

Today we will talk about:

- Action (and inaction) at Wisconsin's state legislature. You can help shape what the legislature does (and doesn't do)
- Congress is stuck on health care. What they do (or don't) do in the next 10 days will impact everyone who uses health care.
- Administration making moves on SNAP, Special education, and vaccine messaging.
- Policy changes the administration is making that impact people with disabilities and families, and continued coverage of impacts of HR 1.

Weekly Update

Dec 5th, 2025

# Federal Funding Fallout 2025

1

12/4/2025

# Around Wisconsin

We have a  
lot to say.

# You got coverage for special education

- The state budget promised public schools 42% of their special education costs would be covered.
- When actual costs were used to divide up the fixed amount of money the legislature set aside, it dropped down to 35%.
- That's \$140 million less for legally required programs for Wisconsin's 127,000 students with disabilities
- Nearly 16% of Wisconsin students have a disability.
- "It's very hard for a district to build its budget thinking it's getting one thing and then having the rug pulled out from under them," said Beth Swedeon, executive director of the Wisconsin Board for People with Developmental Disabilities. "There are going to be a lot of really hard decisions that districts will have to make after being faced with this new information."



[Milwaukee Journal Sentinel](#)

[Wisconsin Examiner](#)

# Constituent calls can help shape what state legislature does (and doesn't) do

1. The state legislature is not scheduled to meet in December.
2. This is a great time to contact your state Senator and state Representative with your thoughts on:
  1. Approving additional money the state needs to implement federal FoodShare changes required by HR 1.
  2. How your school district/student with disability will be impacted by a special education reimbursement rate that is lower than what was promised.
  3. Your thoughts on bills (SB 578/AB 598) that would let hospitals pick a decision maker who would get broad authority over an incapacitated patient's money and could make decisions about they live and their medical care, without any court oversight.
3. [BPDD's summary of state issues/bills we're watching](#)



# Survival Coalition asks Governor to veto AB 308

- AB 308 would prohibit state or federal funding being used to provide health care for “unlawfully present” individuals.
- Health care providers would not be paid for care provided unless individuals could prove they are lawfully present in the United States
- Federal and state money funds Medicare, Medicaid, subsidized ACA Marketplace plans, and participants in the State of Wisconsin Group Health Insurance program.
- 30% of the direct care workforce are immigrants. Many are in Medicaid, ACA Marketplace, or work as state employees in institutions.
- Immigration paperwork or status can change over time. Mistakes could jeopardize health care access.
- Recent federal actions have rescinded Temporary Protected Status or Refugee status for entire immigrant populations, many of whom work in the care industry.

Governor Tony Evers  
P.O. Box 7863  
Madison, WI 53707

**Veto Request, AB 308**--prohibiting funding for health services for unlawfully present individuals.

Dear Governor Evers,

Survival Coalition is concerned that AB 308 will negatively impact many people with disabilities, family caregivers, and care workers who provide in-home and facility-based care. We rely on health insurance touched by federal and state funding streams.

We interpret this bill would be applicable to any health care funding source touched by state or federal dollars, and that health care providers would not be paid for care provided unless individuals could prove they are lawfully present in the United States. We anticipate the bill would impact patients insured by Medicare, Medicaid, subsidized ACA Marketplace plans, and participants in the State of Wisconsin Group Health Insurance program.

Survival Coalition is unclear how these requirements would be operationalized in emergency medical situations. Patients may not have proof of lawful status on their person, documentation can be lost in transfer, and patients may have no one who can access required documentation. We note federal law requires emergency care is provided; this bill appears to be in direct conflict with that requirement.

Survival Coalition has many logistical questions about how such a policy could be implemented without mistakes that result in denial or delay in care. Often patients must travel to providers outside their home area to access specialists, regionally-based services, or are discharged from the hospital to rehabilitative or facility-based care that is far from home. Multiple providers all requiring proof of legal status increase the risk of mistakes, outdated information, duplicate or inconsistent information across records.

The bill is unclear what documentation would be accepted to prove a patient is lawfully present and whether proof would need to be presented/verified before care was given. At best, documentation or verification requirements becomes a bureaucratic barrier to timely access to care.

