

THE NETWORK NEWSLETTER

Together advancing policies and implementing public health initiatives

smfmadvocates.org

A Health Policy and Advocacy Update - July 2026

Thank you for your participation in the Society for Maternal-Fetal Medicine's **State Liaison Network** (SLN). Our quarterly newsletter brings you the latest advocacy, policy, and public health updates, happenings, and actions from the Society.

- [OMB Proposed Rule](#)
- [Get Out the Vote](#)
- [Supporting Care in Legally Restrictive States](#)
- [Connect With Your Colleagues](#)
- [Federal Policy Updates - Upcoming Webinar](#)
- [Action Opportunities](#)
- [SMFM Actions and Updates](#)
- [State Happenings](#)
- [Partner Resources](#)
- [What We're Reading](#)



[Were you forwarded this email? Sign up for the SLN today!](#)

NEW OMB PROPOSED RULE

In late May, the Office of Management and Budget (OMB) released a proposed rule entitled "[Regulation for Federal Financial Assistance](#)." This 400+ page policy, which applies to every federal department and agency, is a sweeping departure from decades of best practices for federal agencies to award meritorious grant applications, including for public health, healthcare, and research. OMB has provided an incredibly limited timeline for organizations and individuals to respond to the Proposed Rule, with **comments due on July 13 at 11:59 pm ET**.

In addition to [joining more than 300 partner organizations in sending a letter requesting an extension to the comment period](#), SMFM will be submitting individual comments by the July 13 deadline. SMFM's comments will focus on the effect the proposed rule would have on the existing infrastructure for promoting maternal and child health in the United States, including biomedical research, health services delivery, and public health promotion.

SMFM encourages you to consider submitting individual comments on the rule. To support you, we are [sharing a resource with instructions to submit and a template letter](#). If you have questions or need support in drafting, please email SMFMadvocacy@smfm.org.

GET OUT THE VOTE



The 2026 general election is fast approaching, and SMFM is focused on helping enhance the civic health of our members and communities. As part of those efforts, we are re-launching our [Get Out the Vote](#) landing page, originally developed in 2024 and updated for the upcoming November election. We encourage you to explore the resources and also order your free voter registration badge from our partner, [Vot-ER](#), a nonpartisan organization who focuses specifically on voter registration in healthcare settings.

[Learn More and Get Involved](#)

SUPPORTING CARE IN LEGALLY RESTRICTIVE STATES

Reproductive Care Expansion and Support through Protocols, Organizational Policy, and Network Development (RESPOND) is an ACOG and Lawyers for Good Government initiative offering expert-developed, state-specific sample protocols to provide direction on reproductive care options under restrictive abortion laws.

SMFM officially supports this work and encourages participation by MFMs and other SMFM members. RESPOND is currently collaborating with hospitals and clinicians in **Florida, Georgia, Iowa, Oklahoma, and Texas**, providing implementation support to ensure swift and safe legal care for patients.

Please contact [Dr. Nisha Verma](#), ACOG Senior Advisor, Reproductive Health Policy and Advocacy, and the ACOG liaison to the SMFM Reproductive Health Committee, if you are interested in learning more about this initiative.

CONNECT WITH YOUR COLLEAGUES

In response to member requests to have an easy and quick way to connect with other MFM advocates and public health leaders in their states, SMFM has launched the **State Liaison Network WhatsApp Community**, which includes separate chats for each state. We hope this will be a space for information sharing, collaboration, and support as you and your colleagues advocate in your institutions, your states, and at the federal level.

To ensure the community remains useful for members, we've created a list of dos and don'ts, which you can find linked [here](#).

To join the WhatsApp Community and self-select into your state group chat, email Samantha Berg, Senior Manager of Advocacy at sberg@smfm.org

Please note that this community is only open to SLN members. If you were forwarded this newsletter, please sign up for the SLN before joining the WhatsApp Community.

LATEST FEDERAL POLICY UPDATES - UPCOMING WEBINAR



SMFM will host our next Washington, DC Update on **Thursday, August 13, at 2:00 PM ET**. We'll break down our advocacy efforts, current legislative priorities, and regulatory changes that could impact your practice and patients. Join us to stay informed and prepare for what's ahead in perinatal care.

Register Today

Interested in watching our Washington, DC Update from May? [Check out the recording.](#)

TAKE ACTION

Ask Your Members of Congress to Support the Advancing Safe Medications for Moms and Babies Act

You know firsthand what it means to prescribe medication to your patients without adequate pregnancy-specific safety or dosing data. **H.R. 8651, the Advancing Safe Medications for Moms and Babies Act of 2026**, would help address this challenge.

The legislation targets the structural barriers that have kept pregnant and lactating patients out of clinical trials for decades. It would require the FDA to remove outdated regulatory hurdles to their inclusion, establish a formal NIH/NICHD process to prioritize drug research in this population, and fund outreach to connect patients and providers with existing trials and registries.

