STATE INNOVATION EXCHANGE

RFLC

SiX's 2026 Midyear Analysis on State Policy Trends

Sexual and Reproductive Health

SiX's 2026 Midyear Analysis on State Policy Trends

Acknowledgements:

This resource was prepared by Laura Hernandez and Connie Wu at State Innovation Exchange (SiX).

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1. Introduction

Four years after the *Dobbs* decision overturned *Roe v. Wade,* the fight over sexual and reproductive health and rights (SRHR) remains one of the nation's most consequential policy battlegrounds.

Despite mounting public health challenges and deep federal funding cuts, many state legislatures have continued to pursue increasingly aggressive restrictions on reproductive healthcare. This year the focus has shifted beyond gestational bans to measures that target medications for managing abortion and miscarriage care, expand personhood-based legal frameworks, and impose civil and criminal penalties on those who help individuals access abortion care.

At the same time, states are also developing policy measures to keep essential reproductive healthcare funded and accessible. From expanding access to contraception through insurance or on college campuses to removing barriers to critical maternal healthcare services, state legislators have continued to advance policies that support reproductive health. Many states have also strengthened data privacy protections for both patients and providers in response to growing concerns about the use of personal information to monitor, target and criminalize individuals and communities. Together, these efforts demonstrate how state legislators remain at the forefront of protecting our reproductive freedoms.

This analysis surveys the major restricting and protective themes in state legislation, drawing on tracked bills as of June 15, 2026.

1,168 BILLS TRACKED

Total number of state bills affecting abortion care, contraceptive care, maternal health, fertility care, and gender affirming care that SiX has tracked this year.

RESTRICTIVE

13
STATES

ENACTED

27
LAWS

that impose restrictions on reproductive rights

PROTECTIVE

14
STATES

ENACTED

37
LAWS

that protect reproductive rights and push back against threats to reproductive autonomy

State legislatures introduce hundreds of bills related to sexual and reproductive health each session. This report reflects the best of our tracking capacity across priority areas. This report is not an exhaustive review of every bill introduced or law enacted, instead focusing on legislative trends that have meaningfully advanced in 2026 so far.

2. Attacks on Sexual and Reproductive Health Care

a. Restrictions on Abortion Medication

Legislators in at least 19 states introduced 48 bills that would further restrict access to medication abortions; four have been enacted into law. Many of them introduce felony-level prohibitions on the provision of abortion medication.

Bills proposed in **Arizona** would have created criminal penalties for possession or distributing abortion medication.

In **Iowa**, a newly enacted law requires that patients receive abortion medication only in person from a licensed physician, effectively banning mail delivery and telehealth-prescribed abortion medication within the state. Legislators have also proposed measures to restrict or regulate access to abortion medication itself.

Mississippi amended its drug trafficking laws to make the transfer or sale of abortion medication a felony.

Oklahoma enacted a law making it a felony to provide abortion medication to a person seeking an abortion, punishable by up to ten years in prison and fines of up to $100,000.

South Dakota enacted a law that criminalizes and imposes civil penalties for providing or advertising abortion medication. The law further empowers the state Attorney General — who is already engaged in cross-state litigation over abortion medication advertising — to pursue enforcement actions.

These measures build on a coordinated legislative strategy unfolding alongside *Louisiana v. FDA*, a high-stakes federal case that reached the U.S. Supreme Court in May 2026 and directly implicates whether mifepristone may continue to be prescribed via telehealth and dispensed by mail nationwide. The Supreme Court stayed the Fifth Circuit Court of Appeals ruling that reinstated an in-person dispensing requirement for mifepristone, but legislative trends illustrate how abortion rights opponents are pursuing multiple legal and legislative strategies to restrict access to abortion medication.

The Supreme Court's stay provides temporary stability, but the underlying question of nationwide mifepristone access through telehealth and mail remains unresolved, especially as states codify their own restrictions through legislation.

b. Fetal Personhood

Another prevalent trend this year is the expansion of fetal personhood language into state law, a strategy that has long been utilized by the anti-abortion movement.

