

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

House Bill 5645

**FISCAL
NOTE**

By Delegate Burkhammer

[Introduced February 17, 2026; referred to the
Committee on Government Organization]

1 A BILL to amend and reenact §9-8-2 of the Code of West Virginia, 1931, as amended; to amend
2 said code by adding two new sections, designated §9-8-3a and §9-8-13; and to amend
3 said code by adding a new article, designated §9-11-1, §9-11-2, §9-11-3, §9-11-4, §9-11-5,
4 §9-11-6, §9-11-7, §9-11-8, and §9-11-9, relating to work requirements for public
5 assistance; providing income and identity verification by the Department of Human
6 Services; prohibiting illegal aliens from receiving food stamps; defining terms; setting work
7 requirements for Medicaid; providing certain exemptions; creating enforcement provisions;
8 creating eligibility verification and redetermination requirements; creating restrictions;
9 requiring verification of citizenship or alien status; requiring hospital reporting; permitting
10 rulemaking; limiting retroactive Medicaid eligibility; requiring reporting; prohibiting certain
11 actions without legislative approval; and setting an effective date.

Be it enacted by the Legislature of West Virginia:

ARTICLE 8. ELIGIBILITY AND FRAUD REQUIREMENTS FOR PUBLIC ASSISTANCE.

§9-8-2. Work requirements.

1 (a) All able bodied adults may receive Supplemental Nutrition Assistance benefits for only
2 three months in each 36-month period. Recipients are exempt from the time limit if they are
3 employed or are participating and complying with the requirements of a work, education, or
4 volunteer program for at least 20 hours per week: *Provided*, That further exemptions may apply
5 and shall be determined in accordance with federal law: *Provided, however*, That any such
6 exemptions shall not exceed those granted by federal law.

7 (b) Beginning October 1, 2018, the department shall discontinue and shall not seek federal
8 waivers granted pursuant to 7 U.S.C. § 2015(o) for Able Bodied Adults Without Dependents
9 (ABAWD) for any county that cannot be demonstrated to have, through data in conformance with
10 U.S. Bureau of Labor Statistics methodology set forth under federal law, a recent 12-month
11 average unemployment rate above 10 percent; a recent 24-month average unemployment rate 20
12 percent above the national average for the same 24-month period; qualification for extended

13 unemployment benefits; or designation as a "labor surplus area" by the U.S. Department of Labor.
14 These waivers exempt able bodied adults with no children from work requirements for receipt of
15 SNAP benefits. Notwithstanding any provision in this code to the contrary, all counties shall be
16 ineligible for any such waiver effective October 1, 2022.

17 (c) The department shall submit a report to the Legislative Oversight Committee on Health
18 and Human Resources Accountability, no later than October 1, 2020, on the employment impact of
19 ABAWD requirements in those counties where they were implemented as of October 1, 2018. The
20 report shall include, on a county-by-county basis, information on the number of SNAP recipients
21 subject to work requirements; the number exempted from work requirements and the reasons for
22 exemption; the number of applicants denied benefits due to non-compliance with work
23 requirements; the dollar amount of benefits withheld due to non-compliance; the estimated fiscal
24 impact on SNAP retailers of withholding those benefits; the number of recipients who engaged in
25 work, education, or volunteerism in order to maintain benefits; the efforts made to assist recipients
26 with meeting work requirements in order to maintain benefits; and any such recommendations
27 pertaining to work requirements as the department deems advisable.

28 (d) If a recipient resides in a county subject to the provisions of this article, an applicant
29 shall be deemed as complying with the requirements of a work, education, or volunteer program if
30 any of the following requirements are satisfied:

31 (1) Working at least 20 hours per week, averaged monthly, or 80 hours a month;

32 (2) Participating in, and complying with, the requirements of a work force training program
33 of 20 hours per week, as determined by the department in rule;

34 (3) Volunteering 20 hours a week, as determined by the department in rule;

35 (4) Any combination of working, volunteering and/or participating in a work program for a
36 total of 20 hours per week, as determined by the department in legislative rule; or

37 (5) Participating in, and complying with, a workfare program as set out in 7 C.F.R.
38 273.24(a)(3).

