

# H.R.1: Utah Kids Pay the Price for Health Care Cuts

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Written by: Thaiss Del Rio

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## H.R. 1 and the Future of Health Care for Utah Families

Earlier this month, H.R. 1 was passed and signed into law, bringing widespread impacts to families across the nation in areas such as education, taxes, immigration, and health care. **The passage of H.R. 1 ('OBBA') represents a significant shift in federal health policy, bringing forth new and consequential changes.**

According to the Congressional Budget Office, the bill would cut [Medicaid](#) and CHIP spending by [\\$1 trillion](#) over the next ten years. An estimated [188,000 Utahns](#) are at risk of losing their health coverage through Medicaid and the federal marketplace. Many of the health-related provisions in the final bill will impact Utah families' ability to receive consistent and affordable care, all while introducing new administrative barriers that will result in thousands losing coverage.

While implementation dates for each of these changes vary, families will no doubt feel the effects of the changes in the coming days, months, and years. Although we are disappointed in the passage of H.R. 1, we remain hopeful in the opportunity for community organizations, state leaders, and advocates to come together and push for policies that center children and families. **We remain vigilant in our strong**

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belief that when all children have access to high-quality healthcare, families thrive, communities grow, and our state becomes stronger.

## Key Resources

**H.R. 1 | 'OBBBA'**  
**The Future of Health Care for Utah Families**

Over 350,000 Utahns – half of whom are children – rely on Medicaid to access vital health care services, from routine checkups and immunizations to mental health care and life-saving treatments.

As H.R. 1 takes effect, Utah families across the state may face new hurdles to health care, from greater administrative burdens and higher costs to more confusion and uncertainty in keeping coverage.

**H.R. 1 cuts \$1 Trillion from Medicaid & CHIP over the next decade.**

Utah families will face more red tape, higher costs, and eligibility changes:

- Work Reporting Requirements**  
Parents with children over the age 14 must prove they work to keep Medicaid.
- More Frequent Paperwork**  
Eligibility checks every 6 months = more families losing coverage due to red tape.
- Loss of Medicaid & Marketplace Access for Immigrants**  
Lawfully residing immigrants will lose coverage options, worsening health disparities.

Click below to visit our H.R. 1 Blog Series

UTAH

## H.R. 1 Provisions: Utah Impact Info Sheets

Download our Impact Sheet below for a complete overview of how each provision of HR1 will impact Utah families, including key details, projected numbers, and timelines for implementation.

[H.R.1 Provisions: utah impact info sheets](#)

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H.R. 1 | 'OBBA'


The Future of Health Care for Utah Families

Over 350,000 Utahns – half of whom are children – rely on Medicaid to access vital health care services, from routine checkups and immunizations to mental health care and life-saving treatments. As H.R. 1 takes effect, Utah families across the state may face new hurdles to accessing health care.

The chart below highlights select health provisions that will impact families across the state.

Key Health Related Provisions

Date	Provision	Description
Effective January 1, 2027	Work Requirements	<b>Imposes mandatory work reporting requirements on Medicaid expansion adults.</b> Adults must verify 80 hours of work, volunteering, or job training at application and renewal. Those unable to comply lose Medicaid coverage and cannot access premium tax credits in the marketplace.
Effective January 1, 2027	Retrospective Coverage	<b>Limits retroactive Medicaid coverage for enrollees.</b> Limits retroactive Medicaid coverage, or coverage for care received before applying, to 30 days for Medicaid expansion enrollees and 60 days for traditional enrollees.
Effective January 1, 2027	Eligibility Checks	<b>Increases frequency of Medicaid eligibility checks.</b> Requires states to redetermine Medicaid eligibility every 6 months for Medicaid Expansion adults. Certain Native American/American Indian expansion individuals are exempt.



## H.R.1 Provisions: Timeline Chart

See our chart for a snapshot of the provisions that will impact Utah immigrant families with implementation dates, impacted entities, and sections of the bill, and other key data.

[H.R. 1 Health Provisions Chart](#)

## What Utah Families Can Expect

The changes to Medicaid and CHIP create new obstacles for parents, including work requirements if they have children over the age of 14, higher monthly premiums, and more frequent eligibility checks, which means more paperwork, more confusion, and a greater chance of losing coverage due to administrative issues. The following provisions are not meant to be all-encompassing but offer a look into the immediate

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impact they will have on Utahns.

## Work Requirements

A particularly significant provision emerging from H.R. 1 is the adoption of work requirements. Utah will have to implement a work reporting requirement as a condition of eligibility for the Medicaid expansion population (those in the 19-64 age range) beginning no later than December 31, 2026. This means that in order to receive health coverage, an adult/parent has to meet work reporting requirements first. The state has to confirm that they met those requirements for at least one full consecutive month before applying.

