

# LEGISLATIVE SESSION OVERVIEW

## Legislative Toolkit

The 2026 legislative session reflected a clear divide between efforts to expand access to care and policies that introduced new barriers to reproductive and maternal health. While **HB23** did not advance, preventing additional restrictions on patient access, other enacted and failed proposals together shaped a mixed and uneven policy landscape.

**SB209** was passed and will now guide reproductive health education in Alabama, promoting abstinence-focused instruction and limiting access to comprehensive, medically accurate sexual health information beginning October 1, 2026. At the same time, several proposals aimed at strengthening maternal health systems and expanding civic participation in healthcare decision-making did not move forward, leaving notable gaps in progress.

Key missed opportunities included **HB54**, which would have allowed pregnant individuals to remain in their communities rather than being incarcerated, and **HB14**, which would have established a citizen-led ballot initiative process to give voters a direct pathway to decide on issues, including reproductive healthcare protections.

Taken together, the outcomes of this session highlight both stalled reforms and advancing restrictions, underscoring ongoing tensions in how reproductive and maternal health policy is being shaped in the state.

Below are the non-partisan results of our priority bills this session. If you see the same name listed multiple times, it is because they represent more than one region.

*This document is intended for informational and educational purposes only and reflects a neutral, non-partisan summary of legislative activity. It does not advocate for or against any candidate or political party and focuses solely on tracking policy outcomes, public legislation, and their potential impacts on communities served.*

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### [SB209](#)

*Sponsored by Senator Shay Shelnett*

**Bill Title:** Public K-12 schools; sex education (sex ed) curriculum further provided for; sexual risk avoidance established as sex ed curriculum; policies of local boards of education related to sex ed further provided for; parent or guardian notice of sex ed curriculum required; Attorney General authorized to enforce.

***Why is this bill important to Maternal Health?***

**SB 209** risks undermining maternal health because it replaces comprehensive, evidence-based sexual health education with a sexual risk avoidance approach centered on abstinence-only messaging. While the bill is framed as promoting “safer” outcomes, it can withhold critical information about contraception, consent, and reproductive healthcare that young people need to make informed decisions about their bodies and futures. That education gap can contribute to higher rates of unintended pregnancy, delayed prenatal care, and poorer maternal health outcomes, particularly in communities already facing systemic barriers to care.

What makes the bill especially misleading is that it packages this agenda within broadly popular language around “online safety” and parental rights, despite those issues having little connection to the bill’s core shift away from comprehensive sexual health education. Supporters also point to opt-out provisions as a safeguard, but that framing obscures the larger concern: students cannot opt into information they are never meaningfully given. By limiting access to medically accurate education while presenting the bill as protective and family-centered, **SB 209** advances an abstinence-first agenda under the guise of safety and choice.

**Important Note: Will go into effect on October 1, 2026.**

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**Bibb (Yes)**

Rep. Bedsole, Russell [R]

Sen. Weaver, April C. [R]

**Bibb (Absent)**

Rep. Travis, Curtis [D]

**Fayette (Yes)**

Rep. Brinyark, Bryan [R]

Sen. Woods, Matthew "Matt" [R]

### **Greene (Absent)**

Rep. Brinyark, Bryan [R]

Sen. Woods, Matthew "Matt" [R]

### **Greene (Non-vote)**

Rep. McCampbell, Artis "A J" [D]

### **Hale (Absent)**

Rep. Travis, Curtis [D]

Sen. Singleton, Bobby D. [D]

### **Lamar (Yes)**

Sen. Woods, Matthew "Matt" [R]

Rep. Estes, Tracy [R]

Sen. Allen, Gerald H. [R]

### **Jefferson (No)**

Representative Givan voted **NO**, despite speaking to "positive attributes" of the bill

Rep. Moore, Mary [D]

Rep. Sellers, Patrick [D]

Rep. Hollis, Rolanda [D]

**Jefferson (Yes)**

Senator Smitherman (D)

Senator Roberts (R)

Senator Shelnuttt (R)

Senator Waggoner (R)

Rep. Datcher, Kelvin [D]

