

October 17, 2025

Dear Governor Ivey and Health Policy Advisory staff:

Thank you for the opportunity to share our priorities for the Rural Health Transformation Program. Alabama Arise has three suggested priorities for the use of these funds:

- 1. Providing payments to health care providers for the provision of health care items or services, as specified by the Administrator.*

Our top priority is backfilling rural hospitals for the **uncompensated care** they have provided and the outstanding costs they still have. RHT funds can be used to fill gaps in care coverage, like uncompensated care or services not covered by insurance. The amount of uncompensated care in a state is a key factor in scoring a state's application for the "workload funding" component, so it is particularly important to address the high share of uncompensated care that Alabama's rural hospitals provide in order to strengthen our application.

- 2. Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.*

We recommend Alabama's application highlight the important role that **maternal care** plays in [ensuring positive lifelong health outcomes](#). As we consider maternal health investments, we would prioritize regions like the Wiregrass and the Black Belt, [which are maternity care deserts](#).

We also recommend a focus on **food as medicine** and **oral health** programs as measurable interventions to address chronic illness. [Food as medicine](#) programs which provide supports to purchase, prepare and eat healthier foods are now more important than ever, as food costs are rising and food assistance resources are strapped. Oral health [impacts systemic health across the lifespan](#), and is largely overlooked in care provision.

Programs and models that exist and could be funded or expanded might include:

- Group prenatal care visits at public health departments
- Produce prescription projects, such as those piloted in Birmingham and Mobile
- Medical-dental integration programs

3. *Fostering collaboration: Initiating, fostering, and strengthening local and regional strategic partnerships between rural facilities and other health care providers to promote quality improvement, improve financial stability of rural facilities, and expand access to care.*

Under this category, we believe a **hub and spoke model** of coordination would support more effective collaboration between struggling rural providers.

We also believe that support for **non-emergency medical transportation** should be prioritized as a piece of this approach, acknowledging that transportation is a barrier to care for rural communities and a key piece missing in effective care coordination.

Guiding principles

In 2021, Alabama Arise recommended [the following principles](#) in our recommendations for how Alabama should approach the provision of ARPA COVID relief funds. We believe the same principles still apply now:

1. Engage local communities at every step.
2. Aim for equity in outcomes.
3. Invest in existing assets and capacities to help funds work faster, go farther and avoid duplication.
4. Maximize impact by addressing health in all policies. (A focus of the RHTF!)
5. Think big and create a 21st-century infrastructure for the common good.
6. Build public trust and engagement by following the highest standards of documentation, transparency and accessibility of information about funding awards and expenditures.

The issues we face in addressing health care disparities for rural communities are monumental. We hope the Rural Health Transformation Fund will allow us to prioritize some of the most pressing issues affecting rural Alabamians.

We look forward to partnering with your administration and with local communities to improve health care in rural health communities, especially for our state's most vulnerable people.

Respectfully submitted,

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Alabama Arise