Most citizens born in the United States do not have citizenship papers and do not typically carry copies of their birth certificate or passport (often used as proof of citizenship). Likewise, people born abroad to U.S. citizens and people who gained U.S. citizenship through naturalization do not typically carry their Certificates of Citizenship, Naturalization, or passport on their person. Lawfully present refugees, immigrants, and foreign travelers can carry a variety of documents that

# Children's Disability Programs focus of WI think tank report

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- Reports show intent and preview messaging/arguments. This report questions the value (efficacy) of Birth to 3 and the Children's Long Term Support Program.
- Medicaid and other federal cuts mean state Legislators will be looking for where they can cut in the next state budget.
- Highlighting programs to reform is a way to point legislators to where they can make potential cuts in the future.
- Candidates need to hear from real people touched by these programs and understand how essential they are and what would happen if they were reduced before they get into office.



MACIVERINSTITUTE.COM

**Wisconsin Sees a Surge in Childhood Disability Program Enrollment**

Wisconsin Sees a Surge in Childhood Disability Program Enrollment

Enrollment in CLTS and Birth to 3 programs has skyrocketed in recent years, highlighting both rising developmental concerns and growing program participation.

<https://www.maciverinstitute.com/research/wisconsin-sees-a-surge-in-childhood-disability-program-enrollment>



# Children's Disability Programs focus of WI think tank report

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- Phrasing implies that the presence of disability is a sign of a problem(s) that must be addressed for the purpose of preventing disability.
- Rising usage of programs/prevalence of disability equated to systemic problem effecting entire generation.
- Both CLTS and Birth to 3 program effectiveness is questioned.
- Progress seems to be evaluated in terms of lessening of disability or improvement up to the level of non-disabled peers (disability seen as condition to improve or overcome).



Wisconsin Sees a Surge in Childhood Disability Program Enrollment

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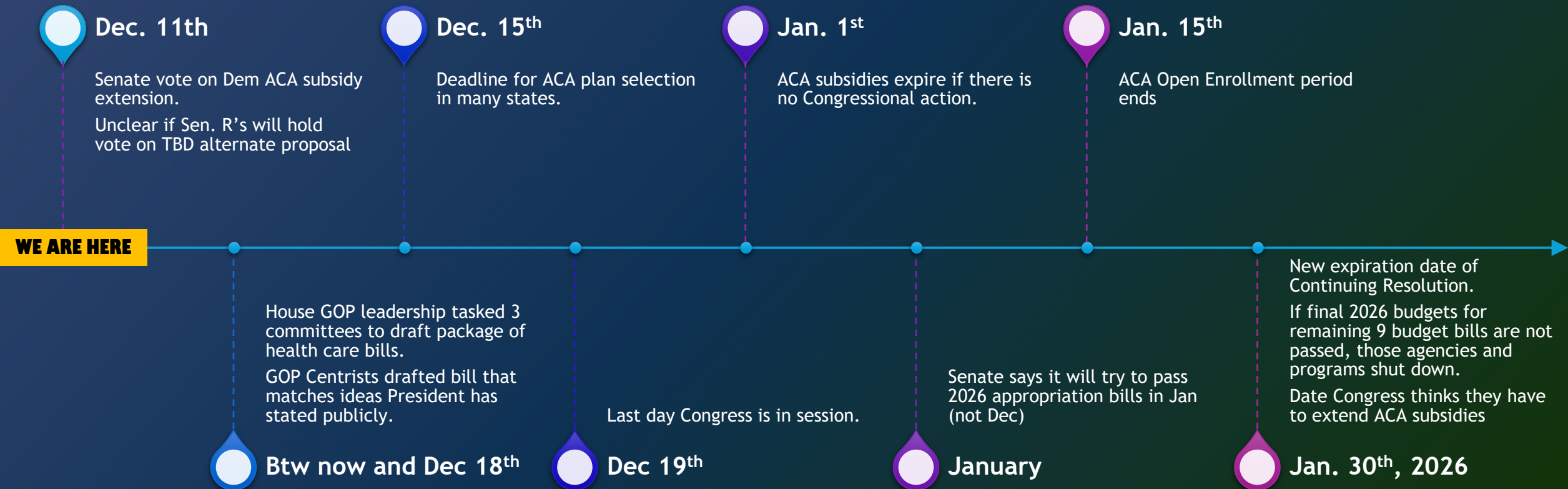
# Congress

Government  
Shutdown,  
2026 Budget  
bill, ACA  
subsidies



# Lots of activity (but little progress)

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# Congress does not have or agree on a health care plan

10

## U.S. Senate

- A proposal must be able to get 60 votes.
  - (D) Extend current subsidies (No)
  - (R) propose new health care idea (?)
  - (D & R) partial extension with changes (?)
  - (R) Several do not want to extend subsidies at all

## U.S. House

- A proposal must be able to get 218 votes
  - Many do not want to extend subsidies at all.
  - 3 committees working on new health care idea in Dec.
  - Waiting to see what Senate does.

