

Today we will talk about:

- State Senate meeting March 17th in last floor vote of the session, what will be on the agenda?
- Congress, Priorities from the Republican policy retreat, a Senate vote on the SAVE Act, House to hold public hearing on CMS actions to go after Medicaid fraud, 2nd reconciliation bill still being discussed, etc.
- Policy changes the administration is making: Administration wants to put hundreds of Veterans under guardianship, AI being used to scan veterans' disability claims for suspected fraud, CMS launches Medicaid fraud search in New York, CMS claims fraud in ACA Marketplace, Autism meeting cancelled and autism statements made in September had immediate effect on behavior, HUD proposes rule to let landlords impose work requirements and time limits on people getting housing assistance.
- Continued coverage of impacts of HR 1. Medicaid cuts proposed in Connecticut, Idaho, impact of prove your working requirements on California homeless, Florida wants to pass its own Medicaid work requirements, new SNAP rules impact on New York City, lawsuit challenges limits on what SNAP participants can buy.

Weekly Update

March 13th, 2026

Federal Funding Fallout 2026

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3/12/2026

Around Wisconsin

We have a
lot to say.

This week in the legislature

This week the members of the Majority Party met (caucused) to decide which of the bills the Assembly has already passed will be scheduled for a floor vote on March 17th.

Tuesday March 17th is likely the last Session Day for the Senate.

That means bills that do not get scheduled for a floor vote will not become law.

Bills that are scheduled for a floor vote would have to pass the Senate and then be signed by the Governor to become law.

The Senate will decide the fate of several items important to people with disabilities next week:


FoodShare funding (AB 180)

Letting MAPP participants inherit money without impacting Medicaid eligibility (AB 253)


Letting hospitals pick decision makers for patients (AB 598)

State Senate “To Do” List

Pass AB 180. 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. This bill includes additional state funding needed now to help Wisconsin comply with new federal requirements.



Pass [AB 253](#). This bill would let working people with disabilities who are in the state's Medicaid work incentive program (the Medical Assistance Purchase Plan or MAPP) inherit money without losing Medicaid eligibility.



Contact your [State Senator](#) with your thoughts on these bills and whether the Senate should vote to pass them.

State Senate “Please Don’t” list

AB 598 would let hospitals pick a decision maker from a statutory list called a Patient’s Representative. That person gets broad authority over the person and their money, where they live, and their medical care, without court oversight. Patient advocates have raised significant concerns and believe the bill will put patients at risk of exploitation and abuse or resolve any of the practical issues that the bill creates; amendments to the bill raise additional questions.

Contact your State Senator and tell them your concerns about this bill.

AB 180: FoodShare funding attached to bill that makes changes to what people on FoodShare can buy

The Assembly amended [AB 180](#) to include most of the funding and positions DHS needs to meet new federal requirements that were included in HR 1.

AB 180 also tells DHS they must ask the federal U.S. Dept. of Agriculture for permission (a waiver) so that people who use FoodShare could not use FoodShare to buy candy or soft drinks. Some other states already have waivers that restrict what people can buy with SNAP.

- The policy in AB 180 that limits what people can buy with FoodShare sets up different standards for what people can choose to eat based on how they can pay for food items.
- It can be hard for people to know what they can and cannot buy and systems must be built to help retailers know what products are ok or restricted for customers who use FoodShare to pay.

However, the FoodShare funding included in the bill is needed now to make sure the state can avoid mistakes that could mean much higher costs and so FoodShare dollars can continue to support people who need help to buy food and the businesses that sell people food.

The state Senate needs to pass AB 180 so FoodShare can get the money it needs.

AB 598: Concerns about bill that lets hospitals pick decision makers

Wisconsin has deliberately designed its statutes and regulations to safeguard the rights of individuals; this bill bypasses those protections.

The Patient's Representative gets broad authority over the person and their money, where they live, and their medical care, without court oversight.

The Patient Representative's authority continues indefinitely.

The bill does not say the patient has to be re-evaluated to see if they can make their own medical decisions.

It is unclear how the financial powers granted to the Patient Representative interact when there are other people with the same decision making authority or are equal owners of money/assets.

Courts do not have adequate oversight authority to prevent or respond to abuse, and cannot remove Patient Representatives.

If a Patient Representative no longer wants the role or becomes unable to do it (becomes incapacitated, dies, etc.) the bill does not say what happens.

