



Policy Trends Shaping Infectious Disease Prevention in 2026



Legislative Prospectus Series: 2026 Public Health Spotlight

Introduction

Public health focuses on keeping communities safe and healthy by preventing, detecting, and stopping the spread of disease. Public health agencies play a vital role in protecting people's health by using tools like vaccination programs, standing orders that make services easier to access, and community programs that help prevent, test for, and treat illnesses such as sexually transmitted infections (STIs) and other communicable diseases. These efforts are essential to keeping families and communities safe and healthy.

Legislative Trends

Keeping Communities Healthy and Safe

State and territorial public health officials generally have the legal authority to act quickly during disease outbreaks. Powers and practices — like [isolation and quarantine](#) and contact tracing, and other public health orders — have been used to limit the spread and impact of health threats from infectious disease, foodborne illness, and even extreme heat.

During the 2025 legislative session, at least eight states considered legislation related to public health authority, often running counter to evidence-based public health practice. Specifically, several jurisdictions passed legislation to remove or limit authority for state and local health departments. Montana ([HB 888](#)) enacted legislation that explicitly prevents local boards of health from requiring vaccines or medications as part of isolation and quarantine. In Utah, the legislature passed [HB 294](#) that prohibits state and local health departments' authority to use an "order of constraint," which takes certain actions aimed at protecting public health in response to a declared emergency (e.g., prohibit gatherings, establish isolation and quarantine). Finally, the Kansas legislature enacted [SB 29](#), which eliminates the authority of local health officers to limit public gatherings, sets out legal process for challenging public health orders, and no longer tasks law enforcement with assisting with order enforcement. While the governor [vetoed](#) the bill, noting opposition of any bill that weakens public health protections, the legislature overrode the veto. While these bills may impose limitations at one level of government, the authorities may remain intact at other levels. For example, in Kansas, the Secretary of Health maintains the authority to order isolation and quarantine.

Public health agencies are monitoring [1,798 confirmed measles cases](#) reported as of Nov. 26, 2025 (87% outbreak-associated), and are containing spread through vaccination, rapid response, and community outreach.

Vaccinations

[Vaccinations](#) remain one of the [most effective](#) and cost-efficient public health strategies, providing reliable protection against disease, reducing disability, and preventing premature death across populations. In the United States, the [Advisory Committee on Immunization Practices](#) (ACIP) makes vaccine recommendations that [impact health care coverage and access](#) for several programs, including Medicaid, insurance coverage, school immunizations, and the Vaccines for Children program. HHS recently modified ACIP's membership and issued [updated recommendations](#) for both adults and children. Following these changes, several states began exploring legislation to amend existing laws that reference ACIP recommendations.

In 2025, at least eight states and Washington, D.C. considered legislation to modify how ACIP recommendations are used, including proposals to adopt guidance from other entities, reduce or eliminate reliance on ACIP, or rely on earlier versions of its recommendations. This includes Maine, which enacted [LD 93](#), removing reliance on ACIP recommendation to determine which vaccines are offered through the state's universal vaccine purchase program. Colorado passed two bills: [HB 25-196](#), which authorizes the state insurance commissioner to maintain existing ACIP recommendations or adopt rules based on the January 2025 guidelines or recommendations from the state's Nurse-Physician Advisory Task Force; and [HB 25-1027](#), which allows the state board of health authority to set school immunization requirements and directs it to consider guidance from professional organizations other than ACIP when evaluating immunization practices annually. Finally, Maryland enacted two bills that tie certain authorities and requirements to ACIP-recommendations in place as of Dec. 31, 2024, or later for new recommended vaccines, with [HB 974](#) addressing insurance coverage and [HB 1315](#) specifying pharmacist vaccine administration.

Preventing the Spread of Sexually Transmitted Infections

In 2024, reported cases of chlamydia, gonorrhea, and primary and secondary syphilis declined, contributing to a [9% overall reduction](#) in STIs compared to the previous year in the United States. Despite this progress, more than 2.2 million cases were still reported nationwide. To respond, state legislatures continue to explore policy options to strengthen STI prevention and care, including expanding health insurance coverage for HIV [preexposure prophylaxis](#) (PrEP) and [postexposure prophylaxis](#) (PEP), authorizing pharmacists to order and administer PrEP and PEP, and requiring additional screenings to prevent congenital syphilis.

In this last legislative session, at least 10 jurisdictions considered measures to expand access to PrEP and/or PEP. Four jurisdictions — Iowa ([HF 183](#)), Kansas ([HB 2100](#)), Missouri ([HB 1057](#)), and New York ([A 358](#)) — explored legislation authorizing pharmacists to dispense PrEP and/or PEP. Six jurisdictions also considered insurance coverage requirements for PrEP and/or PEP. Maine enacted [LD 1687](#), which mandates coverage by both private insurance and Medicaid of pharmacist-directed PrEP and PEP and also prohibits prior authorization requirements of these medications by certain regulated health plans.

Rates of [congenital syphilis continue to rise](#), with nearly 4,000 reported cases in 2024, a 700% increase over the past decade. At least six states — Illinois ([SB 119](#)), Louisiana ([SB 174](#)), Missouri ([SB 79](#)), Nebraska ([LB 41](#)), Rhode Island ([HB 5613](#)), and Tennessee ([SB 1283](#)) — enacted legislation that would either require additional syphilis screening during pregnancy, expand the additional screening requirement to additional health care providers, or both. Nevada also enacted [AB 360](#), specifying that physician assistants and advanced practice registered nurses — along with doctors — conduct prenatal syphilis screening, and that certain medical facilities use rapid or point-of-care tests unless serologic results will be available prior to discharge.



Looking Ahead

ASTHO anticipates continued legislative activity related to public health authorities to monitor and control infectious disease outbreaks, as well as consideration of laws affecting vaccination requirements and STI prevention strategies. Specifically, states are likely to consider:

- Additional modifications to how ACIP recommendations are used to inform school immunization schedules, insurance coverage for vaccines, provider scope of practice, and access.
- Potential changes to and impacts on universal coverage of vaccines, state vaccine purchasing programs, insurance coverage mandates, and overall access to vaccines.
- Expanding routine testing and service programs in areas with high rates of STI incidence and prevalence and for populations at increased risk of STI or HIV infection.
- Increasing access to doxycycline PEP (doxy-PEP), given recent CDC [Clinical Guidelines](#) on using doxy-PEP to prevent bacterial STIs like gonorrhea, syphilis, and chlamydia.



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