

Today we will talk about:

- Looking back on 2025 and what to watch in 2026.
- State legislature, what will they do (or not do) in January. DVR has a funding shortfall and creates a waitlist, special education is not getting what it was promised in the state budget, and funding to implement funding for FoodShare has not passed.
- Congress does not extend ACA subsidies, and goes home without finishing the federal budget. January is now a jam packed month.
- Policy changes the administration is making that impact people with disabilities and families, and continued coverage of impacts of HR 1.

Weekly Update

Dec 19th, 2025

Federal Funding Fallout 2025

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12/18/2025

Around Wisconsin

We have a
lot to say.

2025: It's been quite a year

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- Wisconsin disability advocates across the state have been showing up and speaking out about Medicaid, the ACA Marketplace, special education, and many other issues important to people with disabilities and families.
- Your experience has been the story. You've gotten the press and your neighbors to pay attention.
- A year full of people with disabilities and families taking action, large and small, has made a big difference.
- We've had wins (sometimes measured by what did not happen).



https://youtu.be/EviDy7UL_1o

Wisconsin parents show what federal funding cuts really mean

- By targeting diversity language the administration has been able to make cuts to programs that benefit children with disabilities without specifically rolling back special education.
- In September, the Trump administration canceled the five-year, \$918,000 grant for the Wisconsin Deafblind Project program, which supports about 170 children in Wisconsin like Annie. It also ended a \$10.5 million grant used to recruit and retain special education teachers in the state.
- Appeals by Wisconsin and other states to restore funding were quickly denied by Trump officials.
- An umbrella organization, the National Center on Deafblindness, said it could provide enough money from its own Education Department funding for the programs to continue — but only for another year.



NYTIMES.COM
Born Deaf and Blind, She's Caught in Trump's Anti-Diversity Crusade

<https://www.nytimes.com/2025/12/15/us/trump-dei-funding-deaf-blind.html>

Higher cost, worse coverage: Wisconsin family experience featured in national article

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- 58-year-old military veteran Chad Bruns had to leave his firefighting career early because of arm and back injuries.
- He and his wife, Kelley, 60, both retirees, have always been frugal, and they will be forced to be even more so now.
- Their ACA Marketplace is getting more expensive -- and for worse coverage.
- This year, they were paying \$2 per month for a gold-level plan with less than a \$4,000 deductible.
- In 2026, that same plan is rising to \$1,600 per month, forcing them to downgrade to a bronze plan with a \$15,000 deductible. The out-of-pocket maximum at \$21,000 amounts to nearly half their joint income.
- Kelley Bruns said if something happens to their health in the next year, they could go bankrupt.



https://apnews.com/article/congress-health-care-subsidies-cost-aca-premiums-6a69b51aee8a6b04353b914e044f4efa?utm_source=copy&utm_medium=share

January: what to watch for in the state legislature?

Who signed onto the bill that would guarantee special education funding promises are kept?

Will the legislature provide all or some funding needed to meet new federal FoodShare requirements?

Will extra policies or conditions be attached by the legislature before DHS can get money?

Will the legislature provide funding to make sure people aren't waiting for DVR?

Will bills that let hospitals pick decision makers move or not?

Will other bills impacting people with disabilities and families advance or not?

- Wisconsin's Division of Vocational Rehabilitation (DVR) had to begin putting eligible people with disabilities on a waitlist.
- People are waiting because the state budget did not set aside enough money.
- DVR needs an \$11 million more in state funding so people won't have to wait for help to get a job.
- This would be enough to end the wait list and make sure people with disabilities can get the support they need to work through June 30, 2027.
- About 1,200 people are enrolling in DVR each month.

**Funding for DVR
falls short, wait
list
implemented:
Legislative
action needed**

- DVR has not had a waitlist in Wisconsin since 2014.
- DVR estimates individuals may need to wait up to a year for services.
- People with less significant disabilities face the longest waits. Many of these people may be in BadgerCare and could be risk of needing to prove they are working or exempt when federal work requirements take effect next year.
- Lack of DVR funding impacts school transition programs and puts more pressure on employment services if people are in Family Care/IRIS
- [BPDD Action Alert on DVR funding](#)

**Funding for DVR
falls short, wait
list
implemented:
Legislative
action needed**

Wisconsin Medicaid Director: states need more details on Medicaid work requirements

Monday CMS provided more information about Medicaid work requirement, but Wisconsin says its not detailed enough to help states

Wisconsin wants to automatically exempt people from work requirements to the greatest extent possible.

CMS says states can use claims data to decide whether members meet exemptions, so people provide additional documentation.

