

Row #	Ongoing State Fund [1]	One-time State Fund [2]	One-time State Fund offset	Total Funds [3]	Base Total Funding/ Fund Balance [4]	Budget Reduction Options Staff Menu - Generally Opposed by the Agency [5]	Requires Other Changes?	LFA
5	\$ (130,000)	\$ -	\$ -	\$ 130,000	\$ 12,600,000	Fees Direct and Indirect Costs – Select fees with projected revenues of \$100,000+ not currently covering all direct costs or not contributing 3% of revenue to agencywide indirect costs would begin to cover more costs via an up to 3% fee increase. This proposal splits the new revenue increase 50/50 and allows the agency to keep 50%. UCA 63J-1-504 (1)(b) states ""Agency's cost" means all of a fee agency's direct and indirect costs and expenses for providing the goods or service." For more information on the fees impacted please see tab "Fees Direct and Indirect".	fee changes & statutory changes UCA 64-13-30	Russ
6	\$ (1,376,800)					Holding Unfilled Positions CHS - A departmental freeze on filling vacant positions, immediately impacting service delivery and increasing the workload on remaining staff.		Kevin
7	\$ (761,500)				\$ 51,899,400	Prison Dental Staffing Ratio - Currently, the dental program is staffed with 6.23 FTE dentists and 7.5 FTE dental assistants. Dentists are assumed to be in the office 90 percent of the time. Based on this staffing level and an average annual prison population of 6,400 inmates, the program provides approximately 1.8 hours of dentist time per inmate per year, which exceeds the assumed level of need for routine dental services. This reduction assumes inmates require approximately one hour of total dental services per year, inclusive of both dentist and dental assistant time, for routine care. Under this assumption, staffing requirements would be reduced proportionally for both dentists and dental assistants. Total staffing would decrease from 13.73 FTE to approximately 10.93 FTE, a reduction of 2.8 FTE.	No	Kevin
8	\$ (519,000)					Correctional Health Hospital Rate Reimbursement Adjustment - Medical services provided to state prisoners at hospital locations are limited to reimbursement rate of the Medicaid fee schedule. Each 1% savings of all appropriated General Fund represents (\$519,000).		Kevin
9	\$ (211,300)				\$ 51,899,400	Medical Monitoring Device Pilot Reallocation - This proposal would eliminate the ongoing General Fund appropriation for the Inmate Amendments program that supports a medical monitoring technology pilot. The pilot is currently authorized to operate through FY 2029. According to the 2025 Funding Item Follow-Up Report, the program spent 68 percent of its allocated funds, including \$211,300 in ongoing General Fund and \$422,600 in ongoing funding from the Correctional Institution Clinical Services Transition Account.	No	Kevin
10	\$ (112,000)	\$ (28,000)			\$ 51,899,400	Correctional Health Services Reduction of Dental Assistants - Effective April 1, 2026, this proposal reduces the dental assistant staffing ratio to a 1:1 dentist-to-dental-assistant ratio within the prison healthcare system. The program currently employs 6.23 FTE dentists and 7.5 FTE dental assistants. Aligning staffing to a 1:1 ratio would reduce dental assistant staffing to 6.23 FTE, resulting in a reduction of 1.27 FTE. Estimated savings are calculated using the average salary of dental assistants. The one-time reduction takes place in the current fiscal year 2026.	No	Kevin
11	\$ (10,800)					Correctional Health Services Zoom License - Reduce the number of Zoom license by 59 saving \$15.27 per month per license.		Kevin
12	\$ (2,600,000)				\$ 2,600,000	Meals on Wheels Services - The Meals on Wheels program costs \$10.99 per meal. In FY 25 it spent \$8.1 M (\$3.4 M Fed, \$4.7 M State) for over 730 K meals. The past few years have included one-time state funding to keep funding levels closer to Pandemic-levels. (FY24 \$1.5 M, FY 25 \$2.4 M, FY 26 \$1.75 M) The state is only required to fund a 5.56% match to state funds. This reduction proposal would reduce ongoing state funding down to 5.56% of FY25 federal funds to maintain the match .		Sean

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13	\$ (1,500,000)				\$ 1,624,000	Support Services Program - The Support Services program consists of a number of state and federal funding line items which are distributed to local Area Agencies on Aging (AAAs) for providing a number of services and activities at the local level including: Senior centers, transportation, legal services, information and referral, cultural activities, activities staff, etc. In FY 25 the program was funded with \$2.3 M Fed and \$1.7 M state funds. the feds require a 5.56% match. This would be a reduction to the required state match.		Sean
14	\$ (1,200,000)				\$ 2,350,000	Alternatives Program Service - The Alternatives program is a primarily state-funded program that uses funding to pay for in-home services including chore services, environmental adaptation, emergency alert services, personal care supplies, etc. The Home and Community Based Alternatives Program is intended for adults who have significant functional limitations and are at risk for nursing facility placement. Utah policy requires that participants be state residents who meet age, functional, and financial criteria set by the Division of Aging and Adult Services. The program costs \$5,485 per client. (approximately 720 clients in FY 25) This reduction would reduce state funding by \$1.2 M in ongoing state funds, reducing the number of clients served annually to ~500 depending on clients moving, passing away or leaving the program.		Sean
15	\$ (7,020,000)					Division of Child and Family Services Staffing Changes - This proposal would reduce staffing levels within the Division of Child and Family Services by 78 FTEs. The reduction includes both administrative positions and frontline child welfare staff		Kevin
16	\$ (2,059,000)				\$ 5,593,977	Division of Child and Family Services Foster Care & Kinship Investments - This proposal would eliminate ongoing General Fund support for Foster Care & Kinship Investments, which funds two programs within the Division of Child and Family Services. The first, Foster Care Recruitment, supports the recruitment, training, and retention of foster and kinship caregivers through contracted services. The second, the Care Community Program, provides wraparound, community-based support to foster, kinship, and adoptive families to help stabilize placements	No	Kevin
17	\$ (825,500)			\$ 1,027,200	\$ 3,368,040	Minors in State Custody Amendments - This reduction would eliminate all ongoing General Fund appropriations for this program, which funds trust accounts for certain children in state custody. The program was created and funded through H.B. 302 during the 2025 General Session	statutory change	Kevin
18	\$ (500,000)				\$ 1,100,000	CSS GRANDfamilies Kinship Program - This reduction would eliminate all ongoing General Fund appropriations for the CSS GRANDfamilies Kinship Program. The program provides specialized counseling, training, and support for grandparents and other extended family members who step in to raise children of relatives, primarily due to parental addiction or other challenges. In FY25, the program served 305 new families, provided 374 guardianship and assistance servicesCOBI	No	Kevin
19	\$ (165,000)			\$ (434,000)	\$ 434,000	Division of Child and Family Services Building Consolidation - This proposal consolidates the West Valley DCFS office into the Sandy DCFS office. Savings would result from ending the lease for the West Valley building. The consolidation would affect 31 FTE, who would relocate to the Sandy office.	No	Kevin