Work requirements may be satisfied by providing proof of at least [80 hours of work per month](#), community service, participation in a work program, or enrolled in an educational program at least part time (or a combination of these). Despite both optional and mandatory exemptions, the burden of proof still falls on individuals. Although certain groups are excluded (see table below), parents with children over the age of 14 will be required to meet the work reporting requirements.

Nearly [20,000 Utah parents](#) are part of the expansion group. Studies continually show that when parents have coverage, children are more likely to be insured and receive care. The potential loss of coverage for both children and their parents jeopardizes children's [long term health and development](#). Work requirements only add hurdles for parents' coverage and safety.

## Eligibility Checks

Another change Utah parents and adults on Medicaid will experience include changes to [eligibility checks](#). Utah will be required to conduct more frequent Medicaid eligibility every 6 months, rather than once a year for individuals enrolled in Medicaid Expansion. Such eligibility checks will push people off Medicaid coverage for failure to comply with unnecessary and burdensome paperwork requirements, even if they still qualify.

## Cost Sharing

The bill also imposes new [cost-sharing requirements](#) that could create real barriers

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to care for low-income individuals. Adults with incomes over 100% of the federal poverty level would now face mandatory cost-sharing of up to \$35 per visit or as much as \$1,000 per year for someone earning around \$15,000 annually.\* This effectively creates a financial barrier to care for low-income adults enrolled through the ACA Medicaid expansion. For Utah families, this means that even with coverage, the cost of seeing a doctor or getting needed care could become unaffordable, leading many to delay or skip care altogether.

As healthcare costs continue to rise, even relatively small levels of cost-sharing can discourage people from seeking timely care, especially when every dollar counts. The bill does exempt services provided by federally qualified health centers, behavioral health clinics, and rural health clinics from these cost-sharing requirements, but the overall impact still risks pushing coverage further out of reach for many.

*\*The bill maintains the 5% family income cap on out-of-pocket costs.*

## Immigrant and Health Related Provisions

In addition, the bill makes drastic changes to immigrant communities' ability to access care. Under new rules, Medicaid coverage would only be allowed for people with permanent residency (still subject to a 5 year waiting period), Cuban and Haitian entrants, and those living under a Compact of Free Association. All others would be excluded, including refugees, asylees, survivors of trafficking and more. For a full list of immigration statuses, see table below.

Earlier provisions of great concern included a 10% FMAP penalty to states' ACA Medicaid federal match rate for using state-only funds to provide coverage to immigrant groups — a change that would have impacted our State CHIP program — and a provision that would have made the 90-day reasonable opportunity period optional. This period allows Medicaid beneficiaries to receive coverage while submitting and verifying citizenship or immigration documents. Ultimately, both provisions were removed following the [Senate Parliamentarian's](#) ruling that they, among others, violated the Byrd Rule, meaning they were deemed unrelated to the budget and therefore could not be included in the final bill.

The bill also eliminates ACA premium tax credit eligibility for most lawfully present

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immigrants and ends the exemption that allowed people earning below 100% of the federal poverty level to access ACA coverage. This means immigrant families will lose critical financial support to afford health insurance, making it much harder for them to get and keep coverage.

*For an in-depth analysis of the H.R. 1 immigration provisions that will impact Utah families, [click here](#).*

## What does this mean for Utah children and families?

In Utah, nearly [175,000](#) children rely on Medicaid and CHIP to cover doctor visits, immunizations, mental health care, dental services, home- and community-based care, and much more. Medicaid plays a vital role in supporting a child's healthy development, but H.R. 1 adds layers of unnecessary red tape that threaten children's ability to access consistent and affordable care especially during their most critical developmental years.

When we talk about Utah's future and our declining birth rate we also have to talk about how these funding cuts will harm families with young children, pregnant women, and low-income households across the state. Without the support Medicaid provides, the question of "Where will families go for prenatal and delivery care?" becomes a very real concern.

At the same time, new cost-sharing requirements create steep financial barriers for low-income families, even those with coverage. When every dollar matters, these added costs can force families to delay or skip needed care, putting their health and stability at risk.

And for Utah's mixed-status households and immigrant communities, this means fewer options, more fear, and growing inequities in health access and outcomes.

## Together for Utah Families

The passage of H.R. 1 reinforces the urgent need for all of us who believe in a healthier future for Utah families to take action. These changes are not abstract; they will show up in doctor's offices that parents can no longer afford, in missed vaccinations, untreated conditions, and growing anxiety for families navigating

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confusing new requirements.

But there is still work we can do. Community organizations, state leaders, and advocates must continue to fight for policies that center the health and well-being of children and families. We are committed to amplifying family voices, holding decision-makers accountable, and pushing for solutions that protect access to quality care for every Utah child.