While the bill expires in three years, there not enough data being collected to evaluate the impact of the law on patients and families.

AB 598 is broader, and grants much more expansive powers than any other state's Next of Kin laws.

Survival Coalition: Disability Advocacy Day is March 19th

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- For those of you who are coming, we will see you there!
- If you are coming, we will know what the State Senate has/has not done on their last session day.
 - You will know before the meeting whether AB 180, AB 253, and AB 598 have passed the Senate.
 - It's important to give lawmakers constituent feedback and let them know you are watching how they vote on issues you care about.
 - You may be able to say thank you for passing proposals you think help people with disabilities
 - You may express disappointment if bills have passed that you don't think help people with disabilities.
- If you can't come to Disability Advocacy Day, the following slides are the main messages Survival Coalition wants to send to lawmakers, and you can contact your lawmakers with your experience.



Survival
Coalition

CAREGIVER STATISTICS

In a typical week ...

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



Half-time
20+ hours per week

10% are providing as much care as a full time job.



Full-time
40 hours per week

31% of caregivers are providing care more than 60 hours per week.



Overtime
More than 60 hours per week



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



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

People with disabilities, older adults, and family caregivers are struggling even if they are in Family Care, IRIS, or CLTS.

People with disabilities, older adults, and family caregivers are struggling even if they are in Family Care, IRIS, or CLTS.

- Unpaid family caregivers are relied on to provide daily care needs and fill in gaps when paid workers don't show up or there are no workers available to hire.
- Unpaid caregivers are aging. They cannot provide the same amount of care forever.

People with disabilities, older adults, and family caregivers are struggling even if they are in Family Care, IRIS, or CLTS.

- Not everyone who needs care has family to rely on for care ‘back up.’ People should not be forced to move into Medicaid funded institutional settings because Family Care, IRIS, and CLTS doesn’t have enough workers to meet people’s needs.

People with disabilities, older adults, and family caregivers are struggling even if they are in Family Care, IRIS, or CLTS.

- Unpaid caregivers are working less than they want or leaving the workforce to provide the care that keeps older adults and people with disabilities out of nursing homes and other high-cost institutional settings.

People with disabilities, older adults, and family caregivers are struggling even if they are in Family Care, IRIS, or CLTS.

Wisconsin needs to invest in services so unpaid caregivers don't have to leave the workforce to fill the gaps and use more costly and restrictive institutional care.

Wisconsin is at least \$500M short of what is needed to do what we are doing now.

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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 for year one. (Shortfall for year 2 of budget is not known yet).



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



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



\$369 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.

