

ALABAMA

DISCLAIMER: The views, statistical analysis, findings, and opinions expressed herein are not necessarily those of the Office of Minority Health, the Office of Public Health and Science nor the Department of Health and Human Services. The National Health Law Program, Inc. (NHeLP), under contract #282-00-0026, reviewed and analyzed existing state policies related to collecting racial and ethnic data by managed care organizations and health insurers. The information in this draft report contains the findings of NHeLP and not that of the Office of Minority Health, the OPHS, nor the U. S. Department of Health and Human Services. The study was conducted between October 2000 and May 2001. The policies and/or data per state may have changed since that time. The findings that have been updated in this draft report are the U.S. Census data (updated so that all data is from the 2000 Census) and the Center for Medicare & Medicaid Services (CMS)/HHS Medicaid data (updated from the June 30, 2000 to the December 31, 2002 reports).

ALABAMA

A. General and Health Demographics

Total Population	4,447,100
Percent Black Population	25.9
Percent American Indian and Alaskan Native Population	0.5
Percent Asian Population	0.7
Percent Native Hawaiian and Other Pacific Islander Population	0.0
Percent Hispanic Population (of any race)	1.7
Percent White Population	70.3
Other (some other race and two or more races)	1.0
Language Use - 1990 census data	
Percent Limited English Proficiency (LEP) Population	0.79 (1.54)
Health Care Delivery Profile	
Percent of Total Non-elderly Population Privately Insured (1997-99)	71.5
Percent of Total Population Enrolled in HMOs	6.76
Medicaid Enrollment (as of December 31, 2002)	735,706 (16.54%)
Medicaid Managed Care Enrollment	417,519 (56.75%)
Percent of Total Non-elderly Population Uninsured (1997-99)	17.9

B. Collection and Reporting of Racial and Ethnic Data by Health Insurers and Managed Care Organizations

1. Statutes, Regulations, Policies, and Other Written Materials

The Department of Insurance (DOI) regulates all insurers and HMOs. Alabama uses the term “insurer” to encompass insurance companies and nonprofit hospital, medical and health service corporations. A health maintenance organization (HMO) is “any person that undertakes

to provide or arrange for health care services through an organized system which combines the delivery and financing of health care to enrollees.”¹

Alabama does not have any statutes, regulations, or policies that mandate, prohibit, or discuss the collection or reporting of racial and ethnic data.

Alabama requires that all insurance policies and any applications related to the policies receive approval from the Department of Insurance prior to their use.²

2. Discrimination

Alabama does not have a statute that prohibits discrimination on the basis of race, color or national origin with regard to access to public accommodations or public services. The only provision that addresses discrimination and access to public accommodations is one that prohibits discrimination because of a disability.³

Under the Insurance Code, Alabama prohibits discrimination between individuals of the same class in the rates, premiums, or fees charged for life insurance or disability insurance.⁴ However, the statute does not provide any specific prohibition against discriminating on the basis of race or national origin.

3. Confidentiality

Any materials (*e.g.* applications, filings and reports) submitted to the Commissioner of Insurance or the State Health Officer by an HMO are treated as public documents.⁵ This requirement excludes those submissions which are trade secrets or privileged and confidential financial information.⁶

However, any information maintained by an HMO that relates to an enrollee’s or applicant’s diagnosis, treatment, or health must be held in confidence.⁷ Exceptions to this provision include: (1) enrollee’s or applicant’s consent; (2) enrollee’s or applicant’s physician’s consent; (3) mandated by statute or court order; and, (4) a claim or litigation between the HMO and the enrollee or applicant wherein the data is pertinent.⁸

¹ Code of Ala. § 27-21A-1.

² Code of Ala. § 27-14-8

³ Code of Ala. § 21-7-3.

⁴ Code of Ala. § 27-12-11(a)-(b).

⁵ Code of Ala. § 27-21A-24.

