

Today we will talk about:

- State: Election cycle begins, special session still open, questions for candidates, and new tool to help people understand what small changes to care plans might mean for them,
- Congress: Office of Management and Budget director and Dept. of Health and Human Services Director testify before Congressional committees about President's 2027 budget proposal; Senate passes first step toward 2<sup>nd</sup> reconciliation bill, discussions continue on 3<sup>rd</sup> reconciliation bill.
- Federal Administration: CMS says it will audit all states for Medicaid fraud (target HCBS services), federal government delays two rules to improve access to care and government websites for people with disabilities.
- Impact of HR 1: Advocate case studies from Idaho and Washington state, MO OK ND want voters to make it easier to repeal Medicaid expansion, challenges states are facing implementing prove you're working/exempt requirements, MT MS foreshadows cuts to optional Medicaid services.

Weekly Update  
April 24th, 2026

## Federal Funding Fallout 2026

1

4/23/2026

# Around Wisconsin

We have a  
lot to say.

# Special session is being held open

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THE SPECIAL SESSION CALLED FOR BY GOVERNOR EVERS REGARDING REDISTRICTING IS BEING HELD OPEN.



RUMORS CONTINUE THAT THE GOVERNOR AND REPUBLICAN LEADERS OF THE STATE ASSEMBLY AND SENATE ARE NEGOTIATING ON A PROPOSAL TO MAKE (UNKNOWN) TAX CUTS AND/OR A ONE-TIME TAX REBATE IN EXCHANGE FOR SOME INCREASES IN EDUCATION SPENDING AND PASSAGE OF A BILL TO AMEND THE STATE CONSTITUTION.



NO DETAILS OR BILL LANGUAGE HAS BEEN RELEASED.



THE LIMITED-BUSINESS SESSION WAS ADJOURNED WITH NO ACTION.



THE ONLY OTHER SCHEDULED SESSION LEFT IS THE VETO REVIEW FLOORPERIOD SCHEDULED FOR MAY 12 AND 13.

# You can let the Governor know what you think



You are seeing the cuts that are being proposed/made in other states because of budget shortfalls before HR 1 is implemented.



You know HR 1 will continue to impact state budgets in 2027, 2028, 2029.



Federal funding cuts impacted state and local programs last year, the President's budget proposes more cuts.



CMS continues to make administrative decisions that impact state Medicaid funding.



Congress is considering a reconciliation bill this fall that national advocates worry will include more Medicaid cuts.



Many important items did not get funding or funding increases in the last state budget.



Contact Governor's office at 608-266-1212 or <https://wi.accessgov.com/public/Forms/Page/governor/voice-an-opinion/1>

# Election season is here

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April 14<sup>th</sup> official start of the election season.

**14 Apr.**

Deadline for current elected officials to say they are not running again (declaration of non-candidacy).

**22 May, 5:00 PM**

**14 Apr.**

April 14<sup>th</sup> first day that candidates can start gathering the signatures they need to be on the ballot (circulating nomination papers).

**1 June, 5:00 PM**

All nomination papers must be filed so election commission can see if they meet qualify to be on the ballot.

# Disability Questions you can ask any candidate

[https://wi-bpdd.org/wp-content/uploads/2026/04/DisabilityQuestionsforCandidates\\_042026.pdf](https://wi-bpdd.org/wp-content/uploads/2026/04/DisabilityQuestionsforCandidates_042026.pdf)

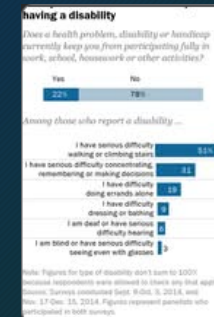
Wisconsin Democrat Disability Caucus  
[2026 Governor Candidate Forum](#)

## Disability questions you can ask ANY candidate

- With federal Medicaid cuts about to hit state budgets, what will you do to guarantee seniors and people with disabilities can continue to get the help they need to stay in their own homes (and out of expensive Medicaid funded institutions)?
- Every year the special education reimbursement is not enough to cover actual costs. What will you do to make sure the legislature keeps its promises and funding is guaranteed for these students?
- People with disabilities who want to work are being told they must wait at least a year for help. What will you do to make sure that workers with disabilities can use the Division of Vocational Rehabilitation in real time to get the support they need to find and keep a job?
- Right now, people with disabilities can't get the care they need to stay in their homes outside of Medicaid. That means they are required to be poor forever just to have the help they need to survive. What will you do to make sure people with disabilities can earn and save more without losing the health and home and community-based long-term care services they need?
- Will you consult with disability organizations and advocates when you are developing policies? How will you solicit ideas, feedback, and make changes to proposals that impact people with disabilities?
- How do you plan to make sure decisions are driven by the people who must live and navigate the programs, that decisions make it easier for them not harder, and that decisions are going to result in outcomes people with disabilities want (greater independence, inclusion, integration)?

# Who are voters with disabilities?

- More than 56 million Americans, or 19% of the population, are living with some form of disability
- Recent projections suggest that 35.4 million disabled Americans will be eligible to vote in the 2016 election (roughly 17% of the electorate).
- Overall, Americans with disabilities have thought about the upcoming election and care about who wins at rates similar to Americans without disabilities.
- However, people with disabilities are less likely to turn out to vote on Election Day as they face barriers that can impact access to voting.



PEWRESEARCH.ORG

## A political profile of disabled Americans | Pew Research Center

Overall, Americans with disabilities are engaged with the upcoming election, but they are less likely to turn out to vote as they face a number of obstacles to voting.

<https://www.pewresearch.org/short-reads/2016/09/22/a-political-profile-of-disabled-americans>

# Voters with disabilities are engaged

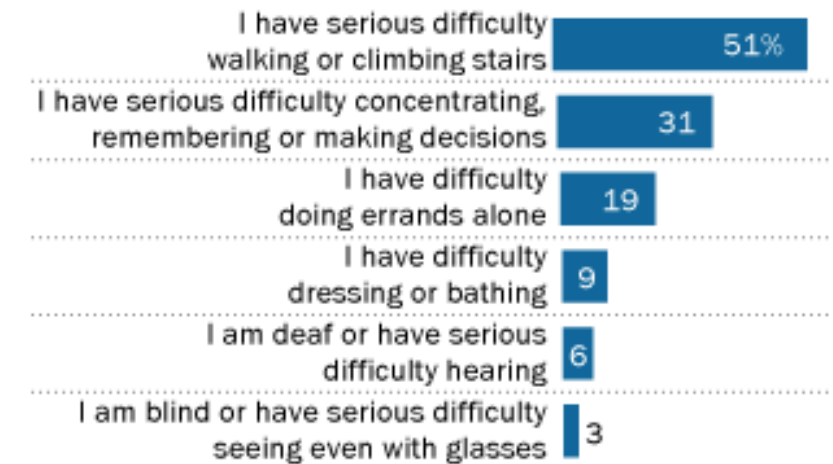
- Those self-identifying as disabled are somewhat more likely than the general public to report being particularly engaged with this election.
- In a June survey, 71% of Americans with disabilities said it “really matters who wins the election,” compared with 59% of Americans who do not have a disability.
- Similarly, 41% of those who are disabled were following the campaign “very closely” in June.
- By comparison, 33% of Americans without disabilities said the same.
- 80% of voters with disabilities say they are registered to vote.

## Nearly one-in-four Americans report having a disability

...has a health problem, disability or handicap that currently keep you from participating fully in work, school, housework or other activities?



