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Social Services Amendments
2026 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Logan J. Monson
Senate Sponsor: Keven J. Stratton

LONG TITLE

General Description:

This bill enacts provisions related to social services programs.

Highlighted Provisions:

This bill:

- ▶ amends provisions related to the Medicaid program, including:
 - work requirements for certain Medicaid enrollees;
 - verification standards for the Department of Health and Human Services (DHHS);
 - citizenship requirements;
 - procedures for disenrolling individuals no longer eligible for Medicaid due to death or state residency requirements; and
 - limiting retroactive eligibility;
- ▶ amends provisions related to the Supplemental Nutrition Assistance Program, including provisions related to:
 - work requirements; and
 - citizenship; and
- ▶ creates reporting requirements.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

Utah Code Sections Affected:

ENACTS:

- 26B-3-142.1 (Effective 01/01/27)**, Utah Code Annotated 1953
- 26B-3-142.2 (Effective 01/01/27)**, Utah Code Annotated 1953
- 26B-3-142.3 (Effective 05/06/26)**, Utah Code Annotated 1953

29 **26B-3-142.4** (Effective 01/01/27), Utah Code Annotated 1953
 30 **26B-3-142.5** (Effective 05/06/26), Utah Code Annotated 1953
 31 **26B-3-142.6** (Effective 01/01/27), Utah Code Annotated 1953
 32 **35A-17-202** (Effective 05/06/26), Utah Code Annotated 1953
 33 **35A-17-301** (Effective 05/06/26), Utah Code Annotated 1953
 34 **35A-17-302** (Effective 05/06/26), Utah Code Annotated 1953

36 *Be it enacted by the Legislature of the state of Utah:*

37 Section 1. Section **26B-3-142.1** is enacted to read:

38 **26B-3-142.1** (Effective 01/01/27). **Medicaid work requirements.**

39 (1) As used in this section:

40 (a) "Applicable individual" means an individual who:

41 (i) is eligible to enroll in Medicaid under 42 U.S.C. Sec. 1396a(a)(10)(A)(i)(VIII); or

42 (ii)(A) is eligible to enroll under a waiver that provides coverage that is equivalent

43 to minimum essential coverage as described in 26 U.S.C. Sec. 5000A;

44 (B) is at least 19 years old and younger than 65 years old;

45 (C) is not pregnant;

46 (D) is not entitled to, enrolled for, or eligible to enroll for, benefits under Part A of

47 Title XVIII of the Social Security Act; and

48 (E) is not entitled to, enrolled for, or eligible to enroll for, benefits under Part B of

49 Title XVIII of the Social Security Act.

50 (b) "Health care professional" means an individual practicing within the scope of the

51 individual's professional license.

52 (c) "Work requirements" means the requirements established by 42 U.S.C. Sec.

53 1396a(xx).

54 (2) The department shall implement work requirements for applicable individuals.

55 (3)(a) The department may not enroll an applicable individual in Medicaid unless, at the

56 time of application, the individual demonstrates compliance with the work

57 requirements for one month immediately preceding the month during which the

58 individual applies.

59 (b) The department:

60 (i) shall use documentary evidence, including claims data; and

61 (ii) may not rely exclusively on self-attestation as evidence.

62 (c) The department shall verify an applicable individual's compliance with work

63 requirements through state wage data, Department of Workforce Services records,
64 education or training program enrollment, or verified volunteer service
65 documentation.

66 (d) The department shall verify that an applicable individual complied with work
67 requirements for one month during the applicable individual's current eligibility
68 period before completing the applicable individual's next redetermination of
69 eligibility.

70 (4)(a) An applicable individual seeking an exemption from work requirements shall
71 provide documentation for the exemption sought unless the department is able to
72 make the determination through other reliable sources of information.

73 (b) The department:

74 (i) shall verify all exemptions;

75 (ii) may not accept exemption designations, approvals, or determinations by a
76 managed care organization; and

77 (iii) may accept data provided by a managed care organization to verify or make a
78 determination regarding an exemption.

