

Today we will talk about:

- Lots of action at the state legislature. Bills passed, introduced, heard, and voted out of committee. Funding requests for DVR, Foodshare submitted, but no action.
- U.S. Senate does not pass 6 remaining budget bills, government shutdown coming.
- Prospects dim for reviving ACA subsidies, and impacts are starting to become clearer.
- Policy changes the administration is making that impact people with disabilities and families, and continued coverage of impacts of HR 1.

Weekly Update
Jan. 30th, 2026

Federal Funding Fallout 2026

1

1/30/2026

Around Wisconsin

We have a
lot to say.

Final weeks of State Legislative session

Lots of public hearings are happening this week and next week.

Bills that have had a hearing and where the committee has voted to send the bill forward can be scheduled for a vote by the full Senate or Assembly.

Lots of legislators want to move their bills quickly through committees now because they know the Assembly wants to end their session soon.

After the Assembly ends its session, any Senate versions of bills that haven't passed the Assembly die.

When the Assembly ends, any Assembly bills that have passed the full Assembly can still become law if they are passed by the Senate.

The next time (floor period) the full Assembly will meet to vote on bills is between February 10-19th.

The Senate wants to end the session in March.

Inaction has consequences now, and later

Several programs important to people with disabilities where the legislature did not set aside enough money or where the costs are more than what the legislature thought they would be.

Special education (\$140 M shortfall)
DVR (\$11 M shortfall)
Medicaid (\$213 shortfall, so far)
FoodShare (\$70 M more needed because of federal changes in HR 1)

When the state budget does not have enough money to pay for what it has promised to do, people wait to get what they need or do not get it.

That means right now Wisconsin is almost \$500M short of what is needed to do what we are doing now.

Inaction now means it will be even more expensive to make sure there is enough money to make sure actual costs are covered in the next budget.

Education bills make it easier to exclude students with disabilities

[SB 611](#) / AB 614 would let teachers decide which students they keep in class

This week there was a public hearing in the education committee on these bills.

People with disabilities, parents, and disability advocates testified on the bill.

The bills would:

- Make it easier for teachers to take students out of classrooms if the teacher says the student's behavior is disruptive.
- Add time consuming paperwork requirements that can delay a student's return to the classroom.
- Notify all parents in the classroom when behaviors have resulted in a student being removed from class.

The Senate Education committee has not decided whether to vote on the bill yet.

Action Steps:
Education
bills A\

Ask the Chairs of the
Senate Education
committee (Senator
Jagler) NOT to
schedule an
Executive Session
vote on SB 611 / AB
614

Special Education funding bills introduced

Bills ([SB 852](#) and [AB 859](#)) have been introduced and referred to the legislature's Education committees

These bills would provide sum sufficient funding to reach the special education reimbursement levels set in the current state budget—42% for 2025-26 and 45% for 2026-27.

In November, the Department of Public Instruction (DPI) announced the amount that state legislators set aside in the 2025-2027 state budget to pay schools was not enough to cover actual costs.

This means \$140 million less than was expected for legally required **special education** programs for Wisconsin's 127,000 students with disabilities.

District were relying on that \$140 million when they built their budgets for this school year.

Action Steps: Special Education funding bills

Ask the Chairs of the Senate and Assembly Education committees (Senator Jagler and Representative Kitchens) to hold a public hearing on SB 852 and AB 859).

Request for DVR funding submitted to legislative committee

The Department of Workforce Development submitted a request to the Legislature's Joint Finance committee for **an additional \$11 million in state funding** to fully fund the Division of Vocational Rehabilitation (DVR) through June 30, 2027 and end the wait list for DVR services.

DVR helps people with disabilities to find a job, keep their job, or get a better job in the community.

The state budget signed in July did not set aside enough money to cover the costs of DVR.

3000 people are already waiting, with a 1000 more estimated to be added every month. Even if funding is approved it will take time to get everyone on the waitlist help.

Because DVR doesn't have enough money, in December 2025, DVR began putting people with disabilities who are applying for DVR on a waitlist.

Action Steps: DVR funding

Ask the Co-Chairs of the Joint Finance Committee (Sen. Marklein, Rep. Born) to schedule a 13.10 hearing and approve the DVR funding request.

Legislative inaction puts Wisconsin at risk of not meeting new federal FoodShare requirements

HR 1 made changes to the SNAP program that means more paperwork for more people, more work for the state, less federal funding to run the program, and a potential penalty of up to \$205 million in additional costs if Wisconsin's error rate rises too much.

DHS has asked the Legislature for state funding to help Wisconsin comply with new federal requirements.

- \$16.1M for 56 more workers to make sure Wisconsin's error rate stays low.
- \$32.4M for administrative costs that the federal government used to pay.
- \$20.7M to support employment training.

Some HR 1 changes went into effect Oct 1st, 2025; more went into effect in December 2025.

October 1st 2026, Wisconsin will get less federal funding to run the program and Wisconsin will have a \$32.5 M hole in our current budget.

Action Steps: SNAP

Contact your State Senator
and State
Assembly Representative.

Many working people and people fixed, low incomes cannot afford food. Rising costs of housing, health care, etc. make it harder for more people to afford food.