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20	\$ (1,105,000)				\$ 21,550,300	Health and Human Services Legal Costs - Reduction of ongoing state funds used for legal costs within DHHS. Mostly within DCFS and ORS. DHHS would need to work with the AGO to develop a strategy for efficiently consolidating legal services within the agency to manage the reduction Based on FY 23, FY 24 and FY 25 hours billed and expenses paid provided during the 2025 Interim APB process.	statutory change?	Sean
21		\$ (250,000)		\$ (250,000)		Congregate Care Amendments Implementation Delay - S.B 297 from the 2025 General Session provided \$411,600 in ongoing funding to support new regulations for congregated care programs, specifically, outdoor youth programs, residential support programs, residential treatment programs or therapeutic schools. Case numbers are lower in FY 2026 as the program ramps up and therefore there is a delay in expenditures resulting in one-time funds that can be reallocated. This reduction takes place in the current fiscal year 2026.	no	Sean
22	\$ (17,000)				\$ 19,500	Inmate Contraception Funding - Provides access to voluntary contraception services for individuals who are incarcerated. The program is intended to offer education, counseling, and contraceptive options to inmates		Kevin
23		\$ (200,000)			\$ 653,200	Plural Family Resources and Support Reallocations - This funding item provides stabilization services to the fundamentalist (polygamist) populations statewide. The program particularly supports the youth, many of whom have not had access to resources or education that supports appropriate development. This funding item was appropriated \$579,100 in one-time General Fund. It has spent 33% while meeting the performance measure targets. This reduction would reduce the remaining one-time funds by \$200,000. This reduction takes place in the current fiscal year 2026.	No	Kevin
24	\$ (12,400,000)	\$ (15,500,000)	\$ -	\$ (12,400,000)	\$ 12,400,000	Medicaid ACA Fund Interest (Funding Swap) - Divert the annual interest from the Medicaid ACA Fund into the General Fund retroactive to July 1, 2025. The fund earned \$15,891,400 in interest in FY 2025. Because of forecasted decreases to the earned interest and fund balance adjustments, the Fund may earn interest of \$15.5 million in FY 2026 and \$12.4 million in FY 2027. The Medicaid ACA Fund ended FY 2025 with a fund balance of \$341 million. The one-time reduction takes place in the current fiscal year 2026. See https://cobi.utah.gov/fund/2252 for more information.	UCA 26B-1-315	Russ
25	\$ (7,890,000)	\$ (1,970,000)	\$ -	\$ (32,100,000)		Do Not Pay More than Medicare Rates in Medicaid - The following providers are paid higher than Medicare rates for Medicaid reimbursement and the provider network for the service appeared to be strengthening compared to other Medicaid providers from FY 2018 to FY 2022: (1) Alcohol Drug Center, (2) Psychologist, (3) Residential Treatment Facility, (4) Clinical Social Worker, and (5) Marriage & Family Therapist. Effective April 1, 2026 this would reduce the service codes primarily associated with these providers 38% to match Medicare rates in Medicaid. See https://le.utah.gov/interim/2024/pdf/00003483.pdf for more information. The one-time reduction takes place in the current fiscal year 2026. This item includes a reduction of (\$1,168,100) from the Medicaid ACA Fund.	UCA 26B-3-203	Russ

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26	\$ (7,650,000)	\$ (1,912,500)	\$ -	\$ (20,172,000)	\$ 291,000,000	Nursing Care Medicaid Rate - There are eight out of eighty-five nursing homes in the State that are not involved in the upper payment limit program. The agency estimates that these facilities provide around 4% of all Medicaid days of nursing home services. The recent rate increases from the 2023, 2024, and 2025 General Sessions increased reimbursement for these nursing homes overall by \$14.7 million, \$2,836,400, and \$7,631,500. For all the other nursing homes in the State, overall reimbursement did not change, per se, as it was limited to the Medicare upper payment limit. The only change was how much state match was paid by the General Fund vs seed money. This removes the General Fund for these rate increases. This change would be effective April 1, 2026. Please see (1) https://cobi.utah.gov/2024/3593/issues/22305 , (2) https://cobi.utah.gov/2025/3593/issues/23607 , and (3) https://cobi.utah.gov/2023/5/issues/20625 for more information. The one-time reduction takes place in the current fiscal year 2026.	maybe	Russ
27	\$ (7,200,000)	\$ (1,800,000)	\$ -	\$ (33,400,000)	\$ 3,000,000,000	Medicaid Provider Rates - 1% statewide across the board reduction for all rates paid for by General Fund for Medicaid providers of medical services starting April 1, 2026. The estimated savings are based on FY 2025 actuals. Agency: "[Centers for Medicare & Medicaid Services] seem to indicate a 4% reduction is where an access to care review is triggered." This includes a reduction of (\$1.4 million) from the Medicaid ACA Fund. The one-time reduction takes place in the current fiscal year 2026.	federal approval	Russ
28	\$ (6,500,000)	\$ -	\$ -	\$ (17,100,000)		Increases for Managed Care Organizations - Remove in FY 2027 the automatic rate increase in statute for Medicaid managed care organizations for accountable care organizations, substance use disorder plans, and prepaid mental health plans. The cost of 2% increase in FY 2027 is approximately \$7.1 million General Fund; however, FY 2027 will only get a 1.82% increase because of a one-time diversion of funds for applied behavioral analysis providers. The increase for those providers was included in the Executive Appropriations Committee's Base Budget Changes and Set-Asides .	statutory change	Russ
29	\$ (5,360,000)	\$ -	\$ 5,360,000	\$ (22,480,000)	\$ 449,500,000	Site Neutral Payments in Medicaid - State examples from the National Conference of State Legislatures: (1) Connecticut : "...[bans] on facility fees to on-campus outpatient current procedural terminology evaluation and management...codes and assessment and management...code services, with exceptions for the emergency department and observations stays for certain services." (2) Ohio : "Beginning January 1, 2028, prohibits a medical practice specializing in primary care from requiring a self-pay individual or third-party payor to pay a facility fee in connection with a primary care service provided to a patient at the practice. Applies to medical practices owned or operated by a hospital or hospital system." This reduction assumes effective FY 2028 that 5% of outpatient hospital costs could be reduced and that the proportion of hospital spending will be the same as FY 2025 actuals for fee-for-service traditional vs expansion spending on all hospital services.	no	Russ

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30	\$ (4,600,000)	\$ (9,000,000)	\$ 2,360,000	\$ (23,200,000)		Medicaid Pharmacy Rebates - "After DHHS implemented a new claims system in April 2023, certain data would not properly interface with the third party's system. Without receiving all the data, the third party was not able to report this data and send rebate invoices to the manufacturers. As a result, DHHS was not compliant with the requirements. The interface problem has still not been resolved in the current fiscal year. The unreported data relates to an estimated \$23.2 million in rebates manufacturers owe DHHS for fiscal year 2025 and \$49.2 million in aggregate." https://reporting.auditor.utah.gov/servlet/servlet.FileDownload?file=015Do000000rXIHIAU This reduction assumes that the pharmacy rebates for traditional vs expansion Medicaid would match the FY 2025 actuals for the pharmacy services budget programs in the Integrated Health Care Services line item. This item includes a reduction of (\$1,110,000) ongoing and (\$2,360,000) one-time from the Medicaid ACA Fund. The one-time reduction takes place in the current fiscal year 2026.	no	Russ
31	\$ (4,500,000)	\$ -	\$ -	\$ 4,500,000	\$ 4,500,000	Alternative Eligibility Fund (Ongoing) - End State-funded healthcare services to around 1,650 children effective June 1, 2026. Agency: "The state of Utah offers [Children's Health Insurance Program (CHIP)] benefits for non-citizen children called State CHIP. Children of working families may be eligible if they do not have other health insurance and cannot qualify for Medicaid or the traditional CHIP program due to citizenship status." "[for FY 2025] members had received more than 1,500 wellness visits with their pediatrician or other primary care provider; more than 850 dental visits and more than 650 immunizations. Families on the program are required to cost-share, including a \$575 deductible per child (\$1,600 per family)." In 2025 a household of four would have to make less than \$64,300 annually or full-time job(s) that pays less than \$30.80 hourly. See https://chip.utah.gov/state-chip/ for more information.	UCA 26B-3-910	Russ
32	\$ (4,200,000)	\$ -	\$ 1,100,000	\$ -	\$ 160,000,000	Counties to Pay Normal Share of Mental Health for Medicaid Expansion - UCA 17-77-201 and 17-77-301 indicate that counties are responsible to pay the match for Medicaid mental health and substance abuse services. UCA 26B-3-113(7) designates the State to pay the normal county share for the costs of Medicaid expansion populations. This would change that responsibility back to the counties. The money from the counties would be deposited into the General Fund. Counties could receive an equal amount of funding from the Medicaid ACA Fund, so state funding would remain at net \$0, but the services for which they have to pay would be expanded. This reduction also impacts the Medicaid ACA Fund.	UCA 26B-3-113(7)	Russ

