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Social Services Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Logan J. Monson

Senate Sponsor:

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LONG TITLE

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General Description:

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This bill enacts provisions related to social services programs.

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Highlighted Provisions:

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This bill:

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▶ codifies provisions related to the Medicaid program, including:

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- work requirements for certain Medicaid enrollees;

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- verification standards for the Department of Health and Human Services (DHHS);

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- citizenship requirements;

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- procedures for disenrolling individuals no longer eligible for Medicaid due to death or

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state residency requirements; and

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- limiting retroactive eligibility;

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▶ codifies provisions related to the Supplemental Nutrition Assistance Program, including provisions related to:

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- work requirements;

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- citizenship; and

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- verification and eligibility;

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▶ creates reporting requirements; and

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▶ requires certain state agencies to provide information to DHHS and the Division of

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Workforce Services for administering the Medicaid program.

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Money Appropriated in this Bill:

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None

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Other Special Clauses:

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None

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Utah Code Sections Affected:

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ENACTS:

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26B-3-142.1, Utah Code Annotated 1953

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26B-3-142.2, Utah Code Annotated 1953

31 **26B-3-142.3**, Utah Code Annotated 1953
32 **26B-3-142.4**, Utah Code Annotated 1953
33 **26B-3-142.5**, Utah Code Annotated 1953
34 **26B-3-142.6**, Utah Code Annotated 1953
35 **35A-17-202**, Utah Code Annotated 1953
36 **35A-17-301**, Utah Code Annotated 1953
37 **35A-17-302**, Utah Code Annotated 1953
38 **35A-17-303**, Utah Code Annotated 1953
39 **35A-17-304**, Utah Code Annotated 1953
40 **35A-17-305**, Utah Code Annotated 1953
41 **35A-17-306**, Utah Code Annotated 1953
42 **35A-17-307**, Utah Code Annotated 1953
43 **35A-17-402**, Utah Code Annotated 1953
44 **35A-17-403**, Utah Code Annotated 1953

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

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

48 **26B-3-142.1 . Medicaid work requirements.**

49 (1) As used in this section:

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

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

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

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

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

55 (C) is not pregnant;

56 (D) is not entitled to, enrolled for, or eligible to enroll for, benefits under Part A of
57 Title XVIII of the Social Security Act; and

58 (E) is not entitled to, enrolled for, or eligible to enroll for, benefits under Part B of
59 Title XVIII of the Social Security Act.

60 (b) "Health care professional" means a physician, physician assistant, nurse, nurse
61 practitioner, designated representative of a physician's office, a psychologist, or a
62 social worker.

63 (c) "Work requirements" means the requirements established by 42 U.S.C. Sec.
64 1396a(xx).

65 (2) On or before December 31, 2026, the department shall implement work requirements
66 for applicable individuals.

67 (3)(a) The department may not enroll an applicable individual in Medicaid unless, at the
68 time of application, the individual demonstrates compliance with the work
69 requirements for the three consecutive months immediately before the month during
70 which the individual applies.

71 (b) The department:

- 72 (i) shall require documentary evidence; and
- 73 (ii) may not accept self-attestation as evidence.

74 (c) The department shall verify an applicable individual's compliance with work
75 requirements:

- 76 (i) through state wage data, Department of Workforce Services records, education or
77 training program enrollment, or verified volunteer service documentation; and
- 78 (ii) at least quarterly between redetermination periods.

79 (d) No applicable individual shall remain enrolled in Medicaid in any month unless the
80 individual has demonstrated compliance with the work requirements.

81 (4)(a) An applicable individual seeking an exemption from work requirements shall
82 provide documentation for the exemption sought.

83 (b) The department:

- 84 (i) shall verify all exemptions;
- 85 (ii) may not seek or implement any additional optional exemptions under 42 U.S.C.
86 Sec. 1396a(xx)(3)(B) or any other optional exemption; and
- 87 (iii) may not accept exemption designations, approvals, or determinations by a
88 managed care organization.