Other bills we are watching

[SB 578](#) and [AB 598](#) Patient's Representative

- Would let hospitals pick a decision-maker (called a Patient's Representative) if a patient becomes unable to make medical decision, based on a list set in statute.
- [Patient advocates do not believe this legislation will address the issue it seeks to solve and will cause many new issues.](#)
- An analysis other states' Next of Kin laws shows this proposal is broader and more expansive than anywhere else in the country.
- A [national study](#) shows staffing shortages in facilities are a main reason patients are not able to be discharged from the hospital (the study did not assess how HCBS staffing shortages and lack of support of unpaid caregivers are contributing to longer hospital stays for some people.).
- Bills advanced out of committee. Both Senate and Assembly can schedule floor vote on bill.

[SB 795](#) and [AB 798](#) would let caregivers identify people who depend on their care

- [SB 795](#) and [AB 798](#) would let caregivers list up to three people for whom they are the primary caregiver when they apply or renew for a driver's license or state ID and provide emergency contact information that can be given to law enforcement.
- Public hearing held on SB 795 in Senate. Public hearing scheduled Feb 3rd in Assembly.

Action Steps: Contact your State Senator, State Representative, and Governor's office

- State Senator and State Representative ([Look up my lawmakers](#))
- [Contact the Governor's office](#) (or 608-266-1212)

Tracking current budget gaps

14



\$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.

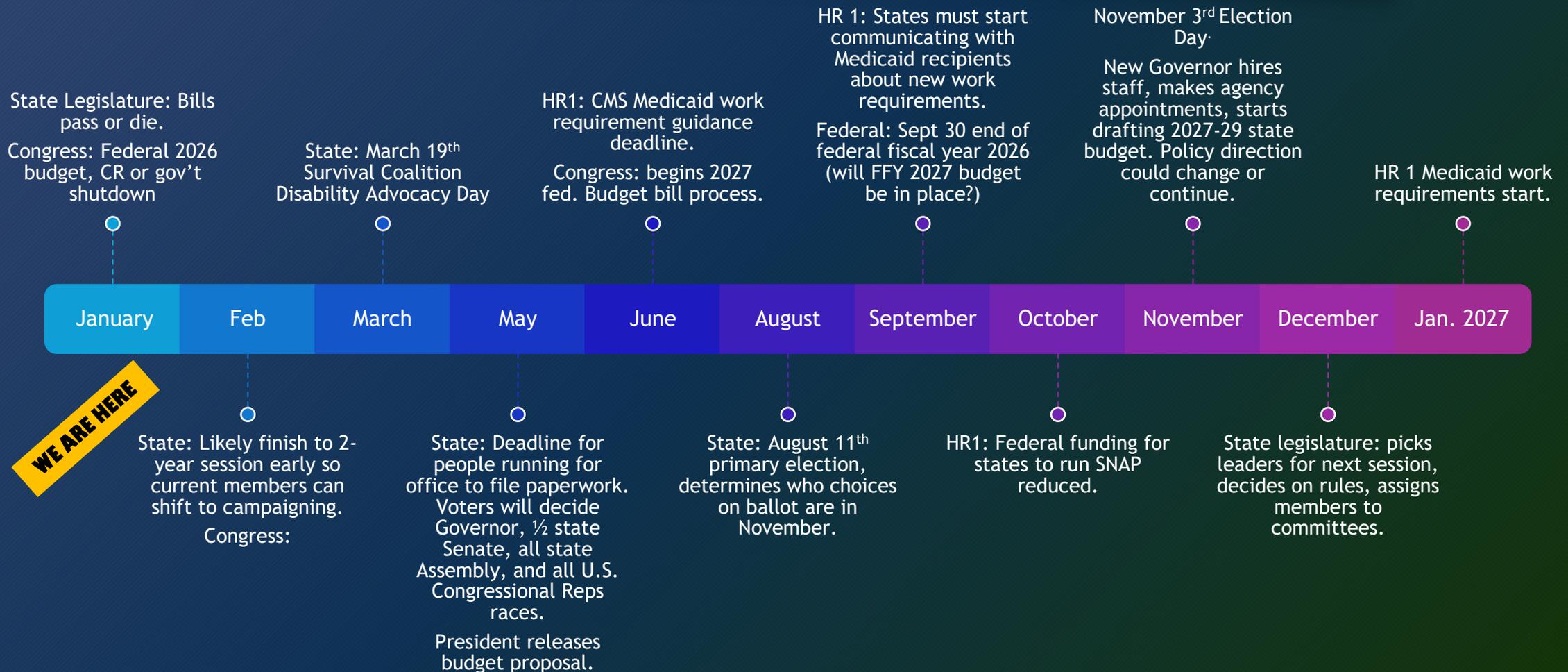


If too many younger, healthier people leave Wisconsin's ACA Marketplace there might not be enough in the state reinsurance fund, creating another potential shortfall.