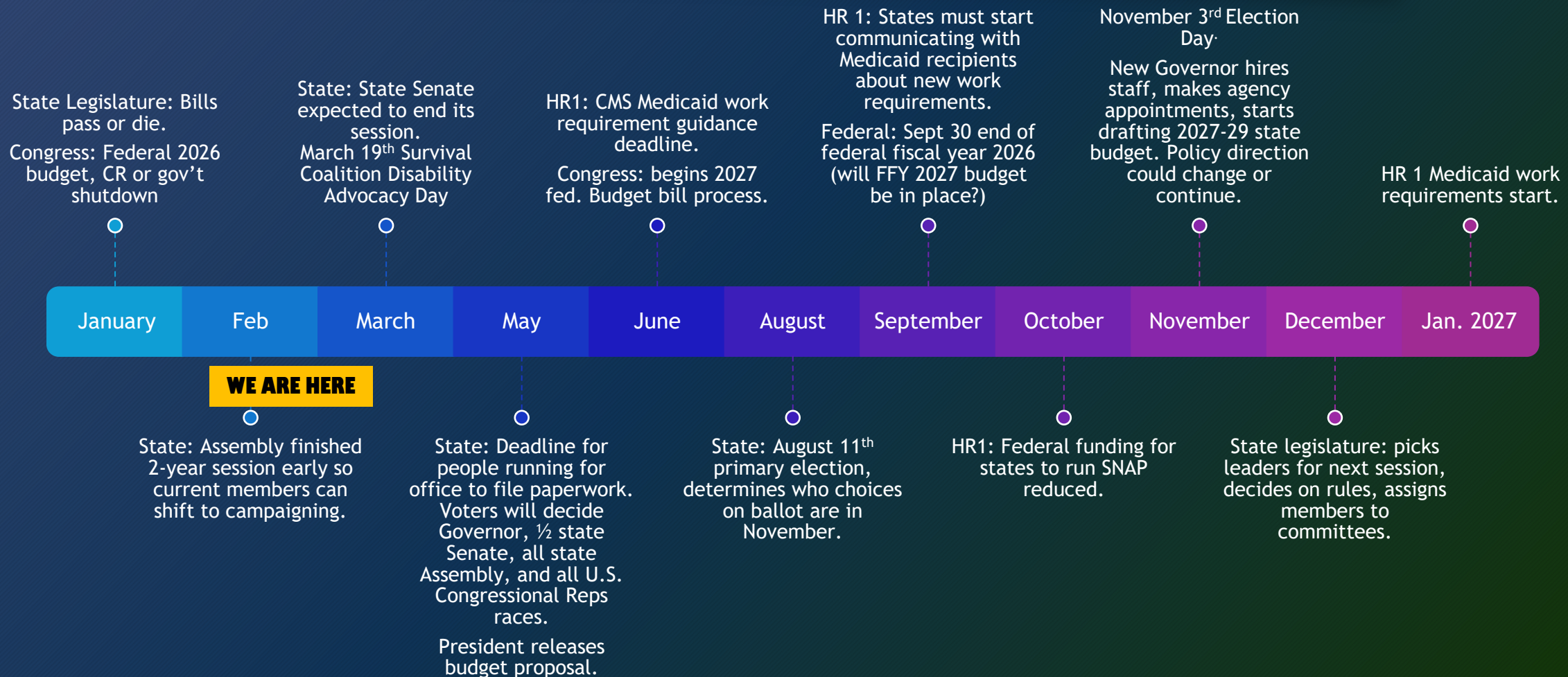


Unknowns that could be budget busters: state reinsurance fund (ACA Marketplace), removing caps from school voucher programs.