39 (e) As determined by the department, if a recipient would have worked an average of 20
40 hours per week but missed some work for good cause, the recipient shall be considered to have
41 met the work requirement if the absence from work is temporary and the recipient retains his or her
42 job. Good cause includes circumstances beyond the household's control, such as, but not limited
43 to, illness, illness of another household member requiring the presence of the member, a
44 household emergency, natural disaster, a declared state of emergency due to inclement weather,
45 or the unavailability of transportation.

46 ~~(f) If the department determines that a waiver, or an amendment to a waiver, is necessary~~
47 ~~to implement a policy that complies with 7 C.F.R. 273.24, it shall request the waiver or the~~
48 ~~amendment to the waiver from the United States Department of Agriculture. The department shall~~
49 ~~not seek, apply for, accept, or renew any waiver of work requirements for under 7 U.S.C. §~~
50 ~~2015(o)(4) without first obtaining specific authorization from the legislature. Such authorization~~
51 ~~must be provided in a duly enacted statute.~~

52 (g) The department shall propose legislative rules in accordance with the provisions of this
53 code for a plan for implementation of the requirements set forth in this section in counties that are
54 subject to the requirements set forth in §9-8-2 (d) of this code.

55 (h) The department shall not exercise the state's option to provide any exemptions from the
56 work requirement under 7 U.S.C. § 2015(o)(6)(f).

§9-8-3a. Income and Identity Verification Procedures

1 (a) The department shall enter into a data matching agreement with the West Virginia
2 Lottery Commission to identify households with lottery winnings equal to or exceeding the
3 applicable resource limit for elderly or disabled households as defined in 7 U.S.C. § 2014(g)(1)
4 and, to the extent permitted under federal law, shall treat such data as verified upon receipt. When
5 such data may not be treated as verified upon receipt, the department shall refer cases for further
6 investigation to confirm resource eligibility.

7 (b) On at least a monthly basis, the department shall receive and review information from
8 the Vital Registration Office concerning individuals in households enrolled in the Supplemental
9 Nutrition Assistance Program (SNAP) that indicates a change in circumstances that may affect
10 eligibility for SNAP.

11 (c) On at least a quarterly basis, the department shall receive and review information from
12 the WorkForce West Virginia concerning individuals in households enrolled in SNAP that indicates
13 a change in circumstances that may affect eligibility, including but not limited to changes in
14 employment or wages.

15 (d) On at least a monthly basis, the department shall receive and review address change
16 information from returned mail by the U.S. Postal Service and the National Change of Address
17 database concerning individuals in households enrolled in SNAP that indicates a change in
18 circumstances that may affect eligibility, including a change in residency.

19 (e) On at least an annual basis, the department shall receive and review information from
20 the Department of Revenue concerning individuals in households enrolled in SNAP that indicates
21 a change in circumstances that may affect eligibility, including but not limited to potential changes
22 in income, wages, household composition, or residency as identified by tax records.

23 (f) On at least a monthly basis, the department shall receive and review information from
24 the Division of Corrections and Rehabilitation concerning individuals in households enrolled in
25 SNAP that indicates a change in circumstances that may affect eligibility.

26 (g) On at least a monthly basis, the department shall receive and review information
27 concerning individuals in households enrolled in SNAP that indicates a change in circumstances
28 that may affect eligibility for SNAP, including but not limited to potential changes in residency as
29 identified by out-of-state electronic benefit transfer (EBT) transactions.

30 (h) On at least a monthly basis, the department shall, to assess continued eligibility and act
31 on findings, review:

32 (1) Earned income information, death register information, incarceration records,
33 supplemental security income information, beneficiary records, earnings information, and pension
34 information maintained by the United States Social Security Administration;

35 (2) Income and employment information maintained in the national directory of new hires
36 database and child support enforcement data maintained by the United States Department of
37 Health and Human Services;

38 (3) Payment and earnings information maintained by the United States Department of
39 Housing and Urban Development; and

40 (4) National fleeing felon information maintained by the United States Federal Bureau of
41 Investigation.