79 (c) If the individual is attempting to obtain an exemption from the work requirements
80 because the individual is medically frail or otherwise an individual with special
81 needs, and electronic data is determined insufficient, the department may:

82 (i) provisionally approve the exemption based on a diagnosis identified by the
83 individual; and

84 (ii) shall verify the exemption using electronic data or through a statement from a
85 health care professional indicating the individual as:

86 (A) being blind or disabled as defined in 42 U.S.C. Sec. 1382c(2) or (3);

87 (B) having a disabling mental disorder;

88 (C) having a physical, intellectual, or developmental disability that significantly
89 impairs the individual's ability to perform one or more activities of daily living,
90 which may include eating, dressing, bathing, grooming, getting in and out of
91 bed and chairs, walking, going outdoors, or using the toilet;

92 (D) having a substance use disorder;

93 (E) having a serious or complex medical condition; or

94 (F) experiencing homelessness.

95 (5) Once work requirements are implemented, beginning August 31, 2027, and no later than
96 August 31 of each subsequent year, the department shall submit annual reports to the

97 Health and Human Services Interim Committee and the governor on compliance rates,
 98 the number and type of exemptions granted, and the impact on Medicaid enrollment.

99 Section 2. Section **26B-3-142.2** is enacted to read:

100 **26B-3-142.2 (Effective 01/01/27). Verification of eligibility.**

101 (1) Except as required under federal law, the department may not accept self-attestation of
 102 any of the following in the administration of the Medicaid program without verification
 103 before enrollment:

104 (a) income;

105 (b) residency;

106 (c) identity; and

107 (d) citizenship or immigration status.

108 (2) Upon receiving information concerning an enrollee that indicates a change in
 109 circumstances that may affect Medicaid eligibility, the department shall promptly
 110 conduct an eligibility determination for the enrollee unless the enrollee has continuous
 111 eligibility in accordance with state and federal law.

112 (3) Except as provided in federal law, the department shall conduct an eligibility
 113 redetermination for an enrollee:

114 (a) eligible under 42 U.S.C. Sec. 1396a(a)(10)(A)(i)(VIII) once every six months; and

115 (b) not described in Subsection (3)(a) once every 12 months.

116 Section 3. Section **26B-3-142.3** is enacted to read:

117 **26B-3-142.3 (Effective 05/06/26). Citizenship requirements.**

118 (1) As used in this section, "qualified citizen" means a resident of the United States and
 119 meets at least one of the following criteria:

120 (a) a citizen or national of the United States;

121 (b) an alien lawfully admitted for permanent residence as an immigrant, as defined in 8
 122 U.S.C. Secs. 1101(a)(15) and 1101(a)(20), excluding alien visitors, tourists,
 123 diplomats, students, or other individuals admitted temporarily without intent to
 124 abandon their residence in a foreign country;

125 (c) an alien who has been granted the status of Cuban or Haitian entrant, as defined in S
 126 ection 501(e) of the Refugee Education Assistance Act of 1980;

127 (d) an individual lawfully residing in the United States in accordance with a Compact of
 128 Free Association, as referenced in 8 U.S.C. Sec. 1612(b)(2)(G); or

129 (e) a lawfully present child described in 42 U.S.C. Sec. 1396b(v)(4).

130 (2) Beginning on October 1, 2026, the department:

- 131 (a) unless required by federal law, may not provide medical assistance to any individual
132 unless that individual is a qualified citizen;
- 133 (b) shall require that all income of ineligible household members of the applicant be
134 included when calculating financial eligibility for Medicaid to the extent allowed
135 under federal law;
- 136 (c) shall include an immigration status on all presumptive eligibility applications
137 submitted to the agency;
- 138 (d) shall require hospitals, clinics, and other qualified entities conducting presumptive
139 eligibility determinations to collect and transmit any attestation to the agency;
- 140 (e) may not allow a presumptive eligibility application to be approved unless the
141 applicant attests that the applicant is a qualified citizen; and
- 142 (f) shall conduct regular cross-checks of applicant and enrollee information against
143 federal databases, including the Systematic Alien Verification for Entitlements
144 program.