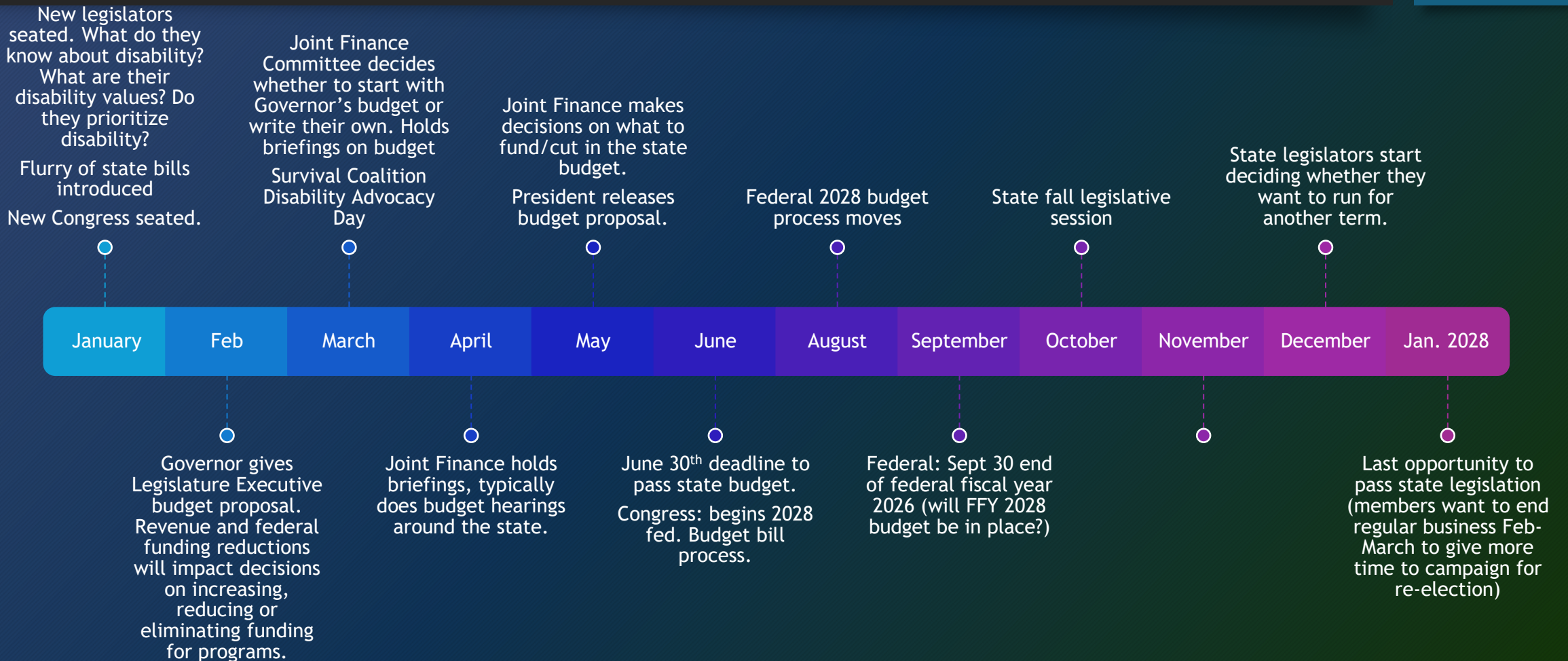


Cuts or elimination of federal grants that have supported state, county, and local programs may create new budget holes or funding gaps.

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

What are
they doing?
(and not
doing)

President uses Republican policy retreat to demand passage of SAVE Act

Monday Trump told lawmakers won't sign any other legislation unless the Senate passes the SAVE voting act bill

Trump said he wants more changes to the voting bill, including a near total mail-voting ban.

He said the sweeping GOP elections overhaul bill — with the additional changes he wants— should be their “No. 1 priority.”

The House majority leader did not commit to passing the elections overhaul through the House a third time with the changes Trump wants.

Several Republican senators said they don't like the idea of limiting mail-in ballots, and said their own states successfully use mail-in voting.

Senate to hold vote on SAVE act

Senate Republican leaders will bring the SAVE act to the floor next week and are planning for days of debate that could stretch beyond next week.

Their tactics could include scheduling overnight sessions, and challenging Democrats to stay on the floor to prevent any Republican from calling a final vote on the SAVE America Act.

This is not “talking filibuster” that many conservatives pushed for.

Leaders are expected to end debate at some point by setting up a 60-vote threshold to bring the SAVE act to a final vote (and guaranteeing its failure).

Will 2nd Reconciliation bill be resurrected?

A second reconciliation bill is still being considered, but there is not agreement about what the bill should include.

House Republicans discussed plans for a second party-line megabill at this week's policy retreat. Now Senators are starting to pitch their ideas about what a bill could include.

Sen. Joni Ernst [sent a letter](#) Wednesday to Johnson and House Budget Chair Jodey Arrington pitching \$93.5 billion in cuts that could be included in a reconciliation bill.

One idea would be to increase the penalties states must pay if they have too many mistakes in SNAP and is projected to result in states paying more than \$80 million more to the federal government over 10 years.

Sen. John Kennedy floated passing the SAVE America Act through reconciliation Monday, despite the lack of a clear budget connection.

Watchers see these proposals as evidence that Republicans starting to test what could be in a second megabill. With a slim majority in the House it is unclear if Republicans would be able to pass the bill with only Republican votes.

House holding March 17th hearing on CMS actions to go after Medicaid & Medicare fraud

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- The House Energy and Commerce committee (which has jurisdiction over Medicare and Medicaid) has scheduled a hearing for March 17th at 1 PM CST. (You can watch on YouTube)
- Last month a subcommittee heard testimony from the CMS director on programs “particularly vulnerable to fraud”.
- Services identified in the Paragon Report (HCBS, Personal and Home health care, ABA, NEMT, Mental Health/SUD) were flagged for the committee.
- The House committee sent letters to 10 more states asking for information about certain Medicaid services and fraud: [California](#), [Colorado](#), [Massachusetts](#), [Maine](#), [Nebraska](#), [New York](#), [Oregon](#), [Pennsylvania](#), [Vermont](#), and [Washington](#).



<https://energycommerce.house.gov/events/o-and-i-subcommittee-protecting-patients-and-safeguarding-taxpayer-dollars-the-role-of-cms-in-combatting-medicare-and-medicaid-fraud>

Meanwhile...

The partial shutdown of the Dept. of Homeland Security continues.

The President's budget is rumored to be coming out in late April.

The federal 2027 appropriations process is starting.