## White House

- A proposal that can pass the Senate AND House must also be acceptable to the President.
- Unclear what he would be willing to sign.

[Axios](#) 5 scenarios, [Politico](#) Senate Bi-partisan breakthrough unlikely, [Politico](#) ACA subsidies expire, many Rs shrug, [Bullwark](#) Lawmakers probably won't extend subsidies, [Politico](#) Congress left to figure out details on healthcare, [Politico](#) GAO ACA fraud findings might undermine ACA subsidy extensions.

# Congress thinks they have until Jan 30<sup>th</sup> to extend ACA subsidies. (They're wrong).

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## Individuals: Shopping for Plans NOW

- Must choose by deadline. (Dec 15<sup>th</sup> in some states)
- Are making decisions based on current known information.
- Decisions now may not be revisable even if Congress acts.
- Congressional action may not give people better options than they have now.
- If Congress acts, people must know what has happened, understand what their options are, act by another deadline.

## States

- Price certainty for two scenarios: current subsidies extended, current subsidies expired.
- Any changes from current law mean states must figure out what those changes mean for plans and premiums.
- This is hard, complex, and takes time.
- Some states must do all the work. Other states rely on federal health exchange to redo calculations.
- States must communicate lots of new information in a short timeframe.



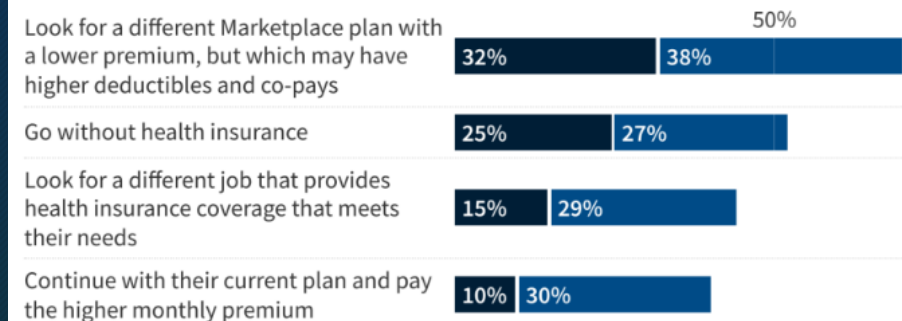
# Congress's in-decision is impacting individuals' decision-making now on ACA Marketplace plans

- 89% of current enrollees expect to make decisions this year about 2026 coverage
- 30% of current enrollees say they would change to plans that made them pay more for using care so they could afford monthly premiums
- 61% say it's hard to pay out-of-pocket costs for medical care now.
- (51%) say it's hard to afford current monthly premiums now.
- 60% say they wouldn't be able to afford an annual increase of \$300 in health care expenses without significantly disrupting their household budgets.
- 25% say they "Very Likely" would go without insurance

## Marketplace Enrollees May Consider Different Health Insurance Options if Premium Payments for Their Current Coverage Doubled

Percent who say that if the monthly amount they pay for their health insurance doubled [*For those who currently do not pay a premium: increased by \$50*] they would be **very** or **somewhat likely** to:

■ Very likely ■ Somewhat likely



Note: Among adults with health coverage purchased through the Marketplace in 2025. See topline for full question wording.

Source: KFF 2025 Marketplace Enrollees Survey (November 7-15, 2025)

KFF

[KFF Poll of 2025 current ACA Marketplace enrollees](#)

[People are being steered to "junk" insurance by internet search engines](#)

# Impact on ACA may occur even if Congress eventually acts



People are making decisions now.



Some are leaving the  
ACA Marketplace  
entirely.

Some people will go  
uninsured.

Some will opt for short-  
term or catastrophic plans  
that cover much less and  
make people pay a lot  
more of their money when  
they use their insurance.



If younger/healthier people leave the  
Marketplace and older/sicker people  
stay, costs for those who stay will go up  
again next year (maybe a lot).

# Impact on ACA may occur even if Congress eventually acts



If current enhanced ACA subsidies expire, subsidies go back to 2010 levels.



But health care costs have gone up since 2010.



Low-income people who qualify for the lower subsidies may still face higher premiums they can't afford.



