

**Alabama Rural Health Association  
2026 Alabama Legislative Session Final Legislative Report**

**Bills That Passed**

**Rural Health Transformation Program Appropriation**

**Bill Number:** HB 614

**Author:** Rep. Rex Reynolds

**Final Status:** Enacted on April 13, 2026.

HB 614 provided appropriations for Alabama’s Rural Health Transformation Program for the fiscal year ending September 30, 2027. This was one of the most important rural health measures of the session because it funded the state’s framework for strengthening rural healthcare access, workforce, and infrastructure. The bill passed both chambers unanimously.

**Alabama Rural Health Antitrust Immunity Act**

**Bill Number:** HB 605

**Author:** Rep. Jamie Kiel

**Final Status:** Enacted on May 8, 2026.

HB 605 created the Alabama Rural Health Antitrust Immunity Act. The bill allows regulated collaboration among rural healthcare providers, including shared clinical services, coordinated staffing, quality improvement, and shared facilities or equipment. This gives rural providers more flexibility to work together to preserve and expand services.

**Treat in Place and Ground Ambulance Reimbursement**

**Bill Number:** SB 269

**Author:** Sen. Bobby Singleton

**Final Status:** Enacted on April 6, 2026.

SB 269 addressed ground ambulance reimbursement and prohibited balance billing under certain circumstances. The measure also allows ambulance providers to be paid for on-site medical services even when a patient is not transported to a hospital. This is especially important for rural EMS systems, where long transport distances and limited reimbursement have strained emergency response capacity.

**Volunteer Rescue Squad Tuition Reimbursement Program**

**Bill Number:** HB 116

**Author:** Rep. Ed Oliver

**Final Status:** Enacted on April 16, 2026.

HB 116 expanded the Volunteer Rescue Squad Tuition Reimbursement Program to allow designated EMS regional agencies to participate in education instruction. The bill supports EMS workforce development by improving training pathways for emergency medical personnel. This is directly relevant to rural communities that depend heavily on volunteer rescue squads, ambulance services, and volunteer fire departments.

## **Alabama Rural Emergency Medical Services and Volunteer Fire Department Study Commission**

**Bill Number:** SJR 93

**Author:** Sen. April Weaver

**Final Status:** Enacted on April 15, 2026.

SJR 93 created the Alabama Rural Emergency Medical Services and Volunteer Fire Department Study Commission. The resolution recognizes the challenges rural communities face in maintaining essential emergency services. This study commission creates a formal mechanism to review rural EMS and volunteer fire department needs and recommend future policy solutions.

## **Physician Assistant Licensure Compact**

**Bill Number:** HB 156

**Author:** Rep. Paul Lee

**Final Status:** Enacted on April 20, 2026.

HB 156 adopted the Physician Assistant Licensure Compact in Alabama. The compact is intended to streamline licensing for out-of-state physician assistants and attract more medical professionals to serve Alabama patients. For rural communities, this could help improve access to providers in areas facing persistent workforce shortages.

## **Bills That Failed**

### **Emergency Department Physician On-Site Requirement**

**Bill Number:** SB 80

**Author:** Sen. Larry Stutts

**Final Status:** Died in Senate Healthcare Committee.

SB 80 would have required hospital emergency departments to have at least one physician physically present on site at all times the emergency department is open. The bill raised important questions about emergency care standards, staffing realities, and rural hospital capacity. While intended to improve patient safety, the proposal also created concern about whether smaller hospitals could meet the requirement.

### **Rural Certificate of Need Exemption**

**Bill Number:** SB 82

**Author:** Sen. Larry Stutts

**Final Status:** Died in Senate Healthcare Committee.

SB 82 would have removed Certificate of Need requirements for new or expanded healthcare facilities and services in rural areas. The bill was designed to increase flexibility for rural healthcare development and reduce regulatory barriers. It did not advance beyond committee.

### **Alabama Health Command and AI-Assisted Rural Health Platform**

**Bill Number:** SB 97

**Author:** Sen. Gerald Allen

**Final Status:** Died in Senate Healthcare Committee.

SB 97 would have created the Alabama Health Command to designate a virtual AI-assisted health platform for use in rural communities. The platform would have connected rural patients with providers and offered wellness education and follow-up support through virtual encounters. The bill did not advance, but it reflected growing interest in technology-driven rural access solutions.

### **Rural Physician Income Tax Credit**

**Bill Number:** HB 115

**Author:** Rep. Ed Oliver

**Final Status:** Died in House Ways and Means Education Committee.

HB 115 would have replaced Alabama's existing rural physician income tax credit. The proposal was aimed at strengthening physician recruitment and retention in rural communities. The bill did not advance, leaving rural provider incentive reform as a possible future advocacy priority.

### **Session Summary**

The 2026 Alabama Legislative Session produced several meaningful rural health wins, especially in Rural Health Transformation Program funding, rural provider collaboration, EMS reimbursement, EMS workforce development, and healthcare workforce mobility. The most significant enacted rural health measures were HB 614, HB 605, SB 269, HB 116, SJR 93, and HB 156. Several major policy proposals did not pass, including rural CON exemption, rural physician tax credit reform, an emergency department physician staffing mandate, and the proposed AI-assisted rural health platform. For 2027, ARHA may want to continue prioritizing Rural Health Transformation Program implementation, rural hospital sustainability, EMS workforce and reimbursement support, rural provider recruitment incentives, telehealth and technology access, and targeted Certificate of Need flexibility for rural communities.