Among those who report a disability ...



Note: Figures for type of disability don't sum to 100% because respondents were allowed to check any that apply. Source: Surveys conducted Sept. 9-Oct. 3, 2014, and Nov. 17-Dec. 15, 2014. Figures represent panelists who participated in both surveys.

PEW RESEARCH CENTER

# Voters with disabilities are registered, but face barriers when voting

- 58% of disabled Americans voted in the 2014 midterm election compared to 63% of Americans without disabilities.
- Voter participation gaps between voters with and without disabilities widen with age.
- Disabled older adults are less likely to vote (69% reported voting in 2014) than those 65 and older without a disability (86%).
- Americans with disabilities who do vote are less likely to do so in person.
- 25% of Americans with disabilities voted by mail or absentee compared with 19% of those who are not disabled.
- Among those who did not vote on Election Day 2014, 20% of those with disabilities pointed to an illness or disability that “made it too difficult to vote.”

## In 2014 midterm, disabled just as likely to be registered, but lag somewhat in turnout, particularly for in-person voting

	Total %	Any disability %	No disability %
Registered to vote	83	80	84
Voted in 2014 midterm	62	58	63
<i>Of those who voted in 2014, how did you vote?</i>			
Voted on Election Day	66	60	67
In person before Election Day	13	14	13
Voted by mail/absentee	20	25	19
<i>Among those who didn't vote in 2014, why not?</i>			
The weather was bad	3	6	2
An illness or disability made it too difficult to vote	8	20	4
Work or family schedule	28	15	32
Didn't like the candidates	15	13	15
Forgot to vote	7	3	8
None of these reasons	43	41	44

Source: Survey conducted Nov. 17-Dec. 15, 2014. Figures read down.

PEW RESEARCH CENTER

# New tool for you to test in your local disability networks

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- Many people with disabilities and families are so not know/believe Medicaid cuts will impact them.
- It can be hard for people to see how federal or state budget cuts will impact their individual services and supports.
- Most people know what help they have now and what it would mean if the amount or kind of help they have changes.
- Grassroots asked for a tool they could use with local disability groups to help people assess what changes in services could mean to them.



# How people or groups can use this tool

## Have individuals:

- List the major parts of their care plan,
- How many paid hours/service the plan currently provides,
- How much natural supports unpaid caregivers are currently doing to make the care plan work.

## Ask them what would happen if:

- The amount of paid caregiver hours was reduced (what would it mean if you lost 5 hours? 10 hours? More?)
- The amount of services you currently get was reduced?
- Some of the services you have now would not be in your care plan any more.
- Unpaid caregivers could not cover the same hours or weren't able to cover more hours?

[https://wi-bpdd.org/wp-content/uploads/2026/04/BPDD\\_Worksheet\\_ImpactCarePlanReductions\\_042026.pdf](https://wi-bpdd.org/wp-content/uploads/2026/04/BPDD_Worksheet_ImpactCarePlanReductions_042026.pdf)

## WHAT WOULD IT MEAN IF I GOT LESS HELP THAN I HAVE NOW?

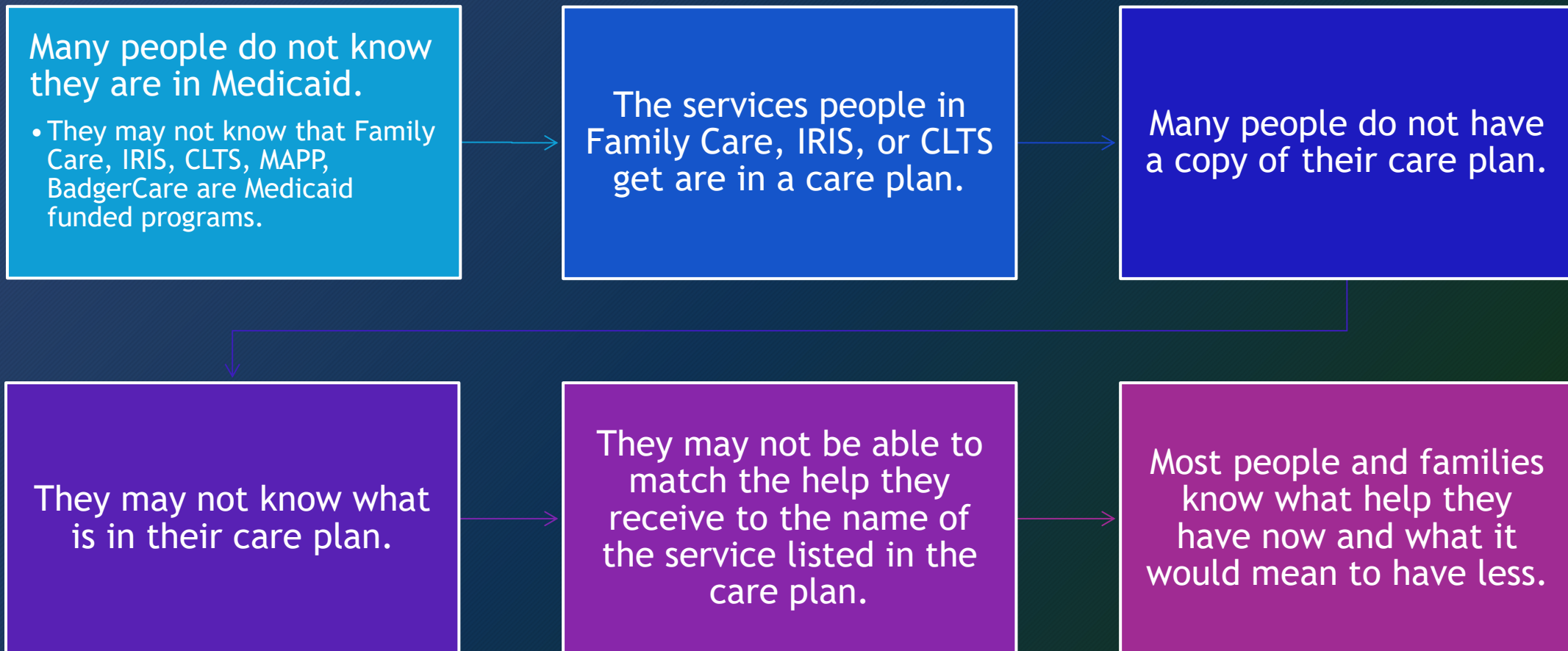
	Number of paid hours/amount of service in my care plan	Tasks or time covered by unpaid caregivers in my care plan	Impact of cuts to paid hours or reduction of services in my care plan?
Personal care			
Home health			
Nursing			
Therapies			
Medical Equip. & Supplies			
Mental Health			
Group home			
Employment Services			
Day Services			
Other services or supports			

Here is what my life looks like now. (Ex. I live in my home in the community, not an institution, I work, I volunteer etc.)

With Family Care, IRIS, CLTS as it is now, I am not always able to .... Ex. Find enough caregivers, get transportation in the evenings, get support on my job.)

What are you most worried about if you have less help than you have now?|

# This tool could be hard for some people



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

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\$70 M approved by legislature 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 \$263 M deficit by June 30, 2026.



\$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.

