AzHHA
Arizona Hospital and Healthcare Association

2026 LEGISLATIVE REPORT

Protecting access. Preserving resources.
Strengthening Arizona hospitals.

Our purpose

The Arizona Hospital and Healthcare Association: Bringing together diverse voices to advance health and healthcare in Arizona.

Our values

- Above all else, put people and patients first
- Invites others and unify
- Lead genuinely and courageously
- Explore and chart new courses
- Inspire change and action

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Legislative session by the numbers

2,030
Bills introduced

415
Bills passed

264
Bills signed

151
Bills vetoed

215 Bills tracked by AzHHA

153 DAYS OF SESSION

January 12
- 57th State Legislature, Second Regular Session convenes
- Governor Katie Hobbs delivers State of the State address

February 20
- Last day bills were heard in their chamber of origin

March 27
- Last day bills were heard in committee in the opposite chamber

April 21
- 100th day of session

June 12
- State budget passed

June 13
- Adjournment *sine die*

September 12
General effective date

EXECUTIVE SUMMARY

A message from Ann-Marie Alameddin

This legislative session demonstrated the power of collective advocacy. In a year marked by uncertainty around healthcare funding, workforce challenges and state and federal policy changes, AzHHA members helped shape important conversations and outcomes that directly impact hospitals and the patients we serve.

Why it matters: Working from priorities established by our Public Policy Committee and Board of Directors, AzHHA focused on protecting access to care, preserving critical funding, strengthening Medicaid, supporting rural hospitals and advancing practical policy solutions. We defeated proposals that would have increased administrative burdens or created new challenges for Arizona hospitals and health systems.

The accomplishments highlighted in this report reflect the strength of our membership and the value of a united voice. Together, we delivered meaningful results for Arizona hospitals, including:

- **Protecting essential hospital funding** by helping stop a $100 million hospital assessment fund sweep and preserving key investments that support hospitals, Medicaid and access to care across Arizona.
- **Reducing administrative burden by advancing healthcare institution licensing reform.** This was one of the session's most meaningful policy wins: to strengthen accountability, improve coordination between state agencies and bring long-overdue clarity to the regulatory environment in which hospitals operate.
- **Supporting rural and underserved communities** by securing continued funding for critical access hospitals and advancing policies that strengthen healthcare access for rural residents and Tribal communities.

Thank you for your engagement, partnership and advocacy throughout the year. Your voice strengthens our collective impact and helps ensure Arizona hospitals can continue to deliver high-quality care to the communities that depend on us.

Ann-Marie Alameddin
President and CEO

AzHHA
Board of Directors

Officers

Robert J. Trenschel, D.O., MPH
Board Chair

President and CEO
Onvida Health

Mimi Coomler
Board Chair-Elect

President and CEO
TMC Health

Jackie Lundblad
Board Secretary/Treasurer

President and CEO
Wickenburg Community Hospital

Ann-Marie Alameddin
Board President

President and CEO
AzHHA

Neal Jensen
Immediate Past Chair

CEO
Cobre Valley Regional Medical Center

Directors

Chris Ruble
Board Director

CEO
Copper Springs Hospital

David Cheney
Board Director

President and CEO
Northern Arizona Healthcare

Dawn Tschabrun
Board Director

Market CEO
Select Specialty Hospital – Tucson East

Erica Brown
Board Director

Executive Director
Creighton University, Arizona Health Education Alliance

Jeff Christensen
Board Director

Tucson Area CEO
Encompass Health Tucson Rehabilitation Institute of Tucson

Jennifer Nunez
Board Director

Group CEO
Agave Ridge Behavioral Hospital

Krystal Burge
Board Director

Chair of the Board
Kingman Regional Medical Center

Rhonda Anderson, R.N.
Board Director

Principle
RMA Consulting Arizona

Richard Gray, M.D.
Board Director

CEO
Mayo Clinic

Steve Purves
Board Director

President and CEO
Valleywise Health

Vicki Began, R.N., M.N.
Board Director

CEO
San Carlos Apache Healthcare Corporation

Wesley Babers
Board Director

CEO
White Mountain Regional Medical Center

Hospital and Healthcare Members

Hospital

Acute Care

Community Health Systems

- » Northwest Medical Center
- » Northwest Medical Center Houghton
- » Northwest Medical Center Sahuarita
- » Oro Valley Hospital
- » Western Arizona Regional Medical Center