145 Section 4. Section **26B-3-142.4** is enacted to read:

146 **26B-3-142.4** (Effective 01/01/27). **Multi-state enrollment.**

147 (1)(a) The department shall:

148 (i) receive and review address change information from returned mail by the United
149 States Postal Service, the National Change of Address database, and accountable
150 care organizations;

151 (ii) conduct cross-checks regarding all address change information against state
152 Medicaid enrollment to identify enrollees who have moved out of state;

153 (iii) receive and review information regarding out-of-state electronic benefit
154 transactions; and

155 (iv) conduct cross-checks of out-of-state electronic benefit transactions against state
156 Medicaid enrollment to identify enrollees who have moved out of state.

157 (b) Upon receiving information concerning an enrollee that indicates a change in
158 circumstances that may affect Medicaid eligibility, including a change in residency,
159 the department shall promptly conduct an eligibility determination for the recipient.

160 (2) Beginning no later than October 1, 2029, the department shall submit enrollment
161 information to CMS's national Medicaid enrollment database every month to identify
162 individuals enrolled in Medicaid in multiple states at the same time.

163 (3)(a) Beginning August 31, 2028, and no later than August 31 of each subsequent year,
164 the department shall submit an annual report to the Health and Human Services

165 Interim Committee detailing the implementation of the requirements established in
 166 this section.

167 (b) The report shall include for the prior fiscal year:

168 (i) the number of enrollees flagged through address change information and
 169 out-of-state electronic benefit transactions;

170 (ii) the number of enrollees disenrolled from the Medicaid program due to enrollment
 171 in multiple states; and

172 (iii) the estimated fiscal impact to the state due to implementing the requirements of
 173 this section.

174 Section 5. Section **26B-3-142.5** is enacted to read:

175 **26B-3-142.5 (Effective 05/06/26). Remove deceased enrollees.**

176 (1) As used in this section, "death master file" means the database maintained by the Social
 177 Security Administration that contains reported deaths.

178 (2) The department shall:

179 (a) receive and review information from the death master file;

180 (b) conduct cross-checks between information obtained from the death master file and
 181 state Medicaid enrollment at least each quarter to identify deceased enrollees;

182 (c) receive and review information regarding birth and death records from the Office of
 183 Vital Records and Statistics;

184 (d) remove any identified deceased enrollee from the Medicaid program promptly upon
 185 confirmation of death;

186 (e) ensure that no Medicaid payments are made on behalf of a deceased enrollee for
 187 services rendered after the date of death; and

188 (f) recoup any funds expended on deceased enrollees for capitations or services
 189 occurring after the date of death.

190 (3) The Office of Inspector General of Medicaid Services, created in Section 63A-13-201,
 191 shall conduct periodic reviews to ensure compliance with these requirements.

192 Section 6. Section **26B-3-142.6** is enacted to read:

193 **26B-3-142.6 (Effective 01/01/27). Retroactive eligibility.**

194 (1) As used in this section:

195 (a) "Expansion population" means the population who is enrolled in the Medicaid
 196 program under 42 U.S.C. Sec. 1396a(a)(10)(A)(i)(VIII).

197 (b) "Traditional population" means the population who is enrolled in Medicaid under a
 198 provision of federal law that is not 42 U.S.C. Sec. 1396a(a)(10)(A)(i)(VIII),

- 199 including pregnant women, children, elderly individuals, and individuals with
200 disabilities.
- 201 (c) "Retroactive eligibility" means Medicaid coverage for services provided before the
202 month of application, as authorized by 42 U.S.C. Sec. 1396(a)(34).
- 203 (2)(a) The department shall limit retroactive eligibility for Medicaid benefits as follows:
- 204 (i) for the expansion population, Medicaid coverage may be made retroactive for no
205 more than one month before the month in which the enrollee submits a completed
206 Medicaid application; and
- 207 (ii) for the traditional population, Medicaid coverage may be made retroactive for no
208 more than two months before the month in which the individual submits a
209 completed Medicaid application.
- 210 (b) The limitations described in Subsection (2)(a) apply only to initial applications for
211 Medicaid and do not affect eligibility for continuous or ongoing coverage.
- 212 (3)(a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
213 the department shall make rules necessary to implement and enforce the provisions of
214 this section.
- 215 (b) The department may establish procedures to notify applicants and providers of
216 changes in eligibility policy, and shall ensure compliance with all federal
217 requirements regarding notice and due process.
- 218 (4)(a) Beginning on August 31, 2027, and no later than August 31 of each subsequent
219 year, the department shall submit an annual report to the Health and Human Services
220 Interim Committee detailing the implementation and impact of the retroactive
221 benefits limitation established in Subsection (2).
- 222 (b) The report shall include for the prior fiscal year:
- 223 (i) the number of Medicaid applications processed for the expansion population and
224 the number of applications processed for the traditional population; and
- 225 (ii) the estimated savings to the state created due to the benefits limitation established
226 in Subsection (2).