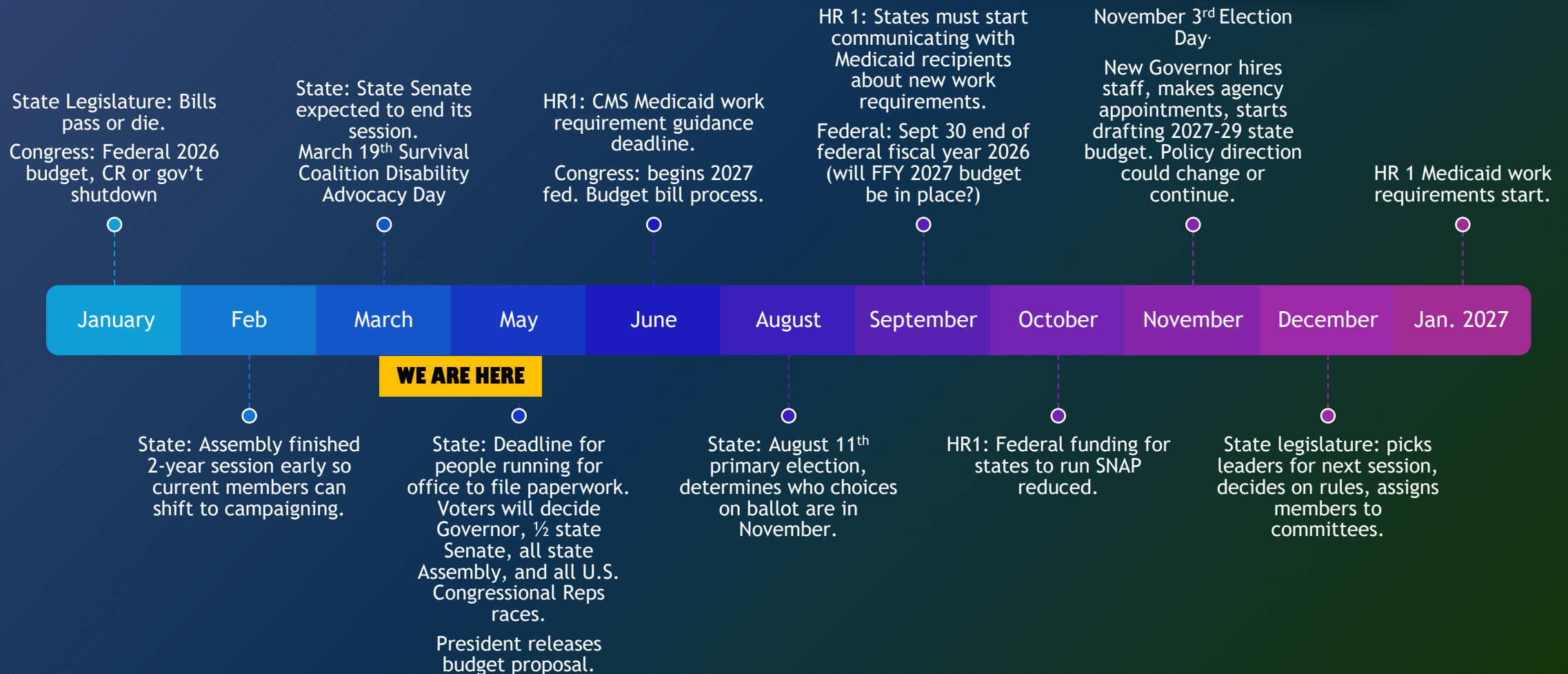


Unknowns that could be budget busters: state reinsurance fund (ACA Marketplace), removing caps from school voucher programs.

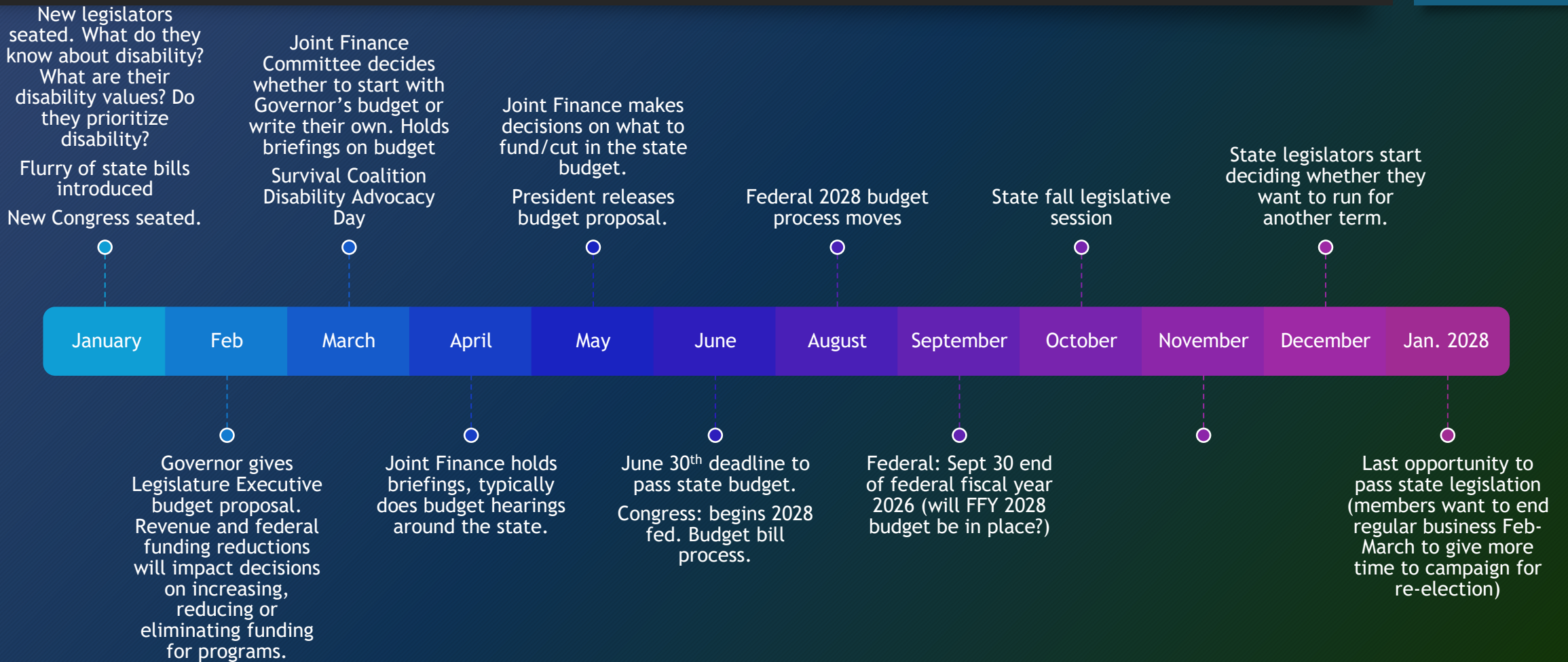


Cuts or elimination of federal grants that have supported state, county, and local programs may create new budget holes or funding gaps.