# Congress is looking for health care ideas that are outside of the ACA



Health Savings Accounts contributions (not insurance)



Tax deduction for a set amount of medical expenses



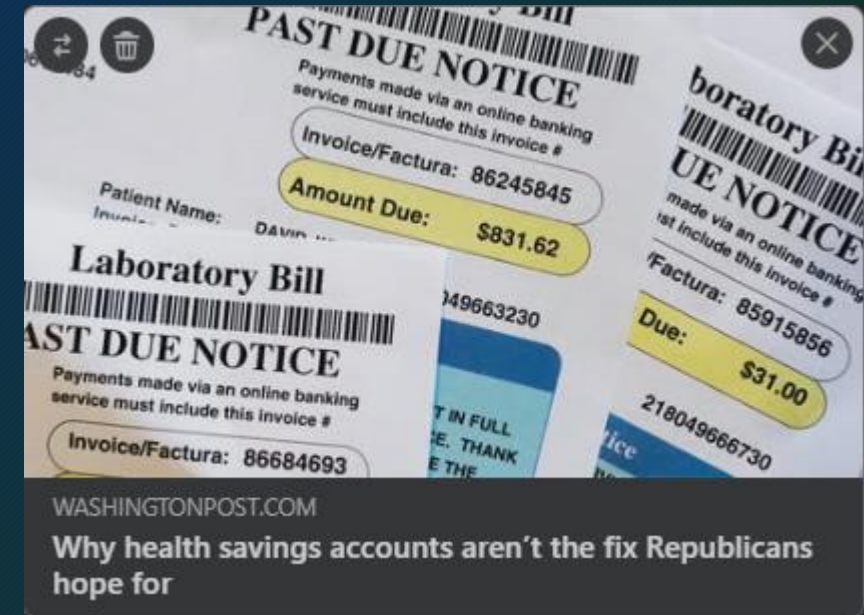
Health care plans that cover less than what is required under the ACA or make people pay lots of their own money if they use the plan.

Association health plans  
Health care sharing entities  
Short term plans  
Catastrophic

# One idea keeps being repeated: Health Savings Accounts

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- One Republican idea would take money that is currently helping people pay for ACA plan and put a set amount for individual tax-free Health Savings Accounts (HSAs).
- HSAs are already used by millions of people who can afford to contribute to accounts.
- Health economists say HSAs often don't have enough money to pay for serious health expenses
- Adding new federal contributions still won't give people enough to pay for expensive emergency or major medical expenses due to illness or acute events.
- "There's a place for health savings accounts to augment insurance and fill things out around the edges, but it can't be the core insurance product."



[Why health savings accounts aren't the fix](#)

# Everyone's health care costs are going up (not just ACA plans)

17

- No matter how you get your health insurance, it will likely cost more next year.
- People increasingly can't afford health insurance.
- Costs of both ACA Marketplace and employer-sponsored insurance plans will be much higher next year
- U.S. health care is already the most expensive in the developed world.
- Almost 50% of U.S. adults expect they won't be able to afford necessary health care next year (poll)
- Even as costs surge, the companies and the investors who profit from health care are also struggling financially.



[U.S. health care is broken. Here are 3 ways it's getting worse](#)

[Looming Affordability Crisis Set To Hit Americans With Health Insurance Through Work](#)

[Federal Employees Face New Uncertainty: Affording Health Insurance](#)



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

18

Explain your alternative health care plan, and how it will 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?

# Federal 2026 federal budget progress takes backseat to health care

Senate will delay moving appropriation bills until January, leaving them less time to pass a real budget before the Continuing Resolution expires Jan. 30<sup>th</sup>.

## 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

20


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

12/4/2025

# The agriculture secretary says SNAP changes are coming. Here's what we know

22

- USDA leadership has claimed there is fraud in SNAP and that sweeping changes to the program should happen because of it.
- The agency has suggested there is wrongdoing without providing the underlying data or details.
- USDA formally submitted a draft regulation that would narrow the "broad-based categorical eligibility" for SNAP, which is currently used by more than 40 states to ensure welfare recipients can receive SNAP.
- The Center on Budget and Policy Priorities estimates this policy change could lead to nearly 6 million people losing SNAP benefits.

[NPR](#)

# Trump administration threatens to withhold SNAP benefits from blue states over immigration data

- Tuesday the Trump administration said starting next week it will withhold SNAP benefits from 21 Democratic-led states because the states did not give USDA data it wanted including recipients' names and immigration statuses.
- Twenty-one states (including Wisconsin) and the District of Columbia sued the administration over requiring the states to provide data.
- In October, a [federal judge said](#) the administration can't withhold federal SNAP funding from states that refuse to provide the requested data.
- USDA has until Dec. 15<sup>th</sup> to decide whether to appeal the decision.
- USDA's stated plan to withhold SNAP dollars from these states appears to conflict with the order.



