



Prospective Arizona
2026 Ballot
Propositions:

*A Public Health
Perspective*

June 3, 2026

Prospective AZ 2026 Ballot
Propositions:

A Public Health Perspective

52nd Annual Arizona Rural Health
Conference

Flagstaff - June 3, 2026

Will Humble, MPH

Arizona Public Health Association

2026 Arizona Ballot Landscape

What is already certified, what is still moving, and what is still gathering signatures

Already on the ballot
3 statewide measures
certified

Potential legislative referrals
5 measures still moving

Potential voter initiatives
2 campaigns gathering
signatures

Statuses reflect where things stood on May 9, 2026. Some pending referrals may still die, and some signature drives may still fall short or face legal challenges.

HCR 2056

Medical mandates; right to refuse

Potential legislative ballot referral

Status: Passed the House; Senate Government Committee voted Do Pass; pending Senate Rules.

Would add a sweeping constitutional right to refuse medical mandates, framed as personal liberty but written broadly enough to gut future public-health action.

Will end school vaccine requirements, greatly weaken Arizona's ability to respond to infectious disease threats and other emergencies, ends school vaccination requirements and other prevention tools. Examples: TB, Foodborne illness, Lice, Measles exposure exclusion etc

AzPHA posture: OPPOSE if it reaches the ballot.

SCR 1004

Photo enforcement systems; voter approval

Potential legislative ballot referral

Status: Passed the Senate; House Transportation & Infrastructure Committee voted Do Pass; not yet on the ballot.

Would block cities not already using photo enforcement from adopting it . Would require voter approval for cities that want to continue existing programs.

Photo speed radar evidence is mixed. Properly placed red-light enforcement prevents severe crashes and fatalities. The measure would make future local use harder.

AzPHA posture: likely OPPOSE if it reaches the ballot.

HCR 2058

AHCCCS; comprehensive claims audit

Potential legislative ballot referral

Status: Passed the House; Senate Health & Human Services Committee voted Do Pass; pending Senate Rules.

Would require a comprehensive audit of AHCCCS.

The real impact depends on the audit design. It could improve oversight, or it could add administrative burden and disrupt access to care if implemented badly.

AzPHA posture: no position yet; likely depends on final design and practical consequences, most healthcare stakeholders oppose it.

SCR 1001

Citizenship; identification; contributions; early voting

Potential legislative ballot referral

Status: Passed the Senate; House FMAE Committee voted Do Pass Amended; pending House Rules.

A broad election overhaul that would make early and mail-in voting a lot harder tighten mail and add copious new identification requirements.

Harder access to voting affects civic participation and representation, which in turn shapes health policy, funding choices, and whose communities are heard.

AzPHA posture: OPPOSE if it reaches the ballot.

SCR 1005

Elections; foreign contributions; prohibition

Potential legislative ballot referral

Status: Passed the Senate; House FMAE Committee voted Do Pass; pending House Rules.

Would end foreign-national contributions and expenditures tied to Arizona elections and ballot measures. Constitutional amendment.

This is more civic-infrastructure than core health policy. Public-health implications are indirect.

AzPHA posture: no position yet.

Free, Fair and Secure Elections Act

Potential voter initiative

Citizen initiative gathering signatures

Status: In the field collecting signatures; would still need enough valid signatures and to survive any legal challenges.

Would place a right to vote in the Arizona Constitution, preserve broad in-person and mail voting access, and require restrictions to be narrowly tailored to a compelling state interest.

From a public-health perspective, easier access to voting supports representation and makes it less likely that large groups of voters are shut out of decisions that affect health systems and local services.

AzPHA posture: likely SUPPORT if it makes the ballot.

Protect Education Act

Potential voter initiative

Citizen initiative gathering signatures

Status: In the field collecting signatures; would still need enough valid signatures and to survive any legal challenges.

Would tighten oversight of the ESA voucher program, limit the 2022 expansion to families under an income cap (\$150K) and impose stronger accountability and safety requirements.

Education policy is health policy. Stronger oversight could protect public resources and help preserve services that shape child development and long-term community wellbeing.

AzPHA posture: likely SUPPORT if it makes the ballot.

HCR 2021

Food tax cap

Already on the November 2026 ballot

Status: Certified for the ballot.

Would cap city and town taxes on groceries at 2% and require voter approval for any increase above that level.

Could make groceries marginally less expensive in some places, but it also constrains local revenue options that some communities use to fund services. Sparked because the legislature cut state shared revenue with cities.

AzPHA posture: undecided.

HCR 2055

Cartels as terrorist organizations

Already on the November 2026 ballot

Status: Certified for the ballot.

Would require Arizona to designate drug cartels as terrorist organizations and direct state agencies to respond using available enforcement tools.

Largely a performative policy statement with uncertain practical effect, since terrorism designations and related powers are usually federal. Direct public-health effects are unclear.

AzPHA posture: unlikely to take a position.

SCR 1004 (2025)

Ban on mileage tracking and mileage-based taxes

Already on the November 2026 ballot

Status: Certified for the ballot.

Would prohibit the state from tracking vehicle miles traveled or imposing taxes or fees based on mileage without a driver's consent.

It mainly blocks future transportation-funding models, like an approach that had been discussed for EV license renewal fees. Public-health effects are indirect.

AzPHA posture: unlikely to take a position.

Bottom line

The clearest public-health threats in this set are HCR 2056 and SCR 1001. The clearest likely supports are the two citizen initiatives if they qualify.

For rural audiences, the key question is not just whether a measure sounds appealing - it is whether it improves practical access to care, services, participation, and local decision-making.

Several measures are framed as freedom, integrity, or accountability, but the actual policy mechanics may pull in a very different direction.

You Can Weigh In!

Anybody can submit a 300-word argument for the Voter Publicity Pamphlet that's mailed to all voting households (or electronically if requested). Fee for submitting arguments is \$75.

Submitting window is short. A.R.S. § 19-124(A) says arguments may be filed no later than 27 days before the primary election (June 20).

If legislative session doesn't end before 6/20/26 I don't know what happens. Maybe all of the legislative referrals yet to be approved would be disqualified?

Argument Portal is on the Secretary of State Website: <https://ballotarguments.az.gov/>