# 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.

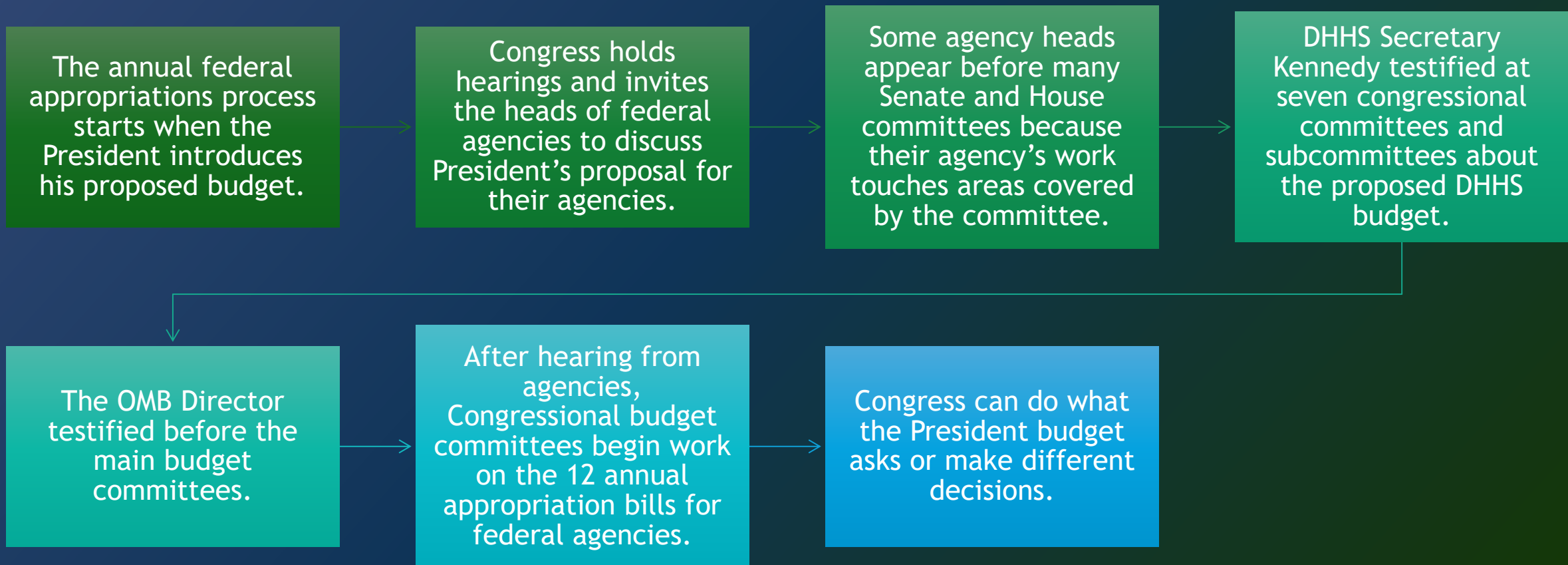


# Congress

What are  
they doing?  
(and not  
doing)

# Congress holds hearings on parts of President's proposed budget

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# Office of Management and Budget Director Vought testifies on 2027 President's budget

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- The President's 2027 budget proposes \$1.5 trillion in total defense spending—a 44% increase over current levels—while cutting nondefense discretionary programs by 10% across the board.
- OMB Director Vought praised the administration's 2025 cancelation of \$3 B in spending, use of pocket recissions to eliminate \$5 B in Congressionally approved spending, and the recission of \$9 B in Congressionally approved funds.
- Vought characterized last years cuts as wasteful spending that the administration identified across federal agencies.



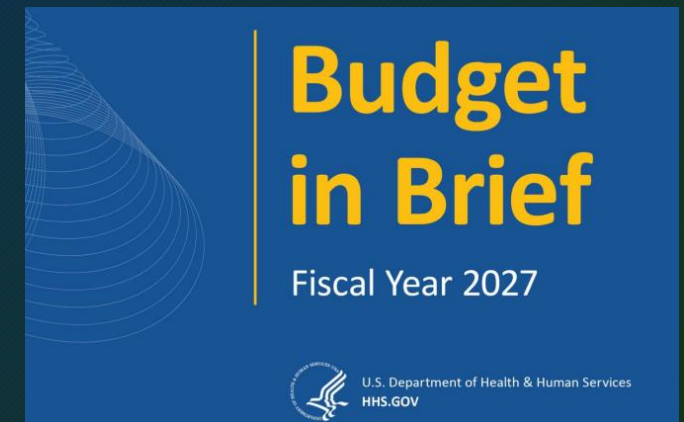
<https://www.pbs.org/newshour/politics/watch-live-omb-director-vought-testifies-before-senate-panel-on-trumps-2027-budget-request>

Transcript:  
<https://www.rev.com/transcripts/white-house-budget-hearing>

# Remember: President's 2027 budget proposes same disability cuts as last year

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- The 2027 budget proposal includes the same cuts to disability programs proposed last year including, eliminating the Administration of Community Living, eliminating the UCEDDs (Waisman Center) and other disability programs, and eliminating the independent budget lines that guarantee DD Councils (like BPDD) and Protection & Advocacy organizations (like DRW) are funded.
  - Lumping pots of money together, reducing funding, and letting states decide how to spend it is a strategy to make cuts or eliminate programs people with disabilities rely on.
- The 2027 budget would also eliminate funding for the Low-Income Home Energy Assistance Program, Developmental Disabilities Projects of National Significance, Limb Loss Resource Center, Paralysis Resource Center, Voting Access for People with Disabilities.
- Last year, it was grassroots disability advocates that raised the alarm and relentlessly pushed Congress to pass a budget that preserved these programs.



2027 DHHS Budget in Brief:

<https://www.hhs.gov/sites/default/files/fy-2027-budget-in-brief.pdf>

# Office of Management and Budget Director Vought testifies on 2027 President's budget

20

- Senate Budget committee members expressed unhappiness with the administration's continued withholding of funding Congress has approved, more than a year after the White House first froze billions of dollars for temporary "review."
- Committee members also asked about OMB's compliance with the Impoundment Control Act of 1974 which says the administration can't withhold congressionally appropriated funds without a rescission or deferral request submitted to Congress.
- The OMB Director said the administrations' 2025 actions to cancel, freeze, withhold, stop payment, claw back, federal funding did not violate the Impoundment act and said they thought that law was unconstitutional.



<https://www.pbs.org/newshour/politics/watch-live-omb-director-vought-testifies-before-senate-panel-on-trumps-2027-budget-request>

Transcript:

<https://www.rev.com/transcripts/white-house-budget-hearing>

<https://fortune.com/2026/04/16/trump-national-debt-child-care-cuts-military-spending-russell-vought/>

# Office of Management and Budget Director Vought testifies on 2027 President's budget

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- OMB director framed the 2025 cuts made by the administration as a response to fraud.
- He also said the \$1 T in Medicaid cuts passed in HR 1 would not lead to eligible people losing benefits (rather savings would happen because ineligible people would be removed and able-bodied people being getting jobs).
- Committee members questioned claims that \$1 Trillion in Medicaid cuts would only impact people who were either in the country illegally or defrauding the system, citing the CBO analysis that estimates 15 to 17 M people in Medicaid will lose coverage because of HR 1.
- Vought said he doubted the CBO analysis and restated that people who lose Medicaid either should not have been in the program (were their fraudulently) or could get a job that provides coverage.



<https://fortune.com/2026/04/16/trump-national-debt-child-care-cuts-military-spending-russell-vought/>

# Dept of Health and Human Services Secretary defends President's proposed cuts to agency

22

- Secretary Kennedy said the President's proposed 12 percent (nearly \$16 billion.) cut to DHHS was needed because the federal debt is increasing fast (now \$39 T).
- Kennedy defended policy changes made last year including on vaccines and autism, and CMS actions related to fraud.
- “We are doing our part to fight the war on fraud by rooting out fraud, waste, and abuse in our Medicare and Medicaid programs”
- “We are replacing the old “pay and chase” model with a real-time “detect and deploy” strategy, using advanced AI tools to identify fraud instantly and stop improper payments before they go out the door.”