- Sen. Baldwin is on appropriations committee and is soliciting ideas through March 2026 on funding levels for federal programs
- You can submit 2027 appropriation requests:
<https://www.baldwin.senate.gov/help/appropriations>

Administration

Administrative
rules, Federal
Agency Actions

Trump Admin Aims To Move Hundreds Of Veterans Into Guardianship

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- Wednesday the Trump administration announced a new effort to initiate legal guardianships for hundreds of veterans, including some who are homeless or “at risk of homelessness,” that could be used to force more of them into involuntary or institutional care.
- The Justice Department would give officials at the Veterans Affairs Department new authority to initiate guardianship proceedings in state courts for veterans who have no family and are “unable to make their own health care decisions.”
- If a state court determines that a veteran is incapable of making health care decisions, it would appoint a third-party guardian not employed by the V.A.
- The initiative comes amid a push by the Trump administration to compel more homeless people into institutional treatment for mental illness and drug addiction.
- In July Trump issued an executive order that called on agencies to use civil commitment to move homeless people into “long-term institutional settings.”



<https://www.nytimes.com/2026/03/11/us/politics/veterans-homeless-guardianship-trump.html>

Trump Admin Aims To Move Hundreds Of Veterans Into Guardianship

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- The primary focus of the current effort is not homeless veterans, but a group of around 700 veterans who are currently in V.A. facilities and have no family or legal representation to help them transition to a new setting.
- “These veterans are literally already stuck in institutions that may not be the most appropriate setting for them,”.
- Jennifer Mathis, the deputy director of the Bazelon Center for Mental Health Law, said she believed that V.A. officials “are seeking to have people placed under guardianship so they can have a person appointed who will force them into congregate or institutional settings when there isn’t anything else available.”
- If there are veterans “sitting in V.A. hospitals” unable to be discharged, as the V.A. says, she said, it is “almost certainly” because there are long waits for intensive community services or independent housing.



<https://www.nytimes.com/2026/03/11/us/politics/veterans-homeless-guardianship-trump.html>

Veterans Administration Plans To Scan A Million Veterans Claims For Signs Of Fraud

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- The Department of Veterans Affairs plans to launch an automated fraud-detection tool to scan more than a million disability benefits questionnaires for evidence of fabrication or other problems that could force a new medical exam and impact compensation.
- The tool will quickly review submitted questionnaires that document medical evidence to determine a disability rating and monthly compensation.
- The AI tool is looking for signs that medical evidence was exaggerated or invented. It flags records that list a medical or other examiner with an address more than 100 miles from the veterans' home.
- Some veterans are raising questions about the effectiveness of an automated tool for uncovering fraud and are worried that disability ratings (and benefits) could be changed based on suspicion alone.



<https://www.stripes.com/veterans/2026-03-09/va-fraud-detection-veterans-claims-21007490.html>

Trump Administration Launches Medicaid Fraud Probe In New York

27

- Tuesday CMS Administrator Dr. Mehmet Oz announced concerning trends in New York's Medicaid program and demanded state officials provide details about their handling of fraud, waste and abuse within 30 days or risk deferred payments.
- In a letter to New York Governor, Oz wrote that the state's spending levels combined with "serious concerns" about its oversight of certain Medicaid services demand "immediate investigation, corrective action and enhanced transparency."
- The letter flagged the high proportion of New York's Medicaid beneficiaries receiving personal care services related to daily living activities like bathing, grooming and meal preparation.
- The New York investigation comes less than a week after CMS halted Medicaid payments to Minnesota.



<https://apnews.com/article/oz-medicaid-new-york-fraud-investigation-a00bd997ee5b8d839254144377c3b167>

CMS Administrator says ACA Marketplace enrollment may be “too high”

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- CMS Director Oz, the Trump administration’s top official overseeing the Affordable Care Act, claims that millions of people may be fraudulently enrolled or eligible for other types of coverage.
 - About 23 million people signed up for ACA coverage during this year’s open enrollment period
 - That’s roughly 1.2 million to 1.3 million fewer sign-ups than last year.
 - Changes in HR 1, the expired ACA subsidies, and other administrative rule changes were all projected to result in people dropping out of the Marketplace.
 - Experts expect another drop in April as people who cannot afford to pay their premiums exhaust payment grace periods.
- Oz said some people enrolled in ACA plans should not be there and expects enrollment to fall further – to around 19 million.



