

Today we will talk about:

- State Legislature, what are they doing (and not doing)?
- Congress mulls federal 2026 budget, hits a snag with ACA subsidies, considers a 2nd reconciliation bill, and is running out of time before Jan. 30th to get something done.
- Policy changes the administration is making that impact people with disabilities and families, and continued coverage of impacts of HR 1.

Weekly Update

Jan. 16th, 2026

Federal Funding Fallout 2026

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1/16/2026

Around Wisconsin

We have a
lot to say.

Sprint to the finish of the state legislative session

Assembly rumored to be doing 8 total floor sessions (2 were this week) and ending their regular session at the end of February.

That means whatever bills the Assembly has passed become the list of bills the Senate can either agree to (or not).

The Senate is rumored to be doing one floor session in March.

The Joint Finance Committee (JFC) has met about once a month to approve funding for specific bills that have a cost and state agency requests for more funding because costs are more than what the state budget set aside.

JFC met this week. Unknown if/when they will schedule another meeting.

Sprint to the finish of the state legislative session

No Wisconsin Eye. That means there is no coverage of the (many) committee hearings and floor sessions.

People across the state have used Wisconsin Eye to hear what lawmakers are saying and learn more about the bills being debated.

Recordings of past hearings, press conferences, and policy shows are also unavailable.

Wisconsin Eye has been especially important for people with disabilities, families, and caregivers.

Many working people and non-drivers can't get to the capital to participate in hearings, especially on short notice.

Recordings have helped people follow issues and what their lawmakers think/are doing about those issues.

Here's what hasn't happened yet

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Special education bill.

- Co-sponsorship period ended Jan 9. Bill should be assigned a bill number in the next week so you can see if your legislators signed on, and take next steps.

FoodShare.

- No movement on extra money needed to comply with new federal requirements from HR 1.

DVR.

- Agency needs to submit paperwork to the Joint Finance Committee to ask for \$11M.

Patient's Representative bill (let's hospital pick a decision-maker so they can discharge people into nursing homes faster)

- Amendment introduced. Does not address [patient's advocates substantive concerns](#) with the bill, and creates new issues.

Tracking current budget gaps

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\$70 M requested to for SNAP to meet new federal requirements from HR1



\$140 M shortfall in what was promised for special ed



\$11 M shortfall for DVR, waiting list imposed.



Wisconsin Medicaid projects \$213 M deficit by June 30, 2027.



\$218 M shortfall for 22 appropriations where revenue from fees helps fund programs.



LFB releases revenue projections noting higher tax revenue than expected, but also uncertainty that a CMS interpretation could result in a \$792 M Medicaid shortfall.



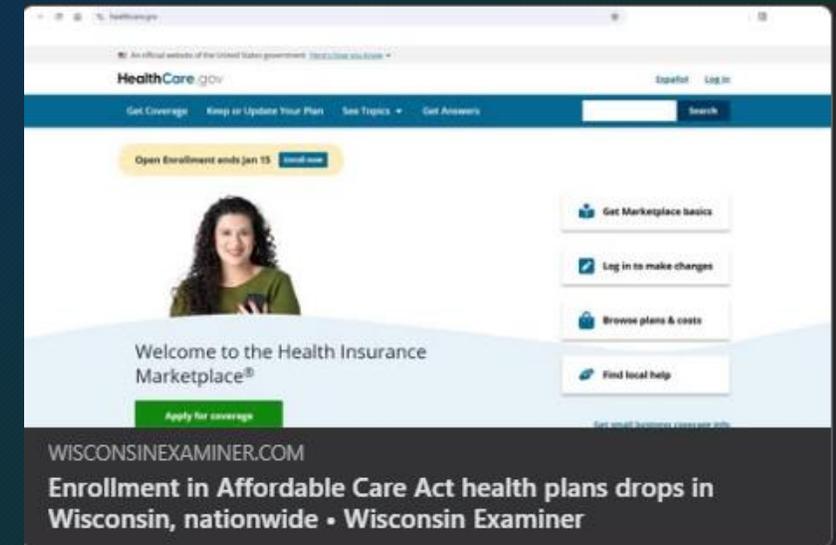
If too many younger, healthier people leave Wisconsin's ACA Marketplace there might not be enough in the state reinsurance fund, creating another potential shortfall.



Cuts or elimination of federal grants that have supported state, county, and local programs may create new budget holes or funding gaps.

Enrollment in Affordable Care Act health plans drops in Wisconsin, nationwide

- CMS reported that Wisconsin enrollment fell by more than 17,000.
- As of Jan. 3, 289,213 Wisconsin residents had enrolled in plans for 2026 (2025 had 310,000 people enrolled).
- Nationwide, enrollment for 2026 is 22.77 million, CMS reported — a decline of about 1.5 million from 2025.
- Insurance companies expected higher prices to drive some people out of the marketplace — particularly healthier people who are willing to take the chance that they won't need coverage.
- People with more serious health needs are expected to pay more to stay in the ACA Marketplace, raising the cost for insuring the entire remaining pool of customers.
- Experts worry that many more people will not be able to afford their first premium and will lose coverage when they don't pay the bill.



<https://wisconsinexaminer.com/briefs/enrollment-in-affordable-care-act-health-plans-drop-in-wisconsin-nationwide/>

Millions of Americans Are Expected To Drop Their Affordable Care Act Plans

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- For lots of people who were able to get ACA plans that cost \$0 per month, the expired subsidies mean the next cheapest options are unaffordable.
- For one plan holder, the 2026 rates for a barebones “bronze”-level plan would cost him at least \$70 a month, up from \$0. He decided to forgo coverage altogether.
- “When you don’t have any income coming in, it doesn’t matter how cheap it is,” he said. “It’s not affordable.”



