

## **Mississippi Rural Health Association 2026 Mississippi Legislative Session Final Report**

### **Bills That Passed**

#### **Certificate of Need Revisions**

**Bill Number:** HB 3

**Author:** Rep. Sam Creekmore IV

**Final Status:** Approved by Governor on February 4, 2026.

HB 3 revised several provisions of Mississippi's Certificate of Need law. The bill increased certain capital expenditure and major medical equipment thresholds that trigger CON review and included provisions related to psychiatric, long-term care, teaching hospital, and specialized facility approvals. For rural healthcare, the most relevant provision directs the State Department of Health to study whether small hospitals should be exempted from CON requirements for dialysis units and geriatric psychiatric units. This creates a possible pathway for future rural hospital flexibility in services that often require patients to be transferred long distances.

#### **Rural Health Transformation Fund Oversight**

**Bill Number:** SB 2477

**Author:** Sen. Hob Bryan

**Final Status:** Passed Legislature, vetoed by Governor on April 2, 2026.

SB 2477 was one of the most significant rural health bills of the session because it addressed oversight and competitive bidding requirements for Mississippi's Rural Health Transformation Program funds. The bill passed the Senate, passed the House as amended, and the Senate concurred in the House amendment before being vetoed. The Governor's veto message stated concern that the bill could jeopardize nearly \$1 billion in potential rural healthcare funding. Although the bill did not become law, it shaped much of the session's public discussion about transparency, procurement, and rural health funding priorities.

### **Bills That Failed**

#### **Rural Health Transformation Program Competitive Bidding**

**Bill Number:** HB 1067

**Authors:** Rep. Sam Creekmore IV and Rep. Omeria Scott

**Final Status:** Died in Conference on March 30, 2026.

HB 1067 would have required vendors and entities selected to provide goods or services through the Rural Health Transformation Program to be subject to a competitive bid process. The bill also addressed how grant programs funded by RHTP dollars would operate and prioritized rural communities with limited resources. It passed the House and Senate but failed after the House declined to concur and the bill went to conference. This bill was a major rural health transparency proposal but did not become law.

## **Medicaid Telehealth Reimbursement for FQHCs, RHCs, and Community Mental Health Centers**

**Bill Number:** HB 107

**Author:** Rep. Robert Johnson

**Final Status:** Died in House Committee on February 3, 2026.

HB 107 would have required Medicaid reimbursement for telehealth services provided by federally qualified health centers, rural health clinics, and community mental health centers at the same rate as face-to-face encounters. This bill was especially important for rural providers because payment parity would help sustain telehealth services in communities with provider shortages and transportation barriers. The bill did not advance out of committee. Its failure leaves Medicaid telehealth reimbursement as a continued advocacy issue for rural clinics and community-based providers.

## **Telemedicine and Ambulance Reimbursement**

**Bill Number:** HB 1657

**Author:** Rep. Sam Creekmore IV

**Final Status:** Died in Senate Committee on March 3, 2026.

HB 1657 would have revised telemedicine provisions for health benefit plans and included ambulance reimbursement language. The bill addressed reimbursement for ambulance services when providers assess, triage, treat, or transport patients to an alternative destination. This was relevant to rural healthcare because EMS systems in rural areas often face long transport times, limited resources, and pressure on emergency departments. The bill passed the House but died in Senate committee.

## **Mississippi Health Information Exchange**

**Bill Number:** HB 534

**Author:** Rep. Sam Creekmore IV

**Final Status:** Died in Senate Committee on March 3, 2026.

HB 534 would have established the Mississippi Health Information Exchange to support real-time, bidirectional sharing of patient admission, discharge, and transfer data. The bill would have allowed hospitals, practitioners, payers, public health entities, and others to securely exchange health information. Rural providers could have benefited from improved care coordination, reduced duplication, better transitions of care, and stronger population health infrastructure. The bill passed the House but died in Senate committee.

