version.
- The House and Senate version do not agree, so there will be changes.

Transportation/Housing Urban Development

- The Senate and House committees both have approved a version of the bill.
- Bills do not reflect President's proposal to eliminate/consolidate housing programs.
- The House and Senate version do not agree, so there will be changes.
- The House wants to cut spending from HUD; the Senate wants to increase spending.

What's the (health care) plan? Lots of (old) ideas.

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Senate Rs

- Give people money they can use to pick their own coverage or pay their own medical bills directly
- Redirect the enhanced subsidies into tax-free Flexible Spending Accounts, or FSAs (can be used to cover copays, deductibles, but not to pay premiums, money must be spend in one year)
- Incentivize Marketplace enrollees to switch to Bronze (instead of Silver) plans and get a pre-paid HSA (Bronze plans cover 60% of health costs, policy holder pays remaining 40% out of pocket.).
- Sen. Johnson, send ACA marketplace rebate checks to marketplace consumers

<u>Senate proposal to replace ACA premium subsidies</u> <u>with HSA accounts</u>

Repeal and replace failed, what are lawmakers proposing now?

President

- Redirect ACA subsidy money from insurers into individual Health Savings Accounts so people can buy their own health care
- Send one-time rebate checks to marketplace customers who earn too much to qualify for subsidies

House Rs

- Let ACA subsidies expire.
- Extend but change current subsidies (income limits, fraud provisions, etc.)
- Redirect ACA subsidy money from insurers (currently used to help people cover out-of-pocket costs) into individual Health Savings Accounts.
- Use Reconciliation process to pass a health care reform package.
- Other ideas to lower costs for younger/healthier people, create a reinsurance fund to directly subsidize premiums for sick and chronically ill

House pitches health care reform ideas

House bill would move money used to cover out of pocket costs to HSAs

House races Senate to create health care plan

Sen Scott proposes Freedom Accounts

"New" Health Care Ideas Republicans have been tried (and haven't worked)

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- The idea that taking some or all of the money now going to insurers, and giving it directly to people, will make for a cheaper, more efficient health care system is not new.
- In the past few decades, this approach has been tried in different ways and places (higher out-of-pocket costs is an example).
- The evidence shows this approach doesn't work in practice.
- Shopping for health care is not a reality for most patients.
- Emergencies, limited provider networks or geographical options, same businesses owning more care options, and lack of ability to challenge what is medically necessary or behind-the scenes billing all make it hard for consumers to make informed choices.



THEBULWARK.COM

The Not-So-Impressive "New" Health Care Ideas Republicans Want to Rush Out

https://www.thebulwark.com/p/not-so-impressive-new-health-care-policy-ideas-republicans-rush-out

https://xpostfactoid.blogspot.com/2025/11/100-years-of-acarepeal.html

https://www.politico.com/news/2025/11/19/cassidys-obamacare-plan-will-not-lower-skyrocketing-premiums-democrats-and-policy-experts-say-00660894

Questions you can ask Congress

Do you support extending the ACA Marketplace subsidies? (Yes/Maybe/No)

(Yes) Will you vote to extend ACA subsides in their current form? When? For how long?

(Maybe) Would you extend them under certain conditions? What are those conditions?

(No) Are you opposed to extending the ACA subsidies in any form?

Explain your alternative health care plan (see next slide)

Congress had 15 years to develop alternative health care plan. What is it?

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How does your health care plan address the root causes of health care cost increases, control costs/profits, ensure access to health care for everyone, and stop those increased costs from being passed on to people who need health care?

If you give money to people where is this new, much better insurance going to come from, if not from insurers?

How will individuals negotiate with insurers, and over what? Prices?

Benefits?

What will your plan do to control cost increases, set standard prices, make sure there is competition, limit profits? What will your plan do to make sure people have access to multiple care options and have choices about where to go and what they can pay?

How will your plan impact people with pre-existing conditions?

Questions you can ask Congress

Will you commit that the disability and aging programs in the 2026 Labor/HHS/Education budget bill will at least be funded at the same level?

The administration is saying it will move Education programs to other departments, and is making other changes that impact who gets money and how it is used. What will you do to limit redirection or restriction of funds to states and programs?

What will you do make sure the funds Congress appropriates are spent as directed and in a timely manner?

What will you do if the administration does not spend money as Congress directed?



Nov-Dec 2025

Window for 2026 fed budget, ACA subsidy expiration, other health legislation to get done.



Jan 1st

Office of Management and Budget (OMB) must issue sequestration if Congress has not acted to prevent it.

Last day of Congressional session. ACA subsides expire and Medicare/Federal program sequestration cuts occur unless Congress acts.



