Special Needs Alliance:

Public Policy News You Can Use

September 30, 2025

Denver Public Transportation Board Considering Cutting Services for People with Disabilities

Today, the Regional Transportation District (RTD), Denver's public transit service, Board of Directors will vote on reducing funding and raising fees on Access-on-Demand, a service for people with disabilities. For just over 1% ($17 million) of RTD's annual budget, Access-on-Demand was launched in 2020 and provides eligible individuals with disabilities a subsidized curb-to-curb service using taxi and ride share providers. The Board's cost-cutting proposal is projected to reduce the program's budget by 37%, saving $5.6 million per year and includes increasing the cost of a fare from $0 to $6.50, lowering the maximum subsidy per ride from $25 to $20, and ending 24/7 service. RTD Chief Executive Officer Debra Johnson claims that subsidizing the entire cost of the fare has created significant, unsustainable demand. Agency records show that Access-on-Demand ridership surged from 6,250 a month in January 2021 to 73,000 a month in July 2025.

On the other hand, Disability advocates say that the service has changed their lives, allowing people with disabilities to have reliable means of transportation to find and keep jobs, shop for groceries, and attend medical appointments. 24 Colorado state lawmakers recently penned a sign on letter, urging the RTD Board to reject the proposal to ensure people with disabilities continue to have affordable, accessible transportation options. Just last year, almost 80% of Coloradans voted in favor of a ballot initiative that would allow RTD to keep surplus sales tax revenue to repair vehicles, fund security and safety measures, and subsidize services for youth and disabled individuals. Rather than adopting the cost-cutting proposal, the disability rights community urged the RTD Board of Directors to conduct a comprehensive impact study on the accessibility of all of RTD's service offerings.

Trump Administration Extends Georgia Medicaid Work Requirement Program

The Trump administration has extended Georgia's Medicaid work requirement waiver, known as Georgia Pathways to Coverage, through December 31, 2026. The extension allows the state to continue its partial Medicaid expansion with relaxed reporting rules until new federal work requirements take effect in 2027. Despite the extension and tweaks aimed at reducing administrative burdens – such as annual instead of monthly reporting and broader exemptions – the program has struggled with enrollment, reaching only about 9,000 participants out of nearly 250,000 eligible Georgians.

A new Government Accountability Office (GAO) report underscores that most of the program's roughly $86.9 million in spending has gone toward administrative costs rather than health care, with federal taxpayers funding nearly 90% of those expenses. The GAO criticized the Centers for Medicare and Medicaid Services (CMS) for inadequate oversight of these costs, while Georgia officials blamed delays from legal battles with the Biden administration for driving up expenses. Georgia's Democratic Senators and other Democratic leaders say the program wastes public funds and limits access to care, even as congressional Republicans tout it as a model for the forthcoming national Medicaid work requirement law.

Government Shutdown Looms as Lawmakers Struggle to Find a Path Forward

Negotiations on a funding package to keep the government operating beyond the September 30th expiration continue, with little progress made on either side of the aisle. Senate Majority Leader John Thune (R-SD) added further fuel to the fire by scheduling a Senate vote on Tuesday on the House-passed funding package, just hours before the midnight shutdown deadline. That same package set to be brought to the Senate floor failed in a vote earlier this month due to substantial Democratic opposition. Senate Minority Leader Schumer (D-NY) is reportedly seeking a potential off-ramp, taking the form of a 7–10-day funding extension that would temporarily reopen the government in event of a shutdown and allow for continued negotiations. This extension is seemingly contingent upon Republican leadership committing to engage in negotiations on an extension of the Affordable Care Act's (ACA) advanced premium tax credits (APTCs), which are set to expire at the end of 2025.

As of this morning, a government shutdown seems likely as congressional leaders cited ongoing significant differences after departing a meeting with the President at the White House yesterday.

Trump Administration Announces Cause of Autism, Met with Criticism Across Industry

On September 22nd, President Trump, Department of Health and Human Services (HHS) Secretary Robert F. Kennedy Jr., Centers for Medicare and Medicaid Services (CMS) Administrator Dr. Mehmet Oz, and National Institutes of Health (NIH) Director Dr. Jay Bhattacharya announced their intent to "confront the nation's autism spectrum disorder (ASD) epidemic". The effort includes four branches of action:

- change the label on acetaminophen to warn pregnant people of the potential neurological harms to their fetus,
- authorize new treatment for children with ASD,
- expand coverage of the new treatment to Medicaid beneficiaries, and
- launch a new initiative to improve ASD data science.

The efforts reinforce the administration's commitment to addressing the root causes of disease, especially neurological disorders in childhood, and align with HHS's Make Our Children Healthy Again Commission.

In line with the President's announcement, the Food and Drug Administration (FDA) initiated the process to change the label on acetaminophen to reflect evidence suggesting pregnant people using the medication are placing their fetus at increased risk of developing ASD, attention-deficit hyperactivity disorder (ADHD), and other neurological conditions. While discouraging pregnant people's use of acetaminophen, FDA Commissioner Marty Makary emphasized the importance of individual decision-making when considering taking the medication. In response to the administration's claims, notable healthcare provider organizations including the American College of Obstetricians and Gynecologists (ACOG) called the administration's claims "concerning", "irresponsible", and "dangerous". ACOG referred individuals to a 2024 study dispelling the claims that acetaminophen causes neurological disorders, arguing no reputable study aligns with the Trump administration's actions.