Rep. Tillman, Ontario [D]

Rep. Hendrix, Travis [D]

Rep. Hulse, Leigh [R]

Rep. Shaw, Mike [R]

Rep. Treadaway, Allen [R]

Rep. DuBose, Susan [R]

Sen. Woods, Matthew "Matt" [R]

**Jefferson (Non-vote)**

Rep. Rafferty, Neil [D]

**Pickens (Yes)**

Rep. Estes, Tracy [R]

Rep. McCampbell, Artis "A J" [D]

Sen. Allen, Gerald H. [R]

**Pickens (No)**

Rep. Bolton, Ronald "Ron" [R]

### **Tuscaloosa (Yes)**

Senator Allen (R)

Senator Woods

Rep. Brinyark, Bryan [R]

Rep. Crow, Norman [R]

Rep. Lamb, Bill [R]

### **Tuscaloosa (No)**

Representative England (D)

### **Tuscaloosa (Absent)**

Rep. Travis, Curtis [D]

Sen. Singleton, Bobby D. [D]

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## **SB24**

*Sponsored by Senator Linda Coleman-Madison*

**Bill Title:** Restoration of Voting Rights; Pardons and Paroles Board required to post an application for individuals seeking restoration; board required to notify individuals and the Secretary of State when voting rights are restored.

### ***Why is this bill important to Maternal Health?***

SB24 is important for maternal health because restoring voting rights ensures that people affected by maternal health inequities, who are often disproportionately impacted by incarceration and systemic barriers, can regain civic voice to shape policies on Medicaid coverage, reproductive care, and maternal health services.

**Important Note: Will go into effect Oct 1, 2026**

**Bibb (Yes)**

Rep. Bedsole, Russell [R]

Rep. Travis, Curtis [D]

Sen. Weaver, April C. [R]

**Fayette (Yes)**

Sen. Woods, Matthew "Matt" [R]

**Fayette (Non-vote/Absent)**

Rep. Brinyark, Bryan [R]

**Greene (Yes)**

Rep. Travis, Curtis [D]

**Greene (Absent)**

Sen. Singleton, Bobby D. [D]

**Hale (Yes)**

Rep. Travis, Curtis [D]

**Hale (Absent)**

Sen. Singleton, Bobby D. [D]

**Lamar (Yes)**

Rep. Estes, Tracy [R]

Sen. Woods, Matthew "Matt" [R]

**Jefferson (Yes)**

Senator Coleman-Evans

Senator Smitherman

Rep. Datcher, Kelvin [D]

Rep. Faulkner, David [R]

Rep. Garrett, Danny [R]

Rep. Givan, Juandalynn "Lee Lee" [D]

Rep. Hendrix, Travis [D]

Rep. Hollis, Rolanda [D]

Rep. Moore, Mary [D]

Rep. Rafferty, Neil [D]

Rep. Sellers, Patrick [D]

Rep. Shaw, Mike [R]

Rep. Tillman, Ontario [D]

Sen. Kitchens, Wes [R]

Sen. Shelnett, Shay [R]

Sen. Waggoner, J. T. "Jabo" [R]

Sen. Woods, Matthew "Matt" [R]

**Jefferson (No)**

Rep. Treadaway, Allen [R]

## Jefferson (Non-vote/Absent)

Senator Roberts PASSED

Rep. DuBose, Susan [R]

Rep. Hulse, Leigh [R]

## Pickens (Yes)

Rep. Bolton, Ronald "Ron" [R]

Rep. Estes, Tracy [R]

Rep. McCampbell, Artis "A J" [D]

## Tuscaloosa (Yes)

Senator Singleton voted YES

Senator Allen voted YES

Senator Woods voted YES

Rep. Crow, Norman [R]

Rep. England, Christopher John [D]

Rep. Lamb, Bill [R]

Rep. Travis, Curtis [D]

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## HB300

*Sponsored by Rep. Frances Holk-Jones and Sen. Linda Coleman-Madison*

**Bill Title:** "Eliminating Breast Cancer Examination Co-Pay" Act to require that coverage for breast cancer screening be provided without charging an insurance deductible or copayment to a beneficiary

### ***Why is this Bill Important to Maternal Health?***

Removing financial barriers to follow-up breast cancer testing is critical to maternal health because early detection and timely treatment can directly impact a person's ability to experience healthy pregnancies, postpartum recovery, and long-term reproductive health. High out-of-pocket costs for diagnostic MRIs,

ultrasounds, or follow-up mammograms often force patients to delay or forgo care altogether, increasing the risk that breast cancer is detected at a later, more dangerous stage.