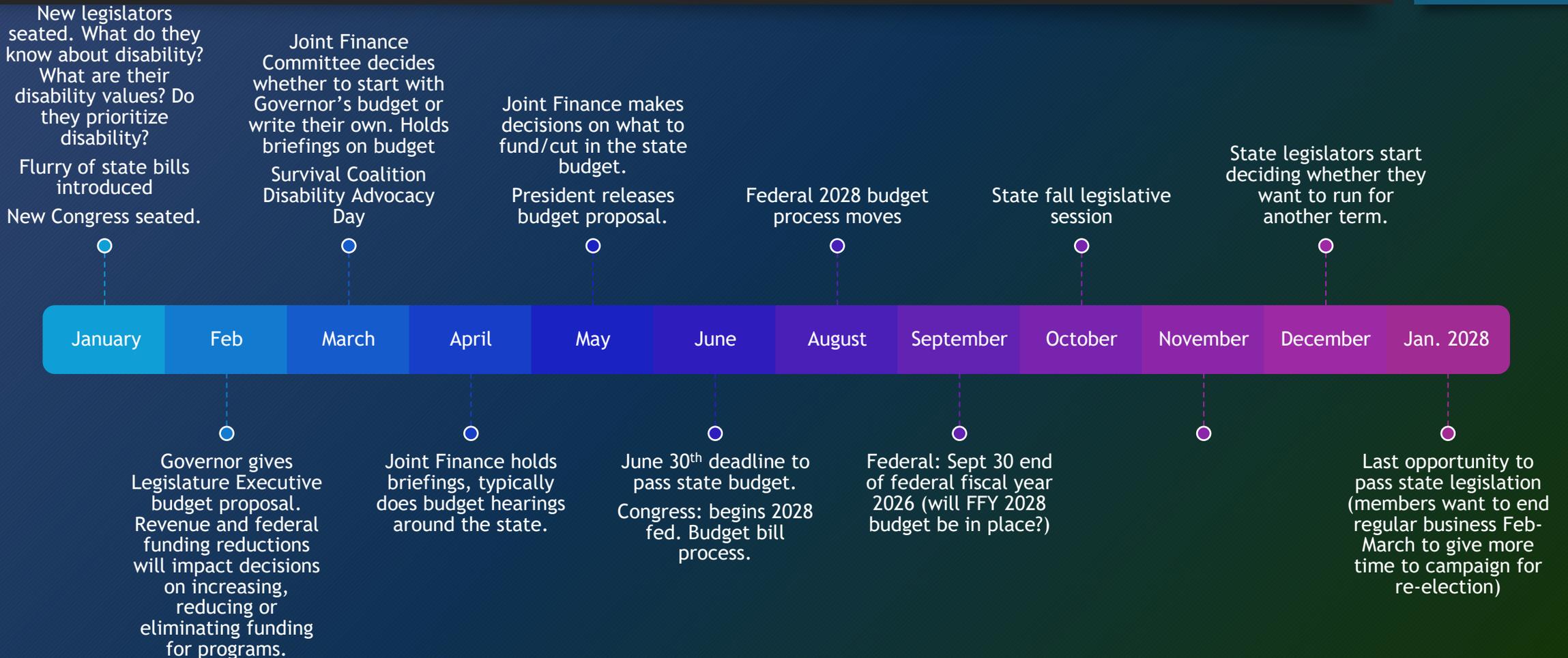


Cuts or elimination of federal grants that have supported state, county, and local programs may create new budget holes or funding gaps.

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.

