

## HB494 INTRODUCED



1 HB494  
2 KCE1UU5-1  
3 By Representatives Lands, Rafferty, Ensler, Gray, Drummond,  
4 DuBose, Collins, Hulsey, Shaver, Daniels, Hollis, McClammy,  
5 Hall, Clarke, McCampbell  
6 RFD: Ways and Means General Fund  
7 First Read: 30-Apr-24



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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.

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



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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  
36 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 eligible  
40 for Medicaid coverage for pregnant women and which ends on and  
41 includes the earliest of the following dates:

42 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.

49 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 eligible  
55 for coverage for ambulatory prenatal care under Medicaid if a  
56 qualified provider determines on the basis of preliminary





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85                   Section 2. This act shall become effective on October  
86   1, 2024.