<https://www.nbcnews.com/health/health-news/dr-oz-trump-obamacare-aca-insurance-fraud-deductible-plans-rcna262468?>

CMS Administrator says ACA Marketplace enrollment may be “too high”

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- Oz believes some of ACA’s enrollment may stem from fraud in the sign-up process, as well as cases where people were enrolled by mistake, were signed up for duplicate coverage or received tax credits they didn’t qualify for. Others, he said, may qualify for Medicaid or could obtain insurance through a job but instead choose ACA plans.
- Last year, the administration said 4 million to 5 million people were “improperly” enrolled in subsidized ACA coverage citing the Paragon Health Institute
- A KFF health policy experts says the scale of fraud is much smaller; a few hundred thousand cases not millions.



<https://www.nbcnews.com/health/health-news/dr-oz-trump-obamacare-aca-insurance-fraud-deductible-plans-rcna262468?>

Tylenol Use By Pregnant Women In ERs Dropped After Trump Autism Warning

30

- Although Doctors and scientists quickly said the data didn't support the president's claim that Tylenol use is correlated with autism, emergency room orders for Tylenol for pregnant patients went down 10% in the months following the statement.
- There was no change in orders for women who weren't pregnant.
- "It happened overnight," says Dr. Jeremy Faust, an emergency physician. "The president's words" had an immediate impact on how much Tylenol or acetaminophen was being ordered in emergency departments."
- It's not clear from the study whether patients declined to take Tylenol or doctors prescribed it less or both.
- "Words matter," he says. "And when they come from someone with as big an audience as the president of the United States, they can change prescriber and patient behavior."



<https://www.npr.org/2026/03/05/nx-s1-5732929/tylenol-pregnant-women-autism-trump-warning>

Federal Autism Panel Cancels Meeting Without Explanation

31

- The U.S. Department of Health and Human Services canceled a meeting of the Interagency Autism Coordinating Committee (IACC) that had been planned for March 19th
- The group has not met in over a year and is responsible for helping direct nearly \$2 B in federal autism funding.
- Mandated under the Autism CARES Act, the IACC is designed to bring together government officials and members of the autism community to advise the secretary of health and human services and coordinate federal activities related to the developmental disability.
- In January, Secretary Kennedy appointed a new slate of 21 members, including several known for promoting the discredited idea that autism is linked to vaccines or who advocated for treatments that lack evidence.



<https://www.disabilitycoop.com/2026/03/11/federal-autism-panel-cancels-meeting-without-explanation/31900/>

HUD Releases Proposed Rule on Work Requirements and Time Limits

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- The Department of Housing and Urban Development (HUD) published a proposed rule that would allow Public Housing Authorities (PHAs) and HUD-assisted owners would be able to impose work requirements of up to 40 hours per week and time limits as short as two years.
- Older adults age 62 and over and people with disabilities would generally be exempt from these restrictions.
- Regardless of exemptions, HUD's proposal would take away housing assistance from older adults and people with disabilities.
- Older adults age 50-61 would be subject to work requirements and time limits, and older and disabled people who may be exempt could still lose assistance due to administrative barriers and red tape.
- **Comments on the proposed rule are due May 1, 2026. ([Submit public comment](#))**



[Learn about how HUD's proposal will worsen housing instability.](#)

Continued coverage of impact of Reconciliation bill

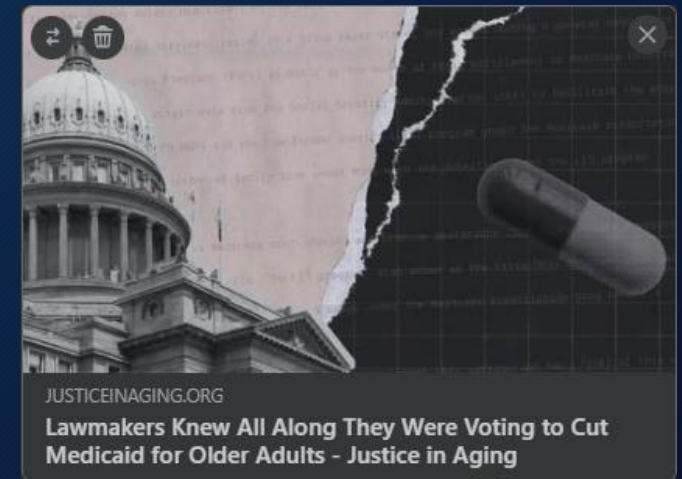
Lots of
articles to
share.

