

- 1 HB89
- 2 T64V519-1
- 3 By Representatives Lands, Rafferty, Drummond, Hall, Ensler,
- 4 Clarke, Collins, Ross, DuBose, Wilcox
- 5 RFD: Ways and Means General Fund
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4 SYNOPSIS:

> Federal law provides that a state Medicaid plan may pay for prenatal care for a pregnant woman for a period of no more than 60 days during the pregnancy while a decision is pending on the pregnant woman's application for Medicaid coverage.

> This bill would adopt this provision by extending the existing pregnant women benefit under the state Medicaid plan for up to 60 days to women who have not been formally approved for Medicaid coverage but who submit proof of pregnancy and household income information to a qualified provider of ambulatory prenatal care.

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18 A BILL

19 TO BE ENTITLED

20 AN ACT

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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; and to authorize the agency to adopt rules to implement this



- 29 provision.
- 30 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:
- 31 Section 1. (a) For the purposes of this section, the
- 32 following terms have the following meanings:
- 33 (1) AGENCY. The Medicaid Agency of the State of
- 34 Alabama.
- 35 (2) PRELIMINARY INFORMATION. Proof of pregnancy and
- documentation attesting to monthly household income.
- 37 (3) PRESUMPTIVE ELIGIBILITY PERIOD. The period that
- 38 starts on the date on which a qualified provider determines on
- 39 the basis of preliminary information that a woman is eliqible
- 40 for Medicaid coverage for pregnant women and which ends on and
- 41 includes the earliest of the following dates:
- a. On which the agency makes a determination of
- 43 eligibility for coverage based upon an application filed by
- 44 the woman.
- 45 b. If the woman fails to file an application with the
- 46 agency for coverage, the last day of the month following the
- 47 month in which the qualified provider made the determination
- 48 of presumptive eligibility.
- c. No later than the sixtieth day after the qualified
- 50 provider made the determination of presumptive eligibility.
- 51 (4) QUALIFIED PROVIDER. Any provider of ambulatory
- 52 prenatal care as defined in 42 U.S.C. § 1396r-1 which is
- 53 qualified by the agency.
- 54 (b) (1) A pregnant woman shall be presumptively eliqible
- 55 for coverage for ambulatory prenatal care under Medicaid if a
- 56 qualified provider determines on the basis of preliminary



- information that her household income does not exceed the
- 58 modified adjusted gross income limit for the eligibility of
- 59 pregnant women which is in effect under the state Medicaid
- 60 plan.
- (2) A pregnant woman who is determined to be
- 62 presumptively eligible may receive no more than one
- 63 presumptive eligibility period per pregnancy.
- (3) Coverage provided by the agency for the presumptive
- eligibility period may not be retroactively denied due to
- 66 failure of the woman to submit an application for Medicaid or
- the agency's negative decision on the application.
- (c) A qualified provider that determines that a woman
- is presumptively eligible for ambulatory prenatal care, at the
- 70 time of making the determination, shall: (i) notify the agency
- of the determination within five working days; and (ii) inform
- 72 the woman that she must apply to the agency for Medicaid no
- 73 later than the last day of the following month.
- 74 (d) A woman who is determined to be presumptively
- 75 eligible for ambulatory prenatal care shall apply to the
- 76 agency for Medicaid no later than the last day of the month
- 77 following the month in which the determination is made.
- 78 (e) (1) The agency shall adopt rules that define the
- 79 acceptable documentation of preliminary information, which may
- 80 not exceed proof of pregnancy and a facial proof of current
- 81 household income.
- 82 (2) The agency may develop a worksheet and any other
- 83 necessary forms for use by a qualified provider to determine
- 84 preliminary eligibility.



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