South Dakota enacted a law, which uses personhood language in an attempt to clarify the "medical emergency" exception in the state's near-total abortion ban, but in doing so creates a legal domino effect that may restrict access to hormonal contraception, emergency contraception, and in vitro fertilization (IVF).

In **Wyoming**, an enacted law would have established a near-total abortion ban at six weeks, but a court ruling has temporarily blocked the enforcement of the law as litigation challenging its constitutionality continues. Supporters of the bill argued that cardiac activity can be detectable at this stage of pregnancy, a characterization that the American College of Obstetricians and Gynecologists has disputed as "clinically inaccurate" when referred to as a fetal heartbeat.

Overall, lawmakers in at least 24 states have introduced 54 bills this year that reinforce fetal personhood language, including several extreme proposals to subject abortion care to homicide law.

Arizona introduced bills that would define preborn children as eligible under child support laws, and would amend the state's first degree murder statute to include unborn children as potential victims. Although these measures ultimately failed, the advancement through the legislative process reflects a willingness among some legislators to pursue the most severe possible penalties for abortion.

A **South Dakota** bill passed the House before procedurally failing. The bill would have defined abortion as fetal homicide and a Class B felony punishable by up to life imprisonment.

c. Targeted Regulations on Providers (TRAP Laws)

Multiple states have enacted or advanced laws that impose additional regulatory requirements on abortion providers, measures that create barriers to care without improving patient safety.

Missouri lawmakers have passed a bill awaiting the governor's signature that would impose criminal penalties, including capital punishment on healthcare providers who fail to provide legislatively specified medical care to a fetus following an attempted abortion — an unnecessary and politically motivated attempt to interfere in medical decision-making that could create significant uncertainty for healthcare providers treating complex medical situations.

Kansas enacted two laws after overriding the governor's veto. One increases regulatory requirements on providers and expands opportunities for civil litigation, while the other broadens informed consent mandates, requires additional signage, mandates the distribution of information about so-called 'medication abortion reversal' — a junk science practice that major medical organizations conclude lacks scientific support — and imposes financial penalties for noncompliance.

Similar regulatory approaches are also being applied to in vitro fertilization (IVF) providers.

Tennessee enacted a law which would prohibit certain pre-implantation genetic tests used in IVF to screen for hereditary disorders. This would not only significantly restrict access to fertility treatment for those at known genetic risk, but also create a new state certification process and penalties for fertility clinics.

Overall, lawmakers in at least **22 states have considered 35 bills** this year that would impose additional regulatory requirements, liabilities, or penalties on abortion and reproductive health care providers.

d. Attacks on LGBTQI+ Individuals

Legislative attacks on LGBTQI+ individuals, particularly transgender people, continued across multiple policy areas in 2026.

Georgia lawmakers attempted to pass, with limited public notice, an amendment that would have prohibited public insurance coverage of gender-affirming care.

In **Kansas**, lawmakers enacted a law despite the governor's veto restricting bathroom access in public buildings based on sex assigned at birth. This law rolls back updated gender markers on driver's licenses and birth certificates, and allows bounty-style lawsuits from people who believe they have shared a bathroom with a transgender person.

Louisiana lawmakers enacted a law that would define "sex" in state law exclusively according to biological sex assigned at birth, affecting state agencies, databases, and official forms.

Tennessee lawmakers enacted a law that restricts trans people's use of bathrooms in schools and domestic violence shelters.

e. Anti-Abortion Clinics and Misinformation Infrastructure

States also continued to build out the infrastructure for anti-abortion centers, otherwise known as "crisis pregnancy centers" or "fake clinics."

Oklahoma enacted a law allowing out-of-state nonprofits to receive state funding to identify people online seeking abortion-related information and direct targeted advertisements for anti-abortion centers to those individuals.

South Carolina enacted a law that creates a state income tax credit for donations to anti-abortion centers.

Wyoming and **Kansas** enacted laws shielding these fake clinics from government regulation. These centers routinely collect sensitive personal data on clients without the HIPAA privacy protections required of licensed medical providers, raising serious concerns about their role in surveillance infrastructure as states seek to enforce criminal penalties for pregnancy outcomes.