89 (c) If the individual is attempting to obtain an exemption from the work requirements
90 because the individual is medically frail or otherwise an individual with special
91 needs, as described in 42 C.F.R. Sec. 440.315(f), and electronic data is determined
92 insufficient, the department may only approve the exemption if the individual has
93 been medically certified by a statement from a health care professional as having:

- 94 (i) a disabling mental disorder;
- 95 (ii) a physical, intellectual, or mental disability that significantly impairs their ability
96 to perform one or more activities of daily living, which may include eating,
97 dressing, bathing, grooming, getting in and out of bed and chairs, walking, going
98 outdoors, or using the toilet; or

(iii) a chronic substance use disorder.

(5) The department shall disenroll any applicable individual who fails to comply with the work requirements.

(6) Once work requirements are implemented, beginning August 31, 2027, and no later than August 31 of each subsequent year, the department shall submit annual reports to the Health and Human Services Interim Committee and the governor on compliance rates, the number and type of exemptions granted, and the impact on Medicaid enrollment.

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

26B-3-142.2 . Verification of eligibility.

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

(a) income;

(b) residency;

(c) identity;

(d) household composition; and

(e) citizenship or immigration status.

(2) The department shall:

(a) each month receive and review information:

(i) from the State Tax Commission concerning enrollees that may indicate a change in circumstances that may affect Medicaid eligibility;

(ii) from the Social Security Administration concerning enrollees, including earned income information, death register information, incarceration records, supplemental security income information, beneficiary records, earnings information, and pension information, that indicates a change in circumstances that may affect Medicaid eligibility;

(iii) from the federal Department of Health and Human Services concerning enrollees, including income and employment information maintained in the national directory of new hires database and child support enforcement data, that indicates a change in circumstances that may affect Medicaid eligibility:

(iv) from the Commission on Criminal and Juvenile Justice, concerning records related to jail and prison populations and other criminal matters that would benefit individuals

(v) from a source determined by the department, concerning household information;

133 (b) each quarter receive and review information from the Department of Workforce
134 Services and the State Tax Commission concerning enrollees that indicates a change
135 in circumstances that may affect eligibility, including changes to employment or
136 wages; and

137 (c) each year receive and review information concerning enrollees:
138 (i) from the Internal Revenue Service, including tax filing data, adjusted gross
139 income, and family composition, that indicates a change in circumstances that
140 may affect Medicaid eligibility; and
141 (ii) from the State Tax Commission, including adjusted gross income and family
142 composition, that indicates a change in circumstances that may affect Medicaid
143 eligibility.

144 (3)(a) The department shall enter into any data-sharing agreement with the agencies,
145 departments, and bureaus described in this section as necessary to effectuate the
146 requirements of this section.

147 (b) A state agency described in this section shall share information with the department
148 as described in this section.

149 (4) The department may contract with an independent third party for database searches that
150 may contain information that indicates a change in circumstances that may affect
151 Medicaid applicant or enrollee eligibility.

152 (5) Upon receiving information concerning an enrollee that indicates a change in
153 circumstances that may affect Medicaid eligibility, the department shall promptly
154 conduct an eligibility determination for the recipient.

155 (6) Unless prohibited by federal law, the department shall conduct eligibility
156 redeterminations for all adult enrollees younger than 65 years old whose eligibility is
157 determined based upon the application of modified adjusted gross income standards
158 under 42 C.F.R. Sec. 435.603, including adults eligible under 42 U.S.C. Sec.
159 1396a(a)(10)(A)(i)(VIII) and 42 U.S.C. Sec. 1396u-1, at least once every six months.

160 (7) The department shall conduct eligibility redeterminations for all enrollees not described
161 in Subsection (6) at least once every 12 months.

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

163 **26B-3-142.3 . Citizenship requirements.**

164 (1) As used in this section, "qualified citizen" means a resident of the United States and
165 meets at least one of the following criteria:
166 (a) a citizen or national of the United States;

167 (b) an alien lawfully admitted for permanent residence as an immigrant, as defined in 8
168 U.S.C. Secs. 1101(a)(15) and 1101(a)(20), excluding alien visitors, tourists,
169 diplomats, students, or other individuals admitted temporarily without intent to
170 abandon their residence in a foreign country;
171 (c) an alien who has been granted the status of Cuban or Haitian entrant, as defined in S
172 ection 501(e) of the Refugee Education Assistance Act of 1980; or
173 (d) an individual lawfully residing in the United States in accordance with a Compact of
174 Free Association, as referenced in 8 U.S.C. Sec. 1612(b)(2)(G).