KFFHEALTHNEWS.ORG

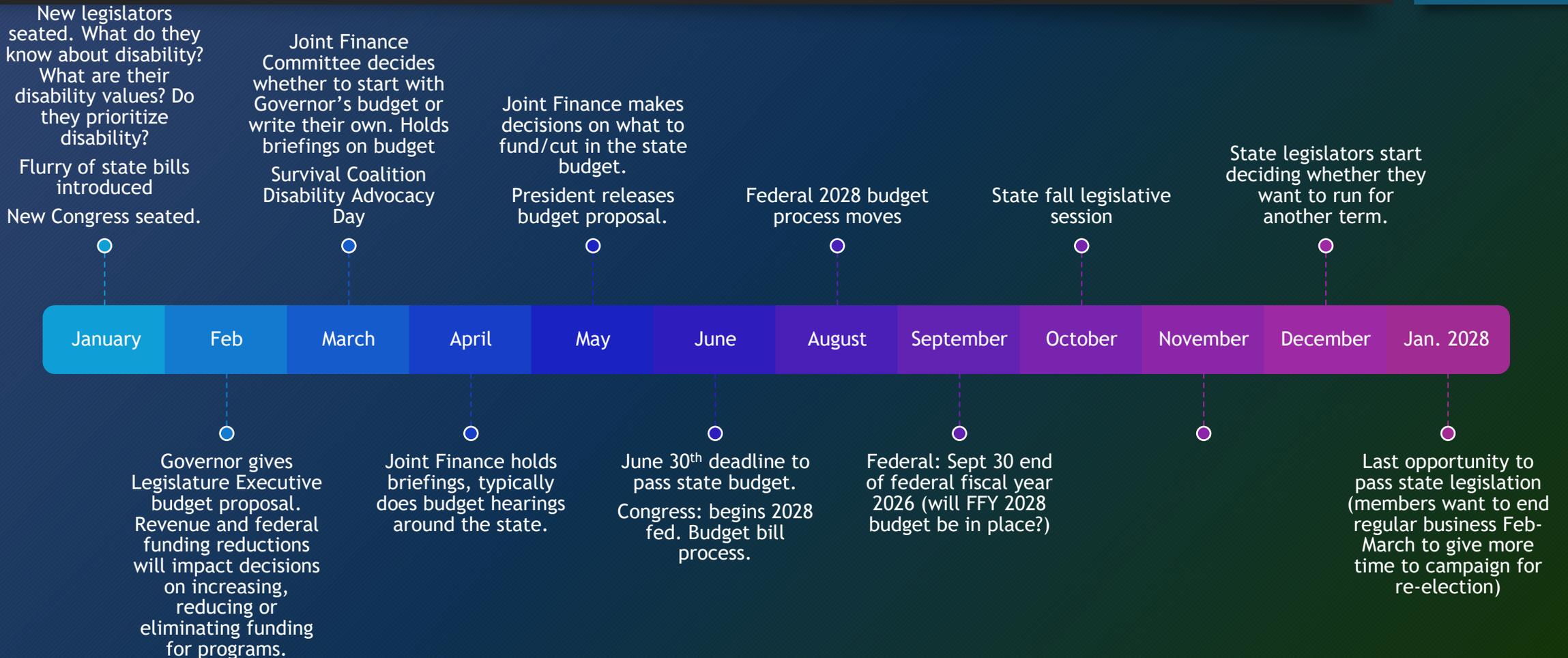
Millions of Americans Are Expected To Drop Their Affordable Care Act Plans. They're Looking for a Plan B. - KFF Health...

<https://kffhealthnews.org/news/article/aca-enhanced-subsidies-obamacare-uninsured-drop-coverage-medicaid-gap>

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.



Community Organizing to Maximize Power and Impact

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.

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 28th): Learning the basics of power, control, and how to motivate others.

Session #2 (February 11th): Identifying challenges and developing strategies for change.

Session #3 (February 25th): 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 28, Feb 11, Feb 25). If you have questions about the trainings you can contact Jeremy Gundlach at jeremy.gundlach@wisconsin.gov. Register here: bit.ly/CommunityOrganizing2026

