



Policy Trends Shaping Access to Care in 2026



Legislative Prospectus Series: 2026 Public Health Spotlight

Introduction

Public health agencies have a role in [supporting access to care](#), which means assuring [timely access to covered health care services](#) provided by a qualified workforce. However, many communities experience challenges in accessing health care services, providers, facilities, or affordable care. Gaps in access to services that prevent chronic disease, address maternal health and behavioral health challenges, and other health goals undermine public health's ability to improve community health. [Strategies to improve access](#) to care can include focused attention on underserved or at-risk communities or populations, including rural populations. To support access to comprehensive health care services, state legislatures continue to explore laws that strengthen clinical and community-based health workforces, support rural health care facilities, and promote access to care across the lifespan, including for women.

Legislative Trends

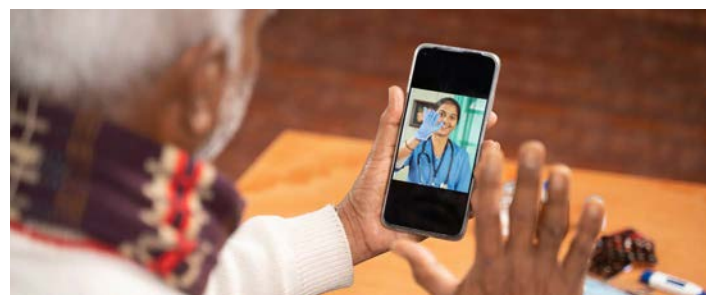
Access to Supportive and Community-Based Health Services

Community health workers (CHWs) are frontline public health workers who serve as a [link between health and social services and the community](#), and can help [address the social and behavioral health drivers of health outcomes](#). Many jurisdictions pursued policies to support CHWs by defining the workforce, establishing training or certification programs, and pursuing financial sustainability including through [Medicaid programs](#). In 2025, more than a dozen states considered legislation related to CHWs, with several states enacting laws that recognize CHWs as providers and/or authorize Medicaid coverage and reimbursement. This includes Arkansas [HB 1258](#), which establishes a state certification for CHWs, defines their role, and requires compensation for certified CHW services from both Medicaid and certain regulated health plans in the state. Montana ([HB 850](#)) and Oklahoma ([SB 424](#)) enacted bills to regulate CHWs but both bills were vetoed by their respective governors. In Oklahoma, the legislature overrode the veto. Rhode Island ([S 0705](#)) considered legislation that would require regulated health plans to cover CHW services, and Virginia enacted [SB 981](#) which requires the health department to report on the status of the CHW workforce and future needs.

[Doulas](#) are non-medical professionals who support individuals during pregnancy, birth, and the postpartum period. Doula care has been shown to [reduce the rate of both cesarean sections and postpartum anxiety or depression](#), and may be [cost effective](#), particularly for Medicaid programs. A [majority of states](#) are either pursuing or already offering doula coverage in their Medicaid programs. At least fourteen jurisdictions considered legislation in 2025 to recognize or provide coverage of doula services by Medicaid programs or private insurance. At least six states enacted laws regarding Medicaid coverage of doulas, including Louisiana ([HB 454](#)), Montana ([SB 319](#)), Utah ([SB 284](#)), and Vermont ([S 53](#)). In Maine, [LD 1523](#) directs the health department to begin the rate development process for future coverage of doula services, establish a doula council to support that process and provide other advice to the department, and issue a report on the overall progress by February 2027. Arkansas ([HB 1252](#)) established a scope of practice for certified community-based doulas and requires compensation by both the Medicaid program and other health benefit plans in the state.

Stabilizing and Growing Rural Health Care Access

Rural communities face a number of health care challenges, including [limited health care providers](#) and [financial strain on hospitals](#) and other rural health care facilities. Several states explored strategic initiatives to support rural health care access, both broadly and for specific populations. California enacted [SB 338](#) which establishes a virtual health hub to expand access to health services for farmworkers in rural communities. Iowa enacted [HF 972](#), directing the health department to seek CMS approval for a hub-and-spoke model to support the state's rural health providers. Finally, Texas enacted [HB 18](#) which creates a rural hospital officers academy to support the education and development of these leaders, includes additional financial support for rural hospitals with obstetrics and gynecology services, and codifies current state programs and offices supporting rural hospitals.



More than a third of U.S. counties are considered [maternal care deserts](#), which are places where there are no obstetric providers or facilities. Several states enacted legislation to expand access to pregnancy and maternal health care in rural and underserved areas, including California which enacted [SB 669](#) to create a pilot program for five rural hospitals to provide perinatal services on a standby basis. Arizona ([HB 2332](#)) will establish an advisory committee to make recommendations that will ensure the availability of “obstetrics, gynecology and maternal mental health services in low-volume, high-risk rural communities.” And in Connecticut, the governor signed several bills aimed at increasing access to maternal health care, including [HB 7102](#) which requires the development of a strategic plan to increase the number of obstetric facilities in underserved areas of the state.

The [Rural Health Transformation Program](#) will award grants to states to transform rural health care delivery and establish programs that expand access, enhance quality of care, and improve outcomes for patients. CMS will announce awards by Dec. 31, 2025.

Expanding Support for Mid-Life Women’s Health Care

Women may experience a number of [disruptive symptoms](#) during perimenopause — the transition period before menopause — including difficulty sleeping, memory lapses, hot flashes, and general pain and discomfort. Following menopause, low hormone levels can [increase the risk of chronic diseases](#) like osteoporosis, heart disease, and stroke. Lack of knowledge about menopause and its wide range of symptoms, along with stigma, can prevent women from seeking treatment or other supports. Recognizing a growing need to address women’s health across the entire lifespan, not just the reproductive years, state legislatures are exploring laws that address the menopause transition and its impacts through education and tailored health care access.

In 2025, several jurisdictions — including Texas ([HB 3961](#)), Arizona ([HB 2734](#)), and Connecticut ([AB 6593](#)) — considered legislation directing the development, coordination, or distribution of educational programs and resources on menopause or perimenopause for women or providers, with Maine ([LD 1079](#)) enacting a measure requiring the health department to work to create and disseminate informational materials on perimenopause and menopause. Several other states have explored insurance coverage requirements, including New Jersey ([A 5278/S 4148](#)) and New York ([AB 5444](#)) that would require certain health insurers and plans to cover menopausal and perimenopausal care and treatment. California ([AB 432](#)) would have required prescription coverage of drugs relevant to perimenopause and menopause care and treatment, and incentivize menopause-specific education for physicians, but the governor [vetoed the bill](#) and called for the state health and human services agency to propose policy changes for next year’s budget that address concerns about cost.

Looking Ahead

ASTHO expects states and territories to continue considering policies related to access to care, including legislation that:

- Increases coverage of and access to community-based health professionals like doulas, CHWs, and peer support specialists.
- Improves access to over-the-counter contraception.
- Recognizes telehealth’s role in the health care system to ensure continued access to remote health care, particularly in rural communities.
- Supports access to reproductive care and women’s health services across the lifespan, including additional funding or other flexibilities to address anticipated changes in the federal funding landscape (e.g., Title X).



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