175 (2) The department:

176 (a) unless required by federal law, may not provide medical assistance to any individual
177 unless that individual is a qualified citizen;
178 (b) shall require that all income of ineligible household members of the applicant be
179 included when calculating financial eligibility for Medicaid;
180 (c) shall include an immigration status on all presumptive eligibility applications
181 submitted to the agency;
182 (d) shall require hospitals, clinics, and other qualified entities conducting presumptive
183 eligibility determinations to collect and transmit any attestation to the agency;
184 (e) may not allow a presumptive eligibility application to be approved unless the
185 applicant attests that the applicant is a qualified citizen;
186 (f) shall verify citizenship or immigration status before enrollment;
187 (g) shall conduct regular cross-checks of applicant and enrollee information against
188 federal databases, including the Systematic Alien Verification for Entitlements
189 program; and
190 (h) shall promptly refer all applicants identified as an individual who is not a citizen or
191 national of the United States and does not have lawful immigration status as defined
192 under federal law to the United States Immigration and Customs Enforcement or
193 other appropriate federal authorities for further investigation and enforcement.

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

195 **26B-3-142.4 . Multi-state enrollment.**

196 (1)(a) Beginning on or before January 1, 2027, the department shall:
197 (i) receive and review address change information from returned mail by the United
198 States Postal Service, the National Change of Address database, and accountable
199 care organizations;
200 (ii) conduct cross-checks regarding all address change information against state

201 Medicaid enrollment at least monthly to identify enrollees who have moved out of
202 state;

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

205 (iv) conduct cross-checks of out-of-state electronic benefit transactions against state
206 Medicaid enrollment at least monthly to identify enrollees who have moved out of
207 state.

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

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

214 (3)(a) Beginning August 31, 2028, and no later than August 31 of each subsequent year,
215 the department shall submit an annual report to the Health and Human Services
216 Interim Committee detailing the implementation of the requirements established in
217 this section.

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

219 (i) the number of enrollees flagged through address change information and
220 out-of-state electronic benefit transactions;
221 (ii) the number of enrollees disenrolled from the Medicaid program due to enrollment
222 in multiple states; and
223 (iii) the estimated fiscal impact to the state due to implementing the requirements of
224 this section.

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

226 **26B-3-142.5 . Remove deceased enrollees.**

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

229 (2) The department shall:

230 (a) receive and review information from the death master file;
231 (b) conduct cross-checks between information obtained from the death master file and
232 state Medicaid enrollment each month to identify deceased enrollees;
233 (c) receive and review information regarding birth and death records from the Office of
234 Vital Records and Statistics;

235 (d) conduct cross-checks of data from the Office of Vital Records and Statistics against
236 state Medicaid enrollment each month to identify deceased Medicaid enrollees;
237 (e) remove any identified deceased enrollee from the Medicaid program promptly upon
238 confirmation of death;
239 (f) ensure that no Medicaid payments are made on behalf of a deceased enrollee for
240 services rendered after the date of death; and
241 (g) recoup any funds expended on deceased enrollees for capitations or services
242 occurring after the date of death.

243 (3) The state auditor shall conduct periodic reviews to ensure compliance with these
244 requirements.

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

246 **26B-3-142.6 . Retroactive eligibility.**

247 (1) As used in this section:

248 (a) "Expansion population" means the population who is enrolled in the Medicaid
249 program under 42 U.S.C. Sec. 1396a(a)(10)(A)(i)(VIII).
250 (b) "Traditional population" means the population who is enrolled in Medicaid under a
251 provision of federal law that is not 42 U.S.C. Sec. 1396a(a)(10)(A)(i)(VIII),
252 including pregnant women, children, elderly individuals, and individuals with
253 disabilities.
254 (c) "Retroactive eligibility" means Medicaid coverage for services provided before the
255 month of application, as authorized by 42 U.S.C. Sec. 1396(a)(34).

256 (2)(a) The department shall limit retroactive eligibility for Medicaid benefits as follows:

257 (i) for the expansion population, Medicaid coverage may be made retroactive for no
258 more than one month before the month in which the enrollee submits a completed
259 Medicaid application; and
260 (ii) for the traditional population, Medicaid coverage may be made retroactive for no
261 more than two months before the month in which the individual submits a
262 completed Medicaid application.