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33	\$ (3,250,000)	\$ -	\$ -	\$ (8,570,000)	\$ 1,100,000,000	30 Day Hospital Readmission Claims Change - Make changes effective FY 2027 recommended by the Utah Office of Inspector General: (1) "The UOIG recommends that Utah Medicaid publish detailed policies and procedures directing the combination of 30-day hospital readmission claims, unless it is cost effective to bill the claim separately, in the Utah Medicaid Hospital Services Provider Manual." (2) "The UOIG recommends that Utah Medicaid develop controls that include programmatic edits to prevent automatic payment of any 30-day readmission claims billed outside of Utah Medicaid policy and procedures." Source: 30-day Hospital Readmission Billing Policy Audit, Audit Number 2023-01, August 19, 2025 This assumes that none of Medicaid's four accountable care organizations have this policy currently and that the savings for accountable care organizations would be proportional to fee-for-services estimated savings. For more information about the federal Medicare rule for this kind of payment, please see https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/hospital-readmissions-reduction-program-hrrp .	no	Russ
34	\$ (3,160,000)			\$ (8,330,000)		12-Month Postpartum Coverage in Medicaid - End the extra 10 months of post-partum coverage in Medicaid that began in January 2024. Agency: "Eliminating 12-Month Postpartum Coverage in Medicaid - Reverting to the standard 60-day coverage, which will severely impact maternal health outcomes and increase mortality rates by limiting access to necessary care following delivery. - Removing this funding could severely impact maternal health outcomes and increase adverse health outcomes by limiting access to necessary care following delivery. This would cause 7,563 women to lose Medicaid coverage. This could lead to mothers not being able to get the care they need so they can take of their children."	federal approval	Russ
35	\$ (3,100,000)	\$ -	\$ -	\$ (8,311,000)		Medicaid Adult Autism Coverage - Eliminate Medicaid autism-specific services (behavioral health and support) for around 360 adults 21+. The State has provided these services since July 2023.	no	Russ
36	\$ (3,000,000)	\$ -	\$ 3,000,000	\$ (7,900,000)	\$ 2,800,000,000	Shorten Retroactive Coverage of Medicaid Claims From 60 to 30 Days - Medicaid currently covers retroactively up to 90 days of medical services received prior to the date of application for Medicaid services. This reduction changes that retroactive coverage period to 30 days effective FY 2028. Federal H.R. 1, One Big Beautiful Bill Act, changes retroactive eligibility coverage from 90 to 60 days for traditional Medicaid and to 30 days for Medicaid expansion populations effective January 2027. By implementing the change to 30 days nine months earlier, the State may see additional one-time General Fund savings of (\$3.0) million in FY 2027 and (\$1.5) million in FY 2026. "As of August 2019, This matches federal changes for Medicaid expansion that will start January 2027. 30 demonstrations in 27 states have been approved to make changes to the retroactive eligibility period as part of Section 1115 demonstration waivers." See https://www.macpac.gov/wp-content/uploads/2019/08/Medicaid-Retroactive-Eligibility-Changes-under-Section-1115-Waivers.pdf for more information. Agency: "By reducing the retroactive coverage period, the state may experience initial savings as the new time frame will exclude some from coverage. Until they adapt to the policy, others may show up too late to cover services in past months. Once adapted to the policy, most will learn to act more quickly to apply for Medicaid."	federal approval	Russ

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37	\$ (2,100,000)	\$ (2,100,000)	\$ -	\$ (5,600,000)	\$ 2,530,000,000	Medicaid Clients Enrolled in 2+ States - "The audit team estimates Utah Medicaid made unallowable capitation payments to the [managed care entities] of...\$6.5 million for recipients concurrently enrolled February 1, 2024." The \$6.5 million estimate is for a 14 month period for the average time to disenroll a Medicaid member who has moved to another state. The reduction here annualizes the savings for twelve months (lower amount). This reduction assumes that an annualized amount of similar errors exist in the current and next fiscal year and that all the current errors can be resolved. See https://oig.utah.gov/wp-content/uploads/109.00-Audit-of-Concurrent-Capitations-Final-A2023-03.pdf for more information. The one-time reduction takes place in the current fiscal year 2026.	no	Russ
38	\$ (1,900,000)	\$ -	\$ -	\$ (5,100,000)	\$ 6,200,000,000	Remove Extrapolation Restrictions - Remove the statutory limitations on extrapolation for Medicaid recoveries by the Office of Inspector General. Current statutory limitations for service code payment audits include (1) 10% or higher error rate, (2) annual claims must exceed \$200,000, (3) educational interventions have failed to correct the problem, and (4) report intent to use extrapolation to the Social Services Appropriations Subcommittee. This reduction assumes that the amount of ongoing recoveries beginning in FY 2027 would be five times the amount of FY 2025 totals. In one example the Office of Inspector General estimated an increase in collections 30 times higher via extrapolation. The Office of Inspector General estimates that more than 30 states use extrapolation in some form. Agency: "Fraud, Waste, and Abuse calculations can fluctuate year over year so it's difficult to estimate what impact an extrapolation factor could have. Additionally, any extrapolated payback would have to be collected from a provider before it was realized. It would be better to take any cuts based off actual collections/savings." See https://le.utah.gov/interim/2023/pdf/00002949.pdf for more information.	UCA 63A-13-204	Russ
39	\$ (1,800,000)	\$ -	\$ -	\$ (4,800,000)	\$ 292,900,000	Remove Automatic Rate Increases for Pharmacy Medicaid - Find a way to change the reimbursement methodology for pharmacy reimbursement in Medicaid to stop giving an annual increase. \$1.8 million ongoing General Fund is an annual amount of potential savings in FY 2027, but there would be similar ongoing savings for each year in the future.	yes	Russ
40	\$ (1,718,200)	\$ (1,718,200)	\$ -	\$ -	\$ 32,523,500	Tobacco Settlement Restricted Account (Funding Swap) - From FY 2021 through FY 2025 average revenues of \$17,613,300 have exceeded average expenses (\$15,895,100) by \$1,718,200. The fund ended FY 2025 with a \$32.5 million fund balance. One of the current statutory purposes for this fund is children in the Medicaid program and the Children's Health Insurance Program. Beginning in FY 2026 this reduces General Fund ongoing by \$1,718,200 and replaces it with an equal amount of funds from the Tobacco Settlement Restricted Account. See https://cobi.utah.gov/fund/1320 for more information. The one-time reduction takes place in the current fiscal year 2026.	no	Russ
41	\$ (1,628,000)	\$ 2,713,000	\$ -	\$ -		Shift Medicaid Emergency Dental to University of Utah - Have the University of Utah dental network pay the state match for emergency Medicaid dental services and provide the services effective March 1, 2027. This would replace the General Fund used for emergency dental services in Medicaid.	federal approval	Russ