RFK Jr. House budget hearing for Department of Health and Human Services

<https://www.youtube.com/live/t0zPQXqaauk?si=m3eY40G0p4aZNF05>

Statement to committee:

<https://www.congress.gov/119/meeting/house/119143/witnesses/HHRG-119-AP07-Wstate-KennedyJrR-20260416.pdf>

# Committee members question RFK about autism comments

23

- Lucy McBath, D-Ga., asked Kennedy to apologize for saying that "autism destroys families" at a 2025 press conference.
- "I was talking about people with profound autism," Kennedy told McBath. "People ... who have lowering impact autism. I'm talking about people who are nonverbal, non-toilet trained, head banging."
- "I find that very, very sad. It should be very easy for you to apologize if that's not, in fact, what you meant," McBath said.
- "Those are crocodile tears, Congresswoman," Kennedy replied.



<https://abcnews.com/Health/rfk-jr-defends-vaccine-views-autism-comments-house>

# Committee members question RFK about autism comments

24

- A Republican lawmaker asked RFK about largely unfounded claims that link Tylenol use during pregnancy and increased risk of children being diagnosed with autism and other health disorders.
- The lawmaker asked Kennedy about a recent study suggesting there's "no connection" between Tylenol usage in pregnancy and autism in babies.
- "The study is a garbage study," Kennedy said. "It should be retracted."
- The [study](#) analyzed 1.5 million children in Denmark and found no link between Tylenol during pregnancy and autism later in life.



<https://abcnews.com/Health/rfk-jr-defends-vaccine-views-autism-comments-house>

# RFK says federal special education programs should be transferred to HHS

25

- Committee members asked Kennedy about the Department of Education's strategy to dismantle its department by move education programs to other federal agencies.
- Kennedy said the special education programming should return to HHS.
- "Some of these programs should have always been under HHS purview," Kennedy said. "It just makes more sense. They're health-related programs rather than particularly [educational] programs, and we have many parallel programs at HHS that can benefit from synergies from each other," he said.
- He said the final decision is up to the Dept of Education Secretary.



<https://abcnews.com/Health/rfk-jr-defends-vaccine-views-autism-comments-house>

# RFK equated home and community-based services with Medicaid fraud

26

- RFK said consumer-directed personal assistance programs were big contributors to Medicaid fraud and higher Medicaid costs.
- “The waivers allow people, family members, who are taking care of an elderly parent, to get paid for balancing the checkbook, for picking up the groceries, for driving somebody to a doctor’s appointment...These are family members who are getting paid to do things that they used to do as family members for free. And this is rife with fraud, because we have no way at CMS to determine if they actually performed that duty or not.”
- Implies HCBS waivers should not be allowed to pay for these kinds of services (or allowed at all). “We are paying for fraud now as much as for medicine,” RFK said.



<https://homehealthcarenews.com/2026/04/ancor-rebuts-rfk-jr-s-remarks-on-cdpap-home-and-community-based-services>

<https://www.ancor.org/article/ancor-issues-response-to-robert-f-kennedy-jr-s-concerning-remarks-about-home-and-community-based-services>

<https://www.disabilityscoop.com/2026/04/23/rfk-jr-takes-issue-with-medicaid-paying-family-caregivers/31963/>

# Home care providers respond to RFK comments about family caregivers and HCBS

27

- “Secretary Kennedy repeated statements from this administration that Medicaid HCBS programs are simply paying for services that should be provided for free by family members—a viewpoint that woefully diminishes the crucial work of millions of direct care workers and implies that instead family members should remain out of the workforce to care for a loved one or relative.”
- “Such thinking also ignores the reality that many family members are themselves elderly, disabled or otherwise incapable of providing the type of support described by administration officials.”
- “For some people with disabilities, no family exists that could replace the services provided by community-providers and direct support professional (DSPs).”



Testimony House Ways and Means committee  
[https://www.youtube.com/watch?v=-h\\_Br1cjpRM](https://www.youtube.com/watch?v=-h_Br1cjpRM) (start at 1:04)

<https://homehealthcarenews.com/2026/04/ancor-rebuts-rfk-jr-s-remarks-on-cdpap-home-and-community-based-services>

<https://www.ancor.org/article/ancor-issues-response-to-robert-f-kennedy-jr-s-concerning-remarks-about-home-and-community-based-services>

# Home care providers respond to RFK comments about family caregivers and HCBS

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- “Medicaid home and community-based services were created to enable individuals with I/DD to receive necessary support from highly skilled DSPs.”
- “Providing additional support options for people with disabilities allows family members to remain in the workforce and continue to earn wages.”
- “Without the option to maintain employment, family members lose thousands of dollars annually in unearned wages.”
- “Additionally, a system that relies on unpaid family caregivers leads to mounting out-of-pocket expenses and the physical and emotional strain of caregiving for those family members, resulting in a greater likelihood that they will need additional support through public assistance themselves.”



ANCOR.ORG  
ANCOR Issues Response to Robert F. Kennedy, Jr.'s Concerning Remarks About Home- and Community-Based Services | ANCOR

Testimony House Ways and Means committee  
[https://www.youtube.com/watch?v=-h\\_Br1cjpRM](https://www.youtube.com/watch?v=-h_Br1cjpRM) (start at 1:04)

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<https://www.ancor.org/article/ancor-issues-response-to-robert-f-kennedy-jr-s-concerning-remarks-about-home-and-community-based-services>

## Let Congress know you are paying attention to the President's budget (and them)

Now that the federal agencies are making the rounds to Congressional committees it's important for Congress to hear what ideas people like and don't like.

Let your U.S. Senators and U.S. Representative know what you think about proposed cuts and changes to disability programs. Let them know it's important to have dedicated funded appropriated to preserve current programs (like DD Councils and P&As).

Ask Congress what they will do if the administration makes changes—like eliminating the Administration for Community Living or U.S. Dept of Education or appropriation lines that fund disability organizations—that can only be made by Congress.

Ask if Congress what they will do if the administration cuts, freezes, claws back, fails to send funding for programs that impact people with disabilities, or otherwise ignores how Congress has told the administration to spend money.

Educate your members of Congress on what Home and Community Based Services (Family Care, IRIS, CLTS) do and mean for people with disabilities and families. Not fraud, just care.

# 2026 Reconciliation bill process moving

30

The U.S. Senate passed a \$70B budget blueprint—the first step in the reconciliation process—that would fund ICE and Border Patrol for the remainder of President Donald Trump's term.

The Senate resolution now needs to pass the House.

Any changes made by the House would need Senate agreement.

The Senate wants to keep the bill narrowly focused.

Some House members want to expanding the scope of the budget resolution to include other priorities or cuts to offset any spending increases.

Once the budget resolution is adopted in both chambers, congressional committees will proceed to write legislation.

The goal is to have a reconciliation bill through Congress by June 1<sup>st</sup>.

# 2027 reconciliation bill this fall being discussed

As soon as the 2026 reconciliation bill is passed, the planning and drafting of a 2027 reconciliation bill can start.

Congress could move another reconciliation bill after October 1<sup>st</sup>.

Many watchers expect increases in military spending and cuts to Medicaid, Medicare to cover the spending increases.