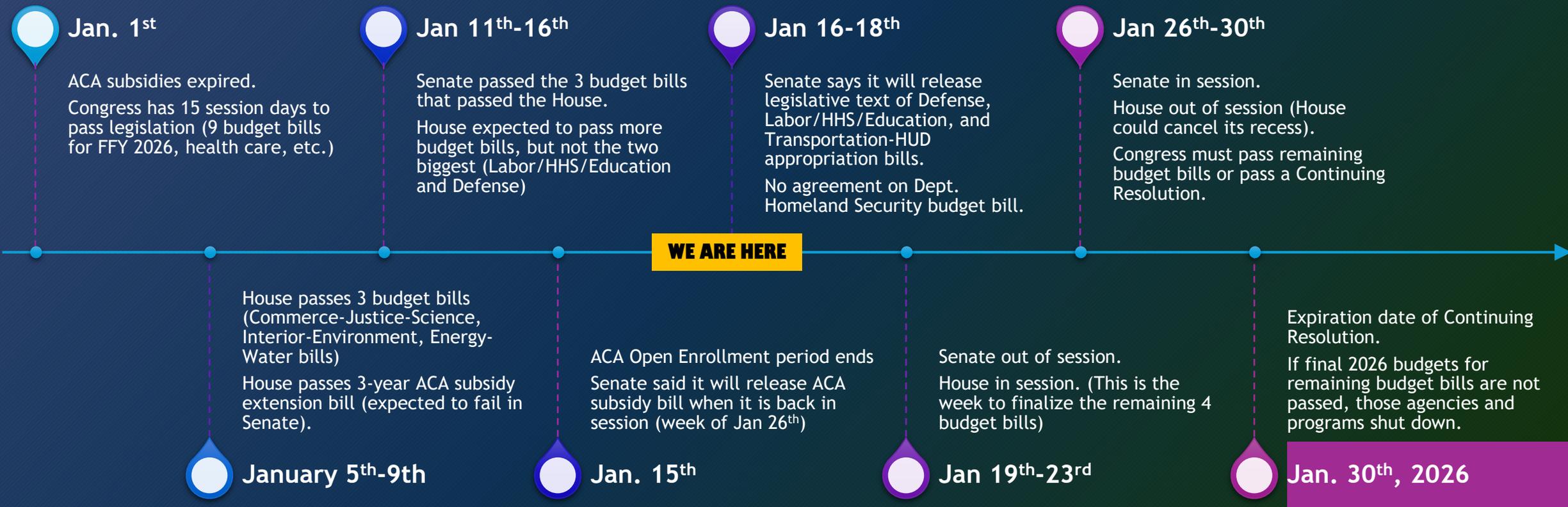


P.O. Box 7222, Madison, Wisconsin 53707

Congress

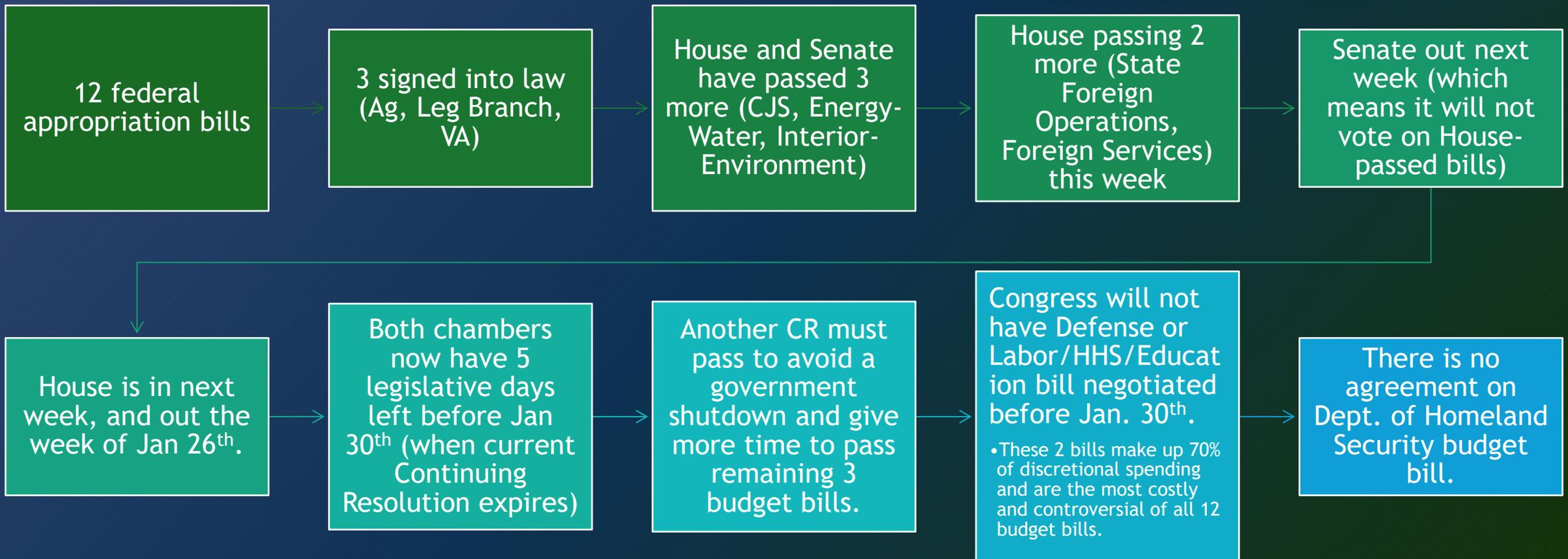
Government
Shutdown,
2026 Budget
bill, ACA
subsidies

Congress is back.



Federal 2026 budget progress

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New challenges: 2026 Federal budget

The narrow House Republican majority (218 to 213) is making it much harder to advance federal budget bills.

A member died, and two more Republican members are out for the foreseeable future because of health events, so that means there is only one vote to spare if the Speaker wants to pass bills with only Republican votes.

That means smaller factions of the House Republicans have more leverage to pressure for changes (spending cuts etc.) to bills in exchange for their vote.

This week several planned votes were cancelled because they did not have enough agreement to pass the bills with only Republican votes.

The narrow majority also means it will become harder to get Congress back to Washington to take votes once campaign season ramps up.

This week: 2026 Federal budget progress

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Senate passed 3 appropriation bills House passed last week Jan 12 (CJS, Energy-Water, Interior-Environment). CJS bill proposes to restore some science funding cuts.

House planned to advance two more budget bills this week (State Foreign Operations, Financial Services)

Senate and house planning to release legislative text of 3 more budget bills this weekend (Defense, Labor/HHS/Education, Transportation-HUD)

Notably, the Dept Homeland Security bill is not moving. It was supposed to be included this week, but ICE actions have led to disagreement about what should be included or removed from DHS budget bill.

Congress reverses some cuts to science research

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- Funding for Science research is included in several of the 12 federal appropriation bills Congress approves.
- The White House wanted to cut billions from science programs, but Congress is not doing that at least in the latest 3 budget bills it passed (Commerce-Justice-Science, Water-Energy, Interior-Environment).
- Some see continued funding at similar levels as a sign that Congress may not make other cuts the Trump administration wants.
- The Labor/HHS/Education budget bill funds a lot of research important to people with disabilities and has not passed yet.
- It remains unknown whether administration will spend funding as Congress has directed once the budget bills are law.



NYTIMES.COM

Trump's Steep Science Budget Cuts to Be Turned Back by Congress

<https://www.nytimes.com/2026/01/10/science/trump-science-budget-cuts-congress.html>

Conferenced CJS, E&W, and Interior Bills

Education Department breakup a sticking point in 2026 budget bill

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The Labor/HHS/Education appropriations bill negotiations are stalled over disagreement about the future of the U.S. Dept. of Education.

Democrats want to include legislative language to stop the U.S. Dept of Ed from contracting with other federal agencies to do the work that it is supposed to do under federal statute.

The bipartisan Senate bill advanced by the Appropriations Committee last July included language essentially blocking the Education Department from transferring the administration of funding supporting high-poverty schools and special education programs.

Some House members don't think the Education department is needed, and support getting rid of it. They see adding language preventing the moving of education functions to other federal agencies as making it harder (if not impossible) to get the bill passed in the House.