42 (i) The department shall have the authority to execute a memorandum of understanding
43 with any department, agency, or division for information required to be shared between agencies
44 outlined in this Act.

45 (j) Nothing in this section shall prohibit the department from contracting with one or more
46 independent vendors to provide additional data or information which may indicate a change in
47 circumstances that may affect eligibility.

48 (k) In no case shall categorical eligibility under 7 U.S.C. section 2014(a) or 7 C.F.R. section
49 273.2(j)(2)(iii) be granted for any noncash, in-kind, or other benefit unless expressly required by
50 federal law for SNAP. The department shall not apply gross income standards higher than the
51 standards specified in 7 U.S.C § 2014(c) or allowable financial resources higher than the
52 standards specified in 7 U.S.C. § 2014(g)(1), other than financial resources described in 7 U.S.C.
53 § 2014(g)(2)(D), unless expressly required by federal law. Categorical eligibility, exempting
54 households from such gross income standards or allowable financial resource standards shall not
55 be granted for any noncash, in-kind, or other benefit, unless expressly required by federal law.

56 (l)The department shall assign certification periods of no greater than four months, but
57 generally no less than three months, to households with zero net income, households that include

58 an able-bodied adult without dependents, or other households whose circumstances are
59 determined by the department to be unstable.

60 (m) The department shall assign certification periods of one or two months to households
61 that they determine will become ineligible for the SNAP in the near future, unless otherwise
62 prohibited under federal law.

63 (n) If the department receives information concerning an individual enrolled in SNAP that
64 indicates a change in circumstances that may affect eligibility, the department shall review and
65 take action on the individual or household's case.

66 (o) The department shall promulgate all rules and regulations necessary for the purposes
67 of carrying out this article.

§9-8-13. Prohibit Illegal Aliens from Receiving Food Stamps

1 (a) Pursuant to 7 U.S.C. § 2015(f), no individual shall be eligible to receive Supplemental
2 Nutrition Assistance Program (SNAP) benefits unless the individual is:

3 (1) A resident of the United States; and

4 (2) Meets either of the following criteria:

5 (A) A citizen or national of the United States; or

6 (B) A qualified alien as defined in 8 U.S.C. § 1641(b) who meets at least one of the
7 following:

8 (i) An alien lawfully admitted for permanent residence as an immigrant as defined by
9 sections 101(a)(15) and 101(a)(20) of the Immigration and Nationality Act, excluding, among
10 others, alien visitors, tourists, diplomats, and students who enter the United States temporarily
11 with no intention of abandoning their residence in a foreign country;

12 (ii) An alien who has been granted the status of Cuban or Haitian entrant, as defined in
13 section 501(e) of the Refugee Education Assistance Act of 1980 (Pub. L. 96-422); or

14 (iii) An individual who lawfully resides in the United States in accordance with a Compact of
15 Free Association referred to in section 402(b)(2)(G) of the Personal Responsibility and Work
16 Opportunity Reconciliation Act of 1996.

17 (b) The department shall verify the eligibility for SNAP applicants and enrollees pursuant to
18 subsection (a) of this section as follows:

19 (1) If an individual is not a citizen or national of the United States but is eligible to receive
20 SNAP benefits pursuant to subsection (a) of this section, the department shall be required to verify
21 eligible alien status using the Systematic Alien Verification for Entitlements (SAVE) program
22 during enrollment and at each eligibility recertification. If SAVE verification is unsuccessful, the
23 individual shall submit acceptable documentation to verify eligible alien status, including but not
24 limited to a permanent resident card, an employment authorization document, or other official
25 documentation issued by a federal government agency, as determined by the department.

26 (2) If an individual is a citizen or national of the United States for the purposes of eligibility
27 under subsection (a) of this section, the department shall verify such citizenship or nationality
28 during enrollment using secure and verifiable documentation, including but not limited to a certified
29 birth certificate, a United States passport, a certificate of naturalization, a certificate of citizenship,
30 or a consular report of birth abroad. Verification at recertification shall only be required if the
31 department has reason to question the individual's previously verified citizenship or nationality.