National advocates are concerned Medicaid block grants/per capita caps, reduction in federal Medicaid match to states or certain Medicaid enrollees, and parts of the SAVE Act could be included

The current Congress could pass a reconciliation bill before the next Congress takes their seats in January 2027.

# Administration

Administrative  
rules, Federal  
Agency Actions

# Trump administration looks to audit all states for Medicaid fraud

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- Beginning this week, CMS will require all states to submit a plan within 30 days outlining how they will verify that healthcare providers are real, licensed and actually delivering care under Medicaid, particularly in areas flagged as high-risk for fraud.
- HCBS services are being targeted based on previous CMS correspondence to four states, House Committee correspondence to states, and comments by administration officials.
- This year, CMS stopped \$260 M payments to Minnesota for 14 services (most HCBS) and is requiring the state to validate providers before deciding whether to pay the bills.
- Oz defended the administration's fraud-busting efforts and cuts to Medicaid, calling the upcoming work requirements a "beautiful tool" to help able-bodied Americans reenter the U.S. workforce.



<https://www.politico.com/news/2026/04/21/oz-medicaid-fraud-plan-politico-summit-00883279>

<https://apnews.com/article/dr-oz-cms-fraud-trump-medicaid-health-20e1315861bf715bf5f9d977fd99e9f0>

<https://stateline.org/2026/04/21/in-medicaid-fraud-crackdown-feds-now-looking-to-audit-all-50-states/>

[Increased spending not necessarily a sign of fraud](#)

# Long-Awaited Safeguards For Medicaid Home And Community-Based Services Put On Hold

34

- The 2024 Access Rule, requires states to create a grievance process so people in traditional Medicaid plans can file complaints against a provider or state if they have trouble receiving the home and community-based services called for in their service plan. (A similar process already exists for those receiving services through managed care plans.)
- The Access Rule also requires service plans to be reassessed annually, requires states maintain an electronic incident management system, says how quickly they must respond to incidents, and sets minimum payment thresholds for direct care providers.
- The rule was supposed to take effect July 9, but now CMS says it will not take any enforcement action until Dec. 31, 2027.



<https://www.disabilityscoop.com/2026/04/17/long-awaited-safeguards-for-medicaid-home-and-community-based-services-put-on-hold/31952/>

# U.S. DOJ halts implementation of accessibility rule four days before it was supposed to take effect

35

- In 2024, The U.S. Department of Justice finalized regulations to make websites and mobile apps accessible under Title II of the ADA.
- Four days before it was supposed to go into effect, the agency overrode the 2024 rule and delayed implementation for some governments until April 2027, and others until 2028.
- The rule applies to state and local governments, which includes police and courts to public hospitals, parks, libraries, transit agencies, school districts and universities.
- As more government work has shifted online—applying for public benefits, registering to vote, getting mass transit schedules or basic information—people with disabilities struggle to use or get information because the websites are often inaccessible.



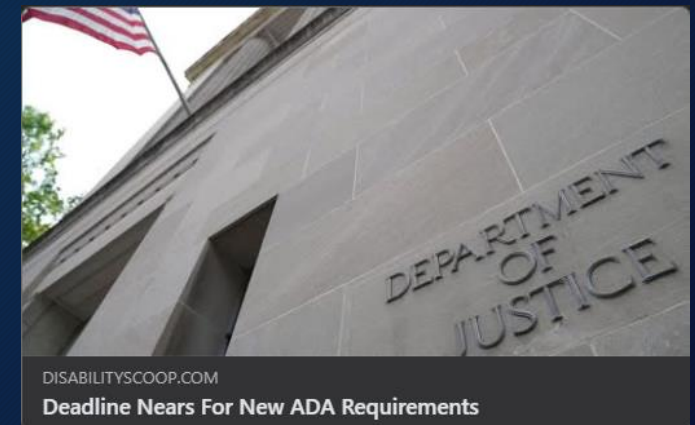
<https://www.disabilityscoop.com/2026/04/14/deadline-nears-for-new-ada-requirements/31944/>

<https://www.npr.org/2026/04/22/nx-s1-5791680/doj-disability-web-access-delay-schools>

# U.S. DOJ halts implementation of accessibility rule four days before it was supposed to take effect

36

- There are signs that the Justice Department could be considering changes to the rule.
- The agency indicated last spring that it planned to issue a notice of proposed rulemaking “to reconsider whether some of the regulatory provisions imposed by the April 24, 2024 rule could be made less costly.”
- U.S. DOJ has been meeting with groups such as the National Association of Counties and the National League of Cities who want more time to implement, exemptions for entities with populations under 10,000 and other changes citing concerns including cost and technical difficulties.



<https://www.disabilityscoop.com/2026/04/14/deadline-nears-for-new-ada-requirements/31944/>

<https://www.npr.org/2026/04/22/nx-s1-5791680/doj-disability-web-access-delay-schools>

# Minnesota's Caregiving Workforce Was Already Short-Staffed. Then ICE Came

37

- Immigrants and refugees make up about 30% portion of the care workers who care for people with disabilities, older adults and children.
- Caregivers must go through background checks and be authorized to work in the United States.
- Federal immigration activity—and the focus on fraud in social service programs--in Minnesota has impacted caregiving fields and could have long-term impact on Minnesotans who need the most help.
- Disability service providers say workers are mostly still coming in during the immigration crackdown, but some were carpooling because they were afraid to travel alone. And once employees arrived at work, they were worried about taking people out into the community, often a key part of their job.



<https://www.disabilityscoop.com/2026/04/21/minnesotas-caregiving-workforce-was-already-short-staffed-then-ice-came/31958/>

# Continued coverage of impact of Reconciliation bill

Lots of  
articles to  
share.

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# Case Study: How impacts of past Medicaid cuts forced Idaho to refund mental health program

39

- Last year, the Idaho legislature cut funding for a mobile treatment program for people with severe mental illness funded by Medicaid (Medicaid largest payor for mental health services).
- Advocates lost two lawsuits challenging the cuts under ADA and Olmstead decision.
- In less than three months, four patients died



NEWSFROMTHESTATES.COM

How Medicaid fallout forced Idaho to retract past cuts |  
News From The States

<https://www.newsfromthestates.com/episode/how-medicaid-fallout-forced-idaho-retract-past-cuts>

# Case Study: How impacts of past Medicaid cuts forced Idaho to refund mental health program

40

- This cycle lawmakers were reluctant to retract cuts they had made especially since more Medicaid cuts were proposed by the governor.
- Lawmakers used one-time money to restore program for the next year; after that money runs out again.
- This cycle Idaho lawmakers still reduced pay rates for providers who care for people with disabilities and extended cuts to Medicaid's already low reimbursement rates for doctors.



<https://www.newsfromthestates.com/episode/how-medicaid-fallout-forced-idaho-retract-past-cuts>

# Families caring for children with disabilities are suing Washington state

41

- Washington compensates parents providing care to disabled children on Medicaid if they are over 18, but not if they're minors.
- Other relatives can get paid for taking care of children, just not parents.
- Professional nursing and personal care are covered, but families say labor shortages make these services often difficult to find.
- This has forced some parents to quit their jobs to care for their children full-time without pay.
- Some fear that such little support will leave them with no other choice than to institutionalize their children.