Taken together, these measures reflect a growing effort to direct public resources toward anti-abortion centers while limiting regulatory oversight and expanding their role in state reproductive health policy.

3. Protections for Sexual and Reproductive Health Care

a. Shield Laws and Health Data Privacy

In response to aggressive efforts to prosecute those seeking or assisting in abortion care — including the first criminal indictment of an abortion provider since Dobbs last year, and ongoing attempts by restrictive states to target out-of-state providers and patients — protective states have continued to enact and expand a sweeping array of shield laws in 2026.

Hawaii, **New York**, and **Oregon** enacted laws that establish strong legal and privacy protections for reproductive and gender-affirming health care and prohibit state cooperation with out-of-state investigations.

New Jersey lawmakers are advancing a bill that would codify protections for providers of gender-affirming and reproductive healthcare including protections against unfounded federal subpoenas.

Virginia enacted a law that creates new civil remedies and penalties to enforce protections against out-of-state legal actions.

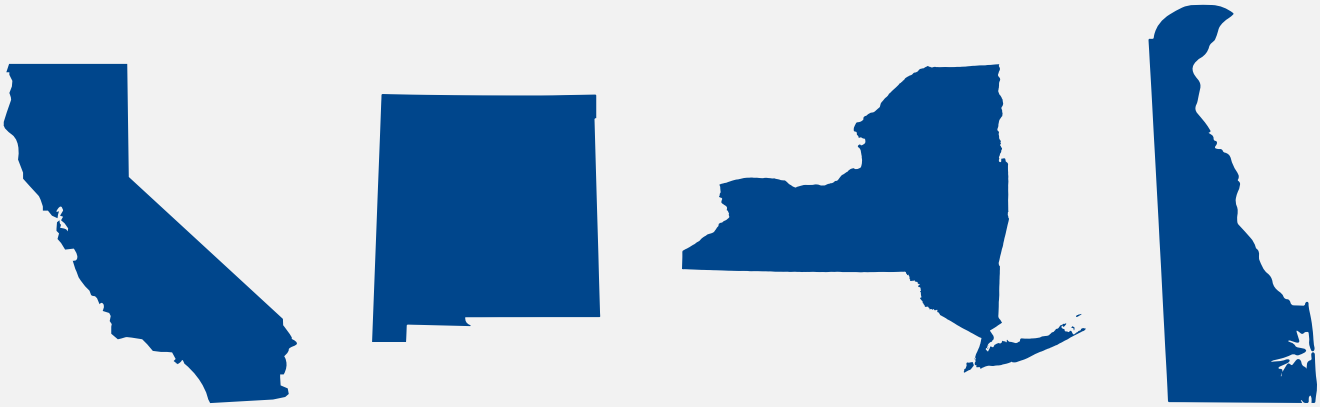
Overall this year, 17 states have introduced shield laws with some still likely to pass during ongoing legislative sessions.

States also introduced laws mirroring the federal Freedom of Access to Clinic Entrances Act of 1994, or FACE Act, that would protect providers and abortion clinics from attacks; the Virginia legislature enacted a law that establishes criminal penalties for obstructing access to health care facilities and creates a buffer zone to protect patients and staff.

Data privacy legislation specific to reproductive and gender-affirming health care proliferated in 2026, as states recognized that **health data represents a direct enforcement pathway to criminalization for states with abortion bans.**

Washington enacted a law that limits use of automatic license plate reader data and bans its sharing with Immigration and Customs Enforcement, the Department of Homeland Security, and other out-of-state entities seeking to prosecute pregnancy outcomes.

These efforts reflect growing concern among protective states that data sources—including location information, health records, and prescription data—may be used to facilitate investigations related to abortion restrictions in other states.



States like **California**, **New Mexico**, **New York**, and **Delaware** introduced bills to strengthen security protocols and privacy protections for sensitive medical information related to gender-affirming care, abortion care, and contraception.

b. Abortion Care Access and Funding

Multiple states advanced measures to expand and constitutionally protect abortion access, as well as secure funding for such services.

Oregon enacted a law securing state funding for Planned Parenthood amid Medicaid cuts.