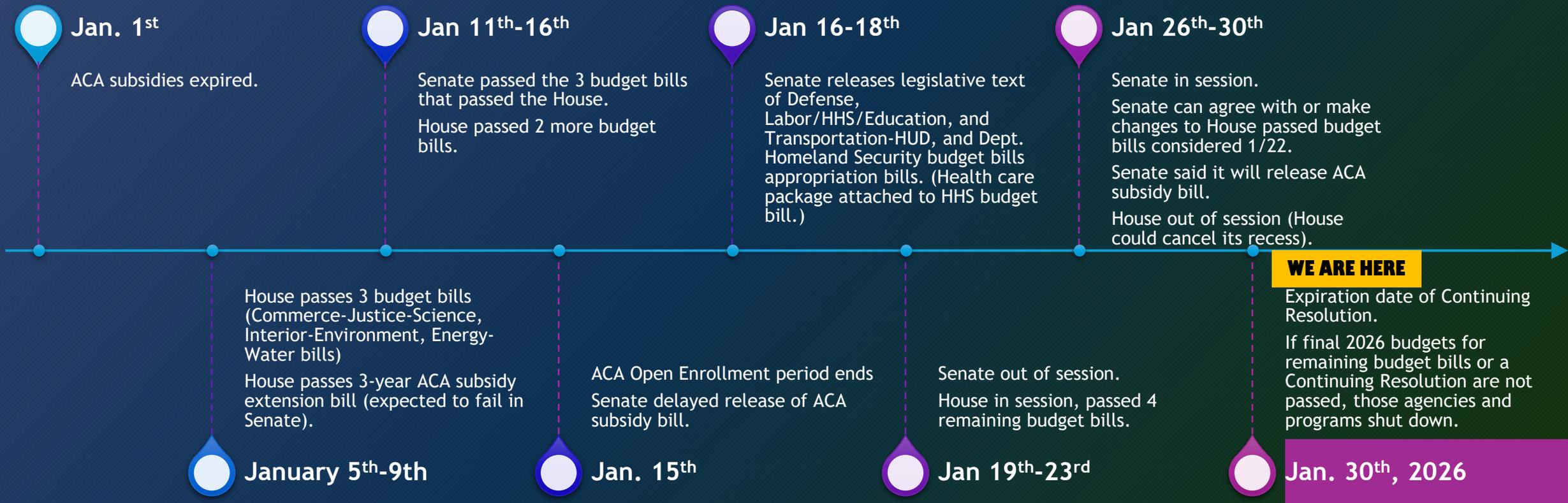


Congress

Government
Shutdown,
2026 Budget
bill, ACA
subsidies

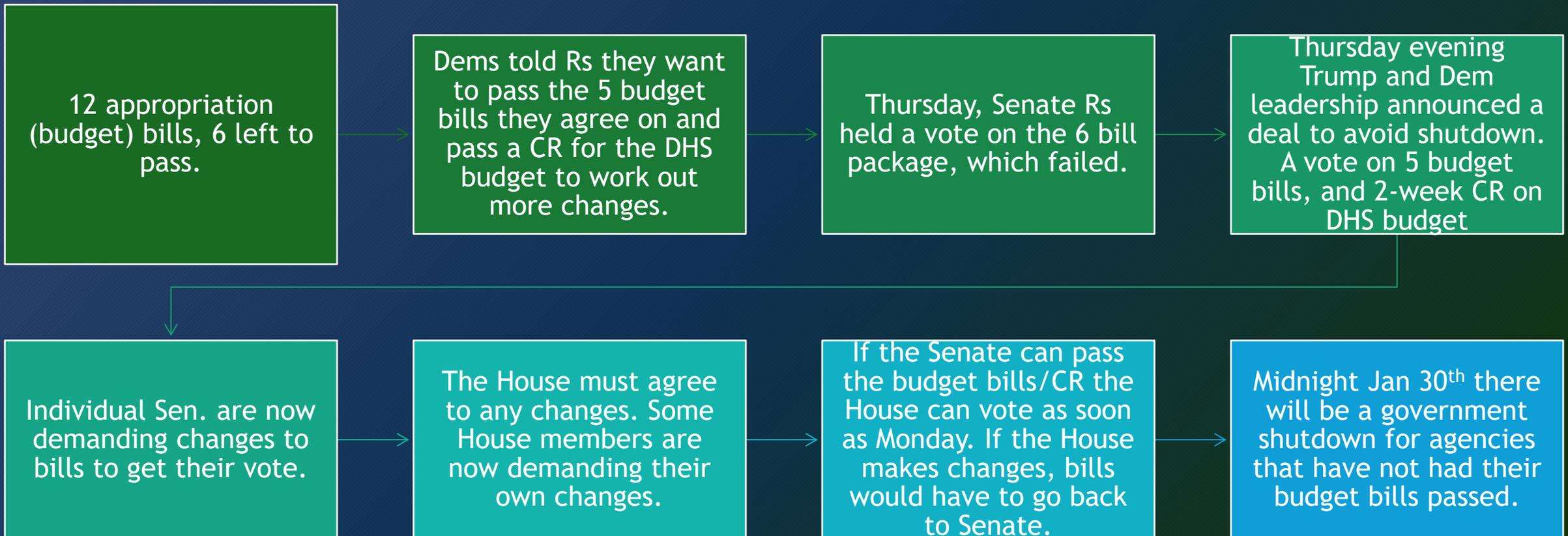
5 days to pass 6 budget bills (and ACA subsidies).

18



Federal 2026 budget: Government Shutdown

19



Questions you can ask Congress

If there is a shutdown, what will Congress do to make sure the Administration doesn't target certain states or programs by stopping or shifting funding, and releases SNAP funding as required by law?

What will Congress do to provide oversight and enforce that Congress's spending directives are followed by the administration?

What will Congress do if the administration freezes, impounds, redirects or restricts 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?

Will ACA subsidies be extended (looking more and more unlikely).

Wednesday Senate Rs sent “best and final offer” proposed ACA bill text to 4 Senate Dems who have been negotiating on ACA subsidy extension compromise.

No formal legislative text has been publicly released.

Senate Rs say the proposed would:

- Extend subsidies for one year, then phase them out over 2027 and 2028.
- extend open enrollment to March 5;
- require premiums for all plans;
- allow subsidies only for people below 700% FPL;
- fines for insurance companies that sign up ineligible.
- Let some people put subsidy money into HSAs.
- Mandate audits for all states to make sure they are compliant with the Hyde Amendment

Late Thursday, Senate Democrats flagged substantive opposition to several items in the proposal.

No timeline on when legislation would be introduced or could pass.

Even if it were to pass and be signed into law, this proposal is different from how the expired subsidies worked, so it will take time for states to make changes and people would have to understand and act on options

As expected, people drop ACA Marketplace coverage and choose plans that cover less care

- More than a million fewer people have signed up for Affordable Care Act coverage for 2026, in the 30 states that ended open enrollment Jan. 15.
- Total enrollment is likely to fall in coming months, experts said.
- Many people were automatically reenrolled in policies and may not realize how much their premiums will rise until they get their first bill.
- This may prompt them to drop coverage or simply not pay, which will result in their being disenrolled in April.
- “These numbers are going to go dramatically down month after month as people decide that they can’t afford health care and stop paying their premiums,” Leslie Dach, chair of Protect Our Care.



<https://www.cnn.com/2026/01/28/politics/aca-subsidies-insurance-obamacare-enrollment>

[Many Obamacare enrollees have switched to cheaper bronze plans. Here's why that could be risky.](#)

[The cost of health care, not food or rent, is now Americans' top worry](#)

Reconciliation 2.0 talks continue

The Republican Study Committee (RSC), which released a framework on what it thinks should be in another reconciliation bill this month, is making their case to the larger Republican caucus.

Some members do not want to do another reconciliation bill because they are worried voters will not re-elect them.

Others see a second bill as an opportunity to do things that appeal to voters and advance policy objectives.

The current Congress is seated through Jan 2, 2027.

That means they can act on a Reconciliation bill after the November election.

Administration

Administrative
rules, Federal
Agency Actions

Administration using federal dollars to punish, push states

25

- Continuing a pattern seen in 2025, the administration is withholding federal funds to coerce or punish perceived political opponents.
- Examples include
 - Demanding information on all federal funding going to select states.
 - Freezing funding to select states for certain programs
 - Opening investigations into specific universities without first conducting factfinding to determine if there were violations of federal law.
- National advocate worry all federal funding in all states should be considered under continual threat of being frozen, terminated, or withheld where the Administration sees an opportunity for coercion or some kind of political benefit.