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Lawmakers Knew All Along They Were Voting to Cut Medicaid for Older Adults

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- Less than a year after H.R. 1 passed, states — including Colorado, Idaho, Missouri, Nebraska, Utah, and North Carolina — have already proposed cuts to Medicaid HCBS.
- Disabled people, older adults, and their families who spent 2025 fighting H.R. 1 at the federal level are now forced to take the fight to their state capitals, demanding that their legislators maintain the Medicaid services that enable them to live at home.
- With cuts to the very Medicaid programs Congress and the Trump Administration promised to protect now a reality, some policymakers insist these cuts are rooting out waste and even fraud, not cutting care.
- This claim is a pretext to slash benefits that support older adults and people with disabilities at home and shift costs onto families.



<https://justiceinaging.org/lawmakers-knew-all-along-they-were-voting-to-cut-medicaid-for-older-adults/>

Connecticut: Disability advocates gather at state Capitol to push back against proposed budget

35

- Connecticut's Governor is proposing to end a Medicaid program called "community first choice" in the next state budget.
- The program lets people receive personal care at home, rather than a nursing home. Now, anyone who qualifies can access the program without waiting
- More than 7,200 Connecticut residents are currently enrolled.
- "They say that the people currently on the program will get placed on a waiver, and that no one's going to lose their coverage. But there's no plan in place for doing that, and there's long wait lists"



<https://www.ctpublic.org/news/2026-03-12/ct-disability-rights-advocates-continue-denouncing-lamont-plan-to-end-community-first-choice-program>

<https://www.wtnh.com/news/connecticut/hartford/disability-advocates-gather-at-state-capitol-to-launch-ct-adapt-push-back-against-lamonts-proposed-budget>

Idaho House considers bill to cut Medicaid disability provider pay rates by nearly \$22 million.

36

- The bill is a response to the Governor's proposal for \$22 million in Medicaid cuts to help balance the budget after years of tax cuts and dwindling state revenues.
- The bill proposes \$22 M in cuts to residential habilitation providers through reducing pay raises the legislature approved in 2022 that never happened because of a court order.
- The bill also requires provide audits; the Idaho Medicaid agency said it will randomly audit 15% of payments to providers and use audit information to set future rates.
- The Republican bill sponsor told lawmakers he didn't expect businesses that provide residential habilitation services would close because of the rate cuts and said reimbursement rates that are 33% over where they were four years ago.
- Idaho is also planning to hear a bill next week to repeal Medicaid expansion repeal .



IDAHOCAPITALSUN.COM

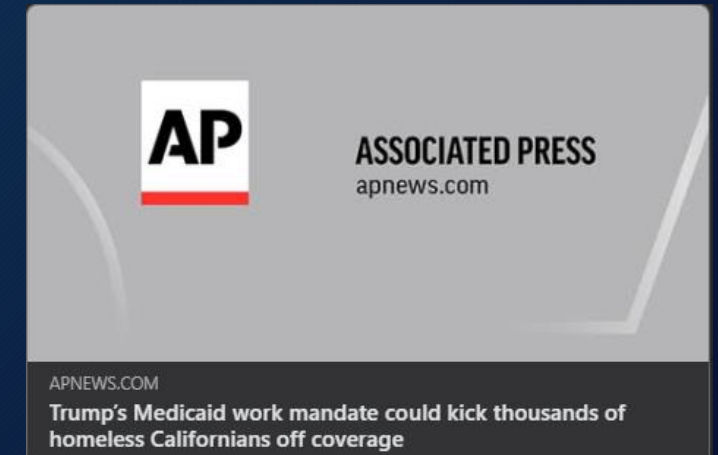
Idaho House to consider \$22M cuts to Medicaid disability provider pay rates • Idaho Capital Sun

<https://idahocapitalsun.com/2026/03/10/idaho-house-to-consider-22m-cuts-to-medicaid-disability-provider-pay-rates/>

California: Prove your working requirements could cost thousands of homeless their health care