227 Section 7. Section **35A-17-202** is enacted to read:

228 **CHAPTER 17. SNAP Benefits**

229 **Part 2. Work Requirements**

230 **35A-17-202 (Effective 05/06/26). Approval of work requirement waiver request.**

231 The department may not submit a waiver for a work requirement in accordance with 7

232 U.S.C. Sec. 2015(o)(4) unless the waiver is approved by the Legislature and governor by
 233 concurrent resolution.

234 Section 8. Section **35A-17-301** is enacted to read:

235 **Part 3. Citizenship**

236 **35A-17-301 (Effective 05/06/26). Inclusion of financial resources.**

- 237 (1) The department shall determine an individual's eligibility for SNAP benefits in
 238 accordance with 7 U.S.C. Ch. 51, Supplemental Nutrition Assistance Program.
 239 (2) Notwithstanding 7 C.F.R. Sec. 273.11(c)(3) and if approved by the United States
 240 Department of Agriculture, the department may not prorate or exclude the income,
 241 deductions, or financial resources of ineligible aliens in determining the eligibility and
 242 the value of the allotment of the household of which the individual is a member.

243 Section 9. Section **35A-17-302** is enacted to read:

244 **35A-17-302 (Effective 05/06/26). Citizenship requirements.**

- 245 (1) In accordance with 7 U.S.C. Sec. 2015(f), an individual may not participate in SNAP
 246 benefits unless the individual:
 247 (a) is a resident of the United States; and
 248 (b) meets at least one of the following criteria:
 249 (i) is a citizen or national of the United States;
 250 (ii) is an alien lawfully admitted for permanent residence as an immigrant, as defined
 251 in 8 U.S.C. Secs. 1101(a)(15) and 1101(a)(20), excluding alien visitors, tourists,
 252 diplomats, students, or other individuals admitted temporarily without intent to
 253 abandon their residence in a foreign country;
 254 (iii) is an alien who has been granted the status of Cuban or Haitian entrant, as
 255 defined in Section 501(e) of the Refugee Education Assistance Act of 1980; or
 256 (iv) is an individual lawfully residing in the United States in accordance with a
 257 Compact of Free Association, as referenced in 8 U.S.C. Sec. 1612(b)(2)(G).
 258 (2) The department shall require an individual to provide documentary proof of citizenship
 259 or immigration status to determine eligibility.
 260 (3) Acceptable forms of documentary evidence of an individual's citizenship or alien status
 261 include:
 262 (a) birth or hospital records;
 263 (b) voter registration cards;
 264 (c) United States passports;
 265 (d) United States Citizenship and Immigration Service documentation; or

266 (e) electronically available data.
267 (4) If an individual is unable to provide the documentation described in Subsection (3), the d
268 epartment shall verify the individual's alien status using the Systematic Alien
269 Verification for Entitlements online service during enrollment and eligibility
270 recertification.

271 Section 10. **Effective Date.**

- 272 (1) Except as provided in Subsection (2), this bill takes effect May 6, 2026.
273 (2) The actions affecting the following sections take effect on January 1, 2027:
274 (a) Section 26B-3-142.1 (Effective 01/01/27);
275 (b) Section 26B-3-142.2 (Effective 01/01/27);
276 (c) Section 26B-3-142.4 (Effective 01/01/27); and
277 (d) Section 26B-3-142.6 (Effective 01/01/27).