



**House Ways and Means General Fund Reported  
Substitute for HB89**

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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.