For pregnant and postpartum individuals, delayed diagnosis can complicate treatment options, increase health risks during pregnancy, and contribute to poorer health outcomes for both parent and child. These barriers disproportionately affect Black women and low-income communities, who already face higher rates of maternal mortality and gaps in access to quality healthcare. Ensuring affordable access to follow-up testing helps close those gaps, supports earlier intervention, and strengthens overall maternal health outcomes by making preventative and diagnostic care more accessible when time matters most.

**Important Note: This bill will go into effect on January 1, 2027.**

**Bibb (Yes)**

Rep. Bedsole, Russell [R]

Rep. Travis, Curtis [D]

**Bibb (Non-vote)**

Sen. Weaver, April C. [R]

**Fayette (Yes)**

Rep. Brinyark, Bryan [R]

Sen. Woods, Matthew "Matt" [R]

**Greene (Yes)**

Rep. Travis, Curtis [D]

Sen. Singleton, Bobby D. [D]

Rep. McCampbell, Artis "A J" [D]

**Hale (Yes)**

Rep. Travis, Curtis [D]

Sen. Singleton, Bobby D. [D]

**Lamar (Yes)**

Rep. Estes, Tracy [R]

Sen. Woods, Matthew "Matt" [R]

Sen. Allen, Gerald H. [R]

**Pickens (Yes)**

Rep. Bolton, Ronald "Ron" [R]

Rep. Estes, Tracy [R]

Rep. McCampbell, Artis "A J" [D]

Sen. Allen, Gerald H. [R]

**Jefferson (Yes)**

Rep. Datcher, Kelvin [D]

Rep. DuBose, Susan [R]

Rep. Givan, Juandalynn "Lee Lee" [D]

Rep. Hendrix, Travis [D]

Rep. Hollis, Rolanda [D]

Rep. Hulse, Leigh [R]

Rep. Rafferty, Neil [D]

Rep. Sellers, Patrick [D]

Rep. Tillman, Ontario [D]

Sen. Shelnut, Shay [R]

Sen. Waggoner, J. T. "Jabo" [R]

Sen. Smitherman, Rodger M. [D]

Sen. Coleman-Evans, Merika [D]

**Jefferson (No)**

Sen. Roberts, Dan [R]

## Tuscaloosa (Yes)

Rep. Crow, Norman [R]

Rep. Travis, Curtis [D]

Rep. England, Christopher John [D]

Rep. Lamb, Bill [R]

Sen. Woods, Matthew "Matt" [R]

Sen. Allen, Gerald H. [R]

Sen. Singleton, Bobby D. [D]

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# Closing

As we look ahead to the next legislative session, HB54 will remain a top priority given its potential to improve maternal health outcomes and ensure pregnant individuals can remain connected to their communities rather than being incarcerated. This proposal represents a critical opportunity to advance a more supportive and health-centered approach within the justice system.

We will also be closely monitoring and supporting efforts related to the Right to Contraception Act, introduced by Marilyn Lands, which seeks to protect and affirm access to contraception as a fundamental component of reproductive healthcare. Together, these efforts reflect an ongoing commitment to strengthening reproductive freedom, expanding access to care, and addressing systemic gaps in maternal health policy.

In addition, the recent redistricting decision in Alabama will be an important development to watch, as changes to district maps may influence representation, policy priorities, and the legislative landscape moving forward.

Together, these efforts reflect an ongoing commitment to strengthening reproductive freedom, expanding access to care, and addressing systemic gaps in maternal health policy.



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