The Trump administration has struck at least seven interagency agreements to transfer the administration of programs like Title I, which supports high-poverty schools, and career and technical education, to the Labor Department and other agencies.

The Education Department is planning more transfers, such as the administration of special education programs and civil rights enforcement.

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?

Is the Senate closer to an ACA deal (Maybe and No.)

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Bipartisan group of Senators working on an ACA plan was supposed to release legislative language this week.

This plan is different from the 3-year extension of ACA subsidies that the House passed.

That means it will take states more time and be harder for consumers to understand new options and what they need to do.

Now the Senate group says it won't release bill language until the end of January.

Watchers see the delay as a sign that lawmakers do not agree on big parts of the bill.

The Senate has five working days at the end of January and the House is out of session the week of Jan 26th, making it unlikely any bill will pass by the end of the month.

Even if Senate Republicans can agree, it is unclear whether House Republicans will agree with what the Senate proposes.

The President has recently said he may veto an extension of health care subsidies.

The Senate doesn't want keep ACA subsidies the same. So, what do they want to do?

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- The Senate group is working on bill that would make 3 significant changes.
 1. Income cap. Set how much people could earn before they couldn't get a subsidy.
 2. Health Savings Accounts (HSAs). Let people take the amount they get for a subsidy and put it into an HSA.
 3. No \$0 premium plans. Require everyone to pay a minimum premium.



<https://www.thebulwark.com/p/obamacare-aca-subsidies-extension-moreno-jeffries>

The Senate doesn't want keep ACA subsidies the same. So, what do they want to do?

- People who earn more than 700% of the Federal Poverty Level (FPL) couldn't get a subsidy.
- That means more older adults (but not all) who are facing some of the biggest premium increases would still get subsidies.
 - 700% FPL is about \$110,000 per year for a single person
 - Previously it was 400% FPL (\$63,000 per year for a single person).
- Putting subsidy money into a Health Savings Account instead of using to lower premiums would be optional (not mandatory, like other proposals).



<https://www.thebulwark.com/p/obamacare-aca-subsidies-extension-moreno-jeffries>

The Senate doesn't want keep ACA subsidies the same. So, what do they want to do?

- Requiring every plan to have at least a \$5 per month premium has a big impact on low-income people.
- About half of people in ACA plans could get \$0 premium plans
- Most people with \$0 premium plans have incomes of less than 150% FPL (\$23,500 a year for a single person).
- States like Wisconsin have a lot more very low-income people in ACA Marketplace plans because they did not expand Medicaid.
- Republicans say paying \$5 premiums would stop fraud or see zero-dollar premium policies as a form of “welfare.”



<https://www.thebulwark.com/p/obamacare-aca-subsidies-extension-moreno-jeffries>

The Senate doesn't want keep ACA subsidies the same. So, what do they want to do?

- It can be hard to pay monthly premiums for people with unstable jobs or incomes and who do not have access to credit cards or bank accounts.
 - “If they don't have a credit card, if they don't have a bank account, they're gonna have to figure out how to post a check or mail a \$5 bill every month to make sure that their premium gets paid.”
- The stakes are much higher for people who miss a premium payment because people can only enroll in plans at certain times of year.
- If someone loses health care coverage because of a missed premiums, they may not be able to get coverage again until next year.



<https://www.thebulwark.com/p/obamacare-aca-subsidies-extension-moreno-jeffries>

The Senate doesn't want keep ACA subsidies the same. So, what do they want to do?

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- The changes being considered by the Senate group would leave some people worse off than they were under the Affordable Care Act originally, even before the extra subsidies were added. Some would likely become uninsured.
- Every day Congress delays is another day that people are paying more for medical care or are going without insurance, making it that much harder (and in some cases impossible) to undo the damage of letting the ACA subsidies expire even through retroactive relief.



<https://www.thebulwark.com/p/obamacare-aca-subsidies-extension-moreno-jeffries>



President releases health plan ideas

- Thursday the White House released its own [health care framework](#). Key ideas:
 1. lower prescription drug prices,
 2. send money that would have been used for ACA premium subsidies into Health Savings Accounts
 3. force more price transparency from insurance companies, hospitals and physicians.
- Many of the ideas are not new.
- Some ideas may have a nominal impact on costs, others could end up pushing more costs onto consumers.
- These ideas do not address the root causes of high-cost health care many experts identify.

The *Great* Healthcare Plan

LOWER DRUG PRICES

Slash Prescription Drug Prices

Lower prescription drug prices for all Americans by codifying the Trump Administration's Most-Favored-Nation deals to get Americans the same low prices for prescription drugs that people in other countries pay. This would build off President Trump's landmark actions that made insulin more affordable in his first term and the successful voluntary negotiations following his recent executive order to lower drug prices. *Voluntarily negotiated deals with HHS/CMS will be grandfathered in.*

Allow More Over-the-Counter Medicines

Make more verified safe pharmaceutical drugs available for over-the-counter purchase. This will lower healthcare costs and increase consumer choice by strengthening price transparency, increasing competition, and reducing the need for costly and time-consuming doctor's visits.

LOWER INSURANCE PREMIUMS

Send the Money Directly to the American People

Stop sending big insurance companies billions in extra taxpayer-funded subsidy payments and instead send that money directly to eligible Americans to allow them to buy the health insurance of their choice.

Fund Cost-Sharing Reduction Program

Fund a cost-sharing reduction program for healthcare plans which would save taxpayers at least \$36 billion and reduce the most common Obamacare plan premiums by over 10%.

Cut Kickback Costs

End kickbacks from pharmacy benefit managers to the large brokerage middlemen that deceptively raise the cost of health insurance.

HOLD BIG INSURANCE COMPANIES ACCOUNTABLE

Create the "Plain-English Insurance" Standard

Require health insurance companies to publish rate and coverage comparisons upfront on their websites in plain English—not industry jargon—so consumers can make better insurance purchasing decisions.

Publish Costs of Overhead vs. Claim Payments

Require health insurance companies to publish the percentage of their revenues that are paid out to claims versus overhead costs and profits on their websites.

