

Alabama Rural Health Care Op-Ed

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If you live in a larger city in Alabama, such as Huntsville, Birmingham, Mobile, or Montgomery, getting medical care can be very simple. The process can be as simple as calling your local healthcare provider and making an appointment. For Alabamians living in rural areas of Alabama the healthcare process can be extremely difficult. For rural Alabamians, getting healthcare can mean driving up to or more than one hour, finding reliable transportation, taking sometimes a full day off of work, and then determining whether the medical problem at hand is serious enough to warrant taking the trip and all of the external needs that the trip will cause. In Alabama, physical location has a major impact on healthcare accessibility.

This issue should concern everyone.

Within the 67 counties of Alabama, there are 58 counties that are rural. This amounts to more than million people- roughly 42% of the state's population. However, rural Alabama has fewer healthcare facilities than its surrounding urban communities. The Alabama Department of Public Health reports that rural counties have fewer hospital beds and dentists per resident than urban counties. Rural counties have an emergency response time of 11-15 minutes compared to the 0-5 minutes in urban counties.

These numbers represent much more than statistics. They represent a grandparent or parent that must drive over an hour for a sick child or an older woman who cannot find transportation to an appointment. It also represents a pregnant woman who lives a significant distance from a maternity ward in a hospital.

Alabama has made some very important investments to address this problem. In August, Governor Ivey and her policy team announced 138 grants totaling more than \$144 million through the Alabama Rural Health Transformation Program. The projects include telehealth programs, medical transportation, improvements to existing hospitals, primary care expansion, behavioral health services, and workforce development. The investment in rural healthcare is significant, but Alabama should not stop there. Alabama should continue to roll out a long-term rural healthcare strategy focused on keeping care available in communities after grant funding ends.

The goal of the Rural Health Transformation Program should be simple: basic healthcare access should no longer be dependent on someone's zip code.

One of the biggest challenges of rural healthcare transformation is maintaining local healthcare facilities. Alabama's own rural health planning documents state there is a serious financial challenge facing many rural hospitals. The states Rural Health Transformation Program materials reported that 60% of rural hospitals were at risk of closing while 48% of these hospitals were at immediate risk, as of August 2025. The same document noted that 65% of rural hospitals had a negative margin on patient services in 2024. When a rural hospital closes or has a reduction in services, the effects of this go far beyond the closure of the hospital itself.

A hospital is not simply a place where people go when they are sick. It is also an employer, an emergency response, a training location, and an important part of the local community and economy. Losing a fixture in the community such as a rural hospital can force residents to travel farther for care and employment while making it significantly more difficult for communities to attract and retain professionals in healthcare, which in turn makes gaining healthcare access even more difficult.

Alabama has already seen rural hospitals change or close their doors. State planning documents identify rural hospital closures in my community of Butler County in 2019, as well as in Pickens County in 2020, in Clarke County in 2024, and most recently in Lawrence County in 2026. Other hospitals and healthcare facilities in rural areas have transitioned to Rural Emergency Hospitals, which focus on emergency and outpatient services rather than maintaining traditional inpatient hospital capacity.

The solution is not simply to build more hospitals, as we do not have unlimited resources in Alabama. Additionally, some rural communities may not have the population or workforce necessary to support a full-service hospital. Instead, Alabama should strive to build a strong rural health network that connects existing resources.

This proposal looks like expanding telehealth where it can help patients. It also means investing in transportation for people who cannot drive or do not have reliable transportation. It also means connecting rural clinics with larger hospitals and specialists while also developing programs that encourage doctors, nurses, physician assistants, dentists, and other health professionals to practice in rural communities.

The state is already moving in this direction. One example of this is that the Rural Health Transformation Program includes funding for virtual healthcare, non-emergency medical transportation, rural primary care facilities, and other workforce programs. Throughout the projects, one should create a network of local health access sites connected to a central virtual clinic. Other projects will provide reliable transportation for patients who otherwise may have a more difficult time reaching appointments at with their healthcare provider.

These investments demonstrate that Alabama does not need to start this rural health transformation from scratch, but the State does need to think about how to improve beyond individual grants. A grant can purchase equipment and improve the facilities, but the thought of what happens when the grant ends is something that the state needs to think about.

In order for Alabama to be healthcare forward in the future after the grants run out, Alabama should establish measurable goals for rural health programs. Instead of measuring how much money has been distributed, the state should measure whether residents have gotten access to healthcare. Possible ways to measure could include reductions in travel time, increases in primary care visits, emergency room use for conditions that are preventable, availability of appointments, and the number of healthcare providers in rural communities.

Alabama should also continue to develop its rural health workforce. A rural health system cannot succeed without people providing healthcare to the community. Alabama already has programs designed to bring health professionals into underserved communities. The state has a J-1 Visa Waiver Program that supports international medical graduates who agree to practice in designated underserved areas for at least three years. Partnerships with universities, hospitals, and other community health centers can help students see rural practice as a career opportunity rather than a temporary assignment.

Additionally, transportation needs to be treated as a part of healthcare access. It does very little good to have doctors available if the patient cannot make it to the hospital either safely or at all. There are several 2026 grants support non-emergency medical transportation programs, including projects designed to transport patients to medical services and help rural residents reach care closer to their home base.

Rural Alabama should not have to choose between maintaining a local hospital and having access to modern healthcare. Alabamians should not have to move to an area with more accessible healthcare in order to receive healthcare. Families should not have to uproot an entire day in order to simply take their loved one to a doctor's appointment. And medical attention should not be only accessible to someone who lives in a specific ZIP Code.

Some claim that this is an argument that every city and town in Alabama needs a brand-new full-service hospital, that is not the argument at all. The argument is that everyone deserves access to healthcare. The state of Alabama has already put money and resources behind addressing this problem; however it needs a long-term strategy in order for this effort to be sustainable. Alabama's rural communities are not going away; healthcare must be a part of the plan.

Zip codes should tell people where you live, not the quality of healthcare you can receive.

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