<https://www.cbpp.org/blog/the-trump-administration-is-engaging-in-increasingly-blatant-efforts-to-misuse-federal-funds>

These 3 Policy Moves Are Likely To Change Health Care for Older People (and people with disabilities)

26

- In July, as part of Republicans' One Big Beautiful Bill Act, Congress prohibited Medicare from implementing the nursing home staffing standards before 2034. Last month, CMS repealed the standards altogether. They never took effect.
- A second rescinded regulation, returns to a 1975 regulation that excludes home care workers from the federal Fair Labor Standards Act, which means they are no longer required to be paid minimum wage, time and a half for overtime work, or payment for travel time between clients.
- Third, CMS is conducting a Medicare experiment for prior authorizations, in six states, using artificial intelligence and machine learning technologies. The CMS Innovation Center overseeing the pilot could theoretically bypass Congress and expand prior authorization to include more medical services in more states.



KFFHEALTHNEWS.ORG

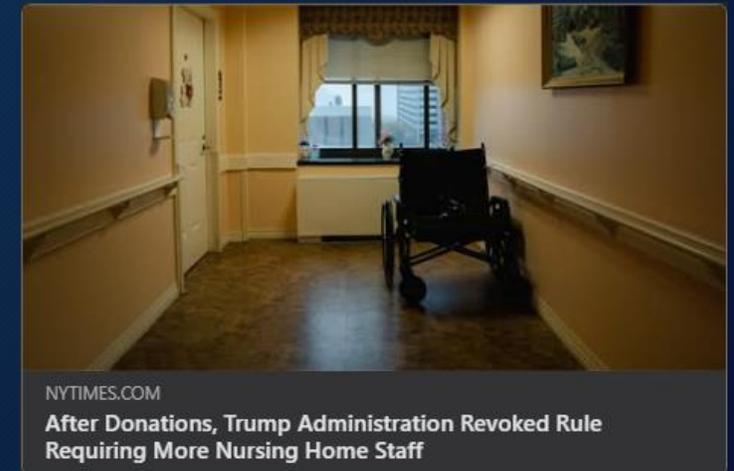
These 3 Policy Moves Are Likely To Change Health Care for Older People - KFF Health News

<https://kffhealthnews.org/news/article/long-term-care-nursing-homes-medicare-ai-prior-authorization>

[Home Care Workers Could Lose Wage Protections Under Trump](#)

After Donations, Trump Administration Revoked Rule Requiring More Nursing Home Staff

- Executives who donated \$4.8 M to the president's super PAC met privately with him and urged a repeal of the rule, which was intended to prevent neglect of patients.
- First administration lawyers stopped defending the staffing rule in court against challenges from the nursing home industry.
- Then the Department of Health and Human Services repealed the rule in a statement that echoed industry talking points.
- For decades, studies have linked insufficient staffing levels to poor care in the nation's 15,000 nursing homes.
- By one estimate, the staffing rule could have saved 13,000 lives of nursing home residents per year.



<https://www.nytimes.com/2026/01/27/us/politics/after-donations-trump-administration-revoked-rule-requiring-more-nursing-home-staff.html>

Rejecting Decades of Science, Vaccine Panel Chair Says Polio and Other Shots Should Be Optional

28

- The chair of the Advisory Committee on Immunization Practices said shots against polio and measles — and perhaps all diseases — should be optional.
- Dr. Kirk Milhoan said he has “concerns” that some children might die of measles or become paralyzed with polio because they chose not to vaccinate. But, he said, “I also am saddened when people die of alcoholic diseases,” adding, “Freedom of choice and bad health outcomes.”
- A personal choice to decline a vaccine may also affect others, including infants who are too young to be vaccinated or people who are immunocompromised. But a person’s right to reject a vaccine supersedes those risks, Dr. Milhoan said.
- The polio and measles vaccines are widely acknowledged as staggering successes in public health, credited with preventing disability and millions of deaths worldwide.



<https://www.nytimes.com/2026/01/23/health/milhoan-vaccines-optional-polio.html>

Kennedy Packed Autism Advisory Council With Skeptics, Critics Say

29

- The Department of Health and Human Services on Wednesday announced the appointment of 21 new members to a federal committee that advises health secretary Robert F. Kennedy Jr. on autism.
- Many of these new members have publicly expressed or belong to groups that have publicly expressed a belief in the debunked claim that vaccines can cause autism.
- The new committee is missing representation from longtime mainstream autism research and advocacy organizations
- The new committee has several members from fringe groups that promote treatments and causes of autism that have fallen out of favor.



<https://www.statnews.com/2026/01/28/kennedy-names-new-autism-advisors-advocates-alarmed-vaccine-skeptics>

Can the prescription drug leucovorin treat autism? History says, probably not

30

- At a press conference in late 2025, federal officials made some big claims about leucovorin as a treatment for autism.
- some doctors have begun writing off-label prescriptions for autistic children, against the advice of medical groups including the American Academy of Pediatrics.
- "I saw it for what it was, which was yet the next magic medicine to treat autism, in a long line of magic medicines to treat autism that haven't worked," Offit says.
- Offit has chronicled the rise and fall of many of those products in his books and blog posts.
- "First it was secretin, an intestinal hormone," he says. "Then it was Lupron, chemical castration, antibiotics, megavitamins, nicotine patches, and my personal favorite, which is raw camel's milk."



