

Today we will talk about:

- Congress: Out this week, back next week.
- Federal Administration: VP Vance hosts (some) state Attorney Generals for (Medicaid) fraud task force meeting; states have different responses to fraud claims by federal officials; candidates use Medicaid fraud messages in campaign; new polling shows information gaps about Medicaid cuts, fraud, and knowledge and words/messages that work; Autism clinics spotlighted as sources of Medicaid fraud and abuse; Administration says fraud is the reason for ACA plan declines (States say its higher premiums); Federal judge does not block executive order to create federal voter list and limit mail voting; Supreme Court Punts On Deciding How Intellectual Disability Is Defined.
- Impact of HR 1: Governors concerned about long-term costs and federal policy changes; State funded healthcare coverage for immigrants at risk because of federal Medicaid cuts; Medicaid cuts coming in Montana, West Virginia, Maryland

Weekly Update

May 29th, 2026

Federal Funding Fallout 2026

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5/27/2026

Congress

What are
they doing?
(and not
doing)

Next week, Congress is back

- Congress was out this week.
- Next week, Congress is expected to begin moving the 2026 reconciliation bill to fund DHS through 2029.
- Today or Monday, it is expected CMS will release guidance to states on Medicaid HR 1 “Community Engagement Requirements”
- Next week, House and Senate committees will be holding “mark-up” hearings on several annual federal appropriation bills.
- June 5th, the House appropriations committee holding a “mark up hearing” on 2027 Labor/DHHS/Education annual appropriation bill.

2026 Reconciliation bill



U.S. Senate released final bill text but did not move the bill Thursday because of Trump's new fund to pay people who claim they were politically persecuted.



Congress left for the Memorial Day recess a day early, which means a vote will not be held until June. Both the Senate and House must pass the bill.



This reconciliation bill would bypass the normal annual federal appropriation process.



It will provide \$72 B the Dept. of Homeland Security through 2029, and \$1.5 B to U.S. DOJ.

2027 Reconciliation bill

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House Republicans are having closed door meetings to decide what ideas to put in the 3rd Reconciliation bill. They say they may pass the first step—Budget Resolution—in June.



House members say delay on the 2nd Reconciliation bill will not slow down the summer timeline for passing the 3rd Reconciliation bill.



More Medicaid cuts, other changes to health insurance (ACA, HSA, catastrophic plans, voting, revenue decreases (tax cuts), and increased military spending are considered likely to be included in the bill.



Often Congress will take parts of existing bills and put them into a larger bill.



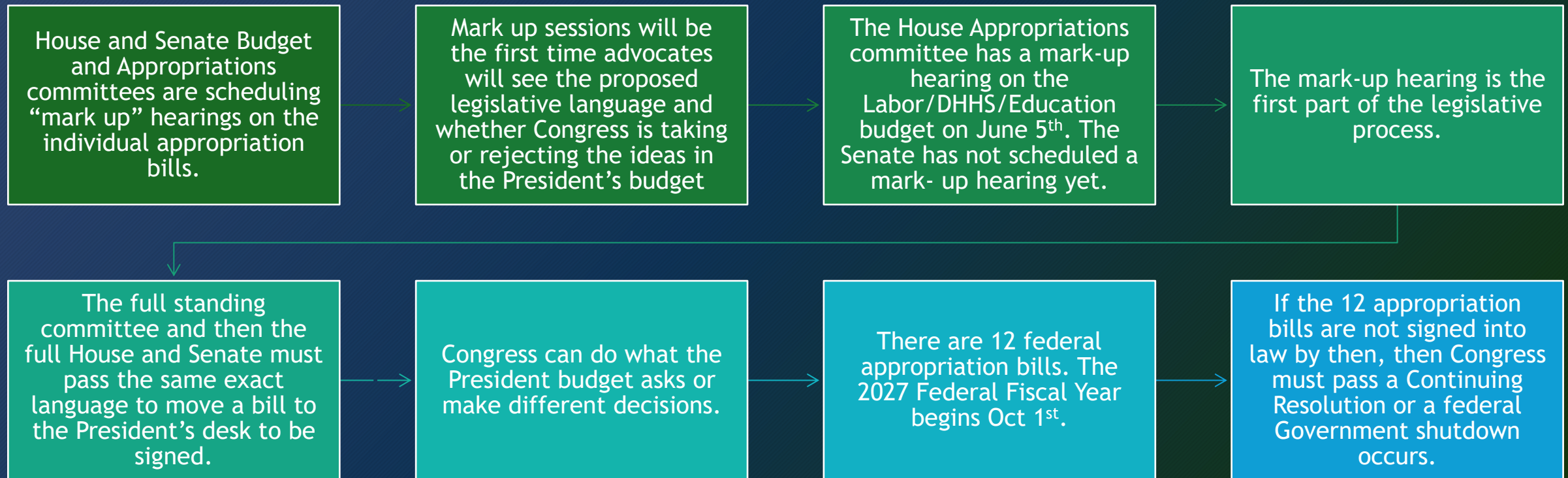
Congress may move quickly to pass a bill before the summer recess (July 23rd).