<https://washingtonstatestandard.com/2026/04/22/why-families-caring-for-children-with-disabilities-are-suing-washington-state>

# Families caring for children with disabilities are suing Washington state

42

- Private duty nursing gives a home-based alternative to institutional care for children with complex needs, like ventilators, tracheostomies or feeding tubes.
- Personal care is for outside help to aid in the daily tasks of living, like bathing, dressing, eating and managing medication, among other things.
- The children whose families brought the suit qualify for a combination of private duty nursing and personal care, or both.
- “It’s really frustrating to know that the state of Washington has been taking advantage of us, all of our families, to take care of our kiddos for free, and there’s not a damn thing anybody can do about it,” Thompson said.



<https://washingtonstatestandard.com/2026/04/22/why-families-caring-for-children-with-disabilities-are-suing-washington-state>

# Families caring for children with disabilities are suing Washington state

43

- Families want to bring a potential class-action lawsuit against the Washington state in federal court. They claim the state is violating multiple federal laws by not providing the care for the allotted hours.
- The families say the state's inability to build the workforce is leaving children waiting months to be discharged from hospitals or forcing them from their homes into institutional care.
- 100 people under age 21 are not receiving the private duty nursing services at the approved level
- 4,700 children are in the same boat for personal care aid. 1.4 million personal care hours were authorized, but no worker was available to hire.
- Washington state argues that the “alleged harm, if any, arises out of conditions of which the plaintiffs had knowledge and to which they voluntarily subjected themselves.”



<https://washingtonstatestandard.com/2026/04/22/why-families-caring-for-children-with-disabilities-are-suing-washington-state>

# Republican lawmakers in 3 states want voters to alter or scrap Medicaid expansion

44

- Missouri, Oklahoma and South Dakota voters amended their state constitutions to expand Medicaid under the ACA.
- Republican lawmakers in all three states want voters to change or repeal those state constitutional amendments in upcoming elections, which would let legislators take away Medicaid expansion.
  - (Idaho, Maine, Nebraska and Utah also expanded Medicaid via ballot initiative but did not change their constitutions). Idaho considered a bill to repeal Medicaid expansion this session.
  - Nine states (Arizona, Arkansas, Illinois, Indiana, Montana, New Hampshire, North Carolina and Virginia) have laws that automatically roll back Medicaid expansion if the federal contribution dips below 90%.
- HR 1 increases costly administrative requirements for states who have expanded Medicaid coverage under the ACA.
- Last year, health experts said the increased financial pressure on states from HR 1 could result in some states repealing Medicaid expansion.



<https://stateline.org/2026/04/22/republican-lawmakers-in-3-states-want-voters-to-alter-or-scrap-medicaid-expansion/>

# Republican lawmakers in 3 states want voters to alter or scrap Medicaid expansion

45

- In Oklahoma, voters could be asked to consider two Medicaid expansion proposals in the next election.
  - One would remove Medicaid expansion from the state constitution and put it in state statute, allowing lawmakers to make changes more easily.
  - The second would change the amendment so that Oklahoma could end expansion if the federal match falls below 90%.
- In South Dakota, voters will be asked in November to change the Medicaid amendment so that it no longer applies if federal funding declines below 90%.



<https://stateline.org/2026/04/22/republican-lawmakers-in-3-states-want-voters-to-alter-or-scrap-medicaid-expansion/>

# Republican lawmakers in 3 states want voters to alter or scrap Medicaid expansion

46

- Missouri voters amended their constitution to expand Medicaid and then state lawmakers refused to fund Medicaid expansion.
- Advocates won a lawsuit that said the legislature had to provide funding for the ballot measure approved by voters.
- A new amendment would add work requirements, the same as what is in HR 1, for people covered under Medicaid expansion.
- Lawmakers say they want to make sure Missouri maintains Medicaid work requirements even if the federal government someday reverses itself.
- The ballot measure would remove other language that says the state can't make it harder for people in Medicaid expansion to get or stay in and remove requirements for the state to "take all actions necessary to maximize federal financial participation in funding" Medicaid expansion.
- Together these changes would let Missouri lawmakers to defund expansion.



STATELINE.ORG

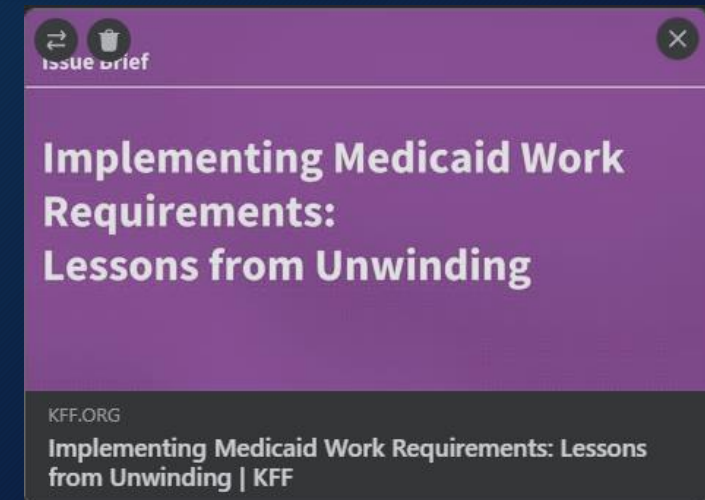
Republican lawmakers in 3 states want voters to alter or scrap Medicaid expansion • Stateline

<https://stateline.org/2026/04/22/republican-lawmakers-in-3-states-want-voters-to-alter-or-scrap-medicaid-expansion/>

# Implementing Medicaid Work Requirements, what problems do states have to solve?

47

- New work requirements impact existing enrollees and new applicants
- State must collect new information.
- That means adding new questions to Medicaid applications and renewal forms, and using new data sources to verify whether someone is exempt or has met the requirements.
- States must look at past work history to make sure new applicants were meeting work requirements before they can get into Medicaid.
- States must train staff on new eligibility policy and verification requirements.

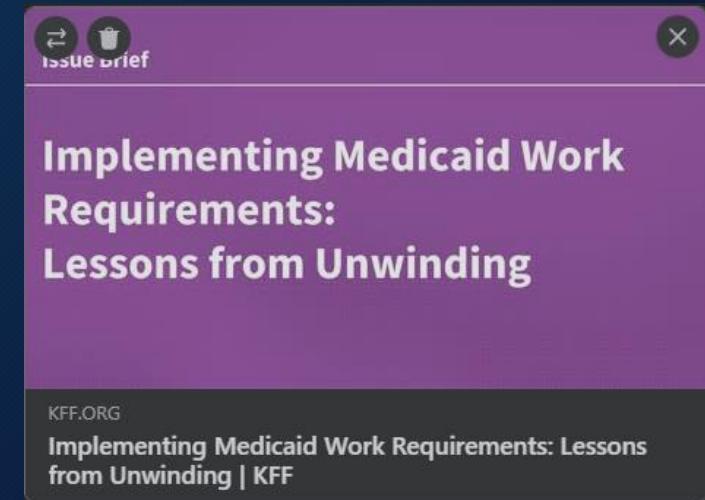


<https://www.kff.org/medicaid/implementing-medicaid-work-requirements-lessons-from-unwinding>

# Implementing Medicaid Work Requirements, what problems do states have to solve?

48

- Work requirements apply to some Medicaid participants, and not others.
- That means states must communicate clearly on whether people need to do something different or not, and they can't make mistakes.
- People who could have to meet new requirements must understand whether they fit into a list of exemptions, how to document compliance, and how to know that you need to submit information.
- More data will be needed to make it easier to prove people are exempt or are meeting requirements. Gig work platforms, student databases, and claims data are all new sources that can help prove people are meeting requirements.