<https://www.npr.org/sections/shots-health-news/2026/01/22/nx-s1-5684294/leucovorin-autism-folic-folinic-acid-origins-vitamin-b>

AI being used to write laws and regulations

31

- False quotes, fake court cases and incorrect information appearing in legal documents generated by artificial intelligence is prompting state bar associations, state court systems and national law organizations to issue guidance on AI's use in the legal field.
- The Transportation Department, which oversees the safety of airplanes, cars and pipelines, plans to use Google Gemini to draft new regulations. “We don’t need the perfect rule,” said DOT’s top lawyer. “We want good enough.”
- Use of pattern recognition in renewal, eligibility, or diagnostic processes has the potential to create mistakes that have big impacts.



<https://stateline.org/2026/01/26/as-ai-generated-fake-content-mars-legal-cases-states-want-guardrails>

<https://www.propublica.org/article/trump-artificial-intelligence-google-gemini-transportation-regulations>

Children With Disabilities Particularly Vulnerable to Minneapolis ICE Crackdown

32

- Parents say they have no faith, after federal agents ripped a disabled, autistic woman from her car immigration officials would be patient with a child who can't immediately respond to orders.
- Families with special needs kids have missed school, skipped doctor's visits and, in many cases, are not getting the occupational, physical and speech therapy services that help their children manage their lives and progress academically.
- In some cases, the detention of relatives who are primary caregivers for citizens with disabilities means there is no one else to step in or has immediate health impacts.



<https://www.the74million.org/article/children-with-disabilities-particularly-vulnerable-to-minneapolis-ice-crackdown/>

<https://www.wfaa.com/article/news/local/tarrant-county/disabled-son-ice-detainee-dies-30-days-hospitalization/287-0b945cda-2cd7-4abd-8eb9-d81117e47061>

A thinly coded policy locks out “nationalities at high risk of public benefits usage.”

33

- Last Wednesday, the Trump administration “paused” immigrant visa applications for people from 75 countries, mostly in the Global South, on the supposed grounds that people from those countries are of “nationalities at high risk of public benefits usage.”
- Since the 19th century, the United States has used “public charge” rules to restrict entry, alleging that immigrants and even visitors would strain public services—reasoning very much rooted in the eugenicist and ableist thinking that shaped key aspects of public policy in the 19th and early 20th centuries, including the claim that so-called “defective” people would produce “defective” children.



<https://www.motherjones.com/politics/2026/01/trump-public-charge-visa-ban-immigration/>

The 'R-Word' Returns

34

- The term, long considered a slur for those with intellectual disabilities, is seeing a resurgence on social media and across the political right.
- Why decide to resurrect a term well known to offend a community that has been historically marginalized, so much so that its usage prompted public-awareness campaigns and wholesale changes to nomenclature?
- “I think there’s a perception of power, of ‘I am powerful, therefore I can use this language; I am powerful, and therefore I can diminish others,’” Ms. Neas said. She added: “It’s language used by bullies to bully.”



<https://www.nytimes.com/2026/01/26/us/r-word-slur-disability.html>

Nine States Renew Attack on the Right of Disabled People to Live in their Communities

35

- The integration mandate is a requirement under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).
- It allows people with disabilities to receive services in the community rather than in institutions.
- In 1999, the U.S. Supreme Court upheld this mandate in its landmark *Olmstead v. L.C.* decision.



<https://healthlaw.org/news/texas-and-eight-other-states-renew-attack-on-section-504-and-the-right-of-disabled-people-to-live-in-their-communities/>

Nine States Renew Attack on the Right of Disabled People to Live in their Communities

36

- The nine states say that a federal rule about the integration mandate published by the U.S. Department of Health and Human Services (HHS) is unlawful and unconstitutional and should be blocked.
- The rule says that entities may violate Section 504 when they place disabled people at **serious risk of unnecessary institutionalization**.
- If the states are successful in their challenge, it may be harder for disabled people to enforce their right to live and participate in the community.
- As a result, more people with disabilities may be forced into institutions when they can and want to live in the community instead.



<https://healthlaw.org/news/texas-and-eight-other-states-renew-attack-on-section-504-and-the-right-of-disabled-people-to-live-in-their-communities/>

Continued coverage of impact of Reconciliation bill

Lots of
articles to
share.

37

Medicaid: What to Watch in 2026

38

- State budget shortfalls will collide with Medicaid cuts from HR 1 this year.
- States could decide to restrict reimbursement rates for hospitals, nursing homes, and other providers or restrict optional benefits, including home care or coverage.
- Lower payment rates could result in providers reducing staff or services, or even closing, limiting access to care for some Medicaid enrollees.
- Workforce shortages tied to lower reimbursement rates and immigration policy could limit access to care further, especially for those who need long-term care.

