

Logan J. Monson proposes the following substitute bill:

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:

▸ 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

26B-3-142.4 (Effective 01/01/27), Utah Code Annotated 1953

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; or

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

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

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

99 **26B-3-142.2** (Effective 01/01/27). **Verification of eligibility.**

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

103 (a) income;

104 (b) residency;

105 (c) identity; and

106 (d) citizenship or immigration status.

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

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

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

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

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

115 **26B-3-142.3** (Effective 05/06/26). **Citizenship requirements.**

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

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

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

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

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

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

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

129 (a) unless required by federal law, may not provide medical assistance to any individual
130 unless that individual is a qualified citizen;

131 (b) shall require that all income of ineligible household members of the applicant be

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

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

144 **26B-3-142.4 (Effective 01/01/27). Multi-state enrollment.**

145 (1)(a) The department shall:

- 146 (i) receive and review address change information from returned mail by the United
147 States Postal Service, the National Change of Address database, and accountable
148 care organizations;
- 149 (ii) conduct cross-checks regarding all address change information against state
150 Medicaid enrollment to identify enrollees who have moved out of state;
- 151 (iii) receive and review information regarding out-of-state electronic benefit
152 transactions; and
- 153 (iv) conduct cross-checks of out-of-state electronic benefit transactions against state
154 Medicaid enrollment to identify enrollees who have moved out of state.

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

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

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

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

- 166 (i) the number of enrollees flagged through address change information and
 167 out-of-state electronic benefit transactions;
 168 (ii) the number of enrollees disenrolled from the Medicaid program due to enrollment
 169 in multiple states; and
 170 (iii) the estimated fiscal impact to the state due to implementing the requirements of
 171 this section.

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

173 **26B-3-142.5 (Effective 05/06/26). Remove deceased enrollees.**

- 174 (1) As used in this section, "death master file" means the database maintained by the Social
 175 Security Administration that contains reported deaths.
 176 (2) The department shall:
 177 (a) receive and review information from the death master file;
 178 (b) conduct cross-checks between information obtained from the death master file and
 179 state Medicaid enrollment at least each quarter to identify deceased enrollees;
 180 (c) receive and review information regarding birth and death records from the Office of
 181 Vital Records and Statistics;
 182 (d) remove any identified deceased enrollee from the Medicaid program promptly upon
 183 confirmation of death;
 184 (e) ensure that no Medicaid payments are made on behalf of a deceased enrollee for
 185 services rendered after the date of death; and
 186 (f) recoup any funds expended on deceased enrollees for capitations or services
 187 occurring after the date of death.
 188 (3) The Office of Inspector General of Medicaid Services, created in Section 63A-13-201,
 189 shall conduct periodic reviews to ensure compliance with these requirements.

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

191 **26B-3-142.6 (Effective 01/01/27). Retroactive eligibility.**

- 192 (1) As used in this section:
 193 (a) "Expansion population" means the population who is enrolled in the Medicaid
 194 program under 42 U.S.C. Sec. 1396a(a)(10)(A)(i)(VIII).
 195 (b) "Traditional population" means the population who is enrolled in Medicaid under a
 196 provision of federal law that is not 42 U.S.C. Sec. 1396a(a)(10)(A)(i)(VIII),
 197 including pregnant women, children, elderly individuals, and individuals with
 198 disabilities.
 199 (c) "Retroactive eligibility" means Medicaid coverage for services provided before the

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

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

226 **CHAPTER 17. SNAP Benefits**

227 **Part 2. Work Requirements**

228 **35A-17-202 (Effective 05/06/26). Approval of work requirement waiver request**
 229 **-- Prohibition for work requirement discretionary exemption.**

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

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

234 **Part 3. Citizenship**

235 **35A-17-301 (Effective 05/06/26). Inclusion of financial resources.**

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

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

243 **35A-17-302 (Effective 05/06/26). Citizenship requirements.**

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

267 epartment shall verify the individual's alien status using the Systematic Alien
268 Verification for Entitlements online service during enrollment and eligibility
269 recertification.

270 Section 10. **Effective Date.**

271 (1) Except as provided in Subsection (2), this bill takes effect May 6, 2026.

272 (2) The actions affecting the following sections take effect on January 1, 2027:

273 (a) Section 26B-3-142.1 (Effective 01/01/27);

274 (b) Section 26B-3-142.2 (Effective 01/01/27);

275 (c) Section 26B-3-142.4 (Effective 01/01/27); and

276 (d) Section 26B-3-142.6 (Effective 01/01/27).