32 (c) The department shall submit to the United States Department of Agriculture information
33 concerning any household member whose citizenship, nationality, or eligible-alien status cannot
34 be verified under this section, regardless of whether such household member is applying to
35 participate in SNAP as a member of the household.

36 (d) The department shall submit to the appropriate law enforcement authorities, including
37 but not limited to the United States Department of Homeland Security, information concerning any
38 household member determined to be an unlawfully present alien, regardless of whether such
39 household member is applying to participate in SNAP as a member of such household.

40 (e) The department shall submit to the West Virginia Secretary of State information
 41 concerning any household member determined to be an unlawfully present alien, regardless of
 42 whether such household member is applying to participate in SNAP as a member of such
 43 household.

44 (f) Notwithstanding any option set forth in 7 CFR 273.11(c)(3), the department:

45 (1) Shall consider the entire income and financial resources of any individual determined to
 46 be ineligible to participate in SNAP under subsection (a) or 7 U.S.C. 2015(f) when determining the
 47 eligibility and benefit allotment of the household of which the individual is a member; and

48 (2) May not prorate or exclude the income or financial resources of the ineligible individual.

ARTICLE 11. MEDICAID PROGRAM INTEGRITY AND WORK REQUIREMENTS.

§9-11-1. Definitions.

1 As used in this article, the following terms have the meaning ascribed to them:

2 "Applicable individual" means an individual who is eligible to enroll under the state plan
 3 under 42 U.S.C. 1396a(10)(A)(i)(VIII) or who is otherwise eligible to enroll.

4 "Work requirements" means the requirements established by 42 U.S.C. 1396a(xx).

5 "Bureau" means the Bureau for Medical Services.

§9-11-2. Requirements.

1 (a) The Bureau shall:

2 (1) Implement work requirements for applicable individuals no later than December 31,
 3 2026;

4 (2) Ensure that no applicable individual is enrolled in the Medicaid program unless, at the
 5 time of application, the individual demonstrates compliance with the work requirements for the
 6 three consecutive months immediately preceding the month in which the application is submitted;

7 (3) Require documentary evidence of compliance and may not accept self-attestation for
 8 purposes of initial eligibility determination;

9 (4) Verify an applicable individual's compliance with the work requirements through wage

10 reporting, documentation of enrollment in an education or training program, or documentation of
11 approved volunteer service. Compliance shall be verified on an ongoing basis, no less than
12 quarterly between redetermination periods, and self-attestation may not be accepted. Verification
13 shall occur between formal redetermination periods for all applicable individuals; and

14 (5) Ensure that no applicable individual remains enrolled in the Medicaid program for any
15 month in which the individual has not demonstrated compliance with the work requirements.

§9-11-3. Exemptions from work requirements.

1 (a) Documentation and verification. –

2 (1) An applicable individual seeking an exemption from work requirements shall provide
3 documentation for the exemption sought.

4 (2) The Bureau shall verify all exemptions.

5 (3) The Bureau may not accept self-attestation from individuals seeking exemptions.

6 (b) The Bureau may not seek or implement any additional optional exemptions under 42
7 U.S.C. 1396a(xx)(3)(B), or any other optional exemption, without obtaining express approval from
8 the Legislature. Such approval must be provided in a duly enacted statute.

9 (c) The Bureau may not accept exemption designations, approvals, or determinations
10 made by a managed care organization.

11 (d) The Bureau may only approve an exemption for an individual based on the status of
12 medically frail or otherwise an individual with special needs if the individual has been medically
13 certified per a statement from a physician, physician's assistant, nurse, nurse practitioner,
14 designated representative of the physician's office, a licensed or certified psychologist, or a social
15 worker, as having disabling mental disorders, having a physical, intellectual, or development
16 disability that significantly impairs their ability to perform activities of daily living, including eating,
17 dresssing, bathing, grooming, getting in and out of bed and chairs, walking, going outdoors, using
18 the toilet, or is in treatment for a chronic substance use disorder. In no case may the Bureau
19 expand the definition of medically frail or otherwise an individual with special needs beyond the

20 scope of the definition established under 42 C.F.R. § 440.315(f).