Members running for re-election want to spend time in their districts, and what to promote legislation they have passed as a reason for voters to re-elect them to Congress.

2027 federal budget process

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Let Congress know you are paying attention

Let Congress know what you think about them using a reconciliation process to pass spending that doesn't have to be negotiated and agreed upon by both parties.

Let Congress 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 if they are doing a third reconciliation bill and what they are going to put in it. Will changes impact Medicaid, Medicare, health insurance options, voting access?

Ask 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.

Administration

Administrative
rules, Federal
Agency Actions

Vance hosted state AGs at White House for fraud task force meeting

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- Vice President JD Vance claimed that in "just two months" his anti-fraud task force has "exposed billions of dollars in benefits that have been stolen from the American people,"
- Vice President Vance referenced CMS's nonpayment of Medicaid reimbursements and withholding Medicaid payments to multiple states as a response to fraud, even though the withholding is based on suspicion (not evidence), targets specific HCBS services, and is subject to an ongoing lawsuit.
- Stephen Miller "Based on what I've heard, we could balance the federal budget if the only dollars that went out of the treasury went to individuals who were properly, lawfully, correctly eligible to receive them."



<https://www.whitehouse.gov/videos/vice-president-jd-vance-holds-a-state-attorneys-general-roundtable-on-anti-fraud-initiatives/> (20 minutes)

<https://www.politico.com/news/2026/05/25/vance-state-attorneys-general-fraud-task-force-00935539>

<https://www.newsfromthestates.com/article/democratic-state-ags-say-their-staff-excluded-vance-anti-fraud-meeting>

Vance hosted state AGs at White House for fraud task force meeting

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- The event announced an audit of all states' Medicaid Fraud Control Units and framed fraud actions as “saving these programs” so people who actually need them can get them.
- US DOJ has set up a National Fraud Enforcement Division and is calling on states to fully mobilize Medicaid Fraud Control Units (how many active investigations, how many can be charged in the next 90 days) and give evidence/data (including Medicaid claims data) to U.S. DOJ to help them prosecute fraud.
- A group of Democratic attorneys general [sent a joint letter](#) to, noting they had been invited “with less than one business day’s notice with no agenda.”



<https://www.whitehouse.gov/videos/vice-president-jd-vance-holds-a-state-attorneys-general-roundtable-on-anti-fraud-initiatives/> (20 minutes)

<https://www.politico.com/news/2026/05/25/vance-state-attorneys-general-fraud-task-force-00935539>

<https://www.newsfromthestates.com/article/democratic-state-ags-say-their-staff-excluded-vance-anti-fraud-meeting>

New Jersey defends record on uncovering Medicaid fraud in response to White House criticism

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- Attorneys general from a handful of Democratic-led states highlighted the work they do to prevent and prosecute Medicaid fraud in their states.
- The Attorney Generals pushed back in response to the [meeting Vice President J.D. Vance held Tuesday](#) to discuss anti-fraud efforts with a select group of state fraud investigators, most of them from states run by Republicans.
- Several Democratic attorneys general said representatives from their teams were not allowed to participate.
- New Jersey got back some \$132.5 million in overpayments or potential fraud in fiscal year 2025, \$119.2 million in fiscal year 2024 and \$114.5 million in fiscal year 2023. Recoveries for fiscal year 2026, which began last July, approached \$193.2 million through April.



NEWSFROMTHESTATES.COM

NJ defends record on uncovering Medicaid fraud in response to White House criticism

<https://www.newsfromthestates.com/article/nj-defends-record-uncovering-medicaid-fraud-response-white-house-criticism>

Idaho attorney general seeks more access to claims data to investigate fraud

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- Idaho Attorney General asked U.S. Vice President JD Vance and other top federal officials for broader access to CMS Medicaid claims data to further fraud investigation and recovery.
- He also requested changes to records laws that block investigators from evidence in substance use disorder cases.
- Labrador said in the press release, “With better data access and the right reforms, we can recover even more, and I’ll be going back to the Idaho Legislature to secure the additional authority and resources to help make that happen.”
- Idaho’s AG has jurisdiction over criminal fraud cases. Idaho’s AG plans to ask the Idaho Legislature for oversight of civil cases as well.