SMFM urges you to contact your members of Congress and ask them to co-sponsor H.R. 8651.

Write Your Legislators

Submit a Request for Advocacy Support

Get more involved in advocacy by [tracking policies alongside SMFM staff](#) and using our [request support form](#) to get assistance from SMFM advocacy staff.

SMFM ACTIONS AND UPDATES



SMFM continues to advocate for you and your patients on federal and state levels. You can see all of our advocacy efforts by visiting the [Advocacy Activities and Updates](#) page on our Advocacy Hub.

Since our last newsletter, we have met with federal officials; filed legal briefs; and penned or joined letters, statements, and press releases, including:

- **June 17, 2026:** SMFM joined ACOG and other partner organization in an [amicus brief](#) to the Montana State Supreme Court outlining the importance and safety of dilation and evacuation procedures.

- **June 9, 2026:** SMFM joined Association of Immunization Managers (AIM) and 9 other partner organizations in a [policy brief](#) urging health insurance companies to universally implement a separate, unbundled "carve-out" payment pathway for long-acting RSV monoclonal antibodies administered during the birth hospitalization.
- **May 22, 2027:** SMFM joined over 39 other organizations in the Family Planning Coalition in a [letter](#) to the Senate asking for FY2027 funding to protect and improve access to family planning and sexual health care and education.
- **May 15, 2026:** SMFM signed on a [letter](#) with the Adult Vaccine Access Coalition and other partners expressing concern about the proposed introduction of a COVID-19 vaccine-specific adverse effect code.
- **May 6, 2026:** SMFM joined ACOG and other organizations in an amicus brief to the US Supreme Court in [Danco Laboratories, LLC v. Louisiana, et al.](#) and [GenBioPro Inc. v. Louisiana, et al.](#) affirming the safety and efficacy of mifepristone.
- **April 28, 2026:** SMFM and ACOG [urged](#) UHC to rescind changes to its Multiple Procedure Payment Reduction Policy that lower payments for multiple imaging studies in a single session, which would cause financial strain and administrative burdens on physicians.
- **April 21, 2026:** SMFM joined the Maternal and Child Health Appropriations Alliance (MCHAA) to [urge](#) Congress to appropriate the highest possible funding levels for the myriad interconnected federal programs supporting MCH populations.
- **April 20, 2026:** SMFM joined nearly 200 organizations [urging](#) Congress to prioritize addressing the healthcare affordability crisis and protecting vital health care programs over funding immigration agencies.
- **April 10, 2026:** SMFM and 339 partner organizations sent a letter to leaders in the [House of Representatives](#) and the [Senate](#) requesting \$2 million for the Stillbirth Working Group recommendations under the Office of the Secretary of HHS, and \$1 million for the CDC's Fetal Death program to enhance stillbirth surveillance and identify risk factors in FY 2027.
- **April 9, 2026:** SMFM joined more than 130 organizations in [expressing concern](#) over changes to CDC's ACIP charter, which revised its focus and membership qualifications and could undermine vaccine confidence and access.
- **April 8, 2026:** SMFM joined partner organizations in a letter endorsing the New York [Maternal Health, Dignity, and Consent Act](#).
- **April 3, 2026:** SMFM joined more than 50 partner organizations in a [letter](#) calling on Congress to allocate at least \$10.5 billion to HRSA for FY 2027, opposing admin efforts to cut programs and fire staff essential to its work.
- **March 30, 2026:** SMFM joined 135 partner organizations in a [letter](#) expressing strong support for fully funding the implementation of the recently enacted Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (PREEMIE) Reauthorization Act of 2025.

STATE HAPPENINGS

Most state legislatures are out of session for 2026. You can check if your state is still in session [here](#). Below are state policy updates, including legislation that has recently passed.

Perinatal health advancements

- **Colorado:** [HB.26-1044](#), Measures to Improve Black Maternal Health Equity, aims to improve health equity in Colorado by requiring culturally competent care, improving data collection, and more.



- **District of Columbia:** [DC B26-0356](#) would mandate insurance coverage for remote patient monitoring of blood pressure and glucose during pregnancy and 12 months postpartum. It is currently awaiting response from the mayor.
- **Nebraska:** [LB.365](#) requires insurance coverage of self-measured blood pressure monitoring for pregnant and postpartum patients as part of the Medical Assistance Act.
- **Virginia:** [HB.425](#) expands Medicaid coverage of remote physiologic monitoring for high-risk pregnant and postpartum patients. [HB.1400](#) requires insurance coverage of maternal mental health screenings for pregnant and postpartum patients, and also removes most prior authorization for relevant medications. [HB.652](#) establishes a work group to evaluate Virginia's response to parental prenatal and postnatal substance use, including available services.