Kingman Regional Medical Center

Lifepoint Health

- » Canyon Vista Medical Center
- » Havasu Regional Medical Center
- » Valley View Medical Center

Mayo Clinic Hospital

Northern Arizona Healthcare

- » Flagstaff Medical Center
- » Verde Valley Medical Center

Onvida Health

Summit Healthcare

TMC Health

- » TMC Rincon
- » Tucson Medical Center

Valleywise Health

Behavioral Health

Acadia Healthcare

- » Agave Ridge Behavioral Hospital
- » Oasis Behavioral Health Hospital
- » Sierra Tucson
- » Sonora Behavioral Health Hospital

Avenir Behavioral Health Center at Surprise

Aurora Behavioral Health

- » Aurora Behavioral Health – Glendale
- » Aurora Behavioral Health – Tempe

College Health Enterprises

- » College Medical Center Phoenix

Haven Behavioral Hospital of Phoenix

Lifepoint Health

- » Copper Springs East
- » Copper Springs Hospital
- » El Dorado Springs Behavioral Health Hospital

Neuropsychiatric Hospitals

- » Phoenix Medical Psychiatric Hospital

Polara Health

The Guidance Center

Universal Health Services

- » Palo Verde Behavioral Health
- » Quail Run Behavioral Health
- » Valley Hospital
- » Via Linda Behavioral Hospital

Critical Access

Cobre Valley Regional Medical Center

Copper Queen Community Hospital

La Paz Regional Hospital

Little Colorado Medical Center

Mt. Graham Regional Medical Center

TMC Health

- » Benson Hospital
- » Northern Cochise Community Hospital

White Mountain Regional Medical Center

Wickenburg Community Hospital

Federal

Chinle Comprehensive Health Care Facility

Gila River Health Care

- » Hu Hu Kam Memorial Hospital

Hopi Health Care Center

Kayenta Service Unit

- » Kayenta Alternative Rural Hospital

Phoenix Indian Medical Center

Sage Memorial Hospital – Navajo Health Foundation

San Carlos Apache Healthcare Corporation

Tsehootsooi Medical Center (Ft. Defiance)

Tuba City Regional Healthcare Corporation

VA Medical Center

- » Northern Arizona VA Health Care System
- » Phoenix VA Health Care System
- » Southern Arizona VA Health Care System

Winslow Indian Health Care Center

- » Dilkon Medical Center

Post-Acute Care

ClearSky Rehabilitation Hospital

Encompass Health Corporation

- » Encompass Health Rehabilitation Hospital of East Valley
- » Encompass Health Rehabilitation Hospital of Northwest Tucson
- » Encompass Health Rehabilitation Hospital of Scottsdale
- » Encompass Health Rehabilitation Institute of Tucson
- » Encompass Health Valley of the Sun Rehabilitation Hospital
- » Yuma Rehabilitation Hospital

Ernest Health

- » Mountain Valley Regional Rehabilitation Hospital
- » Rehabilitation Hospital of Northern Arizona

Lifepoint Health

- » Dignity Health East Valley Rehabilitation Hospital – Chandler
- » Dignity Health East Valley Rehabilitation Hospital – Gilbert

Select Medical Corporation

- » HonorHealth Rehabilitation Hospital
- » Select Specialty Hospital – Phoenix
- » Select Specialty Hospital – Phoenix Downtown
- » Select Specialty Hospital – Tucson Northwest

Specialty

The CORE Institute Specialty Hospital

Healthcare

Arizona Center for Rural Health, University of Arizona

Calvary Healing Center

Community Bridges, Inc.

Donor Network of Arizona

Hospice of the Valley

Jacob's Hope

Legacy Foundation of Southeast Arizona

PHI Air Medical

Ryan House

AzHHA

policy framework

AzHHA's policy objectives guide our work in representing Arizona hospitals and health systems at the Capitol. Each year, AzHHA establishes a policy framework based on **five key objectives:**

Better care

Advance patient-centered policies that result in improved quality of care and patient satisfaction.

Financial security and access to care

Advance fiscal and budgetary policies that provide financial stability for the most vulnerable hospitals and healthcare systems.

Improved value

Advance sensible policies that reward value and create a more efficient healthcare system.

Better health

Advance policies that will effectively improve the health of populations.

Innovation and transformative healthcare

Advance policies that will support AzHHA member hospitals and health systems to thrive in emerging healthcare markets and successfully respond to transformative and disruptive healthcare technologies.

