

**Testimony before the Health and Human Services Committee
Representative Robin Weisz, Chairman
August 5, 2010**

Chairman Weisz, members of the Health and Human Services Committee, I am Maggie Anderson, Director of the Medical Services Division, for the Department of Human Services. I appear before you to provide information regarding Medicaid income eligibility levels for pregnant women.

Individuals eligible for the Medicaid program receive all “medically necessary” services. Pregnant women of any age may be eligible for Medicaid if the family income is no greater than 133% (net) of the Federal Poverty Level, which is currently \$2,444 per month for a family of four. Individuals who are pregnant, with income above 133% of the poverty level, can still qualify for Medicaid, however, they will be responsible for a share of the costs based on the amount of their excess income. Eligibility may begin as early as the first month of pregnancy and can continue through the month 60 days after the pregnancy ends. Once a pregnant woman becomes eligible for Medicaid, any increase in income is disregarded to ensure the woman stays continuously eligible for coverage. There is also no asset test for pregnant women. A baby that is born to an eligible pregnant woman remains eligible for Medicaid for 12 months.

I would be happy to respond to any questions that you have.