States will have to validate exemptions. CMS wants auditable information. It is unclear how states would do this.

Medicaid directors say they can move quickly but they need flexibility as they do not have enough time to build out all the systems that are needed before requirements take effect at the start of 2027.

Wisconsin Medicaid Director: states need more details on Medicaid work requirements

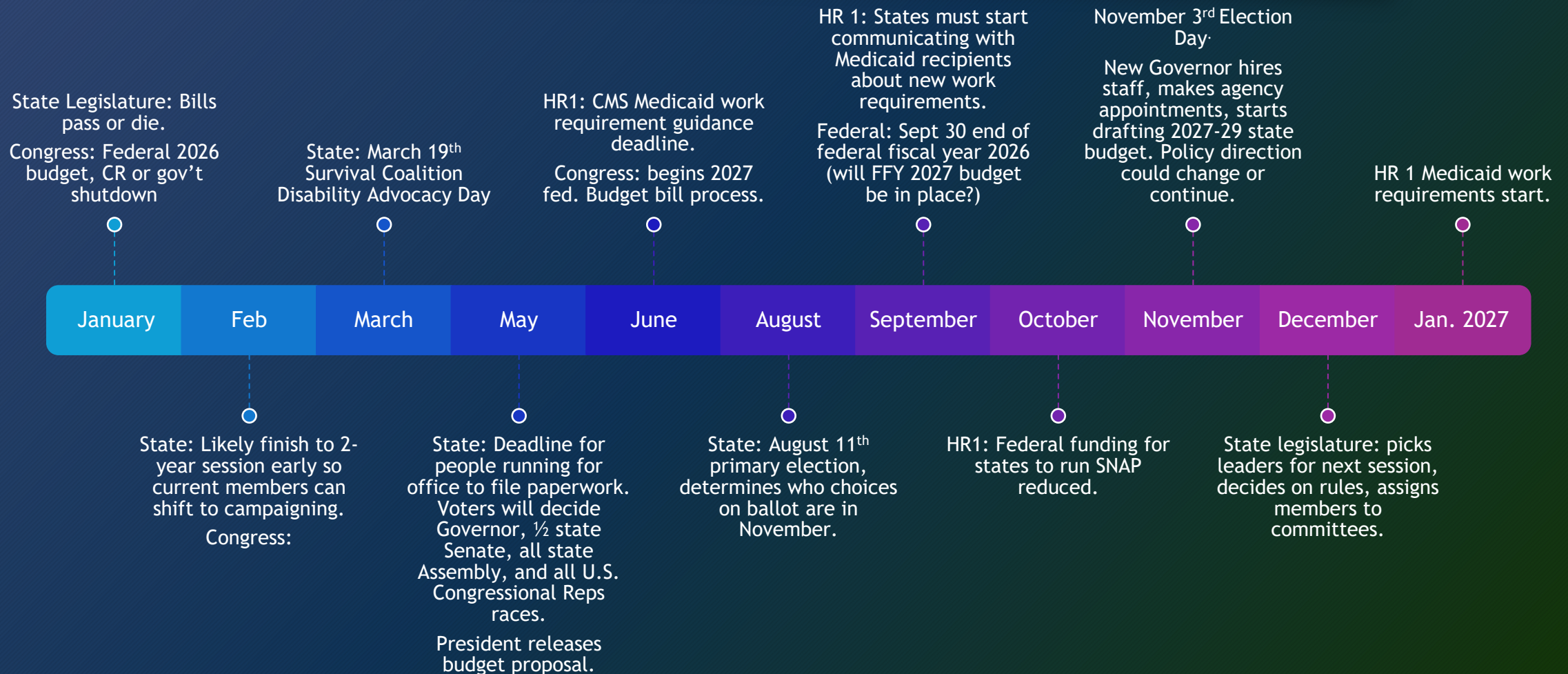
States are pushing to align Medicaid work requirements with similar requirements for food assistance.

In particular, Wisconsin wants clarity when it comes to how the benefits interact with unemployment insurance.

Those receiving unemployment insurance are exempt from food assistance work requirements, which is not an exemption allowed by Medicaid.

