

HB89 ENGROSSED



1 HB89
2 N2LDJTT-2
3 By Representatives Lands, Rafferty, Drummond, Hall, Ensler,
4 Clarke, Collins, Ross, DuBose, Wilcox
5 RFD: Ways and Means General Fund
6 First Read: 04-Feb-25
7 PFD: 24-Jan-25



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A BILL
TO BE ENTITLED
AN ACT

Relating to Medicaid; to provide presumptive eligibility to pregnant women for Medicaid prior to the Medicaid agency's approval of an application for Medicaid coverage; to limit the eligibility to what is provided under the state Medicaid plan for a period not exceeding 60 days; to authorize the agency to adopt rules to implement this provision; and to provide for the repeal of this act.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. (a) For the purposes of this section, the following terms have the following meanings:

(1) AGENCY. The Medicaid Agency of the State of Alabama.

(2) PRELIMINARY INFORMATION. Proof of pregnancy and documentation attesting to monthly household income.

(3) PRESUMPTIVE ELIGIBILITY PERIOD. The period that starts on the date on which a qualified provider determines on the basis of preliminary information that a woman is eligible for Medicaid coverage for pregnant women and which ends on and includes the earliest of the following dates:

a. On which the agency makes a determination of



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29 eligibility for coverage based upon an application filed by
30 the woman.

31 b. If the woman fails to file an application with the
32 agency for coverage, the last day of the month following the
33 month in which the qualified provider made the determination
34 of presumptive eligibility.

35 c. No later than the sixtieth day after the qualified
36 provider made the determination of presumptive eligibility.

37 (4) QUALIFIED PROVIDER. Any provider of ambulatory
38 prenatal care as defined in 42 U.S.C. § 1396r-1 which is
39 qualified by the agency.

40 (b) (1) A pregnant woman shall be presumptively eligible
41 for coverage for ambulatory prenatal care under Medicaid if a
42 qualified provider determines on the basis of preliminary
43 information that her household income does not exceed the
44 modified adjusted gross income limit for the eligibility of
45 pregnant women which is in effect under the state Medicaid
46 plan.

47 (2) A pregnant woman who is determined to be
48 presumptively eligible may receive no more than one
49 presumptive eligibility period per pregnancy.

50 (3) Coverage provided by the agency for the presumptive
51 eligibility period may not be retroactively denied due to
52 failure of the woman to submit an application for Medicaid or
53 the agency's negative decision on the application.

54 (c) A qualified provider that determines that a woman
55 is presumptively eligible for ambulatory prenatal care, at the
56 time of making the determination, shall: (i) notify the agency



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57 of the determination within five working days; and (ii) inform
58 the woman that she must apply to the agency for Medicaid no
59 later than the last day of the following month.

60 (d) A woman who is determined to be presumptively
61 eligible for ambulatory prenatal care shall apply to the
62 agency for Medicaid no later than the last day of the month
63 following the month in which the determination is made.

64 (e) (1) The agency shall adopt rules that define the
65 acceptable documentation of preliminary information, which may
66 not exceed proof of pregnancy and a facial proof of current
67 household income.

68 (2) The agency may develop a worksheet and any other
69 necessary forms for use by a qualified provider to determine
70 preliminary eligibility.

71 (f) This section is repealed on October 1, 2028.

72 Section 2. This act shall become effective on October
73 1, 2025.



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House of Representatives

Read for the first time and referred04-Feb-25
to the House of Representatives
committee on Ways and Means General
Fund
Read for the second time and placed12-Feb-25
on the calendar:
1 amendment
Read for the third time and passed13-Feb-25
as amended
Yeas 102
Nays 0
Abstains 0

John Treadwell
Clerk