Introduction

The 2026 legislative session unfolded amid significant uncertainty for Arizona's healthcare system. Hospitals entered the year confronting persistent workforce shortages, rising labor and supply costs, continued reimbursement pressures and an increasingly complex policy landscape shaped by both state and federal action. At the same time, Arizona policymakers faced difficult fiscal and political realities as they worked through a state budget complicated by federal tax and Medicaid changes, all against the backdrop of an election year in one of the nation's most competitive battleground states.

Those dynamics produced one of the busiest legislative sessions in recent history. Lawmakers introduced a record 2,030 bills addressing issues ranging from healthcare and taxation to water, housing and election policy. Narrow Republican majorities in both legislative chambers, coupled with a Democratic governor, continued to create a divided government that required negotiation and compromise while also contributing to heightened partisanship, frequent use of the veto and increased emphasis on legislation designed to appeal to voters ahead of the November election. Amid those pressures, lawmakers made meaningful investments to prepare Arizona for new federal requirements, including one-time funding of $51.5 million for the Arizona Health Care Cost Containment System (AHCCCS) and $10.8 million for the Arizona Department of Economic Security (DES) to implement Public Law 119-21. These investments are critical to ensuring the state can meet new federal administrative and eligibility requirements while minimizing disruptions for patients and providers.

For Arizona hospitals, the stakes extended well beyond the Capitol. Federal discussions surrounding Medicaid financing, Medicare reimbursement and the 340B Drug Pricing Program created additional uncertainty for providers already navigating unprecedented financial and operational challenges. Protecting access to care required coordinated advocacy at every level of government.

Against this backdrop, the Arizona Hospital and Healthcare Association (AzHHA) advanced a focused, member-driven advocacy strategy developed in partnership with the AzHHA's Public Policy Committee and Board of Directors. Representing hospitals of every size and type — from large urban health systems to rural critical access hospitals to behavioral health hospitals — AzHHA remained focused on the issues most critical to maintaining a strong, sustainable healthcare system for Arizona.

Throughout the session, AzHHA worked proactively to preserve hospital funding, strengthen Medicaid, improve health plan accountability, support rural and underserved communities and advance policies that address Arizona's healthcare workforce challenges. At the same time, AzHHA actively opposed legislation that would have disrupted patient care, imposed unnecessary regulatory burdens or created unfunded mandates for hospitals and health systems.

AzHHA also maintained a strong federal advocacy presence, partnering with Arizona's congressional delegation and national hospital organizations to communicate the real-world impact of proposed federal policy changes on hospitals, caregivers and the communities they serve. This coordinated state and federal advocacy ensured that Arizona hospitals had a unified voice during a year of significant policy change.

The following report highlights AzHHA's legislative priorities, advocacy efforts and key outcomes during the 2026 session, demonstrating our continued commitment to protecting access to high-quality healthcare and advancing policies that strengthen Arizona's hospitals and the patients they serve.

Delayed effective dates: 2025 enacted legislation

During the 2025 legislative session, several measures impacting hospitals and providers were enacted and signed by Governor Katie Hobbs, but included delayed implementation dates in 2026.

HB2175 (prior authorization; claims), signed on May 12, 2025, and effective June 30, 2026, establishes new requirements governing how health insurers review and deny claims and prior authorization requests based on medical necessity. Specifically, the law requires that before a claim or prior authorization may be denied, a health insurer's medical director must conduct an individual review of the case, exercising independent medical judgment and not relying solely on recommendations from other sources or automated systems. This policy is intended to strengthen clinical oversight and accountability in insurer decision-making and may improve transparency in the denial process. For hospitals and providers, this change could result in more consistent and clinically grounded determinations, although it may also influence payer timelines and internal review processes.

SB1291 (health insurers; provider credentialing; claims), signed on May 2, 2025, and effective March 31, 2026, makes comprehensive changes to provider credentialing and claims payment requirements. The law establishes defined timelines for insurers, requiring credentialing decisions to be completed within 60 days and provider information to be loaded into billing systems within 130 days after receipt of a complete application. It also requires insurers to acknowledge applications and notify providers of completeness within seven days, while placing limits on delays and repeated requests for additional information. Importantly, the measure allows providers to receive in-network reimbursement for services delivered during the credentialing period after an application is deemed complete and ultimately approved. The measure also restricts insurers from denying certain claims on timeliness grounds if submitted within one year under specified conditions. Additionally, providers must provide disclosures to patients when services are delivered before full credentialing and contracting. Together, these provisions aim to streamline credentialing processes, reduce administrative delays and improve payment predictability for providers, while also introducing new compliance and notice requirements for hospitals.