<https://idahocapitalsun.com/2026/05/28/idaho-ag-labrador-touts-states-medicaid-fraud-recovery-at-d-c-roundtable-with-vp-jd-vance/>

Wisconsin gubernatorial candidate, Attorney General respond to Medicaid fraud message

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- Wisconsin Health News reported U.S. Rep. Tom Tiffany, who is running for governor, promised to audit the state's Medicaid program if elected.
- During a WisPolitics.com [event](#) Tuesday, Tiffany cited [comments](#) from a U.S. attorney that Minnesota's Medicaid program could have more than \$9 billion in fraud. (Minnesota officials [dispute](#) that claim).
- "There's some of that that goes on in Wisconsin," Tiffany said. "I don't know how much, but we should have an audit."
- He said the rollout of BadgerCare Plus work requirements for childless adults, coupled with an audit, will help Medicaid "provide for those who are disabled and those who are truly in need."



<https://wisconsinhealthnews.com/2026/05/27/tiffany-plans-medicaid-audit-if-elected-governor/>

Wisconsin gubernatorial candidate, Attorney General respond to Medicaid fraud message

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- Tiffany disputed that HR 1 cuts Medicaid.
- “There's going to be no cuts in Medicaid here in Wisconsin,” Tiffany said.
- KFF noted last year that the CBO has shown that the law enacted last week would reduce federal Medicaid spending by an estimated \$911 billion over a decade.
- It estimated the decrease for the state in federal funding could be between \$5 billion and \$8 billion over the next 10 years.



<https://wisconsinhealthnews.com/2026/05/27/tiffany-plans-medicaid-audit-if-elected-governor/>

Wisconsin gubernatorial candidate, Attorney General respond to Medicaid fraud message

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- Wisconsin Attorney General Josh Kaul highlighted Wisconsin work to combat Medicaid fraud.
- Wisconsin cracked down on fraud in a Medicaid prenatal care coordination program meant to help at-risk women and women with young children, Kaul said. They worked with federal prosecutors to [secure prison sentences](#).
- “We’re proud of that work,” Kaul said during a press conference with other Democratic attorneys general. “It needs to be done collaboratively between states and the federal government.”
- Kaul and 23 other Democratic attorneys general sent a [letter](#) to Vance Tuesday, saying they only received an invite to his roundtable Friday. They also criticized staffing and program cuts at the federal health department, saying they made fighting fraud harder.



<https://wisconsinhealthnews.com/2026/05/27/tiffany-plans-medicaid-audit-if-elected-governor/>

Data for Progress: Medicaid Messaging

- The data in this presentation comes from Data for Progress' national web panel surveys.
- About 1,200 likely voters nationwide to complete an online survey.
- The data is weighted to be representative of likely voters in a 2026 midterm environment by age, gender, education, race, and urbanicity.
- The margin of error for all surveys featured in this presentation is ± 3 percentage points.
- <https://cmattb.github.io/dfp-medicaid-0526/>

Key Findings

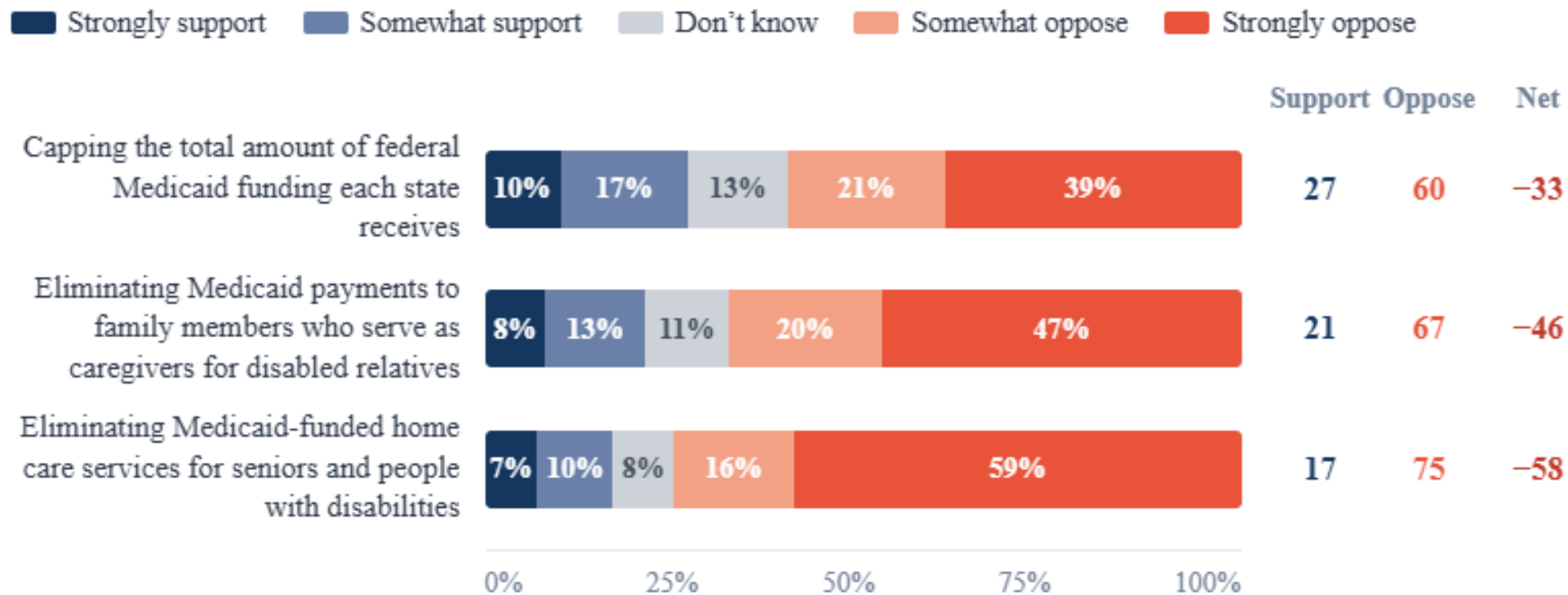
Voters get political news from both TV and social media. Younger voters in particular rely on platforms like YouTube and TikTok, and a notable share (17% of those 18–34) get news from AI chatbots.