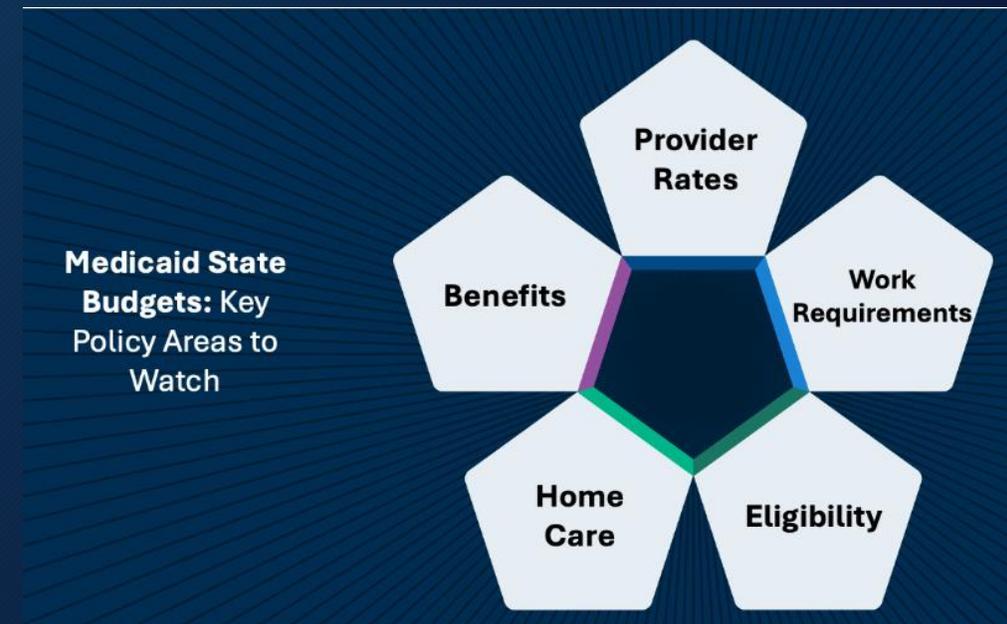


<https://www.kff.org/medicaid/medicaid-what-to-watch-in-2026>

Medicaid and Upcoming State Budget Debates

39

- Less money coming in, rising costs, and changes from HR 1 including federal Medicaid cuts, changes to the Affordable Care Act (ACA), expired enhanced Marketplace subsidies, and larger economic conditions mean tighter budgets and more uncertainty for states.
- Medicaid is often central to state budget. It is the biggest spending item and the largest source of federal revenues for states.
- Medicaid pays for almost 70% of all home care spending in the U.S., and most Medicaid home care is provided through optional services, giving states flexibility to manage costs.

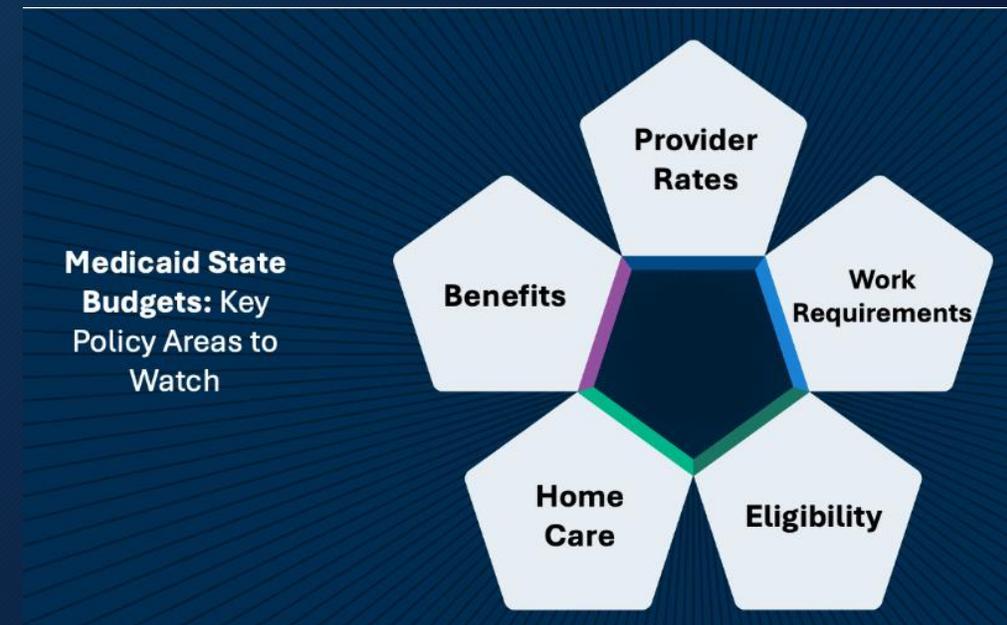


<https://www.kff.org/medicaid/medicaid-and-upcoming-state-budget-debates>

Medicaid and Upcoming State Budget Debates

40

- Nearly a third of states reported planning to adopt new strategies in FY 2026 to contain home care costs
- Significant Medicaid spending on home care and the ability for states to limit such spending could spur states to make home care cuts.
- When faced with fiscal pressures in the past, all states reduced spending on home care by either serving fewer people (40 states) and/or by cutting benefits or payment rates for long-term care providers (47 states).

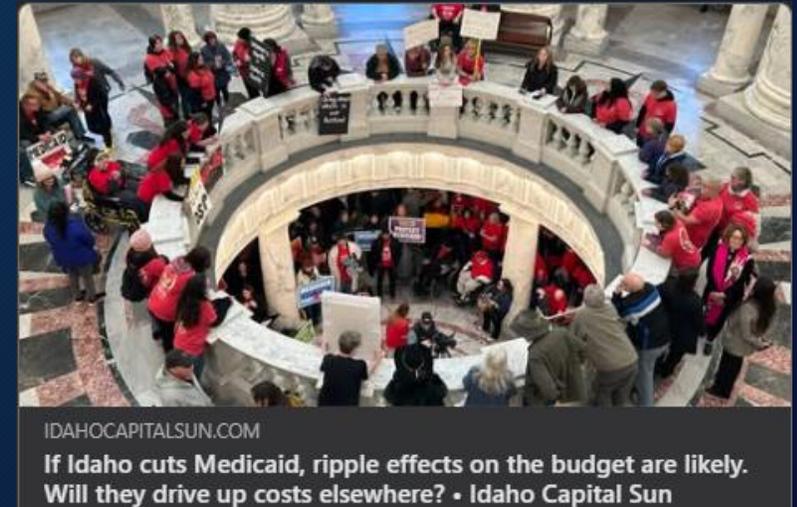


<https://www.kff.org/medicaid/medicaid-and-upcoming-state-budget-debates>

If Idaho cuts Medicaid, ripple effects on the budget are likely. Will they drive up costs elsewhere?