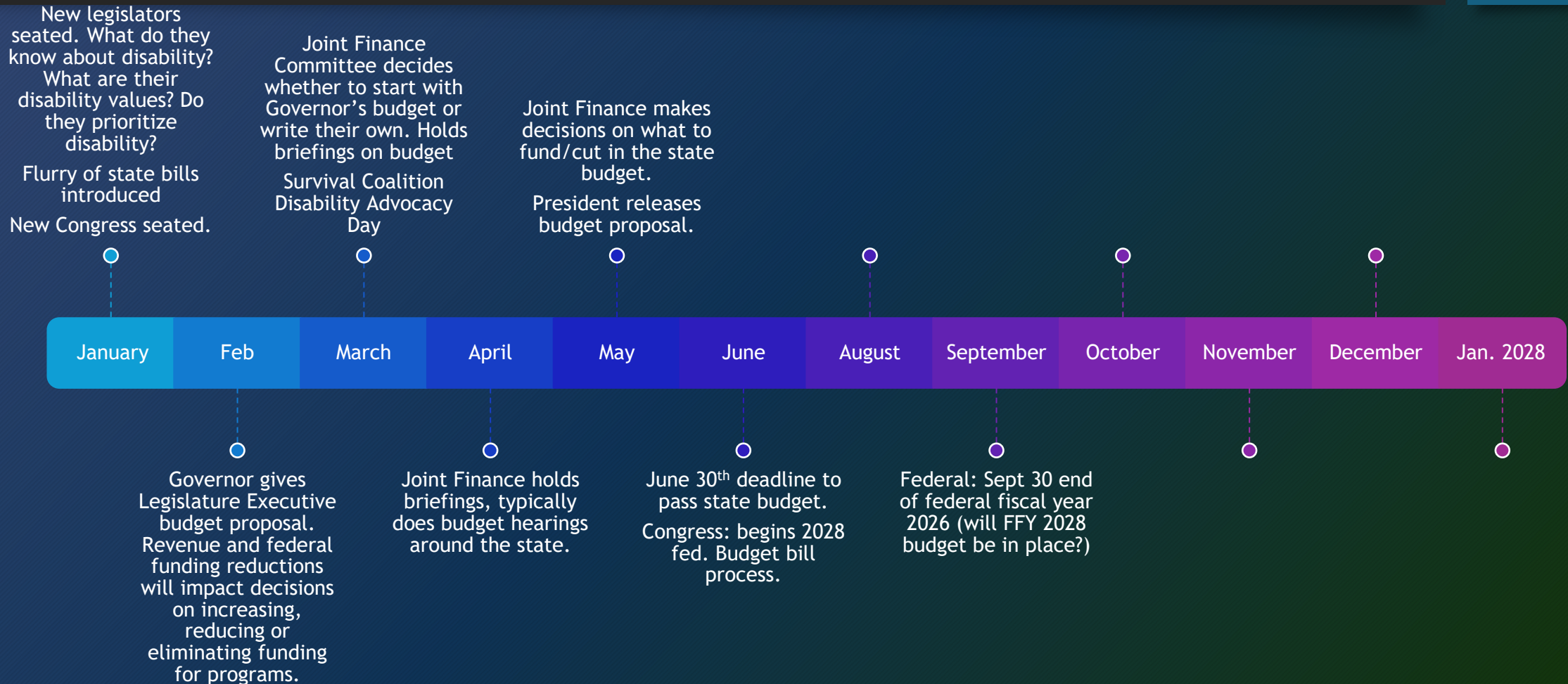
That could mean during a recession, those seeking Medicaid coverage will have to volunteer or enroll in a government jobs program so that they can maintain their health benefits on top of meeting unemployment insurance requirements.

Buckle up: 2026 is going to be a big year to make sure disability issues are priority issues



2027 is when states feel impact of federal funding cuts.

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January Survival Coalition trainings

Survival Coalition is hosting a series of community organizing trainings intended to strengthen collective action in the disability community.

This is not self advocacy training. It will focus on how to organize around common issues.

The target audiences for this training are grassroots activists, home care workers, and people with disabilities who are interested in joining together around shared concerns.

Register at:
<https://bit.ly/CommunityOrganizing2026> to commit to all 3 trainings.

12/18/2025

Community Organizing to Maximize Power and Impact

This 3-part, 9-hour training is free to members of the disability community in Wisconsin who want to explore the principles of collective action to impact issues important to the disability community. Whether cuts to Medicaid and SNAP, the lack of caregivers, quality education, or other issues important to the disability community, this training will give you the connections and skills to have greater impact on public policy.

Sessions are 10 a.m. until 1 p.m. on the dates below and will not be recorded so participation in ALL THREE sessions is strongly recommended in order to improve your effectiveness in community organizing. We encourage people to participate in groups because there will be opportunities for small group discussions.

This is a great training to prepare for Disability Advocacy Day, which will be March 19 at Monona Terrace and the Capitol in Madison.