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42	\$ (1,400,000)	\$ -	\$ -	\$ (3,600,000)	\$ 7,167,500	Wasteful Spending in Medicaid - https://healthcarestats.utah.gov/wp-content/uploads/DHHS_Health-Waste-Calculator-Report_2023.pdf reported potential wasteful spending in Medicaid of \$7,167,500 total funds based on FY 2022 data. "The top 3 services flagged for Medicaid are 2 or more antipsychotic medications, opiates in acute disabling low back pain, and pediatric head computed tomography scans." This assumes that Medicaid could implement policies to capture 50% of those savings. Agency: "Medicaid has determined that these retroactively calculated measures of waste cannot be implemented with pre-payment controls. These measures do not reflect a review of individual prescriptions authorized or medical records associated. Medicaid disagrees with classifying the entirety of these items as wasteful and preventable." Other States have taken the following approaches: (1) for multiple antipsychotic medications - North Dakota and (2) for nonopioid alternatives to pain management - Illinois , Louisiana , Oklahoma , and Oregon .	federal approval	Russ
43	\$ (1,200,000)			\$ (4,521,500)		Breast and Cervical Cancer Coverage in Medicaid - This reduction ends special Medicaid coverage for about 30 clients with breast and cervical cancer with incomes from 138% up to 250% of the Federal Poverty Limit (FPL) effective April 1, 2026. These higher income individuals would be immediately eligible for coverage via the federal health insurance exchange or employer-based coverage and both would have higher copays compared to Medicaid. This program qualifies for a more favorable match rate than traditional Medicaid (state match of 25% rather than 35%).	federal approval	Russ
44	\$ (1,125,000)	\$ (275,000)	\$ -	\$ (2,967,400)	\$ 85,200,000	Home Health Rate - Rescind increase in home health rate that started in January 2026 effective April 1, 2026. See https://cobi.utah.gov/2025/5/issues/23683 for more information. The one-time reduction takes place in the current fiscal year 2026.	no	Russ
45	\$ (930,000)	\$ (223,100)	\$ -	\$ 1,384,000	\$ 7,500,000	Medicaid Non-emergency Medical Transportation - Non-emergency medical transportation is an optional service for traditional Medicaid clients who do not have a working vehicle in the household and are unable to ride on UTA bus services. This reduction ends these services effective April 1, 2026. Agency: "Eliminating this service, resulting in members' inability to receive needed medical services, will likely result in higher cost ambulance transportation costs and emergency room use in a hospital setting. Medicaid assumed emergency transportation would increase by 10% and emergency admissions by 3%. With those assumptions, because of the ambulance assessments, there is still a net [General Fund] savings of about 930k." This item includes an increase of \$38,000 from the Medicaid ACA Fund. The one-time reduction takes place in the current fiscal year 2026.	federal approval	Russ
46	\$ (900,000)	\$ (225,000)		\$ (3,696,100)		Air Ambulance Medicaid Rates - Effective April, 1 2026, roll back 1/2 of the rate increase for Medicaid air ambulance providers that started July 2023. See https://cobi.utah.gov/2023/5/issues/19948 for more information. The one-time reduction takes place in the current fiscal year 2026.	no	Russ
47	\$ (865,200)	\$ -	\$ 1,442,000	\$ (511,200)	\$ 3,257,200	Shift CHIP Dental to the U Dental School - Effective March 2027, have the U Dental School pay for the state match to provide dental services to around 12,100 CHIP clients. This would also shift the dental service delivery model from managed care to fee-for-service. Agency: "The total funds reduce because it would be a savings to move the program from Managed Care to [fee-for-service]."	UCA 26B-3-908	Russ

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48	\$ (863,400)	\$ -	\$ 863,400	\$ (4,600,000)	\$ 196,909,100	CHIP No Longer a Standalone Program - Agency: "DHHS engaged the financial actuary firm [Milliman] to assess the potential fiscal impact of transitioning the Separate CHIP benefit to a full [Medicaid-CHIP] benefit. The report provides directional estimates of the key cost drivers involved in this change. These drivers include changes in provider contracting levels between the Separate CHIP and Medicaid programs, changes in covered services, an assumed increase in utilization due to the removal of cost-sharing, and adjustments in the administrative workload between the two programs...The savings in physical health services would primarily come from changes to hospital payments...While this shift would generate savings for the state, it would transfer that financial burden to the hospitals...With the exception of hospitals, providers under the Select Health network would face reduced payment rates. Select Health presently pays commercial rates." The one-time offset is for a delayed start date until FY 2028. See https://le.utah.gov/interim/2025/pdf/00000453.pdf for more information.	UCA 26B-3	Russ
49	\$ (797,000)	\$ (199,000)	\$ -	\$ (5,760,000)	\$ 5,760,000	Lawfully Present Children - End coverage via the Children's Health Insurance Program Services effective April 1, 2026 for around 2,250 children who are lawfully present, but not citizens. The State has covered these children since FY 2016. Agency: "We are taking away coverage for lawfully present children who would have otherwise be required to meet the five-year bar. These individuals would need to find insurance coverage through the federally facilitated marketplace, private insurance or go without insurance coverage. This requires a change to the SPA, rule, policy, PRISM claims system, and eREP eligibility system." The one-time reduction takes place in the current fiscal year 2026.	no	Russ
50	\$ (610,000)	\$ -	\$ 610,000	\$ (2,610,000)	\$ 2,160,000,000	Medicaid Managed Care Administrative Costs - For Medicaid accountable care organizations serving traditional clients (prior to expansion) the agency currently assumes a 9% administrative spending by each accountable care organization in the capitated rates. Actual spending by Medicaid accountable care organization has been lower than 9% for some organizations. The savings comes from lower capitation rates beginning in FY 2028 to reflect historical spending on administration by individual managed care plans. This item includes a reduction of (\$97,600) from the Medicaid ACA Fund.	no	Russ
51	\$ (610,000)	\$ -	\$ 610,000	\$ (2,610,000)		Medicaid Managed Care Risk Sharing - Currently Medicaid accountable care organization have a risk corridor for capitated rates. If the accountable care organization spends more than 102% of revenues provided, then the State covers the extra costs. If the accountable care organization spends less than 98% of revenues provided, then the State receives the extra savings (the accountable care organization pays the State the difference). This would change future contracts beginning in FY 2028 to only have underspending come back to the State and the accountable care organization take full risk responsibility. This item includes a reduction of (\$97,600) from the Medicaid ACA Fund.	no	Russ
52	\$ (543,000)	\$ (133,000)	\$ -	\$ (2,521,000)	\$ 18,000,000	Medicaid Pharmacy Dispensing Fee - Rescind the increase in pharmacy dispensing fee that began in July 2024 in Medicaid effective April 1, 2026. See https://cobi.utah.gov/2024/5/issues/22499 for more information. This reduction includes (\$113,700) ongoing from the Medicaid ACA Fund. The one-time reduction takes place in the current fiscal year 2026.	no	Russ

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53	\$ (519,000)	\$ (519,000)		\$ -		Prison Healthcare Medicaid Expansion Billing - There are around 150 Medicaid-eligible inmates. Many of those are eligible because of Medicaid expansion and the state match for their medical services provided outside of the prison should come from the Medicaid ACA Fund. There is currently \$0 Medicaid ACA Fund in Correctional Health Services. See https://cobi.utah.gov/2026/3925/financials for more information. Each 1% funding exchange of all appropriated General Fund represents (\$519,000).	no	Russ
54	\$ (496,000)	\$ (124,000)	\$ -	\$ (3,080,000)	\$ 3,080,000	UPP Program - End funding effective April 1, 2026. Utah's Premium Partnership for Health Insurance (UPP) allows around 1,890 individuals to receive a partial reimbursement of their health and/or dental insurance premium using CHIP funds if enrolled in their employer's health care coverage or in COBRA continuation coverage. UPP reimburses monthly up to \$180 per child to pay the premiums of qualifying employer-sponsored health insurance and up to \$20 monthly for qualifying employer-sponsored dental insurance. If children do not have access to affordable employer-sponsored dental insurance or if they do not enroll in employer-sponsored dental insurance, dental coverage will be provided through CHIP. Adults who do not qualify for the main Medicaid program may qualify for the Utah Premium Partnership (UPP) program. Medicaid operates the Utah's Premium Partnership for Health Insurance for adults and children (UPP), which pays monthly up to \$300 per eligible adult and up to \$180 for each child to pay the premiums of qualifying employee-sponsored health insurance. Adults who qualify can make up to 200 percent of the Federal Poverty Level. Includes an ongoing reduction of (\$107,800) from the Medicaid ACA Fund. The one-time reduction takes place in the current fiscal year 2026.	statutory change?	Russ
55	\$ (336,600)		\$ 336,600	\$ (1,270,000)	\$ 196,909,100	CHIP Mandate Lower Rates for Select Health - The Children's Health Insurance Program may serve around 13,000 children in FY 2027. This reduction mandates that managed care providers not pay higher than Medicaid rates for reimbursement starting in FY 2028. Currently, one provider, Select Health pays providers at commercial rates. This reduction is taken out of the savings from the reduction "CHIP No Longer a Standalone Program". See https://le.utah.gov/interim/2025/pdf/00000453.pdf for more information.	statutory change	Russ
56	\$ (286,800)	\$ (71,700)	\$ -	\$ (573,600)		Medicaid FTE - Eliminate funding effective April 1, 2026 for 4.5 FTE positions in Medicaid administration. Agency: "This reduction could result in delays in response times to members and providers, delays in responding to requests, etc." The one-time reduction takes place in the current fiscal year 2026.	no	Russ
57	\$ (205,000)	\$ (51,300)	\$ -	\$ (540,000)	\$ 291,000,000	Medicaid Transplant Organ Acquisitions - This reduction ends the Medicaid reimbursement for transplant organ acquisitions for funding that started in July 2025 effective April 1, 2026. This reduction reduces (\$50,000) from the Medicaid ACA Fund. See https://cobi.utah.gov/2025/3593/issues/23727 for more information. The one-time reduction takes place in the current fiscal year 2026.	federal approval	Russ