## **Specialty Doctors to Rural Hospitals Grant Program**

**Bill Number:** HB 232

**Author:** Rep. Omeria Scott

**Final Status:** Died in House Committee on February 3, 2026.

HB 232 would have created the Specialty Doctors to Rural Hospitals Grant Program. The bill directed the State Department of Health to administer grants to rural hospitals to help ensure access to specialty physicians when a major hospital is on diversion. The proposal specifically defined rural hospitals as licensed Mississippi hospitals with 50 or fewer acute,

nonspecialty beds. This bill would have addressed a major rural access issue but did not advance.

### **Rural Hospital Transfer Protections**

**Bill Number:** HB 233

**Author:** Rep. Omeria Scott

**Final Status:** Died in House Committee on February 3, 2026.

HB 233 would have addressed conditions for transferring rural hospital patients to major hospitals when a physician deemed the transfer medically necessary. The bill reflected ongoing concerns about diversion, transfer delays, and access to higher levels of care for rural patients. It was closely related to the broader discussion of specialty care access and rural hospital stabilization. The bill died in committee.

### **Mississippi Delta Medical Apprenticeship Program**

**Bill Number:** HB 72

**Author:** Rep. John Hines

**Final Status:** Died in House Committee on February 3, 2026.

HB 72 would have established the Mississippi Delta Medical Apprenticeship Program to create healthcare career pathways for students in the Delta. The bill was directly tied to rural workforce development and would have supported earlier exposure to healthcare careers. Rural workforce shortages remain one of the largest barriers to access and sustainability in Mississippi healthcare. The bill did not advance but remains a model for future workforce policy.

### **Rural Physicians Scholarship Program Funding**

**Bill Number:** HB 82

**Author:** Rep. Omeria Scott

**Final Status:** Died in House Committee on February 25, 2026.

HB 82 would have appropriated funding to UMMC for scholarships through the Rural Physicians Scholarship Program. The proposal was designed to strengthen the pipeline of physicians serving rural Mississippi communities. Because rural provider shortages remain a persistent challenge, scholarship and retention programs are central to long-term access strategies. The bill died in committee.

### **Delta Regional Medical Center Residency Funding**

**Bill Number:** HB 151

**Author:** Rep. John Hines

**Final Status:** Died in House Committee on February 25, 2026.

HB 151 would have appropriated funding to support a medical residency program at Delta Regional Medical Center. Rural residency programs are important because physicians who train in rural communities are more likely to practice in similar settings. The bill would have strengthened the physician workforce pipeline in the Mississippi Delta. It did not advance.

## **Medicaid Reimbursement Increase for Hospitals in High-Need Counties**

**Bill Numbers:** HB 152 and HB 210

**Authors:** Rep. John Hines and Rep. Omeria Scott

**Final Status:** Died in House Committee on February 3, 2026.

HB 152 and HB 210 proposed increased Medicaid reimbursement rates for hospitals located in counties with high unemployment and physician shortages. These bills targeted the financial strain facing hospitals in economically distressed and medically underserved areas. For rural hospitals, enhanced reimbursement could help offset uncompensated care, workforce shortages, and service sustainability challenges. Both bills died in committee.

### **Session Summary**

The 2026 Mississippi Legislative Session included several major rural healthcare themes: Rural Health Transformation Program oversight, Certificate of Need reform, telehealth reimbursement, ambulance and EMS payment policy, health information exchange, rural hospital stabilization, specialty access, and healthcare workforce development. The most significant enacted rural-health-related measure was HB 3, which revised CON provisions and required further study of small hospital flexibility for dialysis and geriatric psychiatric services. The most significant unresolved issue was the Rural Health Transformation Program oversight debate, with HB 1067 dying in conference and SB 2477 passing the Legislature before being vetoed. For the 2027 session, MRHA may want to continue prioritizing RHTP transparency and rural targeting, Medicaid telehealth parity for RHCs and FQHCs, rural EMS modernization, rural hospital reimbursement support, health information exchange participation, and healthcare workforce pipeline legislation.