Session Dates & Registration

Session #1 (January 14th): Learning the basics of power, control, and how to motivate others.

Session #2 (January 28th): Identifying challenges and developing strategies for change.

Session #3 (February 11): Forming cohesive groups and maximizing strengths for bigger impact

You can register by using the link below or scanning the QR code. You will receive an email with the zoom link which will be used for all three sessions (Jan 14, Jan 28, Feb 11). If you have questions about the trainings you can contact Jeremy Gundlach at jeremy.gundlach@wisconsin.gov. Register here: bit.ly/CommunityOrganizing2026



P.O. Box 7222, Madison, Wisconsin 53707

2026 is going to be a great year for advocacy

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If you believe nothing you do will make a difference, it is easy to not do anything.

If you believe each action has the potential to matter, it is hard to do nothing.

Optimists try things with the hope that some of them will make a difference.

Advocates are optimists who choose to keep acting, even when the outcome is uncertain or goal looks unlikely.

Overall, public policy favors people who believe they can make change.

Choosing to do is brave.

It is a bet that the future can be different, can be better.

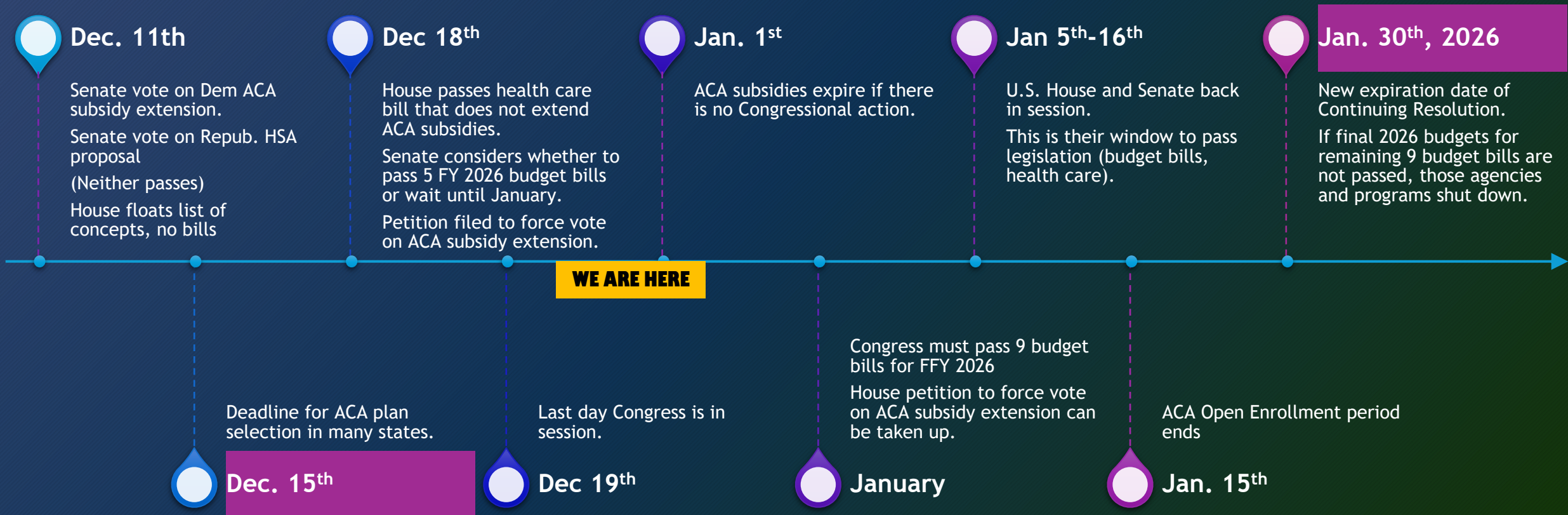
Keep placing your bets on this community. They have not been beaten yet.

Congress

Government
Shutdown,
2026 Budget
bill, ACA
subsidies

Winter grinds into break, freezes progress

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Congress (still) does agree on a health care plan.

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Any proposal must be able to get 60 votes in the Senate, 218 votes in the House, and be agreed to by the President.

U.S. Senate ideas

- Health Savings Account (HSA) bill
- Flexible Savings Accounts
- Limited extension of subsidies with ACA policy changes.
- Tax deduction for some medical expenses.
- Extend current subsidies.
- Do nothing.

U.S. House ideas

- Bill with 5 separate health related policies (no ACA subsidy extension), see slides 15 & 16.
- Health Savings Account (HSA) bill
- Limited extension of subsidies with ACA policy changes.
- Extend current subsidies.
- Do nothing.