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58	\$ (98,100)	\$ (24,500)	\$ -	\$ (271,200)	\$ 271,200	Medicaid Doula Services - The Legislature recently funded the inclusion of doula services for pregnant Medicaid clients. The agency is on track to begin providing doula services in April 2026. This would stop funding for those services and not provide the new service. The reductions here include reductions of (\$1,500) General Fund (\$6,000 total funds) to the Inspector General of Medicaid Services involved in the implementation of this program, but outside of the purview of the Social Services Appropriations Subcommittee. See https://cobi.utah.gov/2025/3593/issues/24210 for more information. The one-time reduction takes place in the current fiscal year 2026.	statutory change	Russ
59	\$ (90,800)	\$ (22,700)	\$ -	\$ (3,589,900)	\$ 29,800,000	12% Rate Enhancement for Rural Physicians - For many years rural physicians have received a 12% higher than the normal Medicaid reimbursement rate. As of 2024 Utah Medicaid paid 77.5% of Medicare base rates. This reduction would end the 12% enhancement effective April 1, 2026. Agency: "The Department opposes eliminating the 12% reimbursement enhancement for physicians in rural areas due to the potential impact on access to care...This rate reduction...would trigger an access to care evaluation by CMS [Centers for Medicare and Medicaid Services]. It is unlikely that CMS would approve such a cut." This includes a reduction of \$X from the Medicaid ACA Fund. The one-time reduction takes place in the current fiscal year 2026.	federal approval	Russ
60	\$ (89,000)	\$ -	\$ 66,800	\$ (350,000)	\$ 292,857,200	Immunosuppressive Drugs Medicaid - Include immunosuppressive drugs on Medicaid's preferred drug list for new clients going forward effective March 1, 2027 when the new pharmacy point-of-sale system goes live. Immunosuppressive drugs help a client who has received an organ transplant to not reject the new organ. Current statute prohibits the inclusion of immunosuppressive drugs on the preferred drug list. Including a drug on the preferred drug list allows for equally efficacious but lower cost drugs to be prescribed first. October 2023 motion passed by Social Services: Express subcommittee support for a bill file to amend Medicaid's preferred drug list to include immunosuppressive drugs. This item includes a reduction of (\$11,500) from the Medicaid ACA Fund.	statutory change	Russ
61	\$ (88,700)	\$ (115,600)	\$ -	\$ (222,000)	\$ 222,000	Disability Coverage Amendments (H.B. 310 2025 G.S.) - The bill extended Medicaid wraparound services to clients with a disability who had incomes from 250% to 800% of the federal poverty level. End this newly approved program for around 30 Medicaid clients and removes all \$137,100 one-time funding provided in FY 2026 as information technology programming work has not started. The one-time amount listed here accounts for the (\$21,500) one-time reduction proposed in the item entitled "Disability Coverage Amendments (2025GS)". The reductions here include reductions of (1) (\$1,500) General Fund ongoing (\$6,000 total funds) to the Inspector General of Medicaid Services and (2) (\$1,400) ongoing and \$12,100 one-time General Fund (\$5,400 ongoing total funds) to the Department of Workforce Services involved in the implementation of this program, but outside of the purview of the Social Services Appropriations Subcommittee. See https://cobi.utah.gov/2025/3593/issues/24194 for more information. The one-time reduction takes place in the current fiscal year 2026.	statutory change	Russ

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62	\$ (50,700)	\$ -	\$ 50,700	\$ (507,400)	\$ 3,343,100	Long-acting Reversible Contraception - Remove the requirement and funding to separately reimburse long-acting reversible contraception effective for FY 2028 for accountable care organization and fee-for-service rates. This reimbursement is currently paid to hospitals on top of baby delivery charge if inserted after delivery and before discharge. Agency position: "Support. Given the low utilization (50 in 4 years [in fee-for-service]) and the current overall reimbursement to hospitals, having this item carved-out of the Diagnosis-related Group payment does not make sense to continue. The actual utilization is much lower than was predicted. In calendar year 2023, there were only 35 long-acting reversible contraception encounter claims [in accountable care organizations]. This means the accountable care organizations received \$13,543 for each long-acting reversible contraception while the average fee-for-service rate is ~\$1,021." The law to begin providing this separate reimbursement was " H.B. 12 Family Planning Services Amendments " from the 2018 General Session. The one-time offset is for a delayed start date until FY 2028.	UCA 26B-3-133	Russ
63	\$ (50,000)	\$ (50,000)	\$ -	\$ (160,700)	\$ 2,500,000,000	Deceased Medicaid Member Payments Utah Medicaid spent \$321,400 total funds in FY 2023 and FY 2024 on capitation payments for deceased members. This reduction assumes that the 1/2 of the total funds is the annualized amount and that the agency can recoup those funds from Medicaid's four accountable care organizations beginning in FY 2026. See https://oig.utah.gov/wp-content/uploads/Audit-Report-Final-A2022-01.pdf for more information. "During the 3-year audit period, Utah Office of Inspector General (UOIG) identified approximately \$1.5 million in unrecovered overpayments. UOIG recommends that DHHS recover overpayments not yet recovered, increase oversight, and strengthen existing procedures to reduce the possibility of future unallowable and unrecovered capitation payments after death." Please see https://le.utah.gov/interim/2024/pdf/00000490.pdf for more information. The one-time reduction takes place in the current fiscal year 2026.	maybe	Russ
64	\$ (37,800)	\$ (9,500)	\$ -	\$ (75,600)	\$ 75,600	Indian Health Liaison - From the agency job description: "The Indian Health Liaison serves as the main resource, advocate and communication link between the Department of Health & Human Services and Utah's American Indian/Alaska Native health care community." Agency: "They coordinate consultation with tribes which is required under 42 CFR 431.408(b) and other sections." This reduction assumes that this work could be performed by other staff. End funding effective April 1, 2026. The one-time reduction takes place in the current fiscal year 2026.	no	Russ
65	\$ (5,400)	\$ -	\$ -	\$ (10,800)	\$ 21,600	Medicaid Out-of-state Travel - Reduce out-of-state travel by 50% for Medicaid administrative staff. Agency: "Medicaid staff have limited travel to attend conferences where other state Medicaid leaders share lessons and best practices. Examples include National Association of Medicaid Directors and Medicaid Enterprise Systems Conference. These conferences also are attended by CMS and are some of the best ways to bring Utah Medicaid's questions to other state and federal experts."	no	Russ
66	\$ (2,400)	\$ -	\$ -	\$ (4,800)		Medicaid Training - Reduce training in Medicaid by 25%. Agency: "Currently staff attending conferences and trainings on a variety of topics including new developments in Medicaid, systems updates, increasing technical skills, and topics related to continuing professional education required to maintain licenses."	no	Russ

