

**Statewide Caregiver Support Meeting**  
**Advocacy Update**  
**January 27, 2026**

- **Caregiver Designation Legislation ([AB 798/SB 795](#))**

In late December, the Caregiver Designation legislation (AB 798/SB 795) was formally introduced. In the 2023-2025 legislative session, Wisconsin created a process that offers people the option to have emergency contact information included in their electronic record when applying for or renewing their driver's license, learner's permit, or state identification ([Wisconsin Department of Transportation Emergency contact](#)). The Caregiver Designation legislation builds upon the emergency contact information process by also providing for an option for people to designate themselves as the primary caregiver for up to three people in their electronic record.

On Tues., Jan. 20, 2026, the Senate Committee on Transportation and Local Government held a hearing on SB 795. GWAAR provided [testimony in support of the bill](#). This common-sense legislation linking care-recipient contact information to a driver's license or state ID, helps to prevent crisis situations where a person with complex needs might go for hours or even days without care. We hope the Assembly Transportation Committee will also hold a hearing soon, so this important constituent-informed legislation can move quickly through the process and is signed into law this session!

- **Memory Care Designation Legislation Seeks Co-Sponsors**

Sharing the Alzheimer's Association – Wisconsin Chapter's **"Improve Memory Care in Wisconsin" Action Alert** -

Legislation to strengthen training standards in Wisconsin's memory care facilities has just been released, and we need your help.

A new bill introduced by Senator Romaine Quinn and Representative Dave Armstrong will require staff in a facility advertising "memory care" to receive training so they understand how best to support people living with dementia. This is a critical step toward improving quality, safety, and transparency for families across Wisconsin.

**Legislators have until January 28 to sign on as original cosponsors**, and early, bipartisan support is essential to moving this bill forward.

Please take **one minute today** to contact your State Senator and State Representative and urge them to cosponsor this legislation: <http://alz-wi.quorum.us/campaign/CosponsorMemoryCare>

After you've taken action, we encourage you to **share the alert with your friends, family, and networks** to help build momentum.

- [AB 598](#) / [SB 578](#) – Patient Representative (Next-of-Kin) Legislation

Last week, the Assembly's Health, Aging and Long-Term Care Committee recommended passage of AB 598, as well as two amendments made to the bill. This legislation allows for the creation and hospital appointment of Patient Representatives who will have the authority to consent to admissions to nursing homes and assisted living facilities without requiring a petition for guardianship or protective placement. **The two amendments to the legislation do not address our concerns and aging, disability, and legal advocates remain opposed.** The Senate Health Committee has not yet voted on the two amendments to SB 578, but the initial bill was recommended for passage back in November 2025. **AB 598 and SB 578 are now teed up for a vote by the full Assembly and Senate as soon as February!**

**TAKE ACTION:** If you have not already done so, **please reach out to your Senator and Assembly Representative using [WAAN's Action Alert](#) to share your concerns.** For those not able to directly ask their state legislators to oppose the legislation, please share your concerns regarding the bill's disregard for patients' rights and your stories about what happens when decision makers don't honor the individual's/patient's choices and instead make self-serving decisions. **Please feel free to personalize the action alert email** and/or use any of our talking points below:

**SB 578/AB 598 Does Not:**

- Require any screening or background checks to prevent individuals with financial motives or history of abuse from being appointed as a patient representative.
- Establish a process for contesting the appointment of a patient representative whose decisions or priorities conflict with those of the individual.
- Set limits on how long a patient representative can make decisions on behalf of the individual.
- Require that the finding of incapacity – or the appointment of a patient representative – be communicated to the individual. As a result, a person may lose their right to make their own decisions without knowing who is acting for them and why.
- Provide a mechanism for the individual to object to decisions made by the patient representative (other than the decision to admit)
- Ensure oversight of health care decisions. Instead, the bill grants the patient representative decision-making authority that is equivalent to that of a guardian of person, but without any court oversight. Patient representatives could override the individual's wishes and authorize involuntary care (with some exceptions).
- Specify when or whether an incapacitated individual must be re-evaluated for capacity, who can/must perform the evaluation, or who is responsible for ensuring it occurs.
- Provide any requirements or timelines for a court to hear a petition reviewing the patient representative's conduct.
- Authorize a court to remove the patient representative.

- Provide a process for a patient representative to resign or address what happens if the patient representative becomes incapacitated or dies.
- Define what is included in “health care expenditures.”
- Clarify whether a patient representative can liquidate assets (including real estate) on limits of the PR’s ability to liquidate assets (including real estate) to privately pay for placement and/or to spenddown to be eligible for Medicaid.
- Clearly authorize a patient representative to access bank accounts, retirement accounts, life insurance policies, and other financial information used to verify Medicaid eligibility.
- Speak to what happens when a patient is transferred to a different facility or between facilities.
- Address decision-making for incapacitated individuals while they are in the hospital.

**Please share this action alert (<https://bit.ly/4qXAtaA>) broadly and ask others to contact their state legislators too!**

- **Elder Services Task Force Report Released**

On Friday, Jan. 23, 2026, the Speaker’s Task Force on Elder Services released their report - <https://legis.wisconsin.gov/assembly/85/snyder/media/vgratypa/elder-service-final-task-force-report.pdf>

The report includes six pieces of draft legislation which will be released for co-sponsorship soon. Please watch for a new action alert to encourage state legislators to sign on as co-sponsors for some/all of the bills.

- **Federal Fiscal Year (FY) 2026 Budget**

Last week, Congression leaders released a bipartisan, minibus appropriations package to fund the departments of Defense, Transportation, Housing and Urban Development, Health and Human Services, Labor, Education and other related agencies. Fortunately, this latest funding package was released ahead of the Jan. 30<sup>th</sup> deadline (when the current continuing resolution expires) and is expected to pass in time to avoid another government shutdown.

The funding package sets FY 2026 funding levels for the Older Americans Act (OAA) and other aging services programs and includes modest increases for OAA Title III B Supportive Services and Title VI Native American Aging Programs. Title III E National Family Caregiver Support Program (NFCSP) also received an increase which was directed by Congress for demonstration grants related to the National Family Caregiver Strategy and won’t be a part of III E formula grants to states. All other OAA programs at HHS, including the rest of Title III were protected from cuts. Additionally, the **Lifespan Respite Care Program received a \$1 million increase over FY 2025.**

Other programs important to older people were also protected, including the Community Services Block Grant (CSBG), the Low-Income Home Energy Assistance Program (LIHEAP) and the AmeriCorps senior volunteer programs. The Department of Labor’s OAA program, Title V Senior Community Service Program (SCSEP), received a \$10-million cut. This cut, though

disappointing, is a significant improvement over the full program elimination proposed earlier by the President and the House.

On Thursday, Jan. 22, 2026, by a vote of 341-88, the House passed the three-bill minibuss appropriations package. The Senate is expected to take up the bills next week and get them to the President's desk to be signed into law ahead of the Jan. 30 deadline.

See USAging's updated [appropriations chart](#) for additional details.