House releases its health care plan: Big Takeaways

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1. Bill does not extend current ACA Marketplace subsidies.
2. Policies in the bill are not new ideas.
3. Congressional Budget Office (CBO) estimates the bill would mean 100,000 fewer people per year having health insurance and would save the government \$35.6 billion.
4. Health experts worry policy ideas will move more people out of Marketplace and will not do enough to address rising premiums.
5. Passed House. Senate does not plan to vote on bill.



[Bill Text](#)

[What's in the GOP Health Bill](#)

[House GOP health package lowers spending but boosts uninsured \(NYT\)](#)
[House will not vote on extending ACA Subsidies](#)

[NPR Enhanced ACA subsidies to expire as talks in Congress stall](#)

[White House not getting involved in subsidy fight](#)

House releases its health care plan: What's in the bill?

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1. Let small businesses to band together to buy insurance through Association Health Plans, and let self-employed people buy an association health plan.
2. Restores payments to health insurers that President Trump canceled during his first term.
 - Insurers would get federal money to lower cost-sharing or deductibles for people making between 100%-250% FPL.
 - Policy would lower premiums for ACA Silver plans and premium subsidies for all ACA plans.
3. Let more employers get “stop-loss” policies to protect employers from catastrophic health costs from just a few employees.
4. Let employers offer workers tax-advantaged funds to pay for individual health insurance instead of an employer sponsored insurance plan. Employers who use this option would get tax breaks.
5. New regulations on pharmacy benefit managers.



[Bill Text](#)

[What's in the GOP Health Bill](#)

[House GOP health package lowers spending but boosts uninsured \(NYT\)](#)
[House will not vote on extending ACA Subsidies](#)

[NPR Enhanced ACA subsidies to expire as talks in Congress stall](#)

[White House not getting involved in subsidy fight](#)

House GOP moderates bypass leadership to petition for vote on ACA subsidy extension

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- 4 GOP moderates joined with Democrats to petition for a vote on extending current subsidies for 3 years.
- (The Senate has already rejected this idea)
- 6 GOP moderates joined with Democrats to petition for vote that would change who can get subsidies and extend subsidies two years.
- To force a vote 218 members need to sign on.
- Once 218 signatures are reached, there is a 7 legislative day waiting period. There are on 6 legislative days left this year (i.e., the subsidies will expire).
- REMEMBER: Any proposal that passes the House must also get 60 votes in the Senate.



[Moderate House Republicans join Democrats to force vote on ACA subsidies](#)

[Frustrated Republicans move to force Obamacare vote as warnings mount about the midterms](#)

[Bipartisan group discusses using discharged House bill for compromise health plan](#)

Does votes to
extend subsidies
that are doomed
to fail matter?
No (and yes).

Shows there are members who support extending subsidies in current or some other form.

They know constituents are watching and may blame them if subsidies aren't extended.

They want to be able to show constituents they voted to support extending subsidies (even if they know it won't become law).

It means they do not want to be blamed or held accountable for subsidies expiring.

It also shows what policies already have support if Congress decides to act on subsidies after-the-fact in January.

Congress has said they can fix subsidies in January. Can they?

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- (It wouldn't be nearly as effective as having acted already).
- Congress could pass ACA subsidy extensions and make it retroactive to January 1.
- Open enrollment could be extended to allow people time to change their plans or allow new people to sign up.
- Enrollees could adjust their advance tax credits or receive a refund when they file their taxes.
- Logistically, state and federal ACA Marketplaces could adjust their systems quickly for a clean extension of the enhanced tax credits.



<https://www.thebulwark.com/p/its-still-not-too-late-to-do-something-obamacare-premium-fix>

[KFF There is No Drop-Dead Date for an ACA Tax Credit Extension, But Coverage Losses Will Mount as the Clock Ticks](#)

[ACA markets prepare for chaos as subsidy talks drag on](#)

Congress has said they can fix subsidies in January. Can they?

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- The longer Congress waits the more people will drop their ACA plans.
- Retroactively extending the ACA subsidies would be a challenge for insurers, state regulators and the people who run HealthCare.gov (but doable).
- It would require reprocessing millions of consumers' personal information and setting up special enrollment periods.
- Harder yet would be reaching consumers who dropped coverage or took plans with less coverage to let them know the numbers have changed.
- Any changes on who can get subsidies or how they work make it harder for states to adjust numbers and consumers to understand their new options.
- "The more complicated any extension gets, the harder it will be for marketplaces to adjust, and the harder it will be to communicate the changes to people."



