



# Policy Trends Shaping Behavioral Health in 2026



## Legislative Prospectus Series: 2026 Public Health Spotlight

### Introduction

Public health efforts remain focused on reducing mental health-related harms and preventing substance use disorder and overdose. In 2024, an estimated [23.4% of U.S. adults](#) — about 61.5 million people or more than one in five — experienced a mental illness, underscoring the widespread and urgent nature of mental health challenges nationwide. After years of rising fatalities, the United States saw its first notable decline in overdose deaths in 2023, followed by a [nearly 24% decrease in 2024](#), with approximately [87,000 deaths reported over a 12-month period](#). While this progress is promising, overdose is still a [leading cause of death](#) in the United States, underscoring the need for sustained prevention, treatment, and recovery efforts. To continue strengthening behavioral health systems and advancing overdose prevention, state and territorial legislatures are considering measures that promote mobile crisis units, support access to overdose prevention tools and treatment, and address the increased use of unregulated substances.

### Legislative Trends

#### Mobile Crisis Response

Over the past decade, federal and state policy has emphasized community-based behavioral health crisis response. Building on early local models, [the 2021 American Rescue Plan Act](#) created a new [Medicaid option](#) for states to fund [mobile crisis intervention](#) services with a time-limited enhanced federal matching rate. States also [integrated mobile crisis teams](#) into broader crisis response [systems aligned](#) with the [988 Suicide and Crisis Lifeline](#). As implementation expands, state legislatures are considering measures to strengthen service coordination, sustain funding beyond the enhanced federal match period, and address workforce and capacity needs.

During the 2025 legislative session, at least 13 states considered and six enacted measures related to behavioral health mobile crisis services. Rhode Island ([HB 6118](#)) will require insurance coverage for mobile response and stabilization services for children and adolescents under 18. In Washington, [HB 1813](#) directs additional planning and coordination among service providers to promote access to crisis stabilization services for Medicaid enrollees.

On Sept. 5, 2025, SAMHSA and CMS [issued joint guidance](#) to state health officials on how to support implementation of the crisis services continuum through Medicaid and the Children’s Health Insurance Program.

#### Naloxone Availability

[Naloxone](#) is a life-saving medication that quickly reverses opioid overdoses. [Approved for over-the-counter sale](#) by FDA in 2023, its expanded availability has increased opportunities for timely intervention. To support access for people at risk for overdose, many states are advancing policies to make naloxone available in public settings — such as schools, libraries, and community centers — to empower bystanders to respond to and prevent overdose deaths.

At least eight states have considered legislation to increase naloxone availability with a focus on youth. Colorado enacted [SB 25-164](#) to advance youth overdose prevention, clarifying access to naloxone in school communal areas, like buses, and giving the state board of health authority to establish what entities can receive naloxone for distribution. Michigan is considering [SB 404](#), which would require schools receiving naloxone from the health department to adopt policies regarding administration and explicitly limit liability of school employees administering naloxone. Montana enacted [SB 503](#), which extends liability protections for those who administer [expired opioid antagonists — like naloxone](#) — including in schools.

Medications for opioid use disorder — [including methadone, buprenorphine, and naltrexone](#) — are key to reducing overdose deaths and supporting recovery, yet access remains inconsistent across states. Many states are introducing legislation to expand coverage and remove insurance barriers; [explore legislation](#) introduced this year to prohibit prior authorization.

## Therapeutic Substances for Mental Health Diagnoses

[Psilocybin](#) and [ibogaine](#) are naturally occurring psychoactive substances being studied for their potential to treat mental health and/or substance use disorders. As interest in their therapeutic applications grows, several states are considering legislation to expand access for clinical research and regulated therapeutic use.

In 2025, more than two dozen states considered and seven states passed measures related to psilocybin. Arizona ([SB 1555](#)), Colorado ([HB 25-1063](#)), and Nebraska ([LB 72](#)) enacted laws that would allow psilocybin prescribing pending FDA approval, though this approval has not occurred. Iowa ([HF 383](#)) and Virginia ([SB 1135](#)) passed similar provisions but both [governors vetoed the bills](#), citing the need to wait for FDA approval and DEA rescheduling before taking state-level action.

At least 10 states considered legislation to study ibogaine or fund clinical trials exploring its potential to treat PTSD, depression, opioid use disorder, and related conditions. Washington considered [SB 5204](#), which would support the study of ibogaine-assisted therapy for adults with opioid use disorder. And several states — including Nevada ([AB 378](#)), New York ([S 4664](#)), and Oregon ([HB 3817](#)) — considered legislation focused on supporting research and trials that improve the health of veterans and first responders. Finally, Texas enacted [SB 2308](#) to establish a consortium focused on ibogaine research and trials to support FDA approval of the drug for treatment of various mental health and substance use disorders.

## Kratom Regulation

Public health leaders are examining ways to reduce the potential misuse of unregulated substances, including [kratom](#), a product derived from the leaves of a tropical tree that can act as both a stimulant and sedative, and that carries the [risk of addiction and abuse](#). Kratom is not a scheduled drug under federal law, but the [FDA has reiterated](#) that there are no legally marketed drugs containing kratom and that it is not an appropriate dietary supplement or approved food additive. While FDA explores a [scheduling action](#) for 7-OH, a concentrated byproduct of kratom, a number of state legislatures are considering measures to regulate kratom products. At least 34 states considered and 11 states passed legislation regarding kratom in 2025, including Louisiana ([SB 154](#)) which criminalizes the possession and distribution of kratom. Another six states — Colorado ([HB 25-072](#)), Mississippi ([HB 1077](#)), Nebraska ([LB 230](#)), Rhode Island ([SB 792](#)), South Carolina ([S 221](#)), and South Dakota ([HB 1056](#)) — passed legislation restricting the sale of kratom to people under the age of 21 and establishing product labeling standards.

## Looking Ahead

ASTHO anticipates states and territories to continue considering and adopting laws to prevent substance misuse and overdose and reduce mental health-related harms, including those that:

- Enhance support and capacity for behavioral health mobile crisis units and improve care coordination and entry across the behavioral health care continuum.
- Expand coverage for peer support specialists and establish baseline standards for peer support specialists in treatment and social support recovery services.
- Develop measures to study and decriminalize some psychoactive substances for potential mental health and substance use treatment.
- Develop innovative policies to link recently incarcerated persons to substance use disorder treatment.
- Improve access to medications for opioid use disorder by expanding telehealth availability, prohibiting prior authorization requirements, and ensuring comprehensive insurance coverage.
- Explore state regulatory frameworks for commercially available substances with the potential for misuse, including kratom and hemp-derived cannabinoids like Delta-8.



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### Headquarters:

2461 S Clark St STE 200, Arlington, VA 22202



Association of State and Territorial Health Officials