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- Many homeless people have chronic conditions, mental health disorders, wounds or other medical issues; they need health care desperately.
- Meeting “Prove your working” requirements will be hard for the state’s roughly 180,000 homeless people.
- On paper, many homeless Californians likely qualify for work exemptions.
- But to claim an exemption, a patient needs a doctor to certify it.
- Only half of insured and unhoused Californians regularly get care and only 39% have a primary care provider.



https://apnews.com/article/homelessness-donald-trump-donald-trump-es-access-to-health-care-los-angeles-291487630373220a565c767c351a313c?utm_source=copy&utm_medium=share

California: Prove your working requirements could cost thousands of homeless their health care

38

- Adding to the difficulty, homeless people often have no phones or internet to complete a job application.
- They have limited access to meals, showers or clean clothes.
- They commonly struggle with addiction or mental health conditions and often don't have the ability to work.
- That means many eligible people could lose Medi-Cal
- “It’s very possible over 90% of people experiencing unsheltered homelessness will lose insurance,” Feldman said of his L.A. patients.



https://apnews.com/article/homelessness-donald-trump-donald-trump-es-access-to-health-care-los-angeles-291487630373220a565c767c351a313c?utm_source=copy&utm_medium=share

Florida Hasn't Expanded Medicaid. Lawmakers Want To Add Work Requirements Anyway.

39

- Florida did not expand Medicaid to include low-income adults who earn up to 138% of the poverty line, but it wants to add “prove you’re working” requirements anyway.
- To qualify for Medicaid in Florida, a working-age adult without a disability must generally be caring for a child or an older or disabled family member and cannot earn more than 26% of the federal poverty level, or about \$592 a month for a family of three.
- Critics say Florida’s proposal would likely force some people to become uninsured, even if they meet the work requirement.
- That’s because the state’s Medicaid income limit is so low that working the mandated 80 hours a month would likely cause those individuals to exceed the income eligibility limit but also leave them earning too little to qualify for subsidized coverage on the Affordable Care Act marketplace.



KFFHEALTHNEWS.ORG

Florida Hasn't Expanded Medicaid. Lawmakers Want To Add Work Requirements Anyway. - KFF Health News

<https://kffhealthnews.org/news/article/florida-medicaid-work-requirements-expansion-one-big-beautiful-bill-act>

180,000 New Yorkers May Lose Food Stamp Benefits Under New Work Rules

40

- 30% of all households in New York City, 1.8 million people, rely on SNAP for food.
- New requirements from HR 1 took effect this month. Now many more people must prove they work, volunteer or enroll in skills training to get SNAP.
- An estimated 10 percent of households on SNAP in the city could have their benefits eliminated or reduced, representing a devastating blow to low-income families as well as the markets where they shop.
- That would lead to 180 million fewer meals consumed per year.
- Social workers say they are worried people won't find volunteer positions or jobs in the weak labor market.
- Case managers are very concerned about retirees on fixed budgets and other older people who will now need to spend at least 80 hours a month working or performing another qualifying activity.



<https://www.nytimes.com/2026/03/06/nyregion/snap-food-stamps-work-requirements.html>

SNAP Recipients Sue Over Bans on Sugary Drinks

41

- Food stamp recipients in five states – Colorado, Iowa, Nebraska, Tennessee and West Virginia--sued the U.S. Dept of Agriculture (USDA) Wednesday over restrictions barring use of SNAP benefits to buy certain drinks and candy
- They argue limits are unlawful, create confusion and add to their difficulties in managing their health.
- Many people with diabetes or other conditions may use sugary drinks to help address low blood sugar for example.
- Since May, USDA has approved waivers in 22 states to let them to ban SNAP participants from using SNAP benefits to buy soda, energy drinks, candy or other prepared desserts.



<https://www.nytimes.com/2026/03/11/us/politics/us-da-sued-snap-soda-ban.html>

State Revenue Strategies for Aging and Disability Advocates

- Medicaid accounts for 30% of state budgets
- HCBS are “optional” and account for 32% of all Medicaid spending
- 86% of “optional” Medicaid spending supports older adults and people with disabilities.
- To guard against a cuts-first reaction to H.R. 1 and other pressures state policymakers can:
 - Protect revenues currently under threat from regressive state policies
 - Raise new revenues to help offset recent cuts and invest in the future
 - Reclaim revenues states are already losing due to prior policy choices



<https://justiceinaging.org/protect-medicaid-state-revenue-strategies-for-aging-and-disability-advocates/>