Medicaid is broadly popular with the electorate. Voters prioritize Medicaid access over fraud-prevention concerns, even when the two are presented as competing priorities.

Voter understanding of Medicaid is uneven and depends heavily on terminology. Voters recognize “home care,” not “HCBS” jargon, and response to the same policy shifts substantially between a “work requirement” and a “job loss penalty.”

Public awareness of recent federal Medicaid changes is low. Many voters do not recognize that their state-branded program (e.g. BadgerCare, MaineCare) is Medicaid.

Policies that result in big Medicaid cuts are not popular.



Source: Data for Progress, April 3–6, 2026 survey of 1,213 U.S. likely voters. Topline among all likely voters; rows may not sum to 100% due to rounding.

Finding #3: Most Voters Are Unaware of Medicaid Cuts

Most voters do not know Medicaid cuts are happening

- Three months after HR 1, less than half of voters (49%) correctly identified that Trump decreased spending on healthcare programs like Medicaid.
- A majority of voters either said he didn't change spending levels (22%), he increased spending (11%), or they didn't know (18%)
- Public awareness of recent Medicaid changes is low.

In October 2025, three months after President Trump signed the One Big Beautiful Bill Act, fewer than half of voters (49%) correctly identified that he decreased spending on health care programs like Medicaid. A majority said he made no change (22%), increased spending (11%), or didn't know (18%).

Survey question: "To the best of your knowledge, in the past year, has President Donald Trump increased or decreased U.S. government spending on health care programs such as Medicaid, or has he made no change?" Percentages may not total 100% due to rounding.

Perception of Trump's health care spending, by group

Group	Decreased	No change	Increased	Don't know
All likely voters	49%	22%	11%	18%
Democrat	66%	15%	8%	11%
Independent / third party	54%	18%	8%	20%
Republican	28%	32%	16%	25%
Female	50%	20%	9%	21%
Male	47%	24%	13%	15%
18 to 34	40%	17%	19%	25%
35 to 59	46%	20%	13%	20%
60+	55%	25%	6%	14%
Cross-partisan voter	61%	21%	6%	12%

Voters don't know which programs are funded by Medicaid

- Many states have Medicaid funded programs that go by different names (BadgerCare, Family Care, IRIS, CLTS, Katy Beckett etc.)
- When asked is _____ program Medicaid, only 62% of voters in these states correctly identified the program as Medicaid.
- State branded programs hide the fact that the program is funded by Medicaid (and that cuts to Medicaid funding may impact the program).

Finding #4: Voters Often Do Not Recognize 'Rebranded' Medicaid

Many voters live in states whose Medicaid program goes by a different name, such as "MaineCare" in Maine or "BadgerCare" in Wisconsin. Only 62% of voters in these states correctly identify that the program is Medicaid.

Survey question: "To the best of your knowledge, what type of program is [state Medicaid name]?" Asked only of respondents who live in a state whose Medicaid program does not contain "Medicaid" in its name.

What type of program is your state's [renamed Medicaid]?

Response	Share
A Medicaid program	62%
An advocacy campaign to promote healthy lifestyles	5%
A private, employer-sponsored health insurance program	5%
A private statewide network of hospitals	4%
A food and nutrition assistance program	4%
None of these	4%
Don't know	16%

Source: Data for Progress, April 18–20, 2025 survey of 472 U.S. likely voters in states with a renamed Medicaid program.