<https://www.thebulwark.com/p/its-still-not-too-late-to-do-something-obamacare-premium-fix>

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[ACA markets prepare for chaos as subsidy talks drag on](#)

Reality Check

Monday, Dec. 15th was deadline to sign up for ACA coverage that starts Jan. 1st.

Many people will have already made health care coverage decisions (uninsured, catastrophic plan, picked a plan with less coverage/higher out of pocket costs/lower premiums).

Congress has not acted. Subsidies will expire Dec. 31st (Subsidies go back to 2010 levels).

- Senate is talking but does not have a plan to extend subsidies or a commitment to vote on it.
- Many House members do not want to extend subsidies at all.
- White House silent.

Acting on subsidies after they expired creates logistical and communication challenges, but is possible.

Discharge petition is a vehicle if there is agreement between Senate and House on what to put in it and it can get 60 votes in the Senate.

Do you support extending ACA subsidies in January

Have you/will you sign on to the discharge petition that would extend current ACA subsidies for three years?

Do you support changing who can get subsidies or how they work?

If you don't support extending ACA subsidies, what are your plans to lower health care costs?

What would you change?

Would those changes mean fewer people would get subsidies or that subsidies would be worth less?

How would changing subsidies lower the health care costs that are making premiums higher?

Acting after the subsidies expired causes problems. How will you fix them?

How much time will you give state/federal exchanges to recalculate premiums?

What will you do to make sure everyone knows subsidies are extended and what they have to do by when to get a plan?

How long will people have to choose a plan (Open Enrollment)?

Can people who picked a lower coverage/higher cost plan choose a different plan?

Will open enrollment be limited to people who had a plan in 2025 or anyone who was looking for 2026 coverage?

If people choose a catastrophic plan or other non-ACA coverage, can they cancel that coverage and get an ACA plan now?

Sticker Shock: Cheaper health insurance comes with trade offs

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1. Short term plans. Temporary and don't have to cover what ACA plans do. Can cancel plan if people have a pre-existing condition and can have annual or lifetime caps to limit how much the plan will pay.
2. Indemnity plans. Pay a fixed dollar amount for some visits or towards deductible or co-pays. Intended to be supplemental and don't have to cover what ACA plans do.
3. Faith-based sharing plan. Pools money from members to cover their medical bills. The plans are not required to keep any specific amount of financial reserves and members are not guaranteed that the plans will pay their health expenses



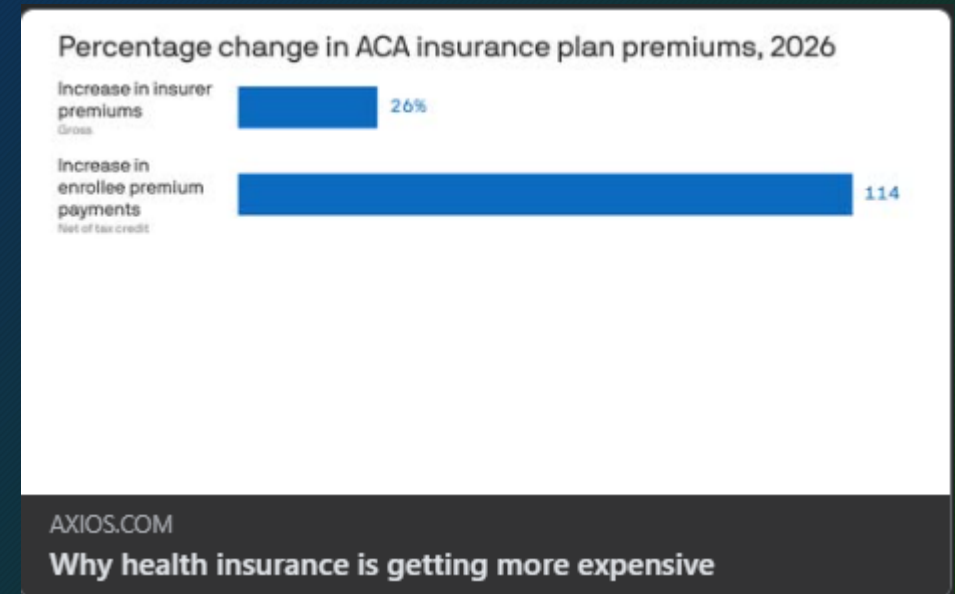
[Cheaper health insurance comes with trade offs](#)

[Customers Confront Premium Spikes as Congress Dithers](#)

Health insurance is getting more expensive no matter where you get it

28

- Health insurance premiums are going up next year, regardless of where you get coverage
- Employer sponsored insurance will increase an average of 6.5% per employee in 2026, and many employers will raise out of pocket costs to keep premiums lower.
- If ACA Marketplace enrollees switch lower coverage/higher out of pocket plans or go uninsured health providers may raise prices to make up for more people who can't afford care.
- That means higher costs for people who have employer-sponsored health insurance.