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67	\$ -	\$ (31,900)	\$ -	\$ (85,000)		Nursing Care Medicaid Rate (Delay) - This reflects a delay of two weeks for billing to start at the higher rate for the nursing home and intermediate care facilities for individuals with disabilities Medicaid rate increase that officially started in July 2025. See https://cobi.utah.gov/2025/3593/issues/23607 for more information. The one-time reduction takes place in the current fiscal year 2026.	no	Russ
68	\$ -	\$ (13,000)	\$ -	\$ (249,500)	\$ 249,500	Planned Parenthood OBBBA - Medicaid funding can't go to Planned Parenthood as per a provision includes in federal H.R. 1, The One, Big, Beautiful Bill Act for the duration of FY 2026. Agency: "DHHS is assessing whether Planned Parenthood Association of Utah qualifies under HR1 prohibited entities provision and will comply with federal law accordingly." This includes a reduction of (\$12,000) from the Medicaid ACA Fund. The one-time reduction takes place in the current fiscal year 2026.	no	Russ
69	\$ (2,300,000)					Licensing and Background Checks - This proposal would reduce ongoing state funds appropriated to the division tasked with licensing state-approved facilities and performing background checks for employees. To make up for these reduced state funds, the Division would need to increase fees on consumers for their services.		Sean
70	\$ (1,271,000)				\$ 1,270,700	Medical Education Council - This proposal would eliminate the entire ongoing Income Tax Fund appropriation for the Health Care Workforce Council. The Council conducts health care workforce research, advises on Utah's training needs, influences graduate medical education financing policies, and facilitates the training of healthcare professionals in rural areas of the state. COBI	No	Kevin
71	\$ (860,000)	\$ 1,000,000			\$ 4,297,900	Primary Care and Rural Health Reduction - This proposal reduces ongoing General Fund support for the Office of Primary Care and Rural Health by 20%, with a \$1 million one-time appropriation to backfill services provided to rural populations for a three-year period. The office oversees programs including the Health Care Workforce Financial Assistance Program, the Rural Physician Loan Repayment Program, the Dental Lifeline Network, and the Assistance to Persons with Bleeding Disorders. COBI	No	Kevin
72	\$ (759,700)	\$ (759,700)	\$ -	\$ -	\$ 14,660,800	Electronic Cigarette Substance and Nicotine Product Tax Restricted Account (GFR) (Funding Swap) – The Electronic Cigarette Substance and Nicotine Product Proceeds Restricted Account had revenues in FY 2025 of \$16,978,400 vs appropriations of \$16,218,700 and an ending balance of \$14,660,800. In FY 2025 this means that the revenues exceeded appropriations by \$759,700. This assumes that a program that is currently receiving General Fund could be added to statute as a qualifying use of this fund and the General Fund reduced. The one-time reduction takes place in the current fiscal year 2026.	UCA 59-14-807	Russ

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73	\$ (681,100)	\$ -	\$ -	\$ (681,100)	\$ 681,600	Discretionary Immunization Funds - Agency: (1) "Used to purchase vaccine for special projects, Vaccines for Children incentives, salaries and outbreak response." (2) "Eliminating state funds to support the immunization program would significantly impact the ability of the public health system in Utah to prevent and respond to disease outbreaks. The flexibility of these state dollars is a major asset and has enabled the state to rapidly purchase and supply doses to local partners to address outbreaks (like measles or hepatitis A) or targeted efforts in specific populations (like homeless and corrections). This change would leave the program entirely dependant upon federal resources that do not allow or have significant limitations on the purchase of vaccine." This reduction ends this funding.	no	Russ
74	\$ (613,800)	\$ -	\$ -	\$ (613,800)	\$ 6,112,500	Minimum Performance Funding for Local Health Departments - This reduction reduces by 10% the amount provided by the State to the 13 local health departments to comply with minimum performance standards set by the State in UCA 26a . Agency: "The Utah public health system is primarily supported by federal funds. This funding supports minimum capacity across the system. Federal funds are siloed and often specific to disease outcomes. These funds ensure local health departments are able to maintain core capacity."	no	Russ
75	\$ (538,100)	\$ (134,500)	\$ -	\$ (538,100)	\$ 538,100	Food And Environmental Health State - Agency: "This program promotes compliance with the statutory requirements for creating and managing rules for sanitation...It has the primary goal to prevent and/or reduce illness, premature death, and disability due to the effects of secondhand smoke, contaminated food, and poor sanitation at public food service establishments, public swimming pools, public lodging, schools, and many other public places." End this program effective April 1, 2026. The one-time reduction takes place in the current fiscal year 2026.	UCA 26B-7-402	Russ
76	\$ (258,300)	\$ (64,600)	\$ -	\$ (258,300)	\$ 258,300	Parkinson's Disease Electronic Reporting - Eliminate funding effective April 1, 2026 to support a database at the University of Utah to support Parkinson's disease research. See https://healthyaging.utah.gov/parkinsons-disease-registry/ for more information. The one-time reduction takes place in the current fiscal year 2026.	no	Russ
77	\$ (203,000)	\$ (50,800)	\$ -	\$ (203,000)	\$ 1,067,100	Brain and Spinal Cord Injury Fund - Eliminate all the ongoing General Fund deposit for the Brain and Spinal Cord Injury Fund effective April 1, 2026 (\$203,000 in FY 2026). The fund ended FY 2025 with a balance of \$1,067,100. For FY 2025 the General Fund deposit represented 30% of all revenues received by the fund. The agency uses the fund to educate the public, coordinate short-term care, provide post acute neuro rehabilitation therapy (Physical, Speech and Occupational Therapy), and support an information and referral system for persons with a traumatic brain or spinal cord injury. If the Legislature wanted to replace the General Fund deposit, then it could raise the fees by 43% coming from the following sources that already contribute revenue to the fund: (1) off-highway vehicle registration, (2) motorcycle registration, and (3) vehicle impound fees. The one-time reduction takes place in the current fiscal year 2026. See https://cobi.utah.gov/2025/265/financials or https://cobi.utah.gov/fund/2250 for more information. The one-time reduction takes place in the current fiscal year 2026.	no	Russ

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78	\$ (75,000)	\$ (75,000)	\$ -	\$ -	\$ 320,000	Immunization Fees to Match Cost (Funding Swap) - Increase three immunization system fees charged to healthcare plans to more closely align with costs, which may increase revenue by \$75,000. This reduces General Fund to match the fee revenue increase. The proposed changes in fee amounts are on tab "Immunization Fees" in column W "LFA Amount". The one-time reduction takes place in the current fiscal year 2026.	fee changes	Russ
79	\$ (55,000)	\$ (55,000)			\$ 240,000	Fee Revenue Increase Immunization System (Funding Swap) - The Utah Statewide Immunization Information System collected \$190,000 in FY 2025 from health plans. The agency estimates collections to increase \$55,000 to \$245,000 in FY 2026 or FY 2027. This reduction reduces General Fund ongoing to match the fee revenue increase. The one-time reduction takes place in the current fiscal year 2026.	no	Russ
80	\$ (40,000)			\$ (40,000)	\$ 25,000	Utah Association of Local Health Departments - End State funding provided to the Utah Association of Local Health Departments. The contract helps pay for a health liason staff.	no	Russ
81	\$ (14,700)	\$ -	\$ -	\$ (14,700)	\$ 14,700	Opiate Abuse Prevention Pamphlets - The Legislature provided \$14,700 ongoing General Fund beginning in FY 2019 to develop and distribute 111,000 warning labels and pamphlets to over 550 pharmacies statewide. Another entity might be able to pay for these costs or these materials would simply not be distributed by the State.	UCA 26B-4-514 - H.B. 257 does this.	Russ
82	\$ (12,600)	\$ -	\$ -	\$ (12,600)		Student Asthma, School Prescription, Genital Mutilation - Eliminates funding for the student asthma relief program, school prescription amendment support, and genital mutilation prohibition program.	statutory change	Russ
83	\$ (3,200)	\$ (3,200)	\$ -	\$ (3,200)	\$ 3,200	HIV Testing of Alleged Sex Offenders - https://le.utah.gov/~2011/bills/static/hb0324.html H.B. 324 HIV Testing of Alleged Sex Offenders is not being used by anyone. This reduction ends ongoing funding for the program beginning in the current fiscal year. The one-time reduction takes place in the current fiscal year 2026.	statutory change	Russ
84	\$ -	\$ (41,600)	\$ -	\$ -	\$ 41,600	Unspent Tobacco Admin Funds (Funding Swap) - The agency did not spend \$41,600 for administration from the Tobacco Settlement Restricted Account in FY 2025 in the Public Health, Prevention, & Epidemiology line item. This appropriates funding from the Tobacco Settlement Restricted Account and reduces an equal amount of General Fund one-time in the current fiscal year 2026.	no	Russ
85	\$ (21,810,000)			\$ (57,526,400)	\$ 219,461,900	Division of Services for People with Disabilities Waiver Reimbursement Rates - This proposal implements a 10% rate reduction for all providers supplying services under the Community Services Waiver, Physical Disability Waiver, Acquired Brain Injury Waiver, and Community Transition Waiver. The Limited Supports Waiver is excluded, as it is proposed for elimination. These reductions are based on FY25 actual expenditures. According to FY25 data, approximately 37,209 individuals received services through these waivers.	Federal Approval	Kevin
86	\$ (5,850,000)			\$ (15,439,900)	\$ 221,933,600	Non-Medical Transportation Waiver Rate Change - This reduction would eliminate ongoing General Fund appropriations for non-medical transportation services only in areas where Utah Transit Authority (UTA) services are available and have sufficient capacity. In these areas, transportation support would be provided through UTA transit passes effectively shifting transportation costs from DSPD funded waiver services to UTA. DSPD would retain the ability to provide non-medical transportation services in areas where UTA service is unavailable or where UTA lacks the capacity to meet individualized transportation needs.	Federal Approval	Kevin