⁶ *Id.*

⁷ Code of Ala. § 27-21A-25

⁸ *Id.*

C. Collection and Reporting of Racial and Ethnic Data by Other Health Care Entities

1. Alabama Medicaid Agency

a. Statutes, Regulations, Policies and Other Written Materials

Presently, there are no state statutes or rules that prohibit the Alabama Medicaid Agency from collecting or reporting racial, ethnic or primary language data. However, the Medicaid agency does collect racial information on the Medicaid eligibility inquiry form.⁹ In addition, HMO's that participate in Medicaid must have a Quality Assurance Plan (QAP). This plan must evaluate the appropriateness of care delivered to Medicaid beneficiaries by establishing goals and objectives and focusing on health outcomes.¹⁰

The All Kids Program, the state's SCHIP program, administered by the Alabama Department of Public Health, requests the applicant's and his/her household's racial information. Unlike some states, the application does not indicate that it is optional for the applicant to provide this information to the DPH. The application provides several racial categories from which the applicant may choose. These categories are White, Black, Hispanic, American Indian, Asian, Other, and Not Known.

b. Discrimination

The Department of Human Resources¹¹ must ensure that all its services, including Medicaid benefits, are provided to all eligible persons without regard to race, color, or national origin.¹² In addition, Medicaid providers, including managed care providers, must ensure that no person is denied the benefits of or excluded from participation in Medicaid because of his race, color or national origin.¹³

c. Confidentiality

HMOs that participate in the Medicaid program must have an appropriate record system. Each record must be stored in a safe manner to prevent its damage or unauthorized use.¹⁴ However, records must be reasonably accessible for review.¹⁵

⁹ Ala. Admin. Code § 560-X-28.01.

¹⁰ Ala. Admin. Code § 560-X-37-.04(11)(a).

¹¹ The Department of Human Resources (DHR) determines eligibility for Medicaid for low-income families, in addition to overseeing child support enforcement, the Food Stamp program and foster care.

¹² Ala. Admin. Code § 660-1-1-.05.

¹³ Ala. Admin. Code §§ 560-X-1-.07(1), 560-X-37-.01(3), 560-X-1-.02(8).

¹⁴ Ala Admin. Code § 560-X-37-.04(12)(a).

¹⁵ *Id.*

In addition, “all case records of recipients of, and applicants for, [Medicaid], shall be considered confidential and not public writings.”¹⁶

2. Alabama Department of Public Health (DPH)

a. Statutes, Regulation, Policies, and Other Written Materials

The DPH collects and reports racial data under certain circumstances. These circumstances are: (1) diagnoses of sexually transmitted diseases;¹⁷ (2) immunizations;¹⁸ and, (3) birth certificates.¹⁹ In addition, although not statutorily required, DOH collects race data with regard to births (race of mother) and deaths.²⁰

b. Discrimination

As a public place, the DPH is bound by Alabama’s general civil rights statute.²¹ However, as mentioned earlier, Alabama’s civil rights statute only prohibits discrimination on the basis of disability, and not race or national origin.

c. Confidentiality

Alabama’s public records statute gives “every citizen [the] right to inspect and . . . copy any public writing of this state, except as otherwise expressly provided by statute.”²² The statute does not provide an exemption for medical records or data.

Alabama has confidentiality provisions that are applicable to various databases, registries, and reporting requirements. Specifically, the clinical records submitted for the statewide cancer registry and the head and spinal cord injury registry must be held in strict confidence and are not considered public records.²³ Moreover, any information reported to the DPH regarding immunizations or communicable diseases must also be held in strict confidence.²⁴ Finally, all reports regarding the diagnosis of STDs must be kept confidential and are not subject to public inspection.²⁵

¹⁶ Code of Ala. § 38-2-6.

¹⁷ Code of Ala. § 22-11A-14(b).

¹⁸ Ala. Admin. Code, § 420-6-2-.01(4).

¹⁹ Code of Ala. § 22-9A-8(a)(2).

²⁰ See <http://www.alapubhealth.org/>.

²¹ Code of Ala. § 21-7-2.

²² Code of Ala. § 36-12-40.

²³ Ala. Admin. Code, §§ 420-7-3-.05(1), 420-7-4-.07(1).

²⁴ Ala. Admin. Code, §§ 420-6-2-.08(1), 420-4-1-.04(6).

²⁵ Code of Ala. § 22-11A-14(e).

D. Observations

Alabama does not have any statutes, regulations, or policies that mandate, prohibit, or discuss the collection or reporting of racial and ethnic data.

Alabama is one of five states that prohibits discrimination only on the basis of disability with regard to access to public accommodations.

Unlike most states, Alabama's public records statute does not provide an exception for medical information and data. However, Medicaid case records and certain DOH records are confidential. HMOs participating in the Medicaid program must store patients' records in a safe manner to prevent their unauthorized use.