<https://www.axios.com/2025/12/17/health-insurance-expensive-aca-cost-increase>

[Experts worry expiration of ACA subsidies will have 'death spiral' effect on US healthcare](#)

[Health policy in 2026: what to watch](#)

Does any plan address these core issues?

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How will Congress's plan address the reasons health care costs keep going up?

How will your plan control health care costs? Does it limit profits?

Does your plan set standard prices and billing for health care services?

How does your plan make sure there is competition so people have real choices?

How does your plan make sure costs don't just get passed on to people who need care?

Does your plan require coverage of set things? Does it make sure people pre-existing conditions are covered?

Senators leave for the holidays without passing 2026 budget bills



After five weeks of negotiations, GOP members had agreed to on hold a vote on 5 of the 9 remaining budget bills.



After White House budget director decided to dismantle the National Center for Atmospheric Research this week, Colorado's Senators said they would hold up the process.



That leaves Congress a few weeks to pass the 9 remaining bills or face another government shutdown on January 30.



Senate leaders from both parties want to pass a 2026 budget rather than extending the Continuing Resolution.



Senate passage of these budget bills is only the first step.



These bills have agreement among Senators, House Republicans have not agreed how much the budget bills should be allowed to spend.



The House is waiting to see what the Senate does before it starts negotiating changes.

Federal 2026 federal budget bills important to people with disabilities

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.

Questions you can ask Congress


Will you commit to passing a 2026 federal budget, NOT a year long Continuing Resolution (they are not the same thing).



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?



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?

Administration

Administrative
rules, Federal
Agency Actions

12/18/2025

Federal rule change would end home care workers rights to minimum wage and overtime

- The Trump administration wants to change a federal rule to classify home care workers as “companions” who can be paid less than minimum wage and are not eligible for overtime.
- Without a federally mandated right to minimum wage and overtime, states laws and rules determine worker’s minimum wages, and how easily employers can cut pay.
- At least 25% of all home care workers will lose their right to minimum wage and overtime because they live in states that have no wage protections for home care workers.
- For the other 75% of workers, their rights will vary widely depending on what state they are in.
- 12 states have passed some wage protections for home care workers (Wisconsin is not one of them).



<https://michiganadvance.com/2025/12/13/home-care-workers-are-losing-minimum-wage-protections-and-fighting-back/>

Federal rule change would end home care workers rights to minimum wage and overtime

- The administration is already effectively implementing the proposed rule change.
- In July, the Department of Labor instructed staff to not investigate home care agencies that had been charged with misclassifying workers as companions, and to drop current cases.
- Public comments closed Sept. 2, and the Department of Labor got 5,500 comments about the rule.
- It's expected the rule will go into effect in January 2026.



<https://michiganadvance.com/2025/12/13/home-care-workers-are-losing-minimum-wage-protections-and-fighting-back/>

Federal rule change would end home care workers rights to minimum wage and overtime

- Home care employers, particularly for-profit agencies, often exploited a “companionship” loophole that existed from 1974 to 2015.
- The Home Care Association of America, an industry group, “lobbied DOL extensively” for the rule change.
- The association said the 2013 rule extending labor protections to home care workers “limited access to affordable home care by increasing costs and administrative burdens for home care agencies.”
- At least 9.8 million older adults and people with disabilities relying on care workers to stay out of institutional care.



<https://michiganadvance.com/2025/12/13/home-care-workers-are-losing-minimum-wage-protections-and-fighting-back/>

Disability Rights Lawyers Threatened With Budget Cuts, Reassignments

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- Federally funded attorneys quietly work to ensure the Americans with Disabilities Act and other disability laws are honored.
- The Trump administration is cutting access to lawyers at the U.S. Department of Justice (DOJ) or state-based disability rights “protection and advocacy” organizations who defend the rights of Americans with disabilities.
- Disability rights organizations and the Justice Department’s civil rights division often have stepped in when states failed to provide care and services federal law guarantees.
- If they can find lawyers, they can file legal challenges when those rights are denied. What happens when there aren’t enough lawyers to make sure the laws are upheld?