[NBC News](#)



# Federal changes make experts, parents, advocates worried about future of special education

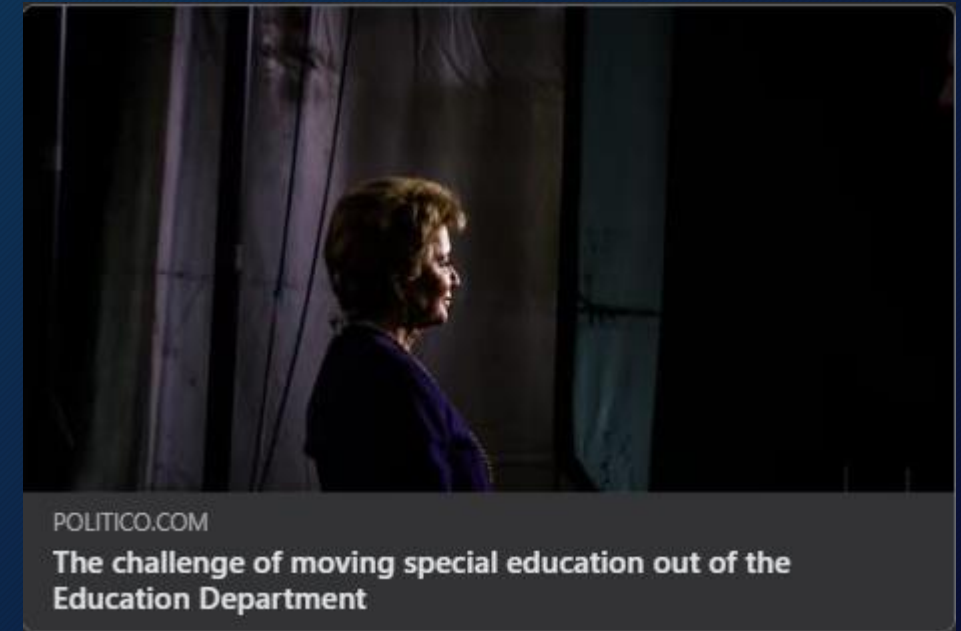
- The Trump administration has fired, or tried to fire, many of the federal staff at the U.S. Department of Education who manage and enforce federal disability law.
- In interviews with 40 parents, educators, disability-rights advocates, subject matter experts and Education Department staffers, NPR heard a growing fear: that the Trump administration's efforts to cut federal staff and oversight of special education could return the U.S. to a time, before 1975, when some schools denied access or services to children with disabilities.



<https://www.npr.org/2025/12/03/nx-s1-5591152/trump-special-education-disabilities-schools>

# Advocates, lawmakers question plan to move special education out of U.S. Dept. of Education

- Some Republican members of Congress are questioning moving special education and are referencing the concerns they are hearing from constituents.
- Even Republicans who support Trump's plans to "return education to the states" want to make sure the government continues to meet its commitments to students with disabilities.
- Sen. Shelley Moore Capito (R-W.Va.), the top Republican overseeing the Education Department's funding, heard from people concerned about mass layoffs U.S. Dept of Ed Special Education and Civil Rights staff
- Rep. Kevin Kiley (R-Calif.) chair of a House education subcommittee identified services provided to kids with special needs as important work that Congress has to make sure continues.



[Politico](https://www.politico.com)



# Trump's Ed. Dept. Slashed Civil Rights Enforcement. How States Are Responding

26

- Without federal enforcement, states could interpret of IDEA and civil rights laws differently.
- That could mean students in one state might not have the same protections at school as students in another.
- Some state lawmakers are worried about civil rights complaints not being handled at all.



[EdWeek](#)



# Trump's Ed. Dept. Slashed Civil Rights Enforcement. How States Are Responding

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- Two states are considering state-level civil rights enforcement legislation for students with disabilities.
- California's bill would have a state office work directly with school districts to prevent and address discrimination and bias.
- Pennsylvania is drafting a bill that would create office of civil rights in the state's education department. It would give the state new authorities, and strengthen existing ones, to investigate and enforce federal and state civil rights laws "in the absence of a federal government willing to do so."



[EdWeek](#)

# What To Know About the CDC's Baseless New Guidance on Autism

28

- In November, CDC rewrote a page on its website to assert the false claim that vaccines may cause autism.
- “They’re massaging the data, and the outcome is going to be, ‘We will show you that vaccines do cause autism,’” said Tager-Flusberg, who leads an advocacy group of more than 320 autism scientists concerned about Kennedy’s actions.
- This messaging is part of a larger anti-vaccine strategy that uses autism a reason to not vaccinate, and implies autism is an undesirable outcome that can/should be prevented.