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87	\$ (981,200)					Peer Support Program - Removing this funding would result in eliminating the peer support program completely. The peer support program is intended to connect people and their families who are on DSPD's waiting list to essential resources and offer social support. These time-limited peer support services are intended to help bridge the gap while the person is on the waiting list by providing practical assistance, resources, and social support, thereby improving the resilience and overall experience for those in need of DSPD services. This service was intended to support 279 people at any given time.		Kevin
88	\$ (930,000)			\$ (2,463,100)	\$ 9,841,000	Disability Respite Waiver Adjustment - This proposal reduces allowed services under existing respite waivers by 25%. The Respite Waiver provides temporary relief for primary caregivers by offering short-term, substitute care and services. This reduction applies to respite services within the Community Services Waiver, Acquired Brain Injury Waiver, and Community Transition Waiver, and is in addition to the existing 10% cut to these waivers. As of FY25 actuals, 1,346 individuals utilize these services. This reduction does not include overnight respite camp services.	Federal Approval	Kevin
89	\$ (860,000)			\$ (2,259,800)	\$ 2,259,800	Limited Supports Waiver - This proposal eliminates the Limited Supports Waiver Program, which provides limited services and supports to individuals on the Disability Waitlist while they await full services. In FY2025, 397 people received services under this waiver.	Federal Approval	Kevin
90	\$ (799,600)					Division of Services for People with Disabilities Overtime Freeze - This proposal would eliminate overtime usage within the Division of Services for People with Disabilities effecting 11 FTE's. The division would operate within standard work hours and existing staffing levels, including staff and contracted resources that support casework software maintenance.		Kevin
91	\$ (320,000)			\$ (854,600)	\$ 221,933,600	Overnight Respite Camping Service - This proposal eliminates the overnight respite camping service provided through the Community Support Waiver for individuals with disabilities. In FY2025, 291 individuals utilized this service.	Federal Approval	Kevin
92	\$ (20,000)					Division of Services for People with Disabilities Professional Development - This proposal would eliminate funding for professional development within the Division of Services for People with Disabilities. The funding currently supports employee participation in conferences and trainings on topics such as autism services, homelessness and housing, brain injury support, employment supports, government accounting, and business-related technical skills.		Kevin
93	\$ (19,900)					Long-term Services and Support travel reductions - Removing this funding would reduce all out of state travel to zero and reduce in-state travel by 50%. Only the most critical in-state travel focused on visits to people or care coordination would be approved.		Kevin
94	\$ (38,000)				\$ 55,300	Operations Travel Restrictions and Suspension - Elimination of Non-mandatory travel within the Operations line item. This means non-mission critical travel like conferences, trainings, etc.		Sean
95	\$ (10,000)				\$ 425,530	Supply and Promotional Item Purchases - Reduced supply and DHHS-branded items for distribution to staff and the public		Sean
96	\$ (2,758,800)					Closure of Juvenile Justice Youth Services Centers - This proposal would close the Canyonlands Youth Center and the Iron County Youth Center. The closures would discontinue emergency shelter and rehabilitative services currently provided to youth in those regions.		Kevin

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97	\$ (1,200,000)					Closure of Juvenile Justice Youth Services ALTA Facility - This proposal would close the Adult Living for Transitional Achievement (ALTA) facility, operated by the Division of Juvenile Justice Services. ALTA provides services to help youth reintegrate into the community after out-of-home placement.		Kevin
98	\$ (1,000,000)					Live for Life Contract - This proposal would eliminate funding for the Live for Life contract, reducing specialized placement options for youth who are co-defendants. The reduction would decrease available bed capacity from 26.86 to 24 beds, which may result in waitlists for youth needing this type of placement. Based on the average 125-day length of stay, each bed serves approximately 2.9 youth per year, and the reduction could affect 28 to 35 youth annually. Remaining placements would operate at full capacity		Kevin
99	\$ (930,000)					Eliminate Salt Lake Shelter Contract - Youth requiring shelter or Juvenile Receiving Center (JRC) services in Salt Lake County will necessitate additional transportation to reach that facility in Davis County. For reference, Farmington Bay Shelter and JRC: Current capacity is staffed for 10 beds in shelter/ JRC. They had 705 admits to their Shelter and JRC programs from 11/30/24-12/01/25.		Kevin
100	\$ (1,500,000)				\$ 1,500,000	Medical Residency Grant Program — Eliminates all ongoing Income Tax Fund appropriations for the Medical Residency Grant Program. This program provides state funding to support medical residency training programs intended to expand physician training opportunities in Utah. Currently, funding supports two programs: the Community Health Centers Family Medicine Residency and the University of Utah Internal Medicine Primary Care. Both programs are newly established and at full capacity, each program would support 12 residents—four Post Graduate Year-1s (PGY), four PGY-2s, and four PGY-3s. COBI	No	Kevin
101	\$ (288,200)				\$ 8,858,500	Office of Medical Examiner Transportation Cost Sharing - This proposal shifts the cost of return trips for bodies transported to and from the Office of the Medical Examiner (OME) in Salt Lake City to local governments and counties. The OME has jurisdiction statewide and investigates deaths under suspicious or unexplained circumstances throughout Utah. The reduction is based on 550 bodies transported and reflects the cost currently borne by the state for these transportation services.	No	Kevin
102	\$ (275,000)				\$ 550,000	Forensic Psychiatry Grant Program Reduction - This proposal would reduce Income Tax Fund support for the grant program by 50%. The program provides a Forensic Psychiatric Fellowship for the State Prison and currently funds two fellowship slots. COBI	No	Kevin
103	\$ (200,000)				\$ 8,858,500	Use of Qualified Patient Enterprise for Medical Examiner Toxicology Testing. This proposal would use existing fee revenue from the Universal Transaction Fee to cover toxicology testing performed by the Office of the Medical Examiner (OME). The workload for toxicology testing may have increased with the introduction of legal cannabis, as all cases require testing regardless of whether cannabis use was legal or illegal. Using fee revenue would allow a reduction in ongoing General Fund support for the OME. The fund balance is currently \$9.7 million, and projected costs for toxicology testing in FY2026 are \$298,300. Over the past four months, approximately 79.91% of these costs have been funded through state General Funds.	statutory change	Kevin
104	\$ (40,000)					Office of the Medical Examiner Uniforms - This proposal would eliminate funding for employee uniforms in the Office of the Medical Examiner. Staff would continue using existing uniforms.		Kevin