Display Claim Denial Rates

Require health insurers to publish the percentage of insurance claims they reject and average wait times for routine care on their websites.

MAXIMIZE PRICE TRANSPARENCY

Post Prices on the Wall

Require any healthcare provider or insurer who accepts either Medicare or Medicaid to publicly and prominently post their pricing and fees to avoid surprise medical bills.

Make sure Congress understands what is impacting your health care

Are you seeing increases to your ACA Marketplace premiums

Did you have to switch to a lower coverage/higher cost plan?

Did your insurance change what drugs it covers?

Is your employer-sponsored insurance costs or deductibles higher?

Has your Medicare coverage changed?

Have there been any changes to your Medicaid that mean you have less help?

Make sure your U.S. Rep and Senators know cuts and changes to health care are impacting you and your family.

Meanwhile, Chatter about Megabill 2.0 picks up

- House GOP faction [released what they want to put in another “reconciliation” bill](#) Tuesday.
- Ideas include cutting HUD funding and health care changes like:
 - eliminating broad-based categorical eligibility for “welfare system”.
 - Medicaid FMAP reductions and penalties
 - changing ACA subsidies into HSA contributions
 - More insurance that doesn’t have to provide coverage ACA requires
 - requiring fed agencies to only consider U.S. citizens when allocating population-based funding streams,
 - codify Public charge rule.
- Reconciliation bills can pass the Senate with 51 votes instead of 60. (HR 1 was a reconciliation bill)
- That means the bill could pass both the House and the Senate with only Republican votes

A FRAMEWORK FOR THE NEXT RECONCILIATION BILL: MAKING THE AMERICAN DREAM AFFORDABLE AGAIN

For Democrats, affordability is a buzzword. For us, it's a mission. A strategy to deliver for hardworking American families that are still reeling from four years of the failed Biden-Harris Agenda must include policies that will:

- 1 **RESTORE THE AMERICAN DREAM OF HOMEOWNERSHIP** by incentivizing the sale of affordable homes, selling off underutilized government buildings, and enabling the free market to slash the cost of mortgages and down payments.
- 2 **DELIVER HEALTH CARE FREEDOM AND LOWER DRUG PRICES** by redirecting subsidies away from big insurance companies and into the hands of the American people, eliminating regulatory barriers that increase the price of drugs, and promoting choice and competition.
- 3 **REDUCE ENERGY BILLS AND PRICES AT THE PUMP** by accelerating permitting approvals, reducing the power of federal bureaucrats, and providing regulatory certainty to America’s energy producers.
- 4 **REBUILD THE AMERICAN FAMILY** by eliminating marriage penalties, supporting stay-at-home parents, and eviscerating radical gender ideology.
- 5 **CUT WASTEFUL GOVERNMENT SPENDING** by eliminating over \$1.6 trillion in woke, wasteful, and weaponized government expenditures driving up costs for working families.
- 6 **CODIFY PRESIDENT TRUMP’S SWEEPING EXECUTIVE ORDERS** by making his historic deregulatory agenda permanent and ensuring that these actions remain the law of the land for generations to come.

Administration

Administrative
rules, Federal
Agency Actions

'Brace for impact': Trump turns fraud into new weapon against blue states

- The Trump administration is using the accusation of fraud as a pretense to selectively freeze or cut federal funding to states for social welfare and other programs.
- The administration has created a new fraud-focused position in the Justice Department that will report directly to the White House.
- Officials claim without evidence that immigrants are the primary drivers of the fraud.
- States monitor for waste, fraud, and abuse, and the instances of fraud are low even if exact numbers are unknown.
- Most fraud is by providers or outside scammers, not by recipients. Individuals who have been convicted of such fraud are overwhelmingly U.S. citizens.



POLITICO.COM

'Brace for impact': Trump turns fraud into new weapon against blue states

The president is capitalizing on an issue that has proven potent in Minnesota.

<https://www.politico.com/news/2026/01/12/brace-for-impact-trump-turns-fraud-into-new-weapon-against-blue-states-00719401>

[White House welfare fraud claims are distorted, but the system has risks](#)

[Trump has reinvented Reagan's old attack, with one key twist.](#)

Judge Blocks Trump Officials From Freezing Billions in Social Services Funds

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- A judge ruled to temporarily stop the Trump administration's freeze of more than \$10 B in funding for programs that serve low-income families and people with disabilities in five Democratic-led states (CA, CO, IL, MN and NY).
- Five states received letters freezing three major programs (TANF, Child Care development Fund, Social Services Block Grant)
- The states argued that the effort is unconstitutional and is intended to go after Trump's political adversaries rather than to stamp out fraud in government programs – something the states say they already do.
- The other 45 states face a new requirement to check attendance at child care centers and submit “strong justification for the use of funds” that aligns with the program's purpose.



[How Trump is harming federal child care funding](#)
[AP: Judge Halts Trump Administration block of federal money for 5 states](#)
[NYT: Judge Blocks Trump Officials From Freezing Billions in Social Services Funds](#)

Judge Blocks Trump Officials From Freezing Billions in Social Services Funds

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- Friday's order does not stop the new Trump "defend the spend" policy all states must now do, which requires (laborious and redundant) justifications for most expenditures a child care agency makes before funds can be disbursed
- The new policy will likely not reduce fraud but may cause delays in states getting childcare money out the door, with the impacts far beyond the directly affected families.
- When states have trouble getting money out in a timely manner, or when subsidy funding is unavailable, childcare programs struggle to make payroll, rent and may have to close their doors.
- Child care programs that accept federal subsidies serve families of all income levels. This means the negative effects of funding delays or freezes impact all families that use care.



[How Trump is harming federal child care funding](#)
[AP: Judge Halts Trump Administration block of federal money for 5 states](#)
[NYT: Judge Blocks Trump Officials From Freezing Billions in Social Services Funds](#)

A judge orders HHS to restore children's health funding as a lawsuit continues

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- After the American Academy of Pediatrics (AAP) said they did not support changes to the children's vaccination schedule and other Trump administration policy actions, the administration cancelled \$12 M in grants to AAP.
- The seven grants terminated in December supported numerous public health programs, including efforts to prevent sudden unexpected infant death, money for rural health care and the early identification of disabilities in young children, and support teens facing substance use and mental health challenges.
- A federal judge ordered the Trump administration to restore the funding temporarily while the lawsuit is ongoing.
- The Judge ruled the evidence showed the U.S. Department of Health and Human Services likely had a "retaliatory motive" when it terminated grants to the pediatric group.