<https://kffhealthnews.org/news/article/disability-lawyers-doj-civil-rights-division-protection-advocacy-organizations-iowa/>

Disability Rights Lawyers Threatened With Budget Cuts, Reassignments

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- Funding cuts to state-based protection and advocacy groups means there are fewer eyes watching for abuse and neglect.
- These groups have legal authority to go into facilities where people with disabilities live to check conditions and treatment. Those facilities include state institutions and privately owned nursing homes.
- More Americans could wind up living in such settings if states respond to HR1's federal Medicaid cuts by cutting Home and Community Based Services (HCBS), or Trump's policy initiative to institutionalize homeless people is successful.



KFFHEALTHNEWS.ORG

Disability Rights Lawyers Threatened With Budget Cuts, Reassignments - KFF Health News

<https://kffhealthnews.org/news/article/disability-lawyers-doj-civil-rights-division-protection-advocacy-organizations-iowa/>

'R-Word' Use Surges Following Trump Post

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- After Elon Musk used the word “retarded” in a January post use of the word spiked, and after President Donald Trump used the word recently, social media posts including the term tripled.
- Posts containing the word “retard” on the social media platform X jumped 225.7% in the hours after Trump posted and a “high volume” of such posts persisted in the days following.
- The return of the r-word has advocates concerned about broader implications, particularly in an environment where they’re seeing Medicaid cuts and other threats to disability rights.



<https://www.disabilityscoop.com/2025/12/15/r-word-use-surges-following-trump-post/31778/>

<https://www.montclair.edu/college-of-communication-and-media/2025/12/05/r-word-slurs-triple-on-x-after-donald-trumps-thanksgiving-post-used-the-word/>

'R-Word' Use Surges Following Trump Post

40

- “Throughout history, dehumanizing language has frequently served as the first step toward dismantling hard-won protections and rights...” said Katy Neas, CEO of The Arc of the United States.
- “When public figures casually use the r-word, they’re essentially giving permission for millions of others to do the same,” she said. “To break this cycle, we need to understand that language is the foundation that either reinforces discrimination or builds inclusion.”



<https://www.disabilityscoop.com/2025/12/15/r-word-use-surges-following-trump-post/31778/>

<https://www.montclair.edu/college-of-communication-and-media/2025/12/05/r-word-slurs-triple-on-x-after-donald-trumps-thanksgiving-post-used-the-word/>

Sign language services 'intrude' on Trump's ability to control his image, administration says

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- The Trump administration is arguing that requiring real-time American Sign Language interpretation of events like White House press briefings “would severely intrude on the President’s prerogative to control the image he presents to the public.”
- Department of Justice attorneys haven’t said how ASL would negatively impact the image President Donald Trump seeks to present to the public.
- DOJ attorneys also argued the hard of hearing or Deaf community can access the president’s statements, like online transcripts of events, or closed captioning.
- The administration has also argued that ASL would be hard if Trump spontaneously took questions from the press, rather than at a formal briefing.



<https://www.pbs.org/newshour/politics/sign-language-services-intrude-on-trumps-ability-to-control-his-image-administration-says>

Continued coverage of impact of Reconciliation bill

Lots of
42 articles to
share.

May 1, 2026: Nebraska will start HR 1 Medicaid prove you're working requirements

43

- The new requirements apply to people who have Medicaid coverage but earn a slightly higher income limit (up to 138 FPL%)
- 346,000 Nebraskans are in Medicaid.
- 72,000 will have prove they are working or exempt from the new requirements.
- 30,000 people (9% of Nebraska's Medicaid recipients) will have to prove they are working to keep health care coverage.
- Some people are exempt because of age (under 18, older than 64, pregnant, parents of dependent children under 14 or disabled individual).
- All states must implement Jan. 1, 2027.



APNEWS.COM

Nebraska plans to be the first state to implement Trump's new Medicaid work requirements

<https://apnews.com/article/medicaid-work-requirements-oz-nebraska-d5a9162ede90c95e06bd45d6b7e16f8a>

HR1 threatens States' Health Care Affordability Efforts

44

- 8 states have set caps on health care spending increases to better control costs of premiums, deductibles, and other health-related expenses.
- HR 1 cuts \$1 Trillion from Medicaid and is projected to result in at least 10 M uninsured people.
- Health care experts think hospitals and other providers will raise prices to make up for lost Medicaid money and caring for more uninsured patients.
- In states with caps, it unclear whether hospitals will be allowed to raise prices.
- (Most states don't have caps. That makes it likely higher health care costs will be passed on as higher prices.



<https://kffhealthnews.org/news/article/health-costs-spending-affordability-hospitals-california-one-big-beautiful-bill>