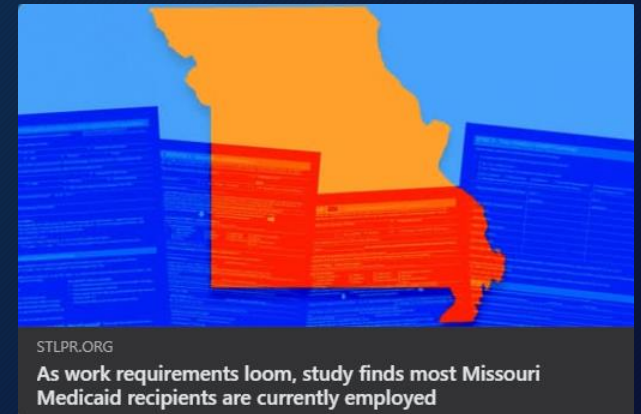


<https://www.kff.org/medicaid/implementing-medicaid-work-requirements-lessons-from-unwinding>

# Most Medicaid recipients are already working, state money will be spent to prove it

49

- Researchers estimate about 12% of those ages 19 to 64 on Medicaid were not exempt from new requirements and not already working.
- HR 1 prove you're working/exempt requirements will require significant money and manpower to reach a relatively small share of Medicaid recipients who are not working.
- “It seems like a lot of staffing and a lot of dollars to be spent on [around] 40,000 people, in my opinion,” he said, adding, “I think it comes from a misperception of Medicaid recipients.”
- Missouri's legislature is still finalizing its budget, which will clarify how much money the state could ultimately spend to implement the new work requirement.

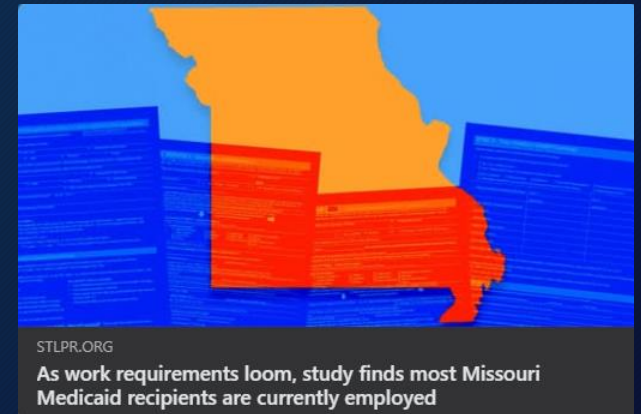


<https://www.stlpr.org/health-science-environment/2026-04-16/most-missouri-medicaid-recipients-are-employed>

# Most Medicaid recipients are already working, state money will be spent to prove it

50

- 30% of recipients in Missouri live in rural areas, about twice the national rate.
- The mix of lower educational attainment and rural residency likely makes it more difficult for Medicaid patients to find a job with health coverage.
- “If you're going to say there's a work requirement, then there has to be jobs available, or community engagement volunteer activities,” McBride said. “And what we worry about is that they may not be available as readily.”



<https://www.stlpr.org/health-science-environment/2026-04-16/most-missouri-medicaid-recipients-are-employed>

# Minnesota up against the clock on HR 1 prove you're working changes

51

- The Legislature needs to pass legislation or update existing rules soon to make sure the state can meet new HR 1 requirements. Their legislative session ends May 1<sup>st</sup>.
- Minnesota needs to quickly implement a plan to upgrade agency databases and modernize verification processes.
- The Minnesota Department of Human Services estimates the new work requirements will mean a \$165 million increase in administrative costs for the state, counties, and Tribal entities.
- CMS has not released clear guidance on how to implement the upcoming work requirement changes. They have until June 1<sup>st</sup> to do so.
- This uncertainty puts the state at risk of noncompliance, which could result in the loss of federal [Medicaid matching funds](#).



<https://www.mprnews.org/story/2026/04/17/minnesota-up-against-the-clock-on-medicaid-changes>

# Montana Warns Medicaid Cuts Still May Come even as it expands what services are covered

52

- Last year Montana lawmakers approved doula services for Medicaid patients, but in March the state Medicaid agency said that the state budget deficit had put those plans on hold.
- Lawmakers were unaware the Department was not planning on implementing the new service until an article was published. Now the Department says it will move forward with covering the new optional service.
- Officials warned that all optional Medicaid services are still under review as the state health department looks for cuts to offset a shortfall driven by higher-than-expected Medicaid costs.
- Montana's Medicaid Director said [optional Medicaid services](#) may still be cut.



<https://kffhealthnews.org/medicaid/doula-care-pregnancy-medicaid-montana-budget-cuts/>

# Montana Warns Medicaid Cuts Still May Come even as it expands what services are covered

53

- Montana has a Medicaid budget deficit of more than \$177 million and is expecting a similar shortfall next year.
- Plus, federal policy changes slated to take effect later this year are expected to increase costs.
- Last year, state lawmakers cut health department's funding, underestimated Medicaid use, and overestimated what the federal government would pay toward Montana's Medicaid costs.
- Health officials must outline a plan to cut costs before the state's 2027 budget year begins on July 1.
- Simultaneously, the agency is trying to hire more staffers to begin vetting whether Medicaid enrollees meet or are exempt from new work requirements that also go in place July 1.



<https://kffhealthnews.org/medicaid/doula-care-pregnancy-medicaid-montana-budget-cuts/>

# Next session Mississippi lawmakers must make cuts because of federal Medicaid funding cuts

54

- Next session, lawmakers face federal cuts that will impact health care affordability and access in the years ahead,
- This session they failed to address some of the most pressing issues during the legislative session.
- The chair of the legislature's Health committee says much of next year's legislative session will explore policy options to offset federal cuts.
- “As a general matter, states are not going to be able to fill the gaping hole that Congress and President Trump have created here,” said Joan Alker, executive director of Georgetown University's Center for Children and Families.. “[No] state, no matter how wealthy or well-intentioned, is going to be able to sustain that.”



<https://mississippitoday.org/2026/04/21/mississippi-lawmakers-health-care/>

# Next session Mississippi lawmakers must make cuts because of federal Medicaid funding cuts

55

- In addition to implementing work requirements and reducing retroactive coverage, HR 1 changes State Directed payments which allow states to beef up low reimbursement rates from Medicaid to hospitals.
- The enhanced rates will be reduced gradually beginning in 2028, resulting in an expected annual loss of at least \$160 million to Mississippi,
- This figure is comparable to about 14% of the state's spending on Medicaid for the coming year.
- Advocates say this change could severely damage struggling rural hospitals.



<https://mississippitoday.org/2026/04/21/mississippi-lawmakers-health-care/>

# Medicaid Cuts Could Force More Kids to Become Caregivers

56

- More than 5.4 million children in the U.S., especially girls, currently caring for chronically ill and disabled family members.
- HR 1 estimates 11.8 million people currently in Medicaid are will lose critical coverage—including up to 4.3 million people who rely on Medicaid Home Care Based Services (HCBS), like in-home nursing care.
- For children and adolescents who are pushed into caregiving at a young age, this threat of loss of critical medical support is likely to be catastrophic.
- The impact of HR 1 and any additional Medicaid cuts goes beyond people losing access to health care. It could push more young people to take on caregiving roles and worsen the existing crisis of caregiving youth in the U.S.



<https://time.com/article/2026/04/12/medicaid-cuts-could-force-more-kids-to-become-caregivers>