<https://www.npr.org/2026/01/12/g-s1-105740/a-judge-orders-hhs-to-restore-childrens-health-funding-as-a-lawsuit-continues>

Why it matters: Trump Administration Drops Medicaid Vaccine Reporting Requirements

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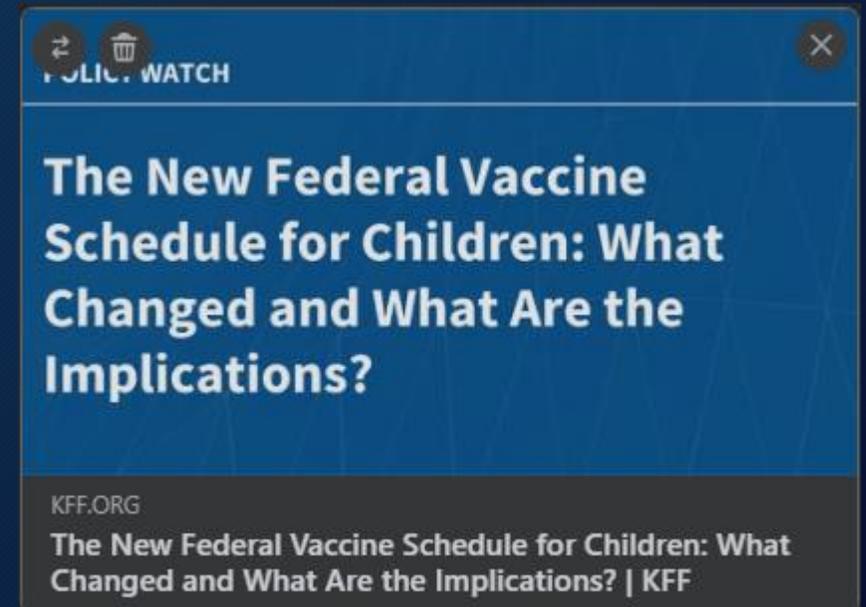
- Not requiring state to report vaccinations in Medicaid and CHIP may make it more difficult to monitor and understand vaccination trends for a large share of children in the U.S.
- It is unclear how many states will continue to report the voluntary immunization measures and what will happen to these measures in future years.
- Dropping vaccine reporting requirements could make it more challenging to monitor recent declines in childhood vaccinations rates and the impact of vaccine policy changes.



<https://www.kff.org/medicaid/trump-administration-drops-medicaid-vaccine-reporting-requirements/>

The New Federal Vaccine Schedule for Children: What Changed and What Are the Implications?

- Most insurers are required to cover vaccines at no-cost.
- Insurance will continue to cover Childhood vaccinations,
- however now fewer doses the HPV vaccine may be covered by insurance.
- The recommendation changed from 3 doses to one; the first dose is covered but additional doses might not be.
- The current commercial price for one HPV dose is more than \$300.



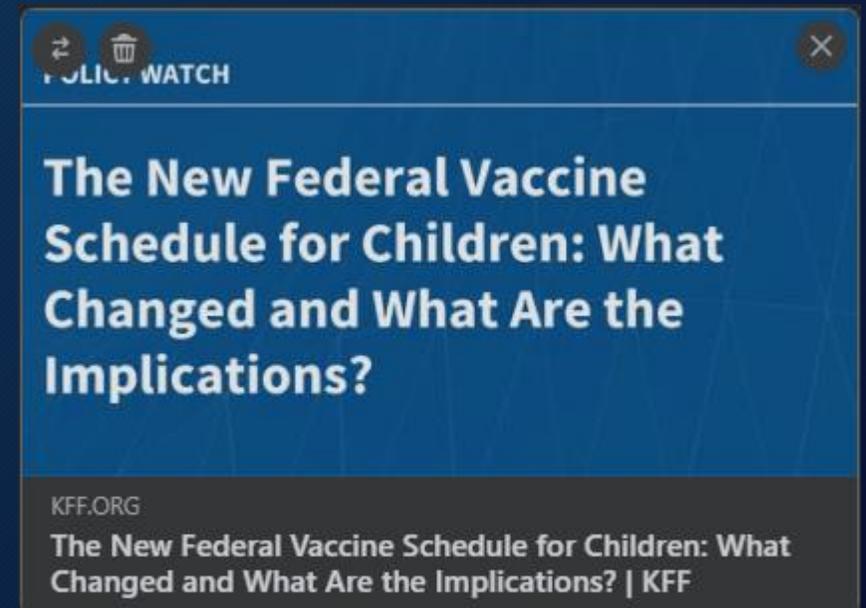
<https://www.kff.org/other-health/the-new-federal-vaccine-schedule-what-changed>

[Children's Vaccine Schedule May Not Be The Last Of RFK Jr.'s Big Changes](#)

The New Federal Vaccine Schedule for Children: What Changed and What Are the Implications?

