

AZPHA

2026 Arizona Legislative Session

A Public Health Perspective

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2026 Session: Public Health Snapshot

Public-health wins

Licensing, oversight, behavioral health and insurance access bills became law.

Veto protection

The governor vetoed several bills that would have weakened vaccination, food aid or access to care.

Budget implementation

The budget funded needed AHCCCS and ADES eligibility capacity, but execution is the real test.

November fight (& support)

Three legislative referrals AzPHA opposes bypassed the governor and moved to voters. Two good voter initiatives?

Presentation Structure

- 1 Good bills passed and signed**
The practical public-health impact.
- 2 Bad bills vetoed**
Why the veto mattered.
- 3 State budget**
The money is step one; staffing, training and systems are step two.
- 4 Ballot measures**
Our positions

Good Bills Passed & Signed

Public-health wins that became law

HB2176

ADHS Licensing Reform

Passed and signed

What it does

Prevents health-care facilities from avoiding accountability through license swapping.

Improves notice requirements and informal dispute resolution.

Public-health value

Stronger licensing tools help ADHS hold facilities accountable without making every dispute a courtroom fight.

SB1162**Health-Care Licensing & Inspection Coordination**

Signed

What it does

Directs ADHS and AHCCCS to coordinate oversight work.

Reduces duplicative inspections.

Allows some off-site complaint and self-report reviews.

Public-health value

Better coordination can reduce wasted effort, but implementation needs monitoring so remote reviews do not become superficial.

HB2195

Skilled-Nursing Facility Oversight

Passed and signed

What it does

Gives ADHS access to selected personnel records for compliance.

Requires faster delivery of statements of deficiencies.

Aligns complaint investigations with CMS criteria.

Public-health value

Better oversight can improve nursing-home safety and reduce weak accountability loops.

SB1247

Assisted-Living Occupants

Signed

What it does

Allows a person not receiving services to live with someone in assisted living if the facility agrees.

Applies to assisted-living facilities and homes.

Public-health value

Gives residents and families more flexibility without forcing facilities to accept every arrangement.

SB1564

Electronic Monitoring in Long-Term Care

Signed

What it does

Requires facilities to disclose whether they allow video monitoring in resident rooms.

Applies to assisted living and skilled nursing facilities.

Public-health value

Families get clearer information before choosing a facility, and providers face more transparency.

HB2673

Mental-Health Screening in County Jails

Passed and signed

What it does

Requires county jails to screen for mental-health needs.

Requires assessment and treatment when warranted.

Public-health value

County jails are often the front door of the behavioral-health system; screening is a basic step toward care.

HB2923

Court-Ordered Treatment Judicial Review

Passed and signed

What it does

Improves judicial review in court-ordered treatment cases.

Creates clearer standards for courts and petitioners.

Public-health value

Clearer rules can improve due process and make the civil-treatment system work better.

SB1113

Service of Process for Evaluation Agencies

Signed

What it does

Allows evaluation agencies to serve certain court documents when authorized by a judge.

Improves the administration of court-ordered evaluation cases.

Public-health value

This is practical system plumbing that should reduce delays in behavioral-health proceedings.

HB2244

Evictions & Satisfaction of Judgments

Signed

What it does

Modest landlord-tenant improvement.

Addresses court-fee relief and satisfied eviction judgments.

Public-health value

Housing stability is health policy. Even narrow procedural fixes can reduce long-term harm for tenants.

HB2177

AHCCCS Services for Tribal Members

Passed and signed

What it does

Restores AHCCCS waiver requests for services to tribal members.

Revives requests that were discontinued in 2010.

Public-health value

A useful step toward repairing gaps in Medicaid access for American Indian communities.

HB2178

State-Agency Chief Medical Officers

Passed and signed

What it does

Requires state agency chief medical officers to have an active Arizona MD or DO license.

Creates a clearer clinical credential standard for government medical leadership.

Public-health value

Public agencies making medical decisions should have properly licensed medical leadership.

SB1165**Breast-Cancer Screening Cost Sharing**

Signed

What it does

Prohibits cost sharing for preventive breast-cancer screening.

Also covers additional screening needed to complete the screening continuum.

Public-health value

Removing cost barriers helps people complete screening instead of stopping after the first test.

Bad Bills Vetoed

Harmful proposals stopped by the governor

SB1212**Vaccine Reimbursement Restrictions**

Vetoed

What it would have done

Would have limited insurer reimbursement incentives tied to vaccination benchmarks.

Would have weakened quality-improvement tools.

Why the veto mattered

Protected prevention programs that use vaccination measures to close gaps and reduce avoidable illness.

HB2086

Vaccination & Mask Requirements

Vetoed

What it would have done

Would have stopped businesses and government entities from requiring masks or vaccination status.

Broad language could have interfered with outbreak response.

Why the veto mattered

Preserved basic infection-control flexibility for schools, employers, health-care settings and public agencies.

SB1011**Vaccination Status on Infant Death Certificates**

Vetoed

What it would have done

Would have required medical examiners to check vaccination status in sudden infant deaths.