Dec 18th

Administration

Administrative rules, Fed@r4l Agency Actions

Social Security scraps plan to limit disability benefits after uproar

- The Social Security Administration has abandoned plans to block thousands of Americans over age 50 from qualifying for disability benefits after an uproar
- If it became harder for adults 50 and older to qualify for disability, advocates worried more people would be forced to retire early and get much less Social Security as an individual while also putting more financial pressure that would use up the retirement fund faster.



Social Security applicants over age 50 have a better chance of qualifying for disability benefits because age i treated as a limitation in adapting to many jobs. (Wesley Lapointe/For The Washington Post)

https://www.washingtonpost.com/politics/2025/11/19/social-security-disability-benefits-age/

Social Security scraps plan to limit disability benefits after uproar

- The agency is also halting a plan to use modern labor market data to help judge whether disability claimants can work.
- Starting next year the agency planned to develop a database to help determine which jobs, if any, someone seeking benefits could perform.
- Disability advocates worry that such a database would be programmed to come up with a vast array of jobs and would end up denying benefits to tens of thousands of claimants every year.



Social Security applicants over age 50 have a better chance of qualifying for disability benefits because age i treated as a limitation in adapting to many jobs. (Wesley Lapointe/For The Washington Post)

https://www.washingtonpost.com/politics/2025/11/19/social-security-disability-benefits-age/

Trump administration launches plan to dismantle Education Department

- Federal law directs certain programs and funding to the Dept of Education.
- The administration is bypassing Congress by using intergovernmental contact agreements to move and outsource the functions and operations of the Education Department to other federal agencies.
- Agreements between agencies (often called MOUs) are usually narrow, and task specific. They have not been used to move entire programs or functions from one agency to another.
- The plan would leave the federal statutes unchanged, but the Education department would contract out its work to others.
- The plan moves several education functions to the Dept of Labor and Dept of Interior.
- Administration officials did not rule out future efforts to move the Office of Special Education and Rehabilitative Services or the Office of Civil Rights. No agreements on those programs have yet been signed.



Washington Post Politico New York Times NPR

Trump administration will require SNAP participants to reapply for benefits

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- USDA Secretary Rollins said the agency plans to "have everyone reapply for their [SNAP] benefits, make sure that everyone that's taking a taxpayerfunded benefit through ... food stamps, that they literally are vulnerable and they can't survive without it."
- She did not provide a timeline on when/how people would need to reapply or whether new requirements would be different from existing ones.
- State already require SNAP participants to recertify their information, as often as every six months. SNAP participants must keep their work history, income and other personal information up to date.

Trump administration will require SNAP participants to reapply for benefits

Food aid recipients are already required to recertify their information regularly. But the move is part of USDA chief Brooke Rollins' effort to overhaul the program.



https://www.politico.com/news/2025/11/14/trump-usda-snap-participants-reapply-benefits-00651874

- Last Week, the <u>Social Security</u> <u>Administration</u> (SSA) quietly updated a public notice to reveal that the agency would be sharing "citizenship and immigration information" with the <u>Department of Homeland Security</u> (DHS).
- In April, it was reported this data sharing was happening.
- This public notice issued by SSA makes that official, months after the fact.



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- SSA now has "a special indicator code that identifies types of questionable data or special circumstances concerning an application for a Social Security Number (SSN)."
- This appears to mean that is now a way to flag a Social Security number and take it out of use, without marking the person as deceased.
- Deactivating a SSN means the number could not be used to let someone work or collect government payments.
- Previously Social Security couldn't deactivate a SSN unless that person had died.
- "You can literally cut off anyone's financial life you want, and you don't need to use the death master file".



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- Administration actions indicate they want to create a national citizenship database.
- They have wanted more data on immigrants, particularly those using government services like housing assistance or food benefits and add a citizenship question to the US Census.
- DHS thinks SSA has the largest set of citizenship data of any government agency, so having access to SSA data is a big step to a larger goal.



- Previously, <u>Social Security has said</u> its data shouldn't be used for citizenship purposes.
- "While SSA records provide an indication of citizenship, they do not provide definitive information on U.S. citizenship," and that "SSA does not have citizenship information for all individuals who have been issued an SSN."
- Social Security data was never collected with the goal of being used for citizenship or immigration purposes, it likely has mistakes.
- There are mismatches. The wrong people's records could be incorrectly linked together. Someone could be assigned a number and become naturalized or a legal citizen later.
- This could mean that people who are legally in or are citizens of the United States could lose their ability to vote or work due to data matching errors.



Trump revives policy penalizing immigrants for using safety net programs

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- Monday the Administration said they want to give immigration officers authority to deny permanent residency to lawfully present immigrants who use Medicaid or other food and housing assistance programs.
- Instead of reviving the public charge rule from the first Trump term, the Dept of Homeland Security pledged to release guidance at an unspecified future date.
- That would give more power to individual Citizenship and Immigration Services officers to make determinations about who they think is or could become a "public charge."