§9-11-4. Enforcement of the work requirement.

1 (a) The Bureau shall disenroll any applicable individual who fails to comply with the work
2 requirements.

3 (b) The Bureau shall submit quarterly reports to the Legislature and the Governor on
4 compliance rates, the number and type of exemptions granted, and the impact on Medicaid
5 enrollment, consistent with the reporting requirements under Section 71119 of Pub. Law No. 119-
6 21.

§9-11-5. Eligibility verification and redetermination requirements.

1 (a) Except as required under federal law, self-attestation may not be accepted for any of
2 the following eligibility factors without verification prior to enrollment in the Medicaid program:

3 (1) Income;

4 (2) Residency;

5 (3) Identity;

6 (4) Household composition; and

7 (5) Citizenship or immigration status.

8 (b) On at least a quarterly basis, the Bureau shall receive and review information from the
9 State Wage Information Collection Agency and the Tax Division of the Department of Revenue
10 concerning Medicaid recipients that indicates a change in circumstances that may affect eligibility,
11 including changes in employment or wages.

12 (c) On at least an annual basis, the Bureau shall receive and review information from the
13 Tax Division of the Department of Revenue concerning Medicaid recipients, including adjusted
14 gross income and family composition, that indicates a change in circumstances that may affect
15 Medicaid eligibility.

16 (d) On at least a monthly basis, the Bureau shall receive and review information from the
17 Division of Corrections and Rehabilitation concerning Medicaid recipients that may indicate a

18 change in circumstances affecting Medicaid eligibility.

19 (e) On at least a monthly basis, the Bureau shall receive and review information from the
20 Social Security Administration concerning Medicaid recipients, including earned income
21 information, death records, incarceration data, Supplemental Security Income information,
22 beneficiary records, earnings information, and pension information, that indicates a change in
23 circumstances that may affect Medicaid eligibility.

24 (f) On at least a monthly basis, the Bureau shall receive and review information from the
25 Office of Vital Statistics to identify any deceased individual enrolled in the Medicaid program. Upon
26 confirmation of death, the deceased enrollee shall be removed promptly from the program. No
27 Medicaid payment may be made for any service rendered after the date of death. The Bureau shall
28 recoup any capitation payment or fee-for-service payment made for any period or service
29 occurring after the date of death.

30 (g) On at least a monthly basis, the Bureau shall receive and review information from the
31 United States Department of Health and Human Services concerning Medicaid recipients,
32 including income and employment information maintained in the National Directory of New Hires
33 and child support enforcement data, that indicates a change in circumstances that may affect
34 Medicaid eligibility.

35 (h) On at least a monthly basis, the Bureau shall receive and review information from the
36 United States Postal Service and any state address change databases concerning Medicaid
37 recipients to identify any change in circumstances that may affect eligibility, including a change in
38 residency. The Bureau shall conduct cross-checks of address change information against
39 Medicaid enrollment records at least monthly to identify individuals who may have moved out of
40 state. The requirements of this subsection shall be implemented no later than January 1, 2027.

41 (i) On at least a monthly basis, the Bureau shall receive and review information concerning
42 out-of-state electronic benefit transactions by Medicaid recipients and shall conduct cross-checks
43 of such transactions against Medicaid enrollment records to identify individuals who may have

44 moved out of state. Upon receipt of information indicating that a change in residency may have
45 occurred, the Bureau shall promptly conduct an eligibility redetermination for the recipient.

46 (j) The Bureau shall enter into any data-sharing agreements necessary to effectuate the
47 requirements of this section with the agencies, departments, or bureaus described herein.

48 (k) The Bureau may contract with an independent third party for database searches
49 containing information that may indicate a change in circumstances that may affect the eligibility of
50 a Medicaid applicant or recipient.

51 (l) The Bureau shall submit Medicaid enrollment information to the national Medicaid
52 enrollment database maintained by the Centers for Medicare and Medicaid Services on a monthly
53 basis in order to identify individuals who are enrolled in Medicaid in multiple states simultaneously.
54 The requirements of this subsection shall be implemented no later than October 1, 2029.

