

Revision of Current Health Care Position.

**With italics to indicate changes from existing position**

Approved Feb. 21, 2009 by LWVAL Board

## LEAGUE OF WOMEN VOTERS OF ALABAMA HEALTH CARE POSITION

Health Care adopted in 1986. Updated in 1995, 1997, and 2003.

The LWVAL supports *access to basic health care services* for all Alabama citizens. This objective should be accomplished through an equitable planning regulatory system that is subject to checks and balances and representative of both consumers and providers and through the development of delivery systems that take into account the specific needs of children, the elderly, rural and disadvantaged persons. Access to *basic* health care is a *universal* human right that should be met by an expanded network of providers and coordination among providers.

The League of Women Voters, therefore, supports action on the following:

- A. State public health planning should be organized to ensure that the deliberations and recommendations of the decision-making boards and committees are ultimately accountable to the people of Alabama. Their placement in the organizational structure of the executive branch and their interacting authorities should promote independence from political considerations.
- B. The main criteria for processing Medicaid contracts should be quality of service and qualified reviewers.
- C. *Eligibility* for treatment/*care* should be based on medical considerations.
- D. Conformity with federal regulations on the use of new techniques or advanced technology should be maintained.
- E. Decisions of the Certificate of Need Board relating to *allocation of new or expanded sites for health care facilities/agencies and* technology should be based on strict adherence to regulations accurately reflecting the needs of the population to be served.
- F. An aggressive campaign to reduce infant mortality should include *access to an adequate number and location of affordable quality prenatal services such as* mobile clinics and utilization of *a variety of qualified medical professionals and provision for* a variety of educational strategies about family planning and prenatal care.
- G. The indigent care load should be shared by all health care providers both public and private.
- H. Counties should be required to pay for *health care* for their indigent population, but the *cost of care* should be billed through the state in order to speed up the collection of *monies* and to provide records reflecting the magnitude of the problems.

I. Emphasis on health maintenance and disease prevention should be encouraged through establishment of *and access to* wellness clinics or programs *throughout the state* and through public education *about healthy lifestyles*.

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