Words matter: Home care not “HCBS”

Finding #1: “Home Care,” Not “HCBS”

Most voters (59%) are confident they know what “Medicaid home care services” are, but only 32% say the same about “Medicaid HCBS services.”

Survey question: “How confident or unconfident are you that you know what [Medicaid home care services / Medicaid HCBS services] are?” Net = confident minus not confident.

Confidence in knowing the term, home care vs. HCBS

Term	Confident	Not confident	Net
Medicaid home care services	59%	36%	+23
Medicaid HCBS services	32%	57%	-25

Source: Data for Progress, May 22–24, 2026 survey of 610 U.S. likely voters.

Words Matter: Job Loss Penalty not Work Requirements

SLIDE 22

Finding #2: “Work Requirements” Framing Matters

Voters support a Medicaid “work requirement” by +6 points on net, but oppose the same policy by –15 points when it is described as a “job loss penalty.”

Survey question: “Some lawmakers are considering changes to Medicaid that would require certain recipients to work, volunteer, or train for a job to keep their coverage.” Half of respondents were asked about a “work requirement” and half about a “job loss penalty.” Net = support minus oppose.

Support for the same policy under two framings

Framing	Support	Oppose	Net
Medicaid “work requirement”	50%	44%	+6
Medicaid “job loss penalty”	38%	53%	–15

Source: Data for Progress, April 18–21, 2025 survey of 595 U.S. likely voters.

Top ranked tested messages

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#1

OF 14

Your Parents, Your Grandparents

Medicaid is how America pays for nursing home care. It covers 5 out of every 8 nursing home residents. It lets about 5.1 million people get care at home instead of in a facility. Without Medicaid, the average family would face more than \$111,000 a year in long-term care bills. Almost no family can afford that.

+4.3

TOPLINE

#2

OF 14

Penny-Wise, Pound-Foolish

Medicaid pays about \$17,000 a year to help a senior or disabled person stay in their own home. A year in a nursing home costs more than \$111,000 on average. Calling home care wasteful does not save money. It forces families into the most expensive option and costs everyone billions more.

+4.1

TOPLINE

#3

OF 14

Parents, Not Bureaucrats

When a doctor prescribes therapy for a child, that decision belongs to the parents and the doctor. It does not belong to a bureaucrat in Washington D.C. calling the therapy fraud. Federal officials should not be in the business of overriding parents. Parents know what their own children need to grow up healthy.

+3.7

TOPLINE

#4

OF 14

Scalpel, Not Sledgehammer

There is a right way to fight fraud and a wrong way. The right way uses a scalpel: investigate suspicious billing, screen out bad providers, and prosecute criminals. The wrong

+2.2

TOPLINE

How Autism Clinics Squeeze Medicaid Dollars Out of Preschoolers

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- ABA therapy autistic children used to be rare in the U.S, but now, thousands of clinics have sprung up, and it is a multibillion-dollar industry.
- The growth has been fueled by rising autism diagnoses, state insurance mandates and a federal requirement that Medicaid cover the therapy.
- Private equity investors have rushed into the business, buying up chains and opening new clinics.
- There is little oversight and indications that some children are being harmed by profit-motivated practices.
- Workers say clinics frequently overprescribe hours — even recommending that some families remove children from school so they can receive more therapy.



<https://www.nytimes.com/2026/05/23/health/autism-therapy-clinics.html>

How Autism Clinics Squeeze Medicaid Dollars Out of Preschoolers

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- Some providers employ in-house psychologists to diagnose children, creating a pipeline of new patients.
- There are bonuses for salespeople are partly based on the number of hours the children they recruit attend.
- A common practice is for clinics to advise families not to send their children to school to increase profits at children's expense.
- Another practice is to tell families they will not enroll their children unless they agree to 25, 30 or sometimes 40 hours of therapy a week.
- “The motivation to have these kids there was financial.”



<https://www.nytimes.com/2026/05/23/health/autism-therapy-clinics.html>

5 Takeaways From A Times Investigation On Autism Therapy Clinics

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- 1. Autism therapy is straining state budgets.**
 - Autism therapy has become one of the largest and fastest-growing kinds of medical care for state Medicaid programs.
- 2. The evidence behind ABA therapy is mixed.**
 - A.B.A. research is mixed with some studies showing strong outcomes and others little change. Other countries have decided not to pay for ABA. Autistic people have described ABA therapy as traumatic and damaging.
- 3. Many children are spending all day in therapy.**
 - It is common for clinics to prescribe a standard 25 or even 40 hours of therapy a week to young children. Average length of appointments have gotten longer, too.



