

Bill No.: SF0106 **Effective:** 1/1/2027

LSO No.: 26LSO-0492

Enrolled Act No.: 68

Chapter No.: 106

Prime Sponsor: Biteman

Catch Title: **Welfare Fraud Prevention Act Amendments.**

Has Report: Yes

Subject: Medicaid and SNAP benefit qualifications and determinations.

Summary/Major Elements:

- This bill amends (shortens) the intervals for eligibility recertification for the Supplemental Nutrition Assistance Program (SNAP) and Medicaid.
- The bill prohibits self-attestation for all Medicaid eligibility factors, unless required by federal law.
- The act mandates at least monthly residency verification, multistate enrollment checks and death record reviews for Medicaid recipients.
- The act limits initial retroactive Medicaid eligibility to two months prior to application submission and requires annual reporting on its fiscal impact.
- The act prohibits waivers of work requirements for SNAP benefits without legislative authorization and limits exemptions to family caregivers.
- The act establishes citizenship and qualified alien requirements, and limited benefit periods, for public assistance programs, including SNAP, Medicaid and POWER.
- The act requires hospitals, the Department of Family Services (DFS) and the Department of Health to collect and report citizenship status information to the federal government, including federal law enforcement agencies.
- The act mandates annual reporting by hospitals and the Department of Health on Medicaid presumptive eligibility and uncompensated care costs. Hospitals must also report on hospital admissions and ER visits based on patient citizenship status.

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- The act establishes income standards for SNAP benefit calculations.
- The act amends numerous statutes to conform them to the act's provisions and to clarify the duties of the Department of Health and DFS.
- The act requires the Department of Health and DFS to provide quarterly public reports on fraud and noncompliance investigations and statistics.

Comments:

- Various reporting requirements are imposed on the Department of Health, including a report to the Joint Labor, Health and Social Services Interim Committee concerning benefit eligibility issues identified pursuant to the act's requirements and the estimated fiscal impact of the act. The Department also must report on the number of Medicaid applications processed, the number of applicants denied retroactive eligibility and the estimated fiscal impact of the limitations imposed under the act. The Department must further report on hospital admission and ER visits based on patient citizenship status, the costs of uncompensated care and its impact on hospitals' ability to provide services to the public and information based on each hospital's presumptive eligibility applications for Medicaid.
- The act contains multiple effective dates and delayed effective dates.

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