41

- The governor's proposal to cut \$45 million in Medicaid state spending could leave state with \$106 million less federal funds
- As Idaho lawmakers consider cutting Medicaid to balance the state's budget, some lawmakers worry cuts could drive up costs elsewhere.
- But just how much is difficult to know.
- An internal budget document suggests that the Idaho Department of Health and Welfare doesn't know if the governor's proposed cuts would create "new potential costs."
- Some ripple effects of Medicaid cuts are already baked into the governor's budget proposal. That's because for every dollar in general funds Idaho pays for Medicaid, the federal government chips in at least twice as much.



<https://idahocapitalsun.com/2026/01/26/if-idaho-cuts-medicaid-ripple-effects-on-the-budget-are-likely-will-they-drive-up-costs-elsewhere>

Records detail Idaho Medicaid services that could be cut, but not ‘potential new costs’

42

- But the records don’t paint a clear picture on how much money the state could save if it pursued those cuts — especially on whether those cuts lead to increased costs elsewhere.
- The Governor is proposing to cut \$44M total from Medicaid including Home and Community Based (HCBS) services.
- In Idaho HCBS services are meant to help people with developmental disabilities live outside of institutional settings, and cost about \$176.5 million in state general funds.
- More than 16,400 Idahoans use the services at least once a year.
- If home and community-based services are cut, the Department of Health and Welfare wrote that it “anticipates need for additional institutional providers as current capacity would not be sufficient to transition all Idahoans with disabilities who are served in the community today.”
- “None of these proposed reductions account for any potential new costs within the Medicaid program or other state agencies resulting from reduced access to services and providers, leading to selection of alternative services,” such as emergency rooms and institutional care, “or engagement with other systems,” like the courts, prisons or jails



<https://idahocapitalsun.com/2026/01/22/records-detail-idaho-medicaid-services-that-could-be-cut-but-not-potential-new-costs/>

Idaho lawmaker questions special education funding for students “with no future”

43

- Rep. Steve Miller raised a broader concern: whether the state should be supporting high-needs students, whose rights to services in public schools are protected by “unfunded” federal mandates. Miller, R-Fairfield, said children who have “no future in some level of self-care” would be better served in health care facilities that have “professional capability of taking care of them.”
- “We are educators,” Miller said. “We are not designed for medical health or mental health care for students who do not have the future of being self-sustaining.”
- The Idaho Disability Consortium put out a statement after several legislators questioned why schools are wasting money on children/youth who “have no future” because of their disabilities.



<https://www.idahoednews.org/top-news/statehouse-roundup-1-21-26-critchfield-plays-defense-on-k-12-budget>

Plan to cut Medicaid rates for Coloradans with disabilities moving ahead

44

- After hearing two hours of parent testimony, the Colorado Medical Services Board did not approve a plan for 10% monthly pay cut to parents who provide round-the-clock care for adult children with severe disabilities.
- A week later, Medicaid officials directed case managers to move ahead with the rule change anyway.
- State Medicaid officials said they have authority to continue with the plan through an executive order that ordered the suspension of several state programs due to “insufficient revenues” because of federal budget cuts.
- Among the \$252 million in cuts listed by the governor was \$1.45 million for adults with severe mental and physical disabilities living in their own homes and cared for by their parents.



<https://coloradosun.com/2026/01/26/medicaid-disabilities-cuts>

Medicaid Cuts Put Disability Services At Risk trade association warns

45

- Most states used federal money from a 2021 pandemic relief bill to boost pay rates for Direct Service Providers (DSP) to increase recruitment and retention.
- Now that money is running out, and it is not being replaced.
- The nearly \$1 trillion in cuts to Medicaid passed in HR1 add on to worries that the Medicaid home and community-based services (HCBS) will get a double hit when pandemic funding runs out at the same time states are considering budget cuts.
- In many states with waiting lists, individuals with disabilities who get into Medicaid HCBS must find workers within a set time to make sure they can stay in the waiver.
- If providers are not available, they can be sent back to the waiting list.



<https://www.disabilityscoop.com/2026/01/27/medicaid-cuts-put-disability-services-at-risk-advocates-warn/31827/>

As SNAP Changes Shift Food Assistance Costs, States Face New Choices

46

- Beginning in October 2026, states will pay an additional 25% of the administrative expenses, with more significant cost shifts scheduled for the following years.
- SNAP costs could rise to \$15 billion annually for states once all the changes from HR1 are in place.
- Meanwhile, new “prove you’re working or exempt” requirements and other changes that make fewer people eligible for SNAP could increase demand at food pantries, but the federal law also eliminated a program that helped food banks.
- State decisions about how much to invest now in technology and staffing could mean bigger (or smaller) bills down the line.



<https://www.pew.org/en/research-and-analysis/articles/2026/01/14/as-snap-changes-shift-food-assistance-costs-states-face-new-choices>

[New Federal Medicaid Policies Compound State Budget Pressures](#)