<https://www.nytimes.com/2026/05/23/health/autism-clinics-investigation.html>

5 Takeaways From A Times Investigation On Autism Therapy Clinics

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4. The clinics operate with little oversight.

- Clinics typically do not need state licensure to operate and are not routinely inspected. Experts worry this makes children more vulnerable to harm.

5. States are struggling to crack down.

- Many state governments are concerned about the rising cost of autism therapy. Federal rules require Medicaid to cover the treatment. It is hard for states to impose many limitations. Some states have begun instituting new policies.



<https://www.nytimes.com/2026/05/23/health/autism-clinics-investigation.html>

Administration sees fraud as reason for ACA plan drops. States, insurers blame higher premiums.

- At least 1.2 M people who had ACA plans last year don't now.
- The number of people who drop plans is expected to go up as the year goes on.
- Trump officials say better federal policing of fraud on [Healthcare.gov](https://www.healthcare.gov) accounts for much of the drop.
- CMS has not yet produced evidence that the 2026 dropoffs are due to fraud.
- State Affordable Care Act exchanges blame high premium costs, made worst when Congress let the ACA subsidies expire.
- “Based on the disenrolling population, the primary driver is affordability.”



<https://www.politico.com/news/2026/05/25/obamacare-affordability-premiums-fraud-midterms-looming-00930051>

HUD Moves to Limit Assistance Animals for Disabled Tenants

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- Service animals are defined in the ADA. Emotional support animals are not service animals.
- The ADA definition does not affect or limit the broader definition of “assistance animal” under the Fair Housing Act or “service animal” under the Air Carrier Access Act.
- Under a previous HUD rule, emotional support animals were allowed as “assistance animals.”
- Last week, the Trump administration narrowed the definition of “assistance animal” to mean qualified service animal.
- The policy change is effective immediately.



<https://www.nytimes.com/2026/05/22/us/politics/hud-assistance-animals-disabled.html>

HUD Moves to Limit Assistance Animals for Disabled Tenants

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- Many landlords enforce a no-pets policy, or may charge renters a deposit or monthly fee for pets.
- A HUD memo said “emotional support animals” were being used as loophole to circumvent a landlord’s pet policies.
- The memo concluded that “while requests to waive pet policies for animals trained to perform specific disability related services are presumptively reasonable, requests to waive pet policies for untrained” emotional support animals “are not.”
- The rule change means people in housing who have emotional support animals are no longer compliant with the new rule and could be evicted.



<https://www.nytimes.com/2026/05/22/us/politics/hud-assistance-animals-disabled.html>

Federal judge does not block executive order to create federal voter list and limit mail voting

- A federal judge did not block Trump's executive order creating a federal voter list and limiting mail voting.
- Advocates argued Trump's order would likely be found unconstitutional because the states and Congress, not the president, have the power to set election rules.
- The judge said it was too early to block the order because it has yet to be implemented.



https://apnews.com/article/trump-elections-mail-voting-executive-order-9474fae41161dc5954295ae1370bcb88?utm_source=copy&utm_medium=share

<https://www.npr.org/2026/05/28/nx-s1-5797889/trump-mail-in-voting-order>

<https://www.newsfromthestates.com/article/trump-order-limiting-voting-mail-will-stand-now-federal-judge-rules>

Federal judge does not block executive order to create federal voter list and limit mail voting

- The judge said the Postal Service has not issued a rule and the Government has not yet developed State Citizenship List that has mistakes.
- The judge did not want to issue an injunction to prevent potential harm that has not happened yet.
- A separate lawsuit in Boston is seeking to temporarily block the executive order in federal court.



https://apnews.com/article/trump-elections-mail-voting-executive-order-9474fae41161dc5954295ae1370bcb88?utm_source=copy&utm_medium=share

<https://www.npr.org/2026/05/28/nx-s1-5797889/trump-mail-in-voting-order>

<https://www.newsfromthestates.com/article/trump-order-limiting-voting-mail-will-stand-now-federal-judge-rules>

Supreme Court Punts On Deciding How Intellectual Disability Is Defined

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- The high court dismissed a case known as Hamm v. Smith without a reason.
- The case focused on how to determine whether a prisoner had I/DD to see whether they could be subject to the death penalty.
- The question before the court was how multiple IQ scores should be factored when evaluating whether a person qualifies for a diagnosis of intellectual disability.
- Justice Sonia Sotomayor said that there was not sufficient evidence presented in the litigation to address how to assess multiple IQ scores.