On the provider side, **Tennessee's** new law requires hospitals to provide or allow emergency care, including pregnancy termination, for patients with emergency pregnancy-related conditions, in response to the federal rollback of EMTALA guidance.

Washington enacted a law establishing a health carrier-funded abortion savings program to provide grants for direct abortion care to underserved individuals.

Protective states also took affirmative steps to shore up medication abortion access, anticipating further federal or interstate restrictions.

Colorado enacted a new requirement for state colleges with student health centers to provide access to abortion medication for students.

Washington enacted a law codifying the state's authority to distribute its $2 million stockpile of abortion medication to those who need it most, even if federal access is disrupted.

c. Contraceptive Access

Protection and expansion of contraceptive access were among the most broadly bipartisan trends in 2026 state policy; even some states with comprehensive abortion bans moved to explicitly protect contraception.

So far this year, at least 32 states introduced 106 proactive contraception bills that would expand access in emergency settings and more broadly, improve insurance coverage, or establish a right to contraception.

Georgia enacted a law allowing pharmacists to dispense and administer hormonal contraceptives under a joint protocol and mandating expanded insurance and Medicaid coverage.

A **Maryland** bill requiring public colleges and universities to provide over-the-counter contraception was recently signed into law.

South Carolina enacted a law expanding pharmacists' authority to dispense hormonal contraceptives.

Tennessee enacted a bipartisan amendment allowing insured residents to obtain a 12-month supply of prescription contraceptives.

New York and **Rhode Island** advanced bills that would require emergency contraception to be made available on public college campuses and in emergency healthcare settings.

Virginia enacted a law establishing statutory protections for the right to contraception, and another that requires transparent and equitable coverage for all FDA-approved contraceptives.

d. Maternal Health

Even as states continue to restrict access to abortion care, many have also advanced maternal health legislation in 2026. As the federal administration has stripped funding from key maternal health programs, there has been notable state activity on doula care, midwifery, and postpartum support legislation.

Idaho lawmakers enacted a law expanding licensed midwives' authority to administer medications for maternal and neonatal care.

Oregon enacted a law standardizing access to doula and lactation counselor services across Medicaid and private insurance.

Wisconsin enacted a law extending Medicaid postpartum coverage from 60–90 days to 365 days.

Virginia enacted multiple laws expanding Medicaid coverage:

- One covers remote patient monitoring for high-risk pregnancies and doula services.
- Another requires Medicaid coverage of comprehensive doula care.
- A third expands Medicaid telemedicine and adds postpartum doula care.

There was also a specific focus on legislation protecting the dignity and rights of pregnant and postpartum incarcerated individuals.

New York lawmakers advanced but ultimately did not pass several bills limiting the use of restraints during pregnancy, labor & delivery, and postpartum, mandating access to breastfeeding support, and requiring data collection and public reporting.

Utah enacted a law expanding protections and restricting restraints for pregnant and postpartum inmates.

e. LGBTQI+ Proactive Protections

As some states advanced anti-LGBTQI+ legislation, protective states moved to enact new legal protections.

Delaware enacted a law modernizing parentage laws using the 2017 Uniform Parentage Act to ensure gender-neutral standards for establishing parentage, including for same-sex couples, de facto parents, and children born through assisted reproduction.

New Mexico enacted a law adding shield law protections to the state's Reproductive and Gender-Affirming Health Care Protection Act and limiting cooperation with certain out-of-state investigations.

Oregon enacted a law that establishes strong legal and privacy protections for gender-affirming health care, prohibits state cooperation with out-of-state investigations, and ensures confidentiality for related records and providers.

Vermont established comprehensive protections for transgender individuals in state correctional facilities, and mandated compliance with federal sexual abuse prevention standards.

4. Youth Access to Sexual and Reproductive Health Care

Numerous states advanced measures restricting young people's access to reproductive and gender-affirming health care and sex education, with some proposals going so far as to criminalize those who help young people seek such care.

"Baby Olivia" bills, or legislation requiring schools to show students medically inaccurate anti-abortion videos, have continued to spread in 2026.