55 (m) No later than August 31 of each year, the Bureau shall submit an annual report to the
56 Legislature detailing the implementation of the requirements of this section. The report shall be
57 made publicly available on the Bureau's website and include, at a minimum:

58 (1) The number of enrollees flagged through address change information and out-of-state
59 electronic benefit transactions;

60 (2) The number of enrollees removed from Medicaid due to enrollment in multiple states;
61 and

62 (3) The estimated fiscal impact to the state resulting from the implementation of this
63 section.

64 (n) Unless prohibited by federal law, the Bureau shall conduct eligibility redeterminations at
65 least once every six months for all nonelderly adult Medicaid recipients whose eligibility is
66 determined under Modified Adjusted Gross Income standards set forth in 42 C.F.R. § 435.603,
67 including adults eligible under 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) and 42 U.S.C. 1396u-1.

68 (o) The Bureau shall conduct eligibility redeterminations for all Medicaid recipients not
69 described in subsection (n) of this section at least once every 12 months.

§9-11-6. Medicaid eligibility restrictions; verification of citizenship or alien status; reasonable opportunity period; presumptive eligibility requirements; hospital reporting; rulemaking.

1 (a) Eligibility of non-citizens. –

2 (1) No individual who is not a United States citizen or national of the United States shall be
3 eligible for Medicaid, unless that individual meets the definition of an eligible alien pursuant to 42
4 U.S.C. 1396b(v) and meets the definition of a qualified alien pursuant to 8 U.S.C. 1641(b).

5 (2) The Bureau shall verify eligibility at enrollment and at each redetermination through the
6 Systematic Alien Verification for Entitlements (SAVE) system or acceptable documentary proof of
7 citizenship or eligible alien status, including but not limited to certified birth certificates, United
8 States passports, and United States Customs and Immigration Services documentation.

9 (b) Reporting of unlawfully present individuals. –

10 (1) The Bureau shall provide relevant information to appropriate law-enforcement
11 authorities, including the United States Department of Homeland Security, concerning any
12 household member determined to be unlawfully present in the United States, regardless of
13 whether such individual applies for Medicaid.

14 (2) The Bureau shall submit information to the United States Department of Health and
15 Human Services concerning any household member whose eligible alien status cannot be
16 verified, regardless of whether such individual applies for Medicaid.

17 (c) Reasonable opportunity period. –

18 (1) When citizenship or eligible alien status cannot be verified through available data
19 sources, the Bureau shall provide one reasonable opportunity period, consistent with the minimum
20 timeframe required under federal law, for the individual to submit acceptable documentation.

21 (2) Medicaid coverage may be provided provisionally during the reasonable opportunity
22 period.

23 (3) Failure to submit required documentation within the federally required reasonable

24 opportunity period shall result in denial or termination of Medicaid eligibility, subject to federal
25 notice requirements.

26 (4) No additional reasonable opportunity period may be granted to an applicant who has
27 previously been denied eligibility for failure to verify citizenship or eligible alien status.

28 (d) *Presumptive eligibility.* –

29 (1) The Bureau shall require a field for citizenship or eligible alien status on all presumptive
30 eligibility applications.

31 (2) Hospitals, clinics, and other qualified entities shall collect and transmit the applicant's
32 attestation of citizenship or eligible alien status to the Bureau.

33 (3) No presumptive eligibility determination may be approved unless the applicant certifies
34 that he or she is a United States citizen, a United States national, or an eligible alien pursuant to 42
35 U.S.C. 1396b(v) and subsection (a)(1) of this section.

36 (4) Each hospital accepting Medicaid shall include on its patient admission or registration
37 forms a field allowing the patient or the patient's representative to indicate whether the patient is:

38 (A) A citizen or national of the United States;

39 (B) Lawfully present in the United States; or

40 (C) Not lawfully present in the United States.

41 (5) Each hospital shall inform the patient that the information collected under subdivision
42 (4) of this subsection shall not affect patient care.

43 (6) Each hospital shall submit a quarterly report to the Bureau within 30 days after the end
44 of each calendar quarter stating the number of admissions and emergency department visits
45 made by patients in each category listed in subdivision (4).