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105	\$ (35,000)					Office of Medical Examiner Travel Reduction - This proposal would eliminate funding for travel to professional conferences for the Office of the Medical Examiner. Certain professional credentials may require ongoing training, and employees would need to cover travel costs personally to maintain these credentials.		Kevin
106	\$ (25,000)				\$ 8,858,500	Infant Cremation Permits Fee Waiver - This proposal would eliminate ongoing General Fund appropriations for the program that covers cremation permit costs for patients under one year old. COBI	No	Kevin
107	\$ (354,900)				\$ 23,400,500	Cuts to the Office of Recovery Services (ORS) - Eliminating 15 probationary staff, delaying the processing of child support and recovery cases.		Kevin
108	\$ (309,100)				\$ 11,624,400	Office of Recovery Services Criminal Non-Support Program and Calm App - This proposal would eliminate the Criminal Non-Support Program within the Office of Recovery Services, requiring the office to rely on administrative and civil judicial remedies. The proposal would also remove funding for the Calm App, which is currently used for employee health and wellness initiatives.		Kevin
109	\$ (241,200)	\$ (60,300)				Office Of Recovery Services Information System Modernization Effort - Cancellation of the Office of Recovery Services' computer system update contract with Deloitte. Reduction effective April 1, 2026.		Kevin
110	\$ (23,602,800)				\$ 23,602,800	Population Based Mental Health Funding - This proposal would eliminate the full amount of funding passed through from the state to local mental health and health departments and authorities. Counties and municipalities would need to develop their own revenue sources to support this programming if they would like to continue it.		Sean
111	\$ (350,000)				\$ 309,500	Suicide Prevention and Education Fund Use Increase - DHHS is directed to utilize up to \$350 K ongoing from this fund (2270) to support suicide prevention programming currently supported by state funds (up to \$900 K, definitely more going to suicide prevention and support programming) This fund carries over a large balance each year and this amount is less than the average annual deposits		Sean
112	\$ (350,000)				\$ 350,000	State Suicide Prevention Program - Elimination of \$350 K appropriated for a state suicide prevention program as part of H.B. 236 from the 2022 General Session. This grant program would provide integrated physical and behavioral health services under a collaborative care model meaning a formal collaborative arrangement between a primary care physician, a mental health professional, and a care manager, to provide integrated physical and behavioral health services.		Sean
113	\$ (340,000)				\$ 340,000	Children's Center Pass Through - This proposal would eliminate \$340 K in ongoing pass-through funding to the Children's Center of Utah. The analyst recommends that the state funding be eliminated and they seek other sources of funding to support their operations.		Sean
114	\$ (322,800)				\$ 322,800	Psychiatric Consultation Program - Reduce the availability of pediatric psychiatric consultation for providers statewide. These reductions would also impact the availability of care coordination for complex cases.		Sean
115	\$ (150,000)				\$ 150,000	Bridle Up Hope - Eliminate \$150 K ongoing pass-through funding for equine therapy. First funded ongoing in 2025 GS. Recommend reduction due to the pass-through being only a year old. Would suggest that the organization seek non-state sources of funding.		Sean

Row #	Ongoing State Fund [1]	One-time State Fund [2]	One-time State Fund offset	Total Funds [3]	Base Total Funding/ Fund Balance [4]	Budget Reduction Options Staff Menu - Generally Opposed by the Agency [5]	Requires Other Changes?	LFA
116	\$ (142,300)				\$ 10,061,610	State Substance Use Disorder Funds for Treatment and Prevention - Reduction of funds available to prevent SUD and to treat those affected by it.		Sean
117	\$ (66,800)				\$ 3,094,000	SUMH Travel and Unfilled Position - Elimination of non-mandatory travel and an unfilled position within the Substance Use and Mental Health Division. This would include non-essential staff conferences or off-site or out-of-state trainings.		Sean
118		\$ (200,000)			\$ 794,825	Homelessness and Mental Health Support - This funding, appropriated during the 2025 General Session, (https://cobi.utah.gov/2025/1/issues/23752) has not been spent as the Department of Health and Human Services has not been able to enter into a contract with the recipient agency, Problems Anonymous Action Group (PAAG).		Sean
119		\$ (50,000)			\$ 50,000	Mental Health Care Study Amendments Funding - This one-time reduction is from a funding item from a bill passed during the 2025 General Session. The recipient agency has not been able to prepare data for the study as intended in HB 365 and will not fully expend their appropriation. https://le.utah.gov/~2025/bills/static/HB0365.html		Sean
120	\$ (239,400)					Utah State Developmental Center Positions (Support, Maintenance, Safety) - This proposal would eliminate positions responsible for workers' compensation and safety, data analysis, and privacy records at the Utah State Developmental Center. Responsibilities would shift to residential unit managers, along with certain tasks such as Title XIX reporting, fire drills, fire system testing, and workers' compensation claims		Kevin
121	\$ (230,300)	\$ (57,600)			\$ 22,434,300	Utah State Developmental Campus Dental Staffing Changes - Effective April 1, 2026, this proposal reduces staffing at the Utah State Developmental Campus (USDC) by 0.5 FTE dentists and 1 FTE dental assistant. Following this change, USDC clients would receive dental services in a manner similar to other clients served through the DSPD waiver in the community.	No	Kevin
122	\$ (5,000,000)				\$ 4,201,075	Utah State Hospital Operations - \$5 M reduction of state-funded operating expenses. To be achieved through unit reductions or staffing decisions, supply purchase reductions and other methods.		Sean
123	\$ (3,363,700)				\$ 3,363,700	Utah State Hospital Unit Closure - Would eliminate 30 adult civil beds. The Department estimates this would increase wait times for the local mental health authorities to 6-12 months for an adult civil patient. Patients waiting for a bed at USH would need to remain being treated by the community, when community treatment options aren't able to safely meet the person's needs.		Sean
124	\$ (81,700)				\$ 1,091,680	Utah State Hospital Hiring Freeze and Groundskeeping Costs - Elimination of new hires at the State Hospital and reduced groundskeeping expenditures		Sean
125	\$ (41,100)					Utah State Hospital Conventions and Trainings - Eliminate all non-essential conventions and trainings at the State Hospital.		Sean
126	\$ (25,700)					Utah State Hospital Maintenance Inventory and Furniture Purchases - Reduction in standing supplies of maintenance items and reduced furniture purchases. The Hospital regularly purchases supplies ahead of need to keep a stock on hand. This reduction would reduce the amount kept on hand. Same with furniture in case new pieces are needed due to wear and tear.		Sean
127	\$ (25,200)					Utah State Hospital Travel Restrictions and Suspension - Elimination of Non-mandatory travel within the Operations line item. This would include non-essential staff conferences or off-site or out-of-state trainings.		Sean

Row #	Ongoing State Fund [1]	One-time State Fund [2]	One-time State Fund offset	Total Funds [3]	Base Total Funding/ Fund Balance [4]	Budget Reduction Options Staff Menu - Generally Opposed by the Agency [5]	Requires Other Changes?	LFA
128	\$ (19,100)					Utah State Hospital Supplies and Copies - Reduction in supply purchases for both durable goods and one-time medical supplies. Reduction in copy expenses campus-wide as well.		Sean
129	\$ (13,000)			\$ (13,000)		Utah State Hospital Overtime Reduction - Utilization of Techs to cover overtime needs. These employees will cover shifts that would have otherwise resulted in overtime being worked. The difference is a net savings.		Sean
126	\$ (197,114,300)	\$ (34,406,300)	\$ 15,799,500	-12.4%	\$ 23,721,296,737	Grand Total - Budget Reduction Options Staff Menu - Generally Opposed by the Agency		

[1] State Fund = General Fund or Income Tax Fund

[2] Positive one-time funds usually are to backfill an ongoing reduction that will start later in the future.

[3] If there are numbers in both the Ongoing and One-Time State Funds columns, then Total Funds represents ongoing funds. Other funds are usually federal funds unless noted otherwise in the text.

[4] The Base Total Funding is ongoing FY 2027 funding from all sources and may be broader or more targeted depending on the scope of the item. For accounts the base is the balance in the account.

[5] Please visit <https://cobi.utah.gov/2026/5/issues> for updated descriptions of reduction options.