The Trump administration moved on Monday to bring back a policy from his first administration that benalizes legal immigrants who use public health, food and housing benefits. (AP Photo/Evan Vucci) | AP

https://www.politico.com/news/2025/11/17/trump-revives-policy-penalizing-immigrants-for-using-safety-net-programs-00655378

https://www.npr.org/2025/11/18/g-s1-96806/trump-public-charge-rule

- The U.S. has restricted immigrants considered a burden on taxpayers. The Trump administration was the first to designate public health insurance a form of welfare.
- The Trump administration <u>estimated that the</u> <u>government</u> would save \$8.97 billion annually because people would drop out of Medicaid and other benefit programs— including "aliens as well as U.S. citizens who are members of mixed-status households."
- Another recent Trump administration policy move to deny visas to immigrants with chronic health conditions, including cancer and obesity, based on the assumption that those individuals could later depend on taxpayer-funded health programs.



The Trump administration moved on Monday to bring back a policy from his first administration that penalizes legal immigrants who use public health, food and housing benefits. (AP Photo/Evan Vucci) | AP

https://www.politico.com/news/2025/11/17/trump-revives-policy-penalizing-immigrants-for-using-safety-net-programs-00655378

https://www.npr.org/2025/11/18/g-s1-96806/trump-public-charge-rule

C.D.C. Changes Website to Reflect Kennedy's Vaccine Skepticism

- A CDC website that previously said that vaccines do not cause autism was changed Wednesday to align with views of vaccine skeptics.
- The website use to say that studies had shown "no link between receiving vaccines and developing autism spectrum disorder," and cited studies that supported the statement.
- On Thursday, the live version of the page says: "The claim 'vaccines do not cause autism' is not an evidence-based claim because studies have not ruled out the possibility that infant vaccines cause autism."
- The site also claims health authorities have "ignored" studies supporting a link and said that DHHS is conducting a "comprehensive assessment" of the causes of autism.
- 30 years of studies have consistently not found any connection between vaccines and autism

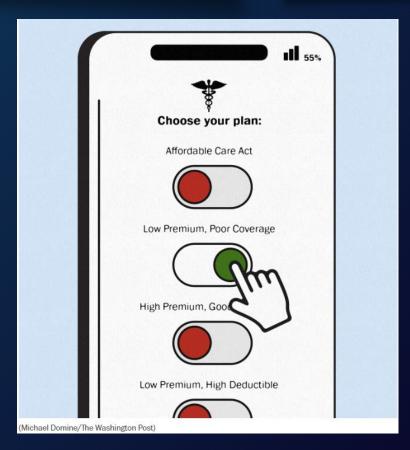


https://www.nytimes.com/2025/11/20/health/vaccine-autism-cdc-website.html

https://www.washingtonpost.com/health/2025/11/20/cdc-vaccines-autism-website-change/

The cheap health insurance promoted by Trump officials has this catch

- Trump administration officials have promoted "short term" private insurance plans as an alternative to ACA Marketplace plans.
- "People think they're getting comprehensive medical coverage, but they're not, and they often don't realize that until it's too late."
- The plans are cheaper, but unlike most insurance, these plans are not required to cover preexisting conditions or even basic needs like prescription drugs.



Continued coverage of impact of Reconciliation bill

Lots of **3**7 ticles to share.

Continuing Resolution spare Medicare Cuts that would have been required by HR 1



The 2010 "PayGo" law forces flat across-the-board cuts (sequestration) to many federal programs if legislation increases the federal deficit.



HR 1 added an estimated \$3.4 Trillion to the federal debt over the next 10 years.



That meant Medicare will have faced \$491 billion in automatic cuts (4%) over the next 10 years.



The Continuing Resolution includes provisions to waive the "PayGo" rules, so Medicare is spared cuts.



The Continuing Resolution also restarts the ability for providers to be paid for Telehealth and Hospital at Home

SNAP is back, but millions will soon lose benefits permanently

- HR 1 means more people must prove they are working to keep getting SNAP.
- New work requirements went into effect Nov.1 but were waived during the shutdown.
- Now that the federal government is open, states have started notifying participants they will be subject to new, tighter work requirements, setting up a three-month countdown for people to comply or lose benefits entirely.



https://www.politico.com/news/2025/11/15/food-stamps-snap-trump-one-big-beautiful-bill-impact-00653447

SNAP is back, but millions will soon lose benefits permanently

- HR 1 said if people don't prove they are working enough, after three months they will not be eligible for SNAP.
- Certain lawfully present immigrants are being notified that they are no longer eligible for SNAP, effective immediately.
- Millions are expected to be kicked out of SNAP in the next few months.



https://www.politico.com/news/2025/11/15/food-stamps-snap-trump-one-big-beautiful-bill-impact-00653447