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- The White House and HHS say they are thinking about more changes to vaccine policy (without a standard review processes) including:
 - Recommending separate shots for measles, mumps, rubella instead of the current one combination vaccine,
 - how vaccines are tested and safety is monitored,
 - and whether liability protections for manufacturers should be reexamined

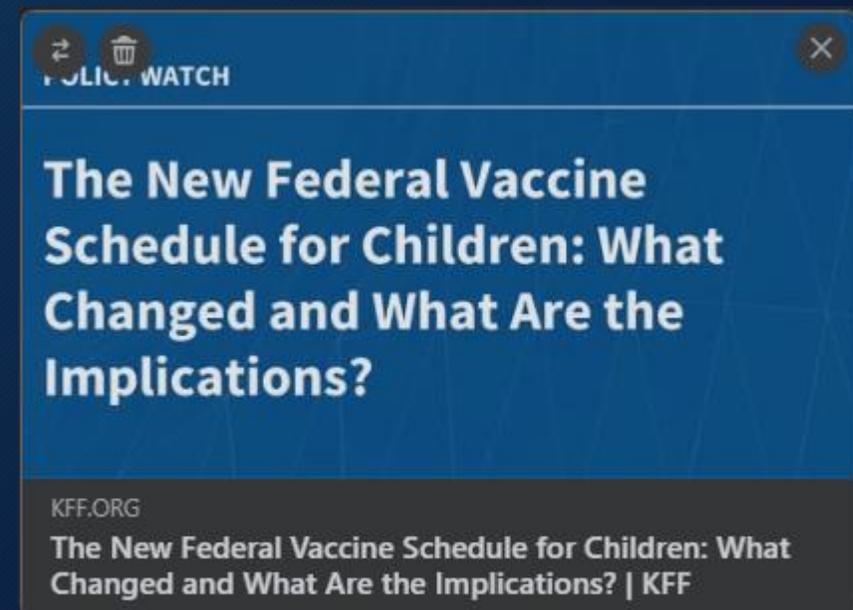


<https://www.kff.org/other-health/the-new-federal-vaccine-schedule-what-changed>

[Children's Vaccine Schedule May Not Be The Last Of RFK Jr.'s Big Changes](#)

The New Federal Vaccine Schedule for Children: What Changed and What Are the Implications?

- Narrowing the groups recommended to receive certain vaccines could mean parents and providers vaccinating less often than they have previously.
- State and local governments are responsible for determining key childhood vaccine policies, including which vaccines are recommended for routine use and which are required for school attendance.
- Some states may also loosen vaccine requirements for school attendance, which could also result in lower vaccination coverage.
- Changing vaccines from a routine, universal recommendation to a shared clinical decision-making (SCDM) recommendation can add an additional step or introduce other barriers to vaccine access, that can lower vaccination rates.



<https://www.kff.org/other-health/the-new-federal-vaccine-schedule-what-changed>

[Children's Vaccine Schedule May Not Be The Last Of RFK Jr.'s Big Changes](#)

Ed Department pushing ahead with plan to offload special education

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- National disability advocates say the Trump administration appears to be actively laying the groundwork to transfer special education out of the U.S. Department of Education.
- U.S. Dept of Ed secretary told advocates she intends to move Office of Special Education Programs to another federal agency.
- The whole Office of Special Education Programs, which administers funding and oversees implementation of the Individuals with Disabilities Education Act, will be moved.
- No agreement had been signed and the Secretary did not provide any timeline
- No details were shared about plans for the Rehabilitation Services Administration, which handles vocational rehabilitation.



<https://www.disabilitycoop.com/2026/01/09/ed-department-pushing-ahead-with-plan-to-offload-special-education/31800/>

Ed Department pushing ahead with plan to offload special education

- Earlier this week, the Administration for Community Living at HHS announced that it has hired:
 - Diana Díaz-Harrison, who had been serving as deputy assistant secretary of the Education Department's Office of Special Education and Rehabilitative Services, or OSERS and
 - Rebecca Hines, who had been an associate professor of special education at the University of Central Florida.
- “Those moves seemed to indicate that programs for students with disabilities will move to HHS.”



<https://www.disabilitycoop.com/2026/01/09/ed-department-pushing-ahead-with-plan-to-offload-special-education/31800/>

Continued coverage of impact of Reconciliation bill

Lots of
40 articles to
share.

Medicaid restrictions may lead to a million missed cancer screenings over two years: study

- Changes to Medicaid from HR 1 may lead millions of people to lose coverage and then miss potentially lifesaving cancer screenings.
- A new analysis estimates in the next two years more than a million cancer screenings for colorectal, breast, or lung cancer would be missed
- The study specifically looked at breast, colorectal, and lung cancer screenings, suggesting that other kinds of cancer could be missed too.
- “I see patients every day that come to me with cancer and are asymptomatic.”
- Losing Medicaid coverage will also interrupt ongoing cancer treatment, potentially worsening outcomes for existing patients.



[STAT article](#)

[Projected Cancer Screening and Outcomes Under the 2025 Federal Medicaid Eligibility Restrictions](#)

GOP Cuts Will Cripple Medicaid Enrollment, Warns CEO of California's Largest Public Health Plan

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- California's version of Medicaid is called Medi-Cal.
- Private insurers contract with states to operate Medicaid funded insurance plans.
- L.A. Care is a Medi-cal plan with more than 2.2 million enrollees, more people than the Medicaid and Children's Health Insurance Program enrollments in 41 states.
- The CEO says HR 1, could result in 650,000 enrollees falling off L.A. Care's Medi-Cal rolls by the end of 2028. That's more than 25% of the plans' Medi-cal enrollment.
- This will strain the plan's finances as revenues decline. The insurer had revenues of \$11.7 billion in the last fiscal year.



<https://kffhealthnews.org/news/article/la-care-ceo-martha-santana-chin-interview-gop-cuts-medicaid>

GOP Cuts Will Cripple Medicaid Enrollment, Warns CEO of California's Largest Public Health Plan

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- California has already reduced Medicaid spending by setting an asset limit.
- That's before the state reckons with the spending cuts that likely will be required by the withdrawal of so many federal dollars under HR 1.
- **HR 1 will** “devastate the delivery system. The state obviously isn't going to be able to make up for the shortfalls in federal funding, and over the course of the next several years, funding is going to be less and less, and the people we cover are going to decrease significantly.”