46 (7) No later than April 1 of each year, the Bureau shall submit a report to the Governor, the
47 President of the Senate, and the Speaker of the House of Delegates containing:

48 (A) The total number of hospital admissions and emergency visits for the preceding
49 calendar year reported in each immigration-status category;

- 50 (B) The estimated costs of uncompensated care for unlawfully present aliens;
51 (C) The impact of uncompensated care on hospital finances and service delivery; and
52 (D) Any other information determined relevant by the Bureau.
- 53 (8) The Bureau shall propose rules specifying the format of quarterly reports and
54 acceptable methods for hospitals to request immigration-status information on patient-intake
55 forms.
- 56 (9) The Bureau shall propose rules for legislative approval and may promulgate
57 emergency rules to implement this section.

§9-11-7. Retroactive Medicaid eligibility; limitations; reporting; rulemaking; effective date.

- 1 (a) As used in this section, the following terms have the meaning ascribed to them:
- 2 (1) "Expansion population" means individuals eligible for Medicaid under 42 U.S.C.
3 1396a(a)(10)(A)(i)(VIII).
- 4 (2) "Non-expansion population" means all Medicaid-eligible individuals who are not
5 members of the expansion population, including, but not limited to, pregnant women, children,
6 elderly individuals, and persons with disabilities.
- 7 (3) "Retroactive eligibility" means Medicaid coverage for services furnished prior to the
8 month of application as authorized under 42 U.S.C. 1396a(a)(34).
- 9 (b) Limitation on retroactive eligibility. –
- 10 (1) Retroactive Medicaid coverage shall be provided only as follows:
- 11 (A) For the expansion population, coverage may not extend more than one month prior to
12 the month in which a completed Medicaid application is submitted.
- 13 (B) For the non-expansion population, coverage may not extend more than two months
14 prior to the month in which a completed Medicaid application is submitted.
- 15 (2) The limitations in subdivision (1) of this subsection apply only to initial Medicaid
16 applications and do not affect eligibility for continuous or ongoing coverage.
- 17 (c) Implementation and rulemaking. –

18 (1) The Bureau shall adopt rules, pursuant to §29A-3-1 et seq. of this code, necessary to
19 implement and enforce this section.

20 (2) The Bureau may establish procedures to notify applicants and providers of changes in
21 eligibility policy and shall ensure compliance with all federal notice and due-process requirements.

22 (d) Reporting. –

23 (1) The Bureau shall submit an annual report to the Legislature no later than August 1 of
24 each year that includes:

25 (A) The number of Medicaid applications processed for the expansion population and the
26 non-expansion population;

27 (B) The number of applications denied retroactive benefits due to the limitations imposed
28 by this section; and

29 (C) The estimated fiscal impact of the retroactive eligibility limitations established in this
30 section.

31 (2) The report shall be submitted to the committees of the Legislature having jurisdiction
32 over Medicaid and shall be made publicly available on the Bureau's website.

33 (3) The provisions of this section shall be implemented no later than January 1, 2027.

§9-11-8. Annual reporting; legislative approval of waivers and state plan amendments.

1 (a) No later than August 1 of each year, the Bureau shall submit a report to the Legislature
2 detailing compliance with section 71118 of P.L. 119-21. The report shall include budget neutrality
3 calculations for all Medicaid waivers in effect.

4 (b) The report required under subsection (a) of this section shall be made publicly available
5 on the Bureau's website.

6 (c) The Bureau may not seek or implement a Medicaid state plan amendment or a waiver
7 pursuant to section 1115 or section 1915 of the Social Security Act that would expand coverage to
8 any additional individual or class of individuals, or that would increase any cost to the state, without
9 first obtaining approval from the Legislature. Such approval must be provided in a duly enacted

10 statute.

11 (d) The provisions of this section do not affect any state plan amendment or waiver
12 program implemented before the effective date of this section.

§9-11-9. Effective date.

1 This act shall take effect from passage.

NOTE: The purpose of this bill is to provide work requirements to receive certain benefits and prevent illegal aliens from receiving food stamps or Medicaid.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.