North Carolina Parents win a pause on some Medicaid cuts

- The parents of more than 20 children with autism sued the N.C. Department of Health and Human Services for discrimination.
- All providers of <u>Medicaid-covered</u> <u>services</u> across the state have been subject to cuts of at least 3 percent, the lawsuit filed in late October alleged that the larger reduction for ABA unfairly singled out children with disabilities.
- The ruling temporarily restores funding for an intensive autism therapy as families warn reduced rates would disrupt care and push some children toward institutionalization.



https://www.northcarolinahealthnews.org/2025/11/14/parents-win-medicaid-cuts-pause

- A legislative committee approved "prove you're working" requirements that go further than what the federal government requires states to do under HR 1
- HR1 requires Medicaid recipients to submit proof every six months that they've worked or volunteered at least 80 hours per month to remain eligible for the program.
- New Hampshire's plan would require people to prove they are working every 4 months and ban Medicaid recipients from "self-attesting" that they are meeting the work requirements. Instead formal documentation would be required.
- The plan would have to pass the full New Hampshire legislature and submitted to the federal government.



https://www.nhpr.org/nh-news/2025-11-14/nh-one-step-closer-to-imposing-work-requirements-for-medicaid-expansion-recipients

When The G.O.P. Medicaid Cuts Arrive, These Hospitals Will Be Hit Hardest

- HR 1 cut more than \$1 trillion from Medicaid and Senators worried the changes would shutter rural hospitals.
- They created a \$50 B fund to help rural hospitals.
- But a new analysis led by Harvard researchers suggests that many of the hospitals most at risk of closing services or even their doors —may be in cities.
- Hospitals that serve vulnerable communities, with fragile finances, and where 25% or more patients rely on Medicaid are at risk. Of those hospitals, 85 percent were in urban areas.



https://www.nytimes.com/2025/11/18/upshot/urban-hospitals-medicaid-cuts.html

Wisconsin mom of daughter with disabilities fears impact of expected Medicaid cuts

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• "A lot of the families that we know through our Rett syndrome network, they're stockpiling syringes and feed bags and diapers, we're just stockpiling everything because we don't know when the rug is going to be pulled out," Lowe said.



https://wisconsinindependent.com/health-care/wisconsinmom-of-daughter-with-disabilities-fears-impact-of-expectedmedicaid-cuts

2025 decision or HR 1 implementation points

45

Sept. 30th

Federal fiscal year ends, Government Shutdown began.

No guidance from USDA on SNAP "prove you're working/exempt" requirements that went into effect July 4th, 2025.

Fall 2025

Proposal to extend ACA subsidies one year. (Otherwise subsides expire Dec. 31st, 2025)

Nov. 2025

ACA Marketplace policy holders will get noticed about how much premiums will rise in 2026 (because of admin rule & H.R 1 changes, expiring subsidies (?), higher drug costs).

Dec 18th

Last day of Congressional session. ACA subsides expire if not extended. If Congress follows PayGo law, Medicare/Federal program sequestration cuts occur unless Congress acts.

Jan 1st, 2026

OMB must issue sequestration if Congress has not acted to prevent it.

WE ARE HERE

HR 1 6% error threshold for SNAP goes into effect.

Oct. 1st

120 day "hold harmless" period to implement SNAP changes required by HR 1 ends. Non-compliance counts as errors, errors retroactively applied back to July 4th, 2025

Nov 1st

New government shutdown deadline if Republican CR passes in Sept.

Nov. 21st

HR 1 reduces federal funding to run SNAP from 75% to 50% (creates new cost for states).

Jan 1st, 2026

11/20/2025



June 1st, 2026

CMS must issue guidance to states on how to implement HR 1 Medicaid "prove you're working/exempt" requirements.



Sept. 2026

Under HR 1 states must begin communicating with Medicaid members about "prove you're working/exempt" requirements that go into effect Jan 1.



Nov. 3, 2026

2026 midterm Election Day.



Winter 2026

If ACA Marketplace subsides are extended for one year, Congress must act to continue them.



Jan 1st, 2027

HR 1 Medicaid "Prove you're working/exempt" requirements go into effect

HR 1, Medicaid retroactive coverage decreases from 3 to 2 months

Insurers begin calculating rates for 2027. If ACA Marketplace subsidies are extended in Fall 2025 for one year, 2027 rates would include costs if subsides expire in 2026.



End of federal fiscal year 2026. Congress must pass FFY 2027 budget, Continuing Resolution, or shutdown government.

Sept 30th, 2026

ACA Marketplace policy holders will get noticed about how much premiums will rise in 2027 (because of admin rule & H.R 1 changes, expiring subsidies (?), higher drug costs).

November 2026

HR 1 reduces federal funding to run SNAP from 50% to 25% (creates new cost for states).

Jan 1st, 2027

11/20/2025