<https://www.disabilityscoop.com/2026/05/22/supreme-court-punts-on-deciding-how-intellectual-disability-is-defined/32017/>

Supreme Court Punts On Deciding How Intellectual Disability Is Defined

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- Several disability advocacy groups warned that a decision in the case could have wide-ranging implications and they urged the high court to retain an established clinical framework — factoring whether a person has significant limitations in intellectual functioning and adaptive functioning that arose before adulthood — to assess claims of intellectual disability.
- “... a decision narrowing how intellectual disability is determined could have had ramifications beyond death penalty cases if it were used to argue for a restrictive view of intellectual disability in other contexts, such as for purposes of qualifying for services.”
- Justices Alito Jr., Roberts, Thomas, and Gorsuch dissented.
- Thomas issued his own dissent in which he said that the Atkins decision protecting people with intellectual disability from execution should be overturned.



<https://www.disabilityscoop.com/2026/05/22/supreme-court-punts-on-deciding-how-intellectual-disability-is-defined/32017/>

Continued coverage of impact of Reconciliation bill

Lots of
articles to
share.

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Governors concerned about long-term costs and federal policy changes

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- Governors' 2026 State of the State addresses reflect concerns about fiscal sustainability, mounting costs, and federal policy uncertainty.
- Governors also warned that fiscal hardship may be on the horizon.
- Several noted risks from economic uncertainty and rising costs.
- Governors from both parties mentioned rising costs in core areas—including education, healthcare, housing, agriculture, energy, and labor—as well as the fiscal pressures of an aging workforce and population growth or decline in their states.



<https://www.pew.org/en/research-and-analysis/articles/2026/05/19/caution-and-constraint-characterize-2026-state-of-the-state-addresses>

Governors concerned about long-term costs and federal policy changes

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- Governors also noted that shifts in federal healthcare policy are adding strain to existing Medicaid budget pressures.
- Governor Gretchen Whitmer (D) spelled out the potential ripple effects of these changes: “Even if you don’t get your healthcare through Medicaid or the ACA, we will all be impacted by these big cuts. The domino effects of higher premiums, hospital closures, reduced services, and workforce reductions will impact us all, even if you have good insurance.”
- Other Governors framed the changes in HR 1 as necessary to rein in Medicaid costs and to “protect the program for those who really need it, not those who should be working.”



<https://www.pew.org/en/research-and-analysis/articles/2026/05/19/caution-and-constraint-characterize-2026-state-of-the-state-addresses>

Governors concerned about long-term costs and federal policy changes

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- Governors described an uncertain environment defined by tighter budgets and difficult tradeoffs and the need to bolster the fiscal security of their states' budgets and their constituent's personal finances, reflecting a shift from recent years when they touted flush fiscal conditions.
- Even as many states remain on solid fiscal footing, governors warned that those conditions may not last.
- With federal pandemic aid largely expired, revenue growth stagnating, and spending demands rising, governors of both parties emphasized the need to balance competing priorities while preparing for the long term.



<https://www.pew.org/en/research-and-analysis/articles/2026/05/19/caution-and-constraint-characterize-2026-state-of-the-state-addresses>

State funded healthcare coverage for immigrants at risk because of federal Medicaid cuts

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- Under federal law, immigrants who are in the country illegally are not eligible for federally funded health coverage.
- 40 states provide coverage to lawfully present children and/or pregnant women who are not citizens.
- States can choose how to spend the income they collect from state taxpayers, if it doesn't violate federal law.
- Some states have chosen to spend state money on healthcare for non-citizens, as a public health measure and to make sure health care providers are paid for care they have delivered.
 - Six states — California, Colorado, Illinois, New York, Oregon and Washington — and the District of Columbia passed laws and budgets that spend state dollars to cover some income-eligible noncitizen adults regardless of their immigration status.
 - 14 states and the DC provide state-funded coverage to noncitizen children whether they are here legally or not.
 - 3 states — Colorado, New Jersey and Vermont — cover pregnant women regardless of their immigration status.



STATELINE.ORG

States that cover healthcare for immigrants scale back • Stateline

<https://stateline.org/2026/05/22/states-providing-healthcare-to-immigrants-face-financial-pressure/>

State funded healthcare coverage for immigrants at risk because of federal Medicaid cuts

- HR 1 has new eligibility restrictions on lawfully present immigrants, including refugees and asylees, enrolled in Medicaid, CHIP, Medicare and ACA plans.
- With less federal money to provide health benefits, at least five states (California, Colorado, Illinois, Minnesota and Washington) plus the District of Columbia have already scaled back or announced plans to scale back state-funded health benefits for immigrants.
- State cuts, combined with the federal changes, “will likely increase uninsured rates and reduce access to care among immigrants and their children, most of whom are U.S. citizens.



