

Logan J. Monson proposes the following substitute bill:

**Social Services Amendments**

2026 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Logan J. Monson**

Senate Sponsor:

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**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

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

35  
36 *Be it enacted by the Legislature of the state of Utah:*

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

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

39 (1) As used in this section:

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

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

42 (ii)(A) is eligible to enroll under a waiver that provides coverage that is equivalent  
43 to minimum essential coverage as described in 26 U.S.C. Sec. 5000A;

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

45 (C) is not pregnant;

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

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

50 (b) "Health care professional" means an individual practicing within the scope of the  
51 individual's professional license.

52 (c) "Work requirements" means the requirements established by 42 U.S.C. Sec.  
53 1396a(xx).

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

55 (3)(a) The department may not enroll an applicable individual in Medicaid unless, at the  
56 time of application, the individual demonstrates compliance with the work  
57 requirements for one month immediately preceding the month during which the  
58 individual applies.

59 (b) The department:

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

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

62 (c) The department shall verify an applicable individual's compliance with work  
63 requirements through state wage data, Department of Workforce Services records,

64 education or training program enrollment, or verified volunteer service  
 65 documentation.

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

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

73 (b) The department:

74 (i) shall verify all exemptions;

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

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

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

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

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

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

87 (B) having a disabling mental disorder;

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

92 (D) having a substance use disorder; ~~or~~

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

93a (F) **experiencing homelessness.**

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).