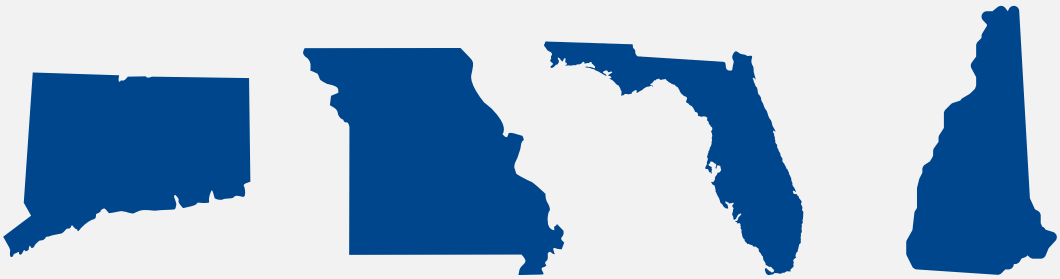
Alabama enacted a law requiring that any sex education taught in K-12 schools be abstinence-only until marriage.

Arizona enacted a law requiring schools to provide adoption information any time they provide information about contraception or sexually transmitted infections.

Louisiana enacted a resolution requesting that the state education board add fetal development materials to science and health standards.

South Dakota enacted a law requiring public schools to include "Baby Olivia" content in human growth and development instruction while prohibiting abortion education materials.

Despite research showing that forced parental involvement laws can worsen well-being outcomes for young people:



Connecticut, **Missouri**, **Florida**, and **New Hampshire** introduced measures that would make it harder for young people to obtain confidential reproductive care.

Oklahoma advanced a bill that would criminalize providers for providing referrals for young people seeking gender-affirming care.

Utah enacted a law that would end gender-affirming care for young people in the state.

Idaho enacted a law amending a 2024 forced parental involvement bill after it unintentionally restricted access to critical services like crisis hotlines.

Protective states moved in the other direction, seeking to protect young people's autonomy while expanding their access to care.

Arizona introduced a Children's Bill of Rights that would affirm young people's autonomy and dignity in detention, healthcare and educational settings.

California has introduced several bills that seek to strengthen sexual health education and access to contraception.

Illinois introduced a measure that would allow young people to consent to their own contraception care.

5. Conclusion

The first half of 2026 reveals a strategy by the anti-abortion movement to attack reproductive autonomy from multiple angles:

- Criminalizing the medications used in most abortions
- Embedding personhood frameworks that could impact contraception and IVF access
- Expanding liability not just for providers but for anyone who assists patients
- Building institutional opposition through anti-abortion centers and educational misinformation mandates

Protective states have responded with matching scope and ambition. Key developments include:

- Expanding shield laws
- Strengthening data privacy protections
- Increasing access to maternal health care

There is potential for more policy changes in 2026, with many states still in active session.

Furthermore, the midterm elections present significant opportunities to shape the abortion landscape; voters in five states will weigh in directly on abortion access this November. Since *Dobbs*, pro-reproductive rights ballot measures have succeeded at a substantially higher rate than anti-abortion measures.

The November 2026 election results will be a critical measure of where the public stands on reproductive healthcare, and will directly determine legal protections in multiple states heading into the next legislative cycle.

a. State Legislative Trends to Monitor

Several cross-cutting issues deserve particular attention for the rest of the year and into the next:

1

Medication Abortion

We can expect an escalating conflict over medication abortion as litigation continues to unfold in the Fifth Circuit and the U.S. Supreme Court, with restrictive states targeting providers and hindering access, and protective states passing shield laws and making it easier to access medication.

2

Fetal Personhood

Fetal personhood language may continue to spread, including in bills ostensibly focused on other issues, creating additional legal risk for IVF, contraception, and the clinical management of miscarriage.

3

Anti-Abortion Center Funding

Funding and legitimization efforts for anti-abortion centers are also likely to increase.

Looking Ahead: These trends require careful monitoring as sessions continue and courts begin to interpret the new waves of legislation. The SiX Reproductive Freedom and Health Equity team will continue to track state legislation in all 50 states and provide analysis and support to our network of almost 700 state legislators across the country.