263 (b) The limitations described in Subsection (2)(a) apply only to initial applications for
264 Medicaid and do not affect eligibility for continuous or ongoing coverage.

265 (3)(a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
266 the department shall make rules necessary to implement and enforce the provisions of
267 this section.

268 (b) The department may establish procedures to notify applicants and providers of

269 changes in eligibility policy, and shall ensure compliance with all federal
270 requirements regarding notice and due process.

271 (4)(a) Beginning on August 31, 2027, and no later than August 31 of each subsequent
272 year, the department shall submit an annual report to the Health and Human Services
273 Interim Committee detailing the implementation and impact of the retroactive
274 benefits limitation established in Subsection (2).

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

276 (i) the number of Medicaid applications processed for the expansion population and
277 the number of applications processed for the traditional population;
278 (ii) the total number of health claims submitted to the Medicaid program that would
279 have been paid if retroactive eligibility was three months but were denied payment
280 because of Subsection (2)(a); and
281 (iii) the estimated savings to the state created due to the denials described in
282 Subsection (4)(b)(ii).

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

CHAPTER 17. SNAP Benefits

Part 2. Work Requirements

286 **35A-17-202 . Approval of work requirement waiver request -- Prohibition for**
287 **work requirement discretionary exemption.**

288 (1) The department may not submit a waiver for a work requirement in accordance with 7
289 U.S.C. Sec. 2015(o)(4) unless the waiver is approved by the Legislature and governor by
290 concurrent resolution.

291 (2) The department may not exercise the state's option to provide exemptions from the work
292 requirement described in 7 U.S.C. Sec. 2015(o)(6)(F).

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

Part 3. Verification

35A-17-301 . Definitions.

295 As used in this part, "EBT" means an Electronic Benefits Transfer card used to access
296 SNAP benefits.

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

35A-17-302 . Reviewing for change of circumstances -- Requirements.

298 (1) To determine whether a change in circumstance exists that may affect an individual's or
299 household's eligibility to receive SNAP benefits, the department shall review at least

302 once per month information the department receives from:

303 (a) the Department of Health and Human Services;

304 (b) the Department of Corrections;

305 (c) the National Change of Address database or returned mail received from the United

306 States Postal Service;

307 (d) the United States Social Security Administration, including payments received from

308 Supplemental Security, pension, or beneficiary benefits;

309 (e) the United States Department of Health and Human Services, including data from

310 child support enforcement; and

311 (f) the directory of new hires.

312 (2) To determine whether a change in circumstance exists that may affect an individual's or

313 household's eligibility to receive SNAP benefits, the department shall review:

314 (a) at least once per quarter data that may indicate a change in wages or employment; and

315 (b) at least once per year data received from the State Tax Commission that may indicate

316 a change in wages, household composition, or residency.

317 (3) The department may enter into a memorandum of understanding with a state agency,

318 department, or division to share the information described in this section.

319 (4) Nothing in this section prevents the department from entering into a contract with an

320 independent contractor to receive data that may be necessary for the department to

321 determine continued eligibility of an individual or household that receives SNAP

322 benefits.

323 (5) If the department enters into an agreement described in Subsections (3) and (4), the

324 department shall ensure that the agreement meets state and federal data privacy

325 requirements.

326 Section 10. Section **35A-17-303** is enacted to read:

327 **35A-17-303 . EBT review.**

328 (1) At least once per month, the department shall review EBT data to determine whether an

329 individual or household that receives SNAP benefits makes out-of-state EBT

330 transactions for a period of 60 days or more.

331 (2) No later than 30 days from the day the department identifies the transactions described

332 in Subsection (1), the department shall contact the individual or household to determine

333 whether the individual or household resides in the state.

334 (3) An individual or household shall be ineligible to receive SNAP benefits if the

335 department:

336 (a) determines that the individual or household no longer resides in the state; or
337 (b) is unable to determine whether the individual or household resides in the state.