<https://stateline.org/2026/05/22/states-providing-healthcare-to-immigrants-face-financial-pressures/>

Montana Hurries To Adopt Trump's Medicaid Work Rules Amid Budget Woes

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- On July 1, Montana will implement Medicaid work requirements six months ahead of the Jan. 1 federal deadline.
- Clinicians and patient advocates expect the work requirements to kick more patients off Medicaid, meaning fewer can afford care, at the same time the health department's budget problems make it harder for doctors to serve those who keep the coverage.
- People who can't prove they meet or are exempt from the new requirements will start being dropped from Medicaid beginning in October
- Already, state backlogs mean Montanans struggle to access Medicaid.
- "Our concern is, is the department ready?" said Jean Branscum, CEO of the Montana Medical Association. "Does the capacity exist for all this to be done right and ensure that patients don't pay the price?"



<https://kffhealthnews.org/insurance/medicaid-work-requirements-trump-montana-budget-shortfalls>

Montana Hurries To Adopt Trump's Medicaid Work Rules Amid Budget Woes

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- On top of federal changes, Montana lawmakers underfunded the health department in its two-year budget and overestimated how much the federal government would contribute to Medicaid.
- Now they have \$183 million shortfall in state and federal funds, requiring the health department to borrow from next year's budget.
- To partially offset those costs, the department wants to withhold a 3% Medicaid provider rate increase approved by the legislature and governor last year.
- Cuts would especially hit community-based services such as mental health treatment and developmental disability services.
- More states are likely to face a budget crunch soon. "States are the ones that are gonna have to do the dirty work of implementing cuts," Alker said.



<https://kffhealthnews.org/insurance/medicaid-work-requirements-trump-montana-budget-shortfalls>

Most West Virginia Medicaid recipients don't know work requirements are coming, survey says

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- An April survey found about 55% of West Virginia recipients surveyed were not aware of the new Medicaid work requirements.
- Nationally, the same percent of Medicaid recipients did not know about the work requirements.
- Another 27% of respondents said they had heard something about the work requirements, but were unsure of the details.



<https://westvirginiawatch.com/2026/05/27/most-of-wv-medicaid-recipients-arent-aware-that-work-requirements-are-coming-survey-finds>

Most West Virginia Medicaid recipients don't know work requirements are coming, survey says

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- Work requirements will be a condition of eligibility for more than 161,000 Medicaid recipients in West Virginia
- State officials have said they expect the state's Medicaid enrollment to decline when the requirements are in place, but they have not said by how much.
- A study earlier this year found that in West Virginia, between 40,000 and 75,000 people will lose their healthcare because of the work requirements and more frequent eligibility checks.



<https://westvirginiawatch.com/2026/05/27/most-of-wv-medicaid-recipients-arent-aware-that-work-requirements-are-coming-survey-finds>

Maryland: Budget cuts, looming deadlines put family caregivers in a 'complete tailspin'

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- Advocates for people with developmental disabilities warn that upcoming rule changes and wage cuts this summer will be detrimental - particularly for those who self-direct their Medicaid services and have family members help with care.
- That budget included broad Medicaid rate reductions and wage cuts across the board.
- Advocates worry new restrictions on how family members can provide care for their loved ones with developmental disabilities will be challenging, especially since there are already few workers to hire.
- Many of the changes will happen by July 1. Advocates worry that's not enough time to comply and people will lose services.



<https://www.newsfromthestates.com/article/budget-cuts-looming-deadlines-put-family-caregivers-complete-tailspin>

Maryland: Budget cuts, looming deadlines put family caregivers in a 'complete tailspin'

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- Maryland cut \$126 million in state funding to the agency that oversees the Medicaid waiver that helps provide services to people with significant medical or behavioral needs due to their disabilities.
- Once federal matching dollars are factored in, the cuts total more than \$250 million.
- Last year, the state cut \$164 million from the agency.
- 3,900 people in Maryland self-direct their Medicaid services. Now people can hire their own staff, including family members.



<https://www.newsfromthestates.com/article/budget-cuts-looming-deadlines-put-family-caregivers-complete-tailspin>

Maryland: Budget cuts, looming deadlines put family caregivers in a 'complete tailspin'

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- The new budget caps pay for personal supports; wages for relatives are capped at \$6 per hour less than non-relative workers. It also caps the number of hours families can be paid.
- Advocates worry that the wage cuts for nonrelatives will lead to people leaving the field entirely, at a time when support services already face a workforce shortage.
- That would mean that more family members would have to step in for less pay - except the new budget also restricts the hours family members can get paid for their services.
- CMS will have to approve these and other changes through a waiver amendment that will implement the budget cuts.



<https://www.newsfromthestates.com/article/budget-cuts-looming-deadlines-put-family-caregivers-complete-tailspin>

Resources

People with
disabilities
and families
can use

Disability Questions you can ask any candidate

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)?

Tool to help people understand what small changes in Medicaid could mean for them

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

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?|