Would have included vaccination status on death certificates.

Why the veto mattered

Kept infant-death prevention focused on proven strategies rather than fueling vaccine misinformation.

HB2248

Medical-Intervention Restrictions

Vetoed

What it would have done

Would have restricted private businesses and organizations from adopting vaccine requirements.

Broadly defined medical interventions to include testing, screening and treatment.

Why the veto mattered

Stopped legislative micromanagement of infection-control decisions in health-care and private settings.

HB2206

SNAP Error-Rate Mandate

Vetoed

What it would have done

Would have forced ADES to reduce SNAP error rates to 3% by 2030.

Added audit and corrective-action requirements.

Why the veto mattered

Avoided a punitive oversight approach while ADES is already facing major eligibility workload pressures.

HB2396

SNAP Waiver Request

Vetoed

What it would have done

Would have required ADES to seek a federal waiver on allowable SNAP purchases.

Design was unclear and administratively burdensome.

Why the veto mattered

Avoided more food-aid paperwork without a clear public-health benefit.

SB1051**Hospital Immigration-Status Reporting**

Vetoed

What it would have done

Would have required hospitals to ask patients about immigration status.

Would have required data retention and aggregate reporting.

Why the veto mattered

Helped protect access to hospital care by avoiding a policy that could scare patients away.

Budget: First Step, Not the Finish Line

The implementation work starts now

Budget Win: Eligibility Capacity

Key health and human-service agencies received resources for the coming workload.

About \$21M for eligibility staffing: \$10.2M for AHCCCS and \$10.8M for ADES.

Funding comes as Medicaid work requirements and more frequent eligibility checks approach & work requirements for 500,000 Medicaid members.

The practical question is how fast agencies can hire, train and deploy staff.

Bottom line

The appropriation matters, but people will feel the result only if the eligibility machinery works.

AHCCCS MES (Computer) Modernization

Technology dollars are only useful if the member experience improves.

The budget includes \$12.9M for AHCCCS MES modernization.

Health-e-Arizona Plus needs to be more usable before the eligibility-work avalanche begins.

A confusing portal can cause eligible people to lose coverage simply because they cannot prove eligibility.

Key risk

Administrative churn could become the largest source of avoidable coverage loss as AHCCCS implements HR1 requirements.

Staffing Mechanics

The timeline is tight and unforgiving.

Jobs need to be posted, interviewed and filled quickly.

New workers need training on eligibility rules, exemptions, notices and appeals.

Supervisors need workload dashboards and quality checks before January implementation.

What to watch

Hiring pace, training completion, call-center capacity and backlog measures.

Proving Eligibility Needs to be Easy

Eligibility systems determine whether people can see a doctor, fill prescriptions and keep food assistance.

Mistakes and delays hit people with low income, disabilities and unstable housing hardest.

The budget bought time and capacity; it didn't guarantee success.

Advocacy task

Track implementation and push for a member-friendly system.

2026 Ballot Measures

Free, Fair and Secure Elections Act

Gathering signatures

What voters are being asked to decide

Adds a fundamental right to vote to the Arizona Constitution.

Protects early voting by mail and in person.

Requires voting restrictions to meet a strong justification standard.

AzPHA position

Support

HCR2001 **Citizenship; Identification; Contributions; Early Voting**

On the November 2026 ballot

What voters are being asked to decide

Makes early voting and voting by mail way more difficult.

Would move away from signature verification as the main method for mailed ballots.

Adds new identification and in-person verification hurdles.

AzPHA position

Oppose

Protect Education Act

Gathering signatures

What voters are being asked to decide

Adds stronger oversight to the ESA voucher program.

Caps newer ESA eligibility at \$150,000 household income.

Adds spending guardrails, fingerprint clearance and provider standards.

AzPHA position

Support

HCR2048

Military Families; Scholarship Accounts

On the November 2026 ballot

What voters are being asked to decide

Marketed as a narrow ESA measure for military families.

The larger effect is to undercut the Protect Education Act even if voters approve it.

Would block key ESA accountability reforms and preserve weak guardrails.

AzPHA position

Oppose

SCR1004

Photo-Enforcement Systems; Prohibition

On the November 2026 ballot

What voters are being asked to decide

Blocks new local photo-enforcement systems. Stops cities who don't currently do photo enforcement (by the end of 2026) from ever doing it.

Makes it harder for cities with existing systems to keep them.

Covers red-light cameras, not just speed cameras.

Red light cameras are proven to save lives (photo radar not so much)

AzPHA position

Oppose

Bottom Line

Several good bills became law:

- Senior care facility licensing reform
- Mental health evaluation & treatment
- Breast cancer screening
- Tribal health

Several bad bills were vetoed:

- Anti vaccine bills
- Anti public health intervention laws
- Hospital immigration status reporting
- Food assistance bureaucracy

State budget provided basic funding for AHCCCS/ADES to implement HR1 eligibility requirements. Implementation effectiveness remains to be seen

10 ballot propositions this fall RE: Voting, ESA's. and Photo Enforcement