338 Section 11. Section **35A-17-304** is enacted to read:

339 **35A-17-304 . Income asset verification.**

340 Unless required by federal law, the department may not:

341 (1) grant categorical eligibility under 7 U.S.C. Sec. 2014(a) or 7 C.F.R. Sec. 273.2(j)(2)(iii)
342 for any noncash, in-kind, or other benefit for SNAP benefits; and
343 (2) except for financial resources described in 7 U.S.C. Sec. 2014(g)(2)(D), apply gross
344 income, allowable financial resources, or other resources described in 7 U.S.C. Sec.
345 2014, at a higher standard than provided in 7 U.S.C. Sec. 2014.

346 Section 12. Section **35A-17-305** is enacted to read:

347 **35A-17-305 . Eligibility certification period.**

348 The department shall assign certification periods of no less than three months and no
349 more four months to households with zero net income, households that include an able-bodied
350 adult without dependents, or other households whose circumstances are determined by the
351 Department of Workforce Services to be unstable.

352 Section 13. Section **35A-17-306** is enacted to read:

353 **35A-17-306 . Required action on changes that affect eligibility.**

354 If the department receives information that indicates a change in circumstances that
355 affects the eligibility of an individual or household that receives SNAP benefits, the
356 department shall immediately review the individual's or household's eligibility for SNAP
357 benefits to determine further eligibility.

358 Section 14. Section **35A-17-307** is enacted to read:

359 **35A-17-307 . Rulemaking.**

360 In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
361 office shall make rules to implement this chapter.

362 Section 15. Section **35A-17-402** is enacted to read:

363 **Part 4. Citizenship**

364 **35A-17-402 . Inclusion of financial resources.**

365 (1) The department shall determine an individual's eligibility for SNAP benefits in
366 accordance with 7 U.S.C. Chapter 51, Supplemental Nutrition Assistance Program.
367 (2) Notwithstanding 7 C.F.R. 273.11(c)(3), the department may not prorate or exclude the
368 income, deductions, or financial resources of ineligible aliens in determining the
369 eligibility and the value of the allotment of the household of which the individual is a

370 member.

371 Section 16. Section **35A-17-403** is enacted to read:

372 **35A-17-403 . Citizenship requirements.**

373 (1) In accordance with 7 U.S.C. Sec. 2015(f), an individual may not participate in SNAP
374 benefits unless the individual is:

375 (a) a resident of the United States; and
376 (b) meets at least one of the following criteria:

377 (i) a citizen or national of the United States;
378 (ii) an alien lawfully admitted for permanent residence as an immigrant, as defined in
379 8 U.S.C. Secs. 1101(a)(15) and 1101(a)(20), excluding alien visitors, tourists,
380 diplomats, students, or other individuals admitted temporarily without intent to
381 abandon their residence in a foreign country;
382 (iii) an alien who has been granted the status of Cuban or Haitian entrant, as defined
383 in Section 501(e) of the Refugee Education Assistance Act of 1980; or
384 (iv) an individual lawfully residing in the United States in accordance with a
385 Compact of Free Association, as referenced in 8 U.S.C. Sec. 1612(b)(2)(G).

386 (2) The department shall require an individual to provide documentary proof of citizenship
387 or immigration status to determine eligibility.

388 (3) Acceptable forms of documentary evidence of an individual's citizenship or alien status
389 include:

390 (a) birth or hospital records;
391 (b) voter registration cards;
392 (c) United States passports;
393 (d) United States Citizenship and Immigration Service documentation; or
394 (e) electronically available data.

395 (4)(a) If an individual is unable to provide the documentation described in Subsection (3),
396 the department shall verify the individual's alien status using the Systematic Alien
397 Verification for Entitlements online service during enrollment and eligibility
398 recertification.

399 (b) If the department is unable to verify an individual's or household member's alien
400 status using the Systematic Alien Verification for Entitlements online service, the
401 department shall submit to the United States Department of Agriculture and the
402 United States Immigration and Customs Enforcement the individual's or household
403 member's information whether the individual or household member applies for SNAP

404 benefits.

405 (5) The department shall review an individual's or household's continued eligibility for
406 SNAP benefits at least monthly by using the Systematic Alien Verification for
407 Entitlements online service or other federal database to confirm the individual's or
408 household's citizenship or immigration status.

409 **Section 17. Effective Date.**

410 This bill takes effect on May 6, 2026.