SHARP

State Healthcare Access Research Project

State Summary

# Alabama

## Improving the Response to HIV/AIDS in Alabama

A new research report produced by the State Healthcare Access Research Project (SHARP) examines successes and challenges in accessing healthcare for people living with HIV/AIDS in Alabama, and proposes opportunities for improving access. The Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project reviewed Alabama health policy, met with stakeholders including Alabamians living with HIV/AIDS, and invited comments from state officials. **The full report is available online at www.taepusa.org.**

### SUMMARY OF RECOMMENDATIONS:

1. Medicaid Expansion – A lack of sufficient state investment in the Medicaid program leads to many missed opportunities to provide adequate Medicaid coverage for people living with HIV and AIDS in Alabama. The failure to adequately invest in the Alabama Medicaid program also results in a failure to maximize matching federal funding to support a comprehensive health safety net for low-income people living with HIV and AIDS. HIV-related coverage could be vastly improved in Alabama by adopting the following reforms:

**Raise the Medicaid income eligibility threshold** – At 11.5% of the federal poverty level, Alabama's Medicaid for Low-Income Families program has the lowest income eligibility ceiling in the nation. Raising the Medicaid income eligibility standard and/or creating a medically needy spend-down category of eligibility would greatly reduce the number of uninsured individuals and families.

**Expand the Medicaid benefits package –** Alabamians who qualify for Medicaid receive among the most limited benefits packages in the nation: only 14 doctor visits and 12 hospital days per year are covered, and no preventive care services are covered. The state should amend the Medicaid package to provide coverage for comprehensive healthcare. The Medicaid transportation program should allow organizations to arrange Medicaid paratransit trips that serve multiple patients and allow care-related trips across county lines.

**Streamline the Medicaid HIV home-care waiver application process –** Alabama has a federal Medicaid waiver in place to provide in-home care for people living with HIV/AIDS. The state should address barriers to the program that have resulted in only 60 of 200 slots being filled.

**Implement HIV-related Medicaid expansion –** Alabama should apply for a federal 1115 waiver to provide Medicaid access to low-income residents living with HIV/AIDS upon diagnosis. Early access to care is highly cost-effective and reduces avoidable, high-cost medical expenses and AIDS mortality.

**Improve effectiveness of HIV case management system –** Alabama is one of only 11 states with a Medicaid-funded targeted case management program for people living with HIV/AIDS. However, the program's effectiveness is limited by its policy that only one provider may be reimbursed for providing services to a client, even if the client receives different services from more than one provider.

2. Address Provider Shortages – More than one million Alabamians lack access to a primary care provider. In addition, Alabama has very few physicians who are qualified and willing to provide HIV care. Consequently, Alabamians living with HIV/AIDS face protracted waits for appointments and must often travel long distances to see a doctor. The SHARP report found that Alabama's provider shortage could be reduced by adopting the following reforms:

**Increase Medicaid provider reimbursement rates –** Low Medicaid reimbursement rates have greatly reduced Medicaid patients' access to qualified healthcare providers. Rate increases should focus on specific services, including HIV testing and counseling, primary care, dental care, and specialist care.

**Develop incentives for practicing in underserved areas –** To attract more doctors to medically disenfranchised areas, the state should increase the state income tax credit for physicians practicing in rural communities and work with the federal Health Resources Services Administration to ensure that National Health Service Corps sites either have HIV treatment expertise or are able to link patients to a site that does.

**Lift restrictions on nurse practitioner and physician assistant practice –** In Alabama, nearly 56 percent of residents are medically disenfranchised, which means that they lack adequate access to a primary care provider due to a local shortage of physicians. The rate of medical disenfranchisement in Alabama is more than twice the national average and the highest in the nation. Yet the state limits the ability of nurse practitioners (NPs) and physician assistants (PAs) to practice, both in terms of what medical services they can provide and in what practice setting they can provide them. Alabama should lessen restrictions on NP and PA practice by allowing supervising physicians to determine the scope of NP and PA practice. In addition, Alabama should require adequate public and private insurance coverage and reimbursement of NP and PA services.

3. State Revenue and Spending Issues – Alabama's low property and income taxes markedly limit its revenues. In addition, the state earmarks more than 80% of its revenue for programs outside the discretionary State General Fund, which is more than any other state. Much of the state's public health spending, including half of the state's Medicaid contribution, comes from the General Fund. Opportunities exist to provide greater support of public health programs by adopting reforms:

**Change earmarking and tax policy –** Changes in state earmarking and tax policy could have a significant positive impact on resources for HIV/AIDS and other public health programs.

4. HIV and Incarceration – Alabama has made significant improvements to its HIV-related policies in the corrections system, but opportunities for further improvements remain:

**Integrate housing in corrections facilities –** All of Alabama's correctional facilities should be integrated regardless of inmates' HIV status. Medical and public health evidence supports that punitive HIV segregation policies do not further public health goals and may in fact undermine them.

**Coordinate transitional programs –** Greater collaboration among the state's departments of corrections and public health, the private sector, and community-based organizations could improve outcomes for HIV-positive individuals postincarceration. Providing coordinated, consistent, and intensive case management prerelease and postrelease reduces rearrest and the use of emergency medical services and improves health outcomes.

5. Antidiscrimination Laws – Absent any state antidiscrimination laws, Alabamians living with HIV/AIDS must rely on the federal Americans with Disabilities Act (ADA) for protection. Advocates should educate consumers and providers about the ADA, raise public awareness about the lack of state-level protections, and ultimately work to secure passage of a state antidiscrimination law.

6. AIDS Drug Assistance Program (ADAP) – At 250% of poverty, Alabama's ADAP income eligibility threshold is one of the lowest in the nation. The Alabama ADAP covers fewer drugs than 46 other states. State funding for the Alabama ADAP has an erratic history and is in danger of failing to meet federal maintenance of effort requirements. To secure access to life-saving medications for Alabamians living with HIV/AIDS, the state should increase state financial support of ADAP, allowing the program to increase the income eligibility threshold and to cover Medicare Part D copays. Alabama's congressional delegation should support ADAP as True Out of Pocket (TrOOP) legislation.

7. State Health Officer Appointment – Alabama should amend its laws on the appointment of the state health officer so that this position is a governor appointee rather than a private, medical association choice. This change would bring greater transparency and accountability to the state public health system.

**About SHARP –** A national project of the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project, the State Healthcare Access Research Project (SHARP) develops state-level research reports by conducting a series of focus groups and one-on-one interviews with people living with HIV/AIDS, community-based AIDS services providers, healthcare providers, state and federal government officials, academics, and other researchers and advocates. The insights gained from these meetings are supplemented with independent research. SHARP is designed to examine states' capacities to meet the healthcare needs of people living with HIV/AIDS and has two main goals: (1) remove existing barriers to effective care and treatment and (2) build state-based advocacy capacity to address the care and treatment needs of people living with HIV/AIDS. The project is conducted with support from Bristol-Myers Squibb. For more information visit **SHARP online at www.taepusa.org.**

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