

Social Services Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Logan J. Monson

Senate Sponsor:

LONG TITLE**General Description:**

This bill enacts provisions related to social services programs.

Highlighted Provisions:

This bill:

▸ codifies 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;

▸ codifies provisions related to the Supplemental Nutrition Assistance Program, including

provisions related to:

- work requirements;
 - citizenship; and
 - verification and eligibility;
- creates reporting requirements; and

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

Workforce Services for administering the Medicaid program.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

26B-3-142.1, Utah Code Annotated 1953

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

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).

- (2) On or before December 31, 2026, the department shall implement work requirements for applicable individuals.
- (3)(a) The department may not enroll an applicable individual in Medicaid unless, at the time of application, the individual demonstrates compliance with the work requirements for the three consecutive months immediately before the month during which the individual applies.
- (b) The department:
- (i) shall require documentary evidence; and
 - (ii) may not accept self-attestation as evidence.
- (c) The department shall verify an applicable individual's compliance with work requirements:
- (i) through state wage data, Department of Workforce Services records, education or training program enrollment, or verified volunteer service documentation; and
 - (ii) at least quarterly between redetermination periods.
- (d) No applicable individual shall remain enrolled in Medicaid in any month unless the individual has demonstrated compliance with the work requirements.
- (4)(a) An applicable individual seeking an exemption from work requirements shall provide documentation for the exemption sought.
- (b) The department:
- (i) shall verify all exemptions;
 - (ii) may not seek or implement any additional optional exemptions under 42 U.S.C. Sec. 1396a(xx)(3)(B) or any other optional exemption; and
 - (iii) may not accept exemption designations, approvals, or determinations by a managed care organization.
- (c) If the individual is attempting to obtain an exemption from the work requirements because the individual is medically frail or otherwise an individual with special needs, as described in 42 C.F.R. Sec. 440.315(f), and electronic data is determined insufficient, the department may only approve the exemption if the individual has been medically certified by a statement from a health care professional as having:
- (i) a disabling mental disorder;
 - (ii) a physical, intellectual, or mental disability that significantly impairs their ability to perform one or more activities of daily living, which may include eating, dressing, bathing, grooming, getting in and out of bed and chairs, walking, going 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 ineligibility; and

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

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

(c) each year receive and review information concerning enrollees:

(i) from the Internal Revenue Service, including tax filing data, adjusted gross income, and family composition, that indicates a change in circumstances that may affect Medicaid eligibility; and

(ii) from the State Tax Commission, including adjusted gross income and family composition, that indicates a change in circumstances that may affect Medicaid eligibility.

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

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

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

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

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

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

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

26B-3-142.3 . Citizenship requirements.

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

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

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

(2) The department:

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

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

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

(1)(a) Beginning on or before January 1, 2027, the department shall:

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

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

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

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

26B-3-142.6 . Retroactive eligibility.

(1) As used in this section:

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

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

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

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

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

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

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

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

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

(i) the number of Medicaid applications processed for the expansion population and the number of applications processed for the traditional population;

(ii) the total number of health claims submitted to the Medicaid program that would have been paid if retroactive eligibility was three months but were denied payment because of Subsection (2)(a); and

(iii) the estimated savings to the state created due to the denials described in Subsection (4)(b)(ii).

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

CHAPTER 17. SNAP Benefits

Part 2. Work Requirements

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

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

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

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

Part 3. Verification

35A-17-301 . Definitions.

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

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

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

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

once per month information the department receives from:

(a) the Department of Health and Human Services;

(b) the Department of Corrections;

(c) the National Change of Address database or returned mail received from the United States Postal Service;

(d) the United States Social Security Administration, including payments received from Supplemental Security, pension, or beneficiary benefits;

(e) the United States Department of Health and Human Services, including data from child support enforcement; and

(f) the directory of new hires.

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

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

(b) at least once per year data received from the State Tax Commission that may indicate a change in wages, household composition, or residency.

(3) The department may enter into a memorandum of understanding with a state agency, department, or division to share the information described in this section.

(4) Nothing in this section prevents the department from entering into a contract with an independent contractor to receive data that may be necessary for the department to determine continued eligibility of an individual or household that receives SNAP benefits.

(5) If the department enters into an agreement described in Subsections (3) and (4), the department shall ensure that the agreement meets state and federal data privacy requirements.

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

35A-17-303 . EBT review.

(1) At least once per month, the department shall review EBT data to determine whether an individual or household that receives SNAP benefits makes out-of-state EBT transactions for a period of 60 days or more.

(2) No later than 30 days from the day the department identifies the transactions described in Subsection (1), the department shall contact the individual or household to determine whether the individual or household resides in the state.

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

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

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

35A-17-304 . Income asset verification.

Unless required by federal law, the department may not:

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

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

35A-17-305 . Eligibility certification period.

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

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

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

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

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

35A-17-307 . Rulemaking.

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

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

Part 4. Citizenship

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

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

member.

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

35A-17-403 . Citizenship requirements.

- (1) In accordance with 7 U.S.C. Sec. 2015(f), an individual may not participate in SNAP benefits unless the individual is:
- (a) a resident of the United States; and
 - (b) meets at least one of the following criteria:
 - (i) a citizen or national of the United States;
 - (ii) an alien lawfully admitted for permanent residence as an immigrant, as defined in 8 U.S.C. Secs. 1101(a)(15) and 1101(a)(20), excluding alien visitors, tourists, diplomats, students, or other individuals admitted temporarily without intent to abandon their residence in a foreign country;
 - (iii) an alien who has been granted the status of Cuban or Haitian entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980; or
 - (iv) an individual lawfully residing in the United States in accordance with a Compact of Free Association, as referenced in 8 U.S.C. Sec. 1612(b)(2)(G).
- (2) The department shall require an individual to provide documentary proof of citizenship or immigration status to determine eligibility.
- (3) Acceptable forms of documentary evidence of an individual's citizenship or alien status include:
- (a) birth or hospital records;
 - (b) voter registration cards;
 - (c) United States passports;
 - (d) United States Citizenship and Immigration Service documentation; or
 - (e) electronically available data.
- (4)(a) If an individual is unable to provide the documentation described in Subsection (3), the department shall verify the individual's alien status using the Systematic Alien Verification for Entitlements online service during enrollment and eligibility recertification.
- (b) If the department is unable to verify an individual's or household member's alien status using the Systematic Alien Verification for Entitlements online service, the department shall submit to the United States Department of Agriculture and the United States Immigration and Customs Enforcement the individual's or household 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.