

Policy Priorities Agenda 2026

Summary

This agenda outlines the 2026 policy priorities for the American College Health Association (ACHA) – the principal leadership organization for advancing the health and well-being of college students and campus communities through advocacy, education, and research. This list has been formulated based on importance and feasibility.

As guiding principles, **ACHA** supports policies and government actions that:

1. Strengthen college health systems;
2. Advance the health and well-being of college students and communities; and
3. Help ensure accessible and quality college education.

Federal Policy Priorities

1. Continuity of healthcare access across state lines

ACHA calls for the development of policies that allow the continuation of physical and mental health services for students regardless of geographical locations. Policies should enable college health providers to maintain clinical relationships with students across state lines. In line with this position, ACHA has endorsed and calls for the passage of:

“College Students Continuation of Mental Health Care Act” ([HR 5357](#) from the 119th Congress) – Sponsored by Rep. Mike Flood (R-NE) – Would allow college mental health professionals, through federal licensure reciprocity, to continue providing services to college students across state lines through telehealth. The bill explicitly does not interfere with the ability of states to participate in existing interstate healthcare licensure compacts.

2. Investing in college student mental health

The mental health of college and university students continues to be an enormous challenge on campuses across the country. College students are reporting mental health challenges at a growing and alarming rate.¹ While federal investments supporting mental health needs in our nation’s K-12 schools have increased in recent years, college students have not had the same support. We call for meaningful investment in college mental health. This could be done through:

- A. **New dedicated formula grant** – To meet this crisis, we support the effort for Congress to appropriate, over the next five years, \$6.9 billion to create a new grant program for a School and Campus-Based Mental Health Service program within the Fund for the Improvement of Postsecondary Education (FIPSE) which would be provided to colleges by way of a developed needs-based formula. The program would include interventions focused on student mental health generally and building campus resources for mental health improvement. Funding could be used by institutions of higher education to build out mental health services best fitting their specific campus.

¹ <https://www.acenet.edu/Documents/What-Works-Mental-Health.pdf>

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B. **Reauthorization of the Garrett Lee Smith (GLS) Campus Suicide Prevention Grant (42 USC 6A §290bb–36b) with increased authorization and accompanying full funding** –The program is currently authorized for \$7 million per fiscal year.

- As part of the reauthorization, we would like the program to include CDC requirements to gather data and report to Congress on the status of college student mental health and college mental health services.
- Furthermore, as additional support for colleges, we would like existing institutional-matching requirements to be eliminated as a condition of accepting funds under the GLS.

Other Ideas for Consideration

1. Medicaid portability for college students

Medicaid, as currently constructed, is locally focused, which does not make it a viable option for eligible college students who travel to school and travel for school (such as study abroad programs). To that end, Medicaid should provide portability for college students, allowing college students to obtain physical and mental health services regardless of geographical location. Current examples of cross-state Medical Assistance exist within the military, where deployed servicemembers and their families qualify for medical support regardless of geographical location. Alternatively, ACHA also supports policies that would authorize Medicaid funding to be used for coverage under student health insurance and benefit plans (SHIBPs). Authorizing Medicaid funding for SHIBPs would reduce administrative duplication, streamline payment practices, and leverage existing infrastructure, and can result in savings for both the federal government and students.

2. Public health/prevention

ACHA would like to see and will support federal measures that:

- A. Assist in national efforts to promote public health/disease prevention in emerging adults, such as targeted efforts to evaluate the current health situation of college students and efforts to improve/address such. Examples include:
 - i. Funding and other support to integrate campus services with community services/resources
 - ii. Policies aimed at increasing vaccination rates in under-vaccinated and vulnerable populations
 - iii. Increasing vaccination rates in under-vaccinated or vulnerable populations
- B. Evaluate the effectiveness of college health and well-being initiatives
- C. Include data collection on college health and well-being programs

3. Targeted efforts to address/study/improve the health and well-being of emerging adults

As the benefits of similarly targeted efforts for adolescents have shown, comparable efforts should be made for emerging adults. Emerging adults are often making decisions connected to their health and well-being for the first time by themselves. This is an important time in their lives to inform and craft healthy lifestyles, and thus, there should be efforts targeted toward this cohort to study and encourage beneficial practices and prevent unhealthy behaviors from taking root.