<https://kffhealthnews.org/news/article/la-care-ceo-martha-santana-chin-interview-gop-cuts-medicaid>

Idaho: Governor proposes removing disability, dental services to cut Medicaid budget

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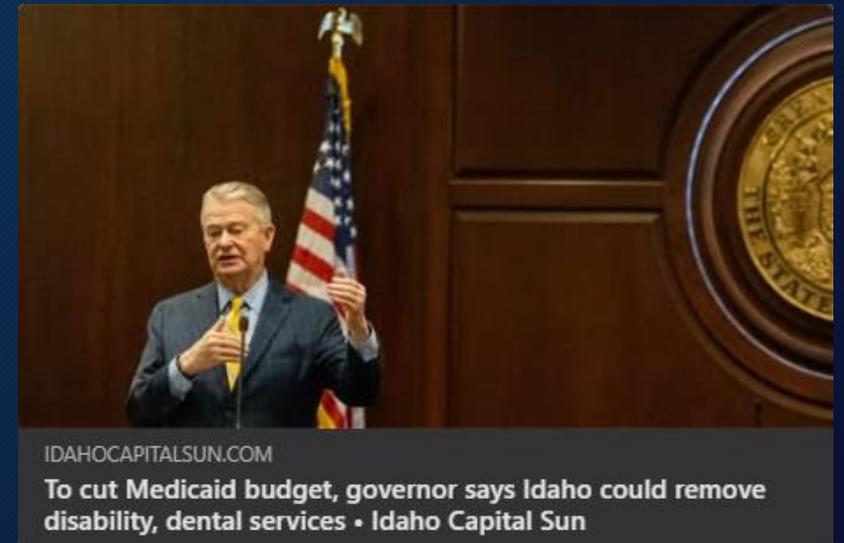
- Idaho's Governor proposed a total of \$45 million in Medicaid cuts next fiscal year.
- \$22 million In Medicaid cuts would come from a list of optional services, including Home and Community Based Services and Dental coverage for adults.
- Idaho has a \$40 million budget shortfall this fiscal year, and more than \$500 million next fiscal year — after years of state tax cuts.
- Idaho lawmakers cut Medicaid last year. This proposal is a second round of cuts, before federal Medicaid cuts included in HR1 impact the state.
- “Adult dental coverage and home- and community-based services were included because they are optional Medicaid benefits under federal law, not mandated by the federal government,” according to the Governor's office.



<https://idahocapitalsun.com/2026/01/14/to-cut-medicaid-budget-governor-says-idaho-could-remove-disability-dental-services>

Idaho: Governor proposes removing disability, dental services to cut Medicaid budget

- **Removing services** made up the bulk of the governor's proposed options for Medicaid cuts.
- Services that could be cut include:
 - adult dental services,
 - home and community-based services,
 - pharmacy benefits for adults who aren't on Medicaid expansion,
 - adult prosthetics and orthotics,
 - adult in-home nursing services,
 - adult chiropractic services,
 - adult audiology services,
 - adult vision services,
 - hospice services,
 - case management support, and
 - services for physical, occupational and speech therapy.
- It is unclear if these services would be removed from the states' Medicaid plan (no longer offered) or if funding for these services would be deeply cut.



<https://idahocapitalsun.com/2026/01/14/to-cut-medicaid-budget-governor-says-idaho-could-remove-disability-dental-services>

North Carolina: high costs to implement Medicaid work requirement

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- North Carolina Medicaid officials briefed lawmakers on how much it will cost the state to implement “prove you’re working or exempt” requirements from HR 1.
- NC DHHS anticipates needing millions more each quarter to pay for additional county staff, system upgrades, vendor contracts and member outreach.
- North Carolina relies on automation and data-matching to minimize paperwork for beneficiaries and county caseworkers, and to verify income, residency, citizenship and other eligibility factors.
- The state has a few months complete extensive technology upgrades, integrate new data sources related to employment, train county staff and educate beneficiaries – all while awaiting federal guidelines that are not expected until June.
- North Carolina state law restricts the use of state funds to make the needed changes. Lawmakers need to act ASAP so the state can comply with HR 1 on time.



<https://www.northcarolinahealthnews.org/2026/01/14/medicaid-work-burden>

North Carolina: high costs to implement Medicaid work requirement

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- The new requirements and more frequent checks will increase the administrative work on counties.
- “H.R. 1, from the view of the North Carolina counties, is one of the most significant unfunded mandates and one of the largest shifts of administrative and economic responsibility that our state and our counties have seen in generations,” he said.
- County governments — especially those in rural parts of the state — have few options for absorbing the added costs associated with administering the new requirements in the law.
- Their choices: raising taxes, delaying badly needed capital projects or cutting services that residents depend on.



<https://www.northcarolinahealthnews.org/2026/01/14/medicaid-work-burden>

NC lawmakers weigh how to deal with unfunded mandates, cuts as feds overhaul SNAP

- North Carolina could face hundreds of millions of dollars in new costs — or risk losing the Supplemental Nutrition Assistance Program entirely — if counties fail to meet new federal requirements, state lawmakers were warned
- The first major deadline is Oct. 1, when the state's share of SNAP administrative costs rises from 50 percent to 75 percent.
- That 25 percent loss in federal administration dollars will mean county governments will have to find \$67 million more dollars, and the state will need to find \$16 million.



<https://www.northcarolinahealthnews.org/2026/01/15/n-c-lawmakers-weigh-snap-overhaul/>

NC lawmakers weigh how to deal with unfunded mandates, cuts as feds overhaul SNAP

- North Carolina rural communities are especially reliant on SNAP, with the program supporting more than 1.4 million residents and stabilizing local grocery stores and economies.
- Some lawmakers see people losing SNAP as beneficial and having less people in the program will eventually mean less work for counties.



<https://www.northcarolinahealthnews.org/2026/01/15/n-c-lawmakers-weigh-snap-overhaul/>

States Race To Launch Rural Health Transformation Plans

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- CMS has pushed states to adopt policy actions—such as what people on food benefits can buy—that the administration supports.
- CMS used a formula that included a “technical score” to decide how much each state should get.
- “We can be fairly certain that every state will get at least a slightly, if not a vastly, different amount next year”
- Within eight months, states must submit revised budgets, begin spending, and show the money is going to good use (although states may not have cash to start work until March).
- In late summer, CMS will review state progress, decide how much money states get in 2027 funding levels by the end of October. CMS can reduce how much states get.



<https://kffhealthnews.org/news/article/rural-health-transformation-state-distribution-technical-scores-variation-deadlines>