<https://kffhealthnews.org/news/article/cdc-autism-baseless-new-guidance-website>

[Kennedy Sharpens Vaccine Attacks, Without Scientific Backing](#)

# Continued coverage of impact of Reconciliation bill

Lots of  
~~29~~ 20 articles to  
share.



# Medicaid Work Rules Exempt the 'Medically Frail.' Deciding Who Qualifies Is Tricky.

30

- HR1 says people who are “medically frail” are exempt from work requirements.
- The law spells out certain “medically frail” conditions such as blindness, disability, and substance use disorder. But it does not list many others.
- Instead, the law exempts those with a “serious or complex medical condition,” a term whose interpretation could vary by state.
- The U.S. Department of Health and Human Services has not told states what they include (and exclude) from the “medically frail” definition. It plans to do so next year.



<https://kffhealthnews.org/news/article/medicaid-work-rules-exempt-medically-frail-who-qualifies/>

# Medicaid Work Rules Exempt the 'Medically Frail.' Deciding Who Qualifies Is Tricky.

31

- States want clarity to make sure people who cannot work for health reasons don't lose Medicaid.
- States worry that, even with a clear definition, it will be hard for people to regularly vouch for being medically frail (especially if they have not had reliable access to medical care).
- Conditions that can keep people from working, like mental health disorders, can be hard to prove.
- States will have to decide who is unhealthy enough to be exempt from work rules. And it won't be easy for state computer systems to track.



KFFHEALTHNEWS.ORG

**Medicaid Work Rules Exempt the 'Medically Frail.' Deciding Who Qualifies Is Tricky. - KFF Health News**

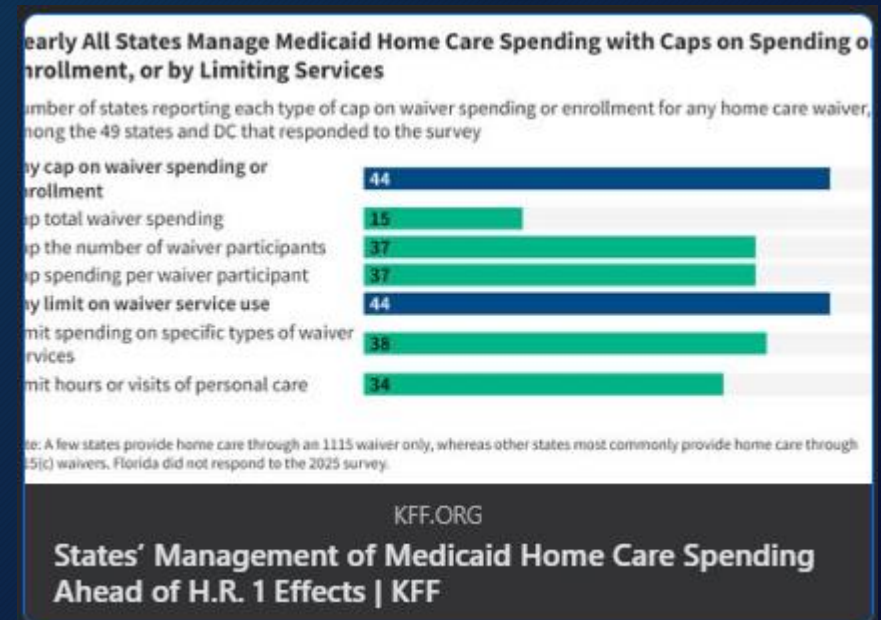
<https://kffhealthnews.org/news/article/medicaid-work-rules-exempt-medically-frail-who-qualifies/>



# States' Management of Medicaid Home Care Spending Ahead of H.R. 1 Effects

32

- Over one-third of Medicaid spending pays for long-term care.
- Most spending is paying for home care—also known as “home- and community-based services” or HCBS.
- Medicaid pays for almost 70% of all home care spending in the U.S.,
- Nearly all home care services are optional under federal law.
- States use Medicaid “waivers” to provide home care.



