



# ALABAMA

## 1. Plan Development

Alabama has not yet published a viral hepatitis elimination plan but is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Alabama has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

## 2. Harm Reduction Laws

### **Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and “Works” Possession Laws and Syringe Exemption**

No SSPs are operating in Alabama because they are prohibited from operating in the state. The possession of paraphernalia is illegal, and laws are only in place to protect Good Samaritans who attempt to assist others that are experiencing a substance use-related medical emergency; there is no protection for the person experiencing the emergency. Revising state harm reduction policies to include allowing SSPs to be established and expanding Good Samaritan protections will aid state efforts to engage with key populations at greatest risk for viral hepatitis transmission.

## 3. Budget Allocation

### **Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget**

There was no specific state budget allocation or state correctional budget allocation identified related to viral hepatitis in Alabama’s FY23 budget. While viral hepatitis public health programs may be funded through various budget allocations, a designated line item for hepatitis signals a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

## 4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

### **Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion**

The state does provide educational information to the public regarding viral hepatitis and specifically perinatal HBV, but its links to perinatal HCV information are no longer accessible; the state does not offer links to provider training. Alabama is also not a Medicaid expansion state. Improving provider awareness of how to screen for and treat viral hepatitis can increase the hepatitis treatment workforce capacity.

### **Standard of Care for HCV in State Corrections**

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in Alabama. The state previously reached a settlement agreement that committed the Alabama Department of Corrections to providing constitutionally adequate medical care for all prisoners in at least one of its major facilities. However, the 11th Circuit, in *Hoffer v. Sec’y, Fla. Dep’t of Corr.*, 973 F.3d 1263, 1270 (2020), ruled that a correctional institution satisfies constitutional requirements of delivering treatment to incarcerated individuals for a “serious medical condition” if it “monitors all HCV-positive inmates, including those who have yet to exhibit serious symptoms, and provides direct-acting antivirals to anyone who has an exacerbating condition, shows signs of rapid progression, or develops even moderate fibrosis.” Therefore, the settlement agreement mentioned above has likely been rendered moot and inapplicable based on the decision in *Hoffer*.

### **Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials**

There are state academic institutions and community-based organizations throughout the state providing non-syringe exchange harm reduction and health intervention services for key populations, such as persons who use drugs and those experiencing homelessness.

### **Enduring Coalition / Task Force to Coordinate and Leverage Resources**

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Alabama should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

### **Hepatitis C: State of Medicaid Access Grade**

One of Alabama’s most significant improvements since July 2022 is its improved Hepatitis C: State of Medicaid Access grade, which has improved from a D to a B. This change is due to the state no longer imposing a sobriety requirement to receive HCV treatment through Medicaid.

## **5. Improving Viral Hepatitis Surveillance and Data Usage**

### **Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data**

The state has published (within the last two years) an epidemiological report / profile collecting viral hepatitis data, but only for HAV and HBV, not HCV. To increase transparency, the state should consistently publish epidemiological data for HAV, HBV, and HCV.