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4. Appropriations bill/report provisions that would:

- A. Protect and strengthen health and well-being federal agency data collection at the collegiate level to improve the information collected on emerging adults.
- B. Advance health-promoting environments and health practices and policies on issues such as public safety, infection control, reproductive health, and prevention of high-risk alcohol use and other drug abuse, tobacco use, sexually transmitted illness, interpersonal violence, sexual assault, harassment, suicide, and discrimination of all types.
- C. Educate students on navigating the health care system and aid with the transition from parent-guided care to self-care.
- D. Set up systems to benchmark services and measure the impact of specific services on the health of college communities and the academic goals of colleges.
- E. Advance college collaboration with community and campus partners to create a network of care and leverage available resources. Campus partners may include, but are not limited to, disability services, athletics, recreational sports, housing, and academic departments.

5. College Health and Well-being Index (CHI) creating

Similar to the existing and widely used US Centers for Disease Control and Prevention [School Health Index](#) (SHI), a CHI would help colleges improve the health and well-being of their campus community. Such a tool would allow colleges to voluntarily use evidence-based assessments to identify strengths and weaknesses within their school's health, well-being, and safety policies and programs. ACHA is committed to working with Congress and the CDC on the steps needed to develop and create this tool.

Other Areas of Priority Concern

ACHA will also promote policies and capabilities related to the following areas concerning promoting campus safety and well-being:

1. Campus safety.

Through advocacy, research, and education, ACHA will address issues impacting the safety and well-being of college students, faculty, and staff. Ongoing threats to campus safety and student well-being include:

- A. Title IX/Sexual Harassment/Violence. ACHA is dedicated to preventing campus violence in all forms and to helping our members create safe and healthy campus communities. As a result, our organization supports the implementation of Title IX, which fully ensures the health and well-being of students on campus.
- B. Hateful Messaging, Language, and Violence. As part of our commitment to promote nondiscrimination because of its proven role in creating healthy campuses and positive impact on student success, ACHA is committed to preventing the spread of hateful messaging and communications.
- C. Gun Violence/Threats of Gun Violence. ACHA works to ensure that students and campus professionals have access to a safe environment free of violence. In recent years, there have been dozens of shootings on college campuses, leaving deaths, injuries, and long-lasting

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psychological scars on affected campuses. ACHA, in agreement with [the view that gun violence is a public health threat](#), is committed to advancing initiatives to mitigate the threat of gun violence on college campuses.

See also: [ACHA White Paper on Addressing Gun Violence on College and University Campuses](#)

2. Sexual and reproductive health care access

ACHA supports students' unfettered access to comprehensive sexual and reproductive health services – including education, counseling, sexually transmitted disease (STI) and human immunodeficiency virus (HIV) testing, pregnancy and postpartum care, along with all other forms of evidence-based sexual and reproductive healthcare. While there are a variety of individual and institutional views on reproductive health care, access to comprehensive, evidence-based sexual and reproductive health resources is vital in supporting the long-term success and retention of students in higher education. Access to these services is also crucial in supporting students in completing their degree.

See also: [ACHA Promoting Reproductive Health Care Across Campus: Implementation Toolkit](#)

3. Ensuring the healthcare needs of all students are met.

Health care services should be made universal to all and should not discriminate, thereby ensuring fairness for students of all backgrounds. This is consistent with ACHA's long-held values of cultural inclusion, respect, and equality for all. Therefore, ACHA opposes any policy, at any level, that restricts, limits, or discourages access to specific health services for students/adults with unique health needs in our communities.

4. Campus-provider workforce support programs

ACHA supports policies that support the campus health workforce. As an example, the National Health Services Corps (NHSC) is a government program administered by the Health Resources and Services Administration (HRSA) that provides designees with various employee recruitment and retention incentives/tools. The program also allows designated sites to use a federally-authorized Sliding Fee Scale Discount Program (SFSDP) that could help reduce potential college legal concerns around tuition/fee funds (or any other source of income as a form of Student Administrative Health Fee) to pay remaining balances not covered by insurance, and not have any conflict with the payer of last resort provisions in Medicaid, TRICARE, other governmental insurance; and (2) not require approval of insurance payers for the SFSDP. Due to existing NHSC statutory requirements, the number of colleges and universities eligible to apply for the program is minimal. ACHA desires to explore a methodology to increase institutional accessibility to this program

5. Monitor relevant state issues for affiliates

ACHA has member institutions in all 50 states, so we will continue to monitor state policy activities and advise affiliates on their efforts when state policy actions impact college health and well-being.