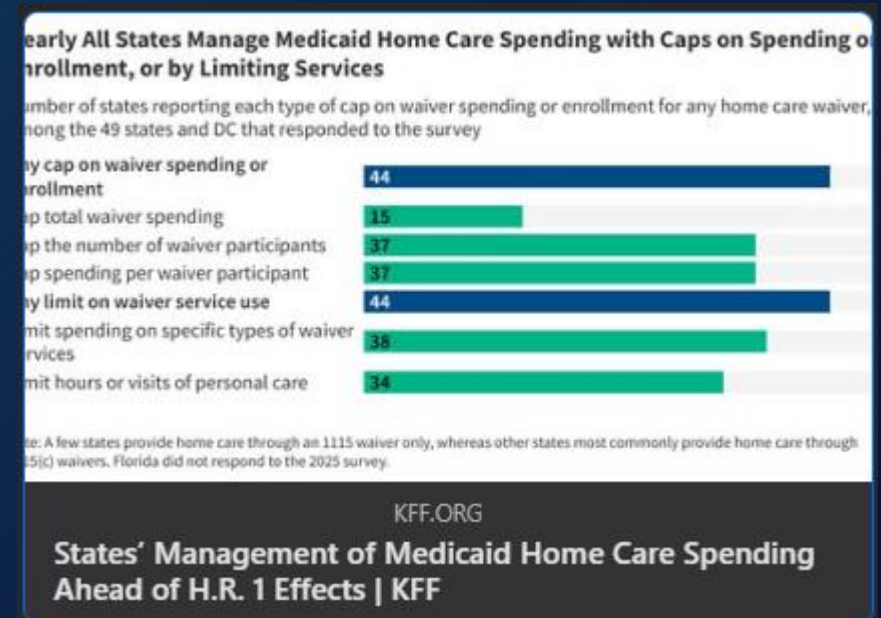
<https://www.kff.org/medicaid/states-management-of-medicicaid-home-care-spending-ahead-of-h-r-1-effects>



# States' Management of Medicaid Home Care Spending Ahead of H.R. 1 Effects

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- States use a variety of strategies NOW to limit spending on HCBS.
- States can limit who can get in (raising the threshold that determines eligibility, capping spending or total enrollment in the waiver). States can have waiting lists.
- States can change what services are offered or make services cover more (or fewer) things.
- They can change what providers are paid or require prior authorization before a service can be delivered.



<https://www.kff.org/medicaid/states-management-of-medicicaid-home-care-spending-ahead-of-h-r-1-effects>

# Cost of autism therapy comes under state scrutiny

34

- Most people with disabilities need more than one Medicaid service.
- Fights to preserving funding for one service may mean cuts to others.
- Wins for specific services could be at the expense of the whole system, and it could mean less care for a lot of people.
- Advocacy for specific services may mean the same individuals with disabilities/families lose other services that are equally or more important.



<https://stateline.org/2025/11/25/families-worry-as-cost-of-autism-therapy-comes-under-state-scrutiny>



# North Carolina doesn't have a budget, safety net is fraying

35

- “I feel a lot of fear and worry right now that every cut and great reduction to Medicaid will change my whole life. Having disabilities does not mean I am sick, but it does mean I need consistent treatment and care to stay healthy,” Sloan Meek said at the recent public hearing. “I do not want to become sick, I do not want to lose my community. I do not want to lose my voice. I do not want to be forced out of my home to live and receive care from a bunch of strangers. I do not want to die because of a political issue.”



<https://www.northcarolinahealthnews.org/2025/11/25/nc-budget-stalemate-strains-safety-nets>



# State budgets brace for impact of HR 1

36

- H.R. 1 will impact Tax Revenue, Medicaid, and SNAP funding, three key policy areas that affect state budgets.
- States that conform to federal tax code are collecting less money now because of HR 1.
- Medicaid and SNAP changes are increasing administrative expenses before other cuts happen in future years.
- Some states are already making budget adjustments in response to HR 1.
- HR 1 is not the only thing squeezing state budgets—existing spending commitments, rising costs, and sluggish revenue growth are happening too.



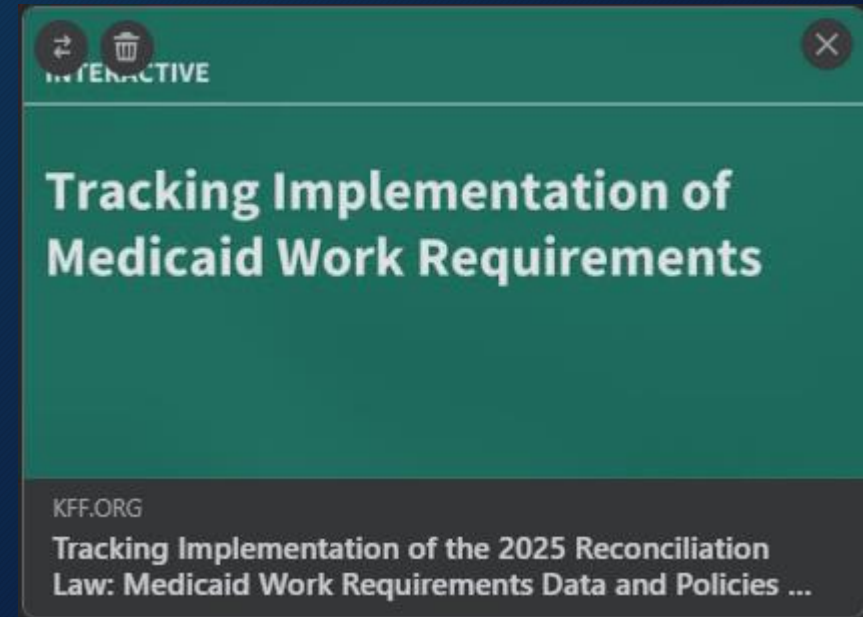
<https://www.pew.org/en/research-and-analysis/articles/2025/11/24/how-states-are-assessing-the-impact-of-federal-policy-changes>