Simultaneously, the Administration claimed the use of leucovorin can treat children with ASD to improve language, social, and adaptive skills. The FDA published a Federal Register notice outlining the planned label update for leucovorin. According to the Drug Bank and Mayo Clinic, leucovorin is a medication similar to folic acid and is typically used to improve side effects for individuals undergoing cancer treatment. Four small clinical trials linked ASD to folic acid deficiencies, which can subsequently be improved through the use of leucovorin; however, the Autism Science Foundation and Autism Speaks clarified that there is not enough evidence to claim that individuals with folic acid deficiencies will develop ASD nor that leucovorin can prevent ASD or alleviate symptoms.

Finally, the NIH announced the recipients of the Autism Data Science Initiative (ADSI). The ADSI will fund over $50 million for 13 projects across 10 states. The research projects will focus on the cause, prevalence, and treatment of ASD with a particular focus on environmental and genetic factors. Further, two of the selected projects will focus on replicating existing findings on the causes of ASD.

US Hikes H-1B Visa Fees And Moves to Weighted Selection

On Friday September 19th, President Trump issued a proclamation requiring all new H-1B visas that are furnished from September 21st, 2025 through September 21st, 2026 to be accompanied or supplemented by a payment of $100,000. H-1B visas are a type of temporary visa that allows employers to petition for "highly educated" foreign professionals to legally work in "specialty occupations" in the United States for 3-6 years, including medical residents and physicians referred to as international medical graduates. In 2023, 8,200 H-1B visas were approved to international medical graduates working in general medicine and surgical hospitals.

In the proclamation, President Trump claims the program has been abused to artificially suppress wages, prevent American college graduates from finding employment, and fire American employees. He stated that H-1B visas ultimately undermine the nation's economic and national security, especially at information technology (IT) firms. The increased application costs are intended to disincentivize abusive practices and encourage domestic companies to hire American workers. However, experts warn that domestic shortages in medical practitioners are likely to be exacerbated by the policy. International medical graduates comprise over 30% of medical residents, filling 10,000 residency slots across the country including rural locations facing a shortage of clinicians. Additionally, impacts on graduate-level medical programs may significantly hinder the industry's ability to train enough practitioners to overcome health care professional shortages. While the administration has signaled they may permit exemptions for specific professions to promote national security, it is unclear if health care practitioners will be included in the exemptions.

In accordance with the proclamation, the Department of Homeland Security (DHS) issued a notice of proposed rulemaking to increase the application fees. DHS also proposed to switch the H-1B visa selection process away from the current, randomized lottery. The proposed weighted selection process would create four categories of jobs based on wage, favoring the highest skilled workers for H-1B visas. If health care professionals are not exempted from the policy, it is unclear how professionals at different stages of their career will be categorized.

What's on Tap

Congressional leadership met yesterday with President Trump in what may be the final opportunity to find some path forward on government funding. The last time a meeting like this occurred was in 2018 during President Trump's first term, which resulted in no meaningful progress and the longest government shutdown in US history. Democratic leadership further dug in their heels over the weekend, with both House Minority Leader Jeffries (D-NY) and Senate Minority Leader Schumer (D-NY) saying they expect concessions in return for Democratic support of the Republican stopgap funding package. Democrats have maintained their stance that the Affordable Care Act's (ACA) advanced premium tax credits (APTCs) must be extended in exchange for the necessary votes from Democrats to advance the bill out of the Senate. Republicans hold a 53-seat majority in the upper chamber, requiring the support of at least 7 Democrats to achieve the 60-vote threshold needed to bypass the Senate filibuster.

Republican leadership on Capitol Hill has similarly maintained their position over the past several weeks, continuing to advocate for a 'clean' funding extension that would keep the government funded through November 21st. The House-passed version of the funding package provided a continuation of Biden-era funding levels, extended telehealth flexibilities, and extended the hospital at home program. Speaker Johnson (R-LA) has held firm in his position that the expiring APTCs need to be dealt with outside of government funding talks, providing Democrats with no clear off-ramp. The Trump Administration added more pressure on Democrats last week after it indicated that more mass firings across federal agencies could occur if the government were to shut down.

President Trump announced a new wave of tariffs on the pharmaceutical industry late last week, which includes a 100% tax on patented drug imports beginning on October 1st unless the manufacturer has begun building a factory in the United States. Some industry stakeholders have tempered concerns noting that although the new tariffs seem steep, the industry impact can be offset through exemptions for generic drugs and the fact that the largest manufacturers are already building factories in the US. Moreover, a deal struck between the European Union (EU) and the U.S. earlier this year would protect EU pharmaceutical drugs from tariffs higher than 15 percent. The United Kingdom, which exported more than $6 billion dollars worth of pharmaceuticals to the US last year, has similar provisions in the trade deal struck between the two countries in June.

Upcoming Events

Senate

- In Session September 29-October 1

House

- Out of Session

This week, Congressional bandwidth is expected to be largely taken up by government funding negotiations.