Healthcare Planning Challenges Facing Mobile Health Programs
January 2026

How to Use This Policy Brief
This policy brief[1] is designed as a practical tool for mobile health program leaders, policymakers, payers, and other community partners who are working to understand and reform regulatory requirements impacting mobile health programs. It can be used as a starting point to understand the complexities of the regulatory landscape, guide strategic thinking, and facilitate stakeholder dialogue.

Mobile health programs are improving health outcomes nationwide by bringing care directly to underserved communities that often struggle to access traditional healthcare because of barriers like lack of transportation, remote locations, or housing instability. Numerous articles have highlighted these programs' key role in providing communities with access to preventive care and chronic disease management and promoting healthier lifestyles. By bringing high-quality, cost-effective care directly to those who need it most, mobile health programs are bridging crucial gaps in healthcare delivery.

Despite the growth of mobile health programs, with an estimated 3,600 currently serving communities throughout the United States, their broader expansion is limited by several systemic challenges, including complex regulatory and statutory requirements and processes. **To effectively scale these initiatives to improve access to preventive, primary, and specialty care, state and local frameworks must be streamlined and simplified.**

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[1] This brief is the third in our series, which can be accessed at: https://www.drivinghealthforward.org/policy-advocacy. For more information on the Driving Health *Forward* campaign, please visit https://www.drivinghealthforward.org/

Overview of Common Planning Requirements and Barriers

Mobile health programs face a complex landscape of federal, state, and local requirements. While traditional brick and mortar facilities must comply with many of these requirements, such as licensing, privacy, permitting, facility regulations, sanitation, provider credentials, billing and coding, and local health codes, mobile health programs face additional hurdles like vehicle registration and safety standards.

State and local healthcare rules, generally designed for fixed-location facilities, and transportation rules have not kept pace with mobile care, making expansion difficult. Operating mobile health programs across multiple jurisdictions adds further complexity, including:

- **Burdensome Barriers to Entry:** New programs often must navigate complex start-up requirements, including certificate of need, licensure, and permits.
- **Conflicting Licensing and Registration Requirements**: Health professionals delivering care via mobile health often must meet multiple licensing and registration standards to operate across jurisdictions.
- **Multiple Regulatory Bodies**: Jurisdictions often vary in which regulatory bodies oversee mobile health program elements.
- **Inconsistent Environmental and Safety Compliance Standards**: Mobile health providers must sometimes adhere to region-specific environmental guidelines (such as emissions standards) and health/safety codes.
- **Varying Mobile Facility Standards**: Regulations and requirements related to medical equipment, sanitation, and accessibility within mobile units can vary across jurisdictions.

Practical Solutions for Streamlining and Simplifying Regulatory Requirements

Focused efforts to streamline and clarify regulatory processes and requirements will empower mobile health programs to serve more communities effectively. Mobile health program operators, healthcare professionals, and other stakeholders can join forces to advocate for the importance of these changes. Advocates can cite several examples of potential reform to address common regulatory barriers, including:

- **Exempt mobile health programs from certificate of need (CON) requirements.** As of December, 35 states operated CON programs[2] requiring certain healthcare providers to seek approval from a state regulatory agency before building new facilities, expanding

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[2] National Academy for State Health Policy: 50-State Scan of State Certificate-of-Need Programs. https://nashp.org/state-tracker/50-state-scan-of-state-certificate-of-need-programs/.

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existing services, or purchasing major medical equipment. CON programs vary widely by state in the types of healthcare services and entities covered and were historically adopted to help control costs, promote quality and access, and assist with planning and coordination efforts. However, as studies emerged showing that CON programs result in *higher* costs,[3] many states have revised or repealed their CON requirements. These requirements are often time-consuming and expensive, with application fees alone ranging from $500 to hundreds of thousands of dollars, depending on the state and project size; a significant and costly barrier to entry for mobile health programs.

Statutory changes in Indiana in 2019 established the Mobile Integrated Healthcare (MIH) Advisory Committee (Committee). The legislation provides the Committee authority to determine elements of the state's MIH program, including training/certification, services, and level of oversight. **Jurisdictions may consider building off of this type of model,** under which multidisciplinary mobile health program oversight falls to a specific regulatory body separate from those with brick and mortar facility oversight.

- **Designate a single state regulatory body for mobile health program oversight.** Because oversight of mobile health programs is typically dispersed among various agencies, compliance often requires navigating a complex array of requirements from health departments, departments of transportation, medical and healthcare professional licensing boards, and other relevant bodies, which generally lack expertise in the nuances of mobile health. This fragmentation creates uncertainty about which standards apply and how to interpret them. By establishing a single regulatory body dedicated to mobile-health–specific oversight, informed by an advisory committee comprised of mobile health program operators, programs would no longer need to reconcile rules across agencies, making compliance more predictable and transparent.

- **Develop a dedicated code section that ensures requirements for mobile health programs support a multi-disciplinary model.** Since oversight of mobile health has traditionally involved several agencies, relevant requirements are often scattered throughout various state and local codes. As a result, mobile health programs often need to consult multiple resources and documents to ensure comprehensive compliance. Specifically for jurisdictions that have not established a mobile health-specific regulatory

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[3] Mitchell M. D. (2024). Certificate of Need Laws in Health Care: Past, Present, and Future. Inquiry : A Journal of Medical Care Organization, Provision and Financing, 61, 469580241251937. https://doi.org/10.1177/00469580241251937.

body, ensuring that multi-disciplinary mobile health program requirements are clearly set forth within one section of code would help reduce ambiguity for mobile health programs. For instance, California, which has more mobile health programs than any other state, has enacted the Mobile Health Care Services Act,[4] providing tailored licensing and operating requirements for mobile health programs.

Mobile health programs play an increasingly important role in the nation's healthcare delivery system. However, as discussed in this brief, outdated and fragmented regulations continue to pose significant challenges for these innovative models of care. To fully realize the benefits of mobile health, policymakers should focus on modernizing state and local regulations. Collaboration among healthcare providers, payers, manufacturers, community organizations, and advocates is essential to drive these changes and improve access to care.

Getting Started
To get started, stakeholders should review their state's mobile health regulatory structure, identify decisionmakers, and engage partners to identify opportunities for regulatory reform in their respective state or locality. Consider convening stakeholders, including regulators, providers, and technology companies, to identify priority areas for harmonization.

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[4] CA Health & Safety Code § 1765.101 (2024).