Abortion care updates

- **Illinois:** [HB.5295](#) establishes the Reproductive Health Records Privacy Act, requiring health information exchanges to implement policies to separate medical information related to abortion care, restrict out-of-state access, and limit disclosures.
- **Iowa:** [HF.2788](#) requires in-person prescription and dispensing for medication abortion.
- **Kansas:** [HB.2729](#) requires clinicians to obtain informed consent using a form from the department of health at least 24 hours prior to abortion care.
- **Nevada:** The Supreme Court [blocked](#) a law from 1985 requiring parental notification or judicial bypass for minors seeking abortion care.
- **New Hampshire:** [SB.36](#) modifies reporting requirements for abortion care, requiring gestation data.
- **New York:** [S.8807](#) restricts insurance providers from discriminating against abortion care providers and patients, and limits compliance with out-of-state legal actions related to abortion care.
- **Oklahoma:** [HB.1168](#) criminalizes the manufacturing, possessing, buying, selling, or distribution of medications used in medication abortion.
- **Pennsylvania:** A state court [ruled](#) that the state's constitution grants a fundamental right to abortion care.
- **South Dakota:** [HB.1274](#) prohibits the dispensing, sale, or advertisement of items used for "unlawful abortions," establishing criminal and civil penalties.
- **Tennessee:** [SB.1681](#) requires hospitals to provide emergency care for pregnant women in labor or with emergency conditions and establishes specific rules for transfers. [SB.2412](#) increases penalties for providing medications used in abortion care, with fines up to \$1,000,000.
- **Washington:** [SB.6182](#) establishes the Abortion Savings Program, which will provide grants for abortion care access.
- **Wyoming:** A state court temporarily blocked Wyoming's latest abortion ban, which would ban abortion care at six weeks.

Monitoring abortion care bans

As of June 26, 2026, **20** states have abortion bans up to 18 weeks gestation: **Alabama, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, Nebraska, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and West Virginia.**

13 of these states (**Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, and West Virginia**) have total bans.

For up-to-date information on state abortion policies, see resources from [Abortion Finder](#), [Guttmacher Institute](#) and the [New York Times](#). You can also track pending state legislation alongside SMFM staff on our [Advocacy Hub](#).

PARTNER RESOURCES

Guttmacher Institute – State Policy Trends Midyear Analysis: Five Key Issues to Watch in 2026

Guttmacher Institute released a [new analysis](#) that examines key reproductive health and rights policy trends from this year's state legislative sessions. Anti-abortion policymakers are focusing their efforts on criminalizing people seeking abortion care, attacking shield laws and providers that have become a lifeline for many patients, and creating a false divide between abortion and pregnancy loss care.

National Partnership for Women & Families – REPORT: Four Years Post-Dobbs, Clinic Closures and Attacks on Medication Abortion Harm Women of Color Nationwide

The National Partnership for Women & Families recently released new research on the impacts of anti-abortion policies four years after the *Dobbs* decision. The [report](#) examines anti-abortion extremists' strategy to target access from every angle – from banning abortion outright to shuttering in-person clinics to limiting telehealth abortion. The harms are felt by millions across different communities, even in states where abortion is legal and protected.

WHAT WE'RE READING

["Abortion Bans and Pregnancy-Related Care Across Physician Specialties,"](#) *Journal of the American Medical Association*

["Abortion Politics: Physician Mobilization in the Wake of the *Dobbs* Decision,"](#) *Journal of Health, Politics, Policy and Law*

["Even in abortion-protecting states, teens face unnecessary barriers to care,"](#) *STATNews*

["Guns, Drugs, and Despair: New Data, New Perspectives on Maternal Death Risks,"](#) *The New York Sun*

["Later Abortion Care Availability, Quoted Self-Pay Prices, and State Medicaid Acceptance,"](#) *Obstetrics and Gynecology*

["Management of Spontaneous Abortion Among Commercially Insured Individuals in the United States After *Dobbs v Jackson*,"](#) *Journal of the American Medical Association*

["Nationwide survey shows ongoing struggles for pregnant patients on Medicaid,"](#) *Stateline*

["Navigating fetal conditions through a Reproductive Justice lens: lessons from composite cases in the United States,"](#) *Reproductive Health*

["Nine Months of Medical Attention. Then Almost Nothing,"](#) *The New York Times*

["She Faced a Life-Threatening Miscarriage. Under Arkansas' Abortion Ban, Even Calls to the Governor's Office Didn't Help."](#) *ProPublica*

[Were you forwarded this email?](#)
[Sign up for the State Liaison Network today!](#)

Stay Connected



Please share any feedback or items for future newsletters directly with Samantha Berg,
SMFM's Senior Manager of Advocacy (sberg@smfm.org)

[Update Account Information](#)

[Unsubscribe from the State Liaison Network](#)

Society for Maternal-Fetal Medicine
PO Box 420016, Washington, DC 20042-0016