# KFF Tracking Implementation of Medicaid Work Requirements

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On this site you'll find:

- State and national data and current state policies on Medicaid enrollment, renewals, and application processing times that can help assess the impact of work requirements;
- A list of policy and operational questions that states will need to answer as they implement work requirements;
- Updates on 1115 waivers submitted by states to implement work requirements (some states may have waivers to implement work requirements earlier than January 2027); and
- KFF issue briefs and other resources on Medicaid work requirements.



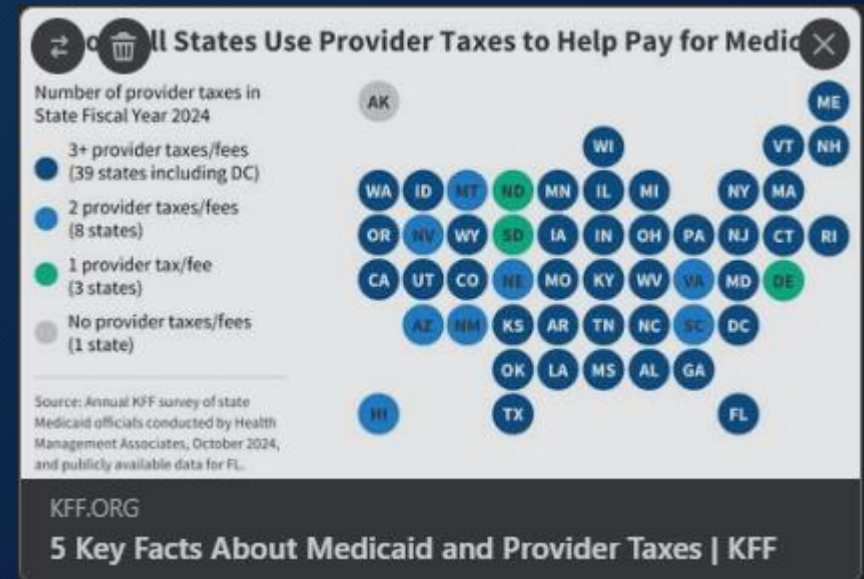
[KFF Tracking State implementation of HR 1 work requirements](#)



# Changes to Medicaid Provider Taxes Could Lead to Cuts in 31 States

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- Provider taxes are most common for institutional providers including hospitals (47 states), nursing facilities (45 states), and intermediate care facilities for people with intellectual or developmental disabilities (33 states)
- Provider tax revenues often finance supplemental payments to institutional providers, which may be a major source of revenues for those providers.
- CBO estimates provider tax changes in HR 1 will increase the number of uninsured people by 1.2 million by 2034.
- CBO estimates restrictions on provider taxes would reduce the number of people with Medicaid coverage because there would be reduced resources available for states to fund Medicaid
- The prohibition on new or increased provider taxes could impact all states, with expected cuts to existing taxes in 31 states.



[KFF Analysis on impact of provider tax changes on states in HR 1](#)



# Even as SNAP Resumes, New Work Rules Threaten Access for Years To Come

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- Under HR 1, more people must prove they are working, volunteering, or studying to get SNAP.
- Those who don't file paperwork in time risk losing food aid for up to three years.
- Even when people meet work rules, people often report challenges uploading documents and getting their benefits processed by overwhelmed state systems.
- In a survey of SNAP participants, about 1 in 8 adults reported having lost food benefits because they had problems filing their paperwork
- Some people have been dropped from aid because of state errors and staffing shortfalls.



[KFF impact new work rules](#)

[KFF SNAP state spotlight, work requirements add to system already snarled in red tape \(Missouri\)](#)

# 2025 decision or HR 1 implementation points

40



12/4/2025



# 2026 decision or HR 1 implementation points

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