2026 priorities and accomplishments

AzHHA entered the Fifty-seventh Legislature – Second Regular Session with a clear, member driven strategy shaped through close collaboration between our Public Policy Committee and Board of Directors. Together, these leaders helped define a focused policy agenda grounded in the real world operational, financial and regulatory challenges facing Arizona hospitals and health systems.

Rather than reacting to emerging legislation, AzHHA approached the session with an intentional, adaptive advocacy framework informed by continuous feedback from member hospitals statewide. This approach kept AzHHA nimble in a rapidly shifting political environment while consistently advancing policies that support hospital stability and patient access to care.

Throughout the session, AzHHA prioritized efforts to protect hospital financing, advance essential rural health infrastructure and advance reforms to interfacility transportation, regulatory oversight and health plan accountability. At the same time, AzHHA remained vigilant in opposing proposals that threatened patient safety, disrupted coordinated systems of care or imposed unfunded or inflexible mandates on hospitals.

What follows is a summary of AzHHA's key legislative accomplishments and priority initiatives during the 2026 session, each reflecting the association's commitment to strategic engagement, strong relationships with policymakers and effective advocacy on behalf of Arizona hospitals and the communities they serve.

Priority bills

During the 2026 legislative session, AzHHA led a unified effort to advance legislation that strengthens Arizona's healthcare system. AzHHA prioritized increasing health plan accountability, modernizing healthcare regulations, reducing unnecessary administrative burdens and expanding patient access to care.

Each bill targeted a specific, real-world challenge identified by member hospitals and health systems, but collectively, these efforts addressed the broader goal of removing obstacles that prevent hospitals from delivering timely, high-quality care.

Key legislative achievements included:

- ✓ Increasing transparency in health insurance practices
- ✓ Streamlining state regulatory oversight
- ✓ Strengthening behavioral health operations
- ✓ Preserving access to rural cancer treatment
- ✓ Clarifying Arizona's Safe Haven law

These practical, bipartisan measures reflect AzHHA's ongoing commitment to solutions that benefit hospitals, patients and communities throughout the state.

Health facility oversight

HB2176; health facilities; licensure; complaints; investigations

HB2176
Your commitment is truly valued, **Representative Willoughby**

HB2176 updates Arizona's regulatory framework for licensed healthcare institutions by strengthening oversight of licensure and complaint investigations and reducing administrative burden for licensees. The bill expands the Arizona Department of Health Services' (ADHS) authority to deny license applications or ownership changes when there are concerns about patient safety, including past violations or disciplinary actions tied to applicants or affiliated parties.

Prior to HB2176, ADHS could investigate complaints regardless of how old the underlying allegations were. This measure establishes a 12-month lookback period for most complaint investigations, while preserving exceptions for abuse cases. By limiting investigations into stale complaints, the legislation reduces the administrative burden on licensees of locating historical records, identifying former staff and responding to allegations involving events that occurred years earlier. The legislation also increases transparency by requiring notice of the general nature of complaints, more detailed statements of deficiencies and a structured informal dispute resolution process.

These changes provide greater clarity and accountability in the regulatory process, and HB 2176 was signed into law by Governor Hobbs on June 4, 2026.

AzHHA policy objectives:

Better care — Improved value

Healthcare institutions and compliance

SB1162; health care institutions; licensing; complaints

Arizona hospitals have long faced duplicative oversight from ADHS and the Arizona Health Care Cost Containment System (AHCCCS), often responding to separate investigations by each agency concerning the same complaint. As statutes, regulations and agency policies evolved, overlapping authority created unnecessary administrative burden for hospitals without improving oversight.

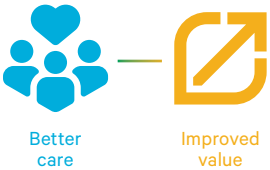
To address this issue, AzHHA championed SB1162 — its first legislative step toward modernizing and better coordinating Arizona's healthcare regulatory framework. The legislation requires ADHS and AHCCCS to jointly review statutes, rules and policies to identify duplicative or conflicting regulatory requirements and establish clear responsibility for complaint investigations. The bill also requires the agencies to report their findings and recommendations to the Legislature by the end of 2026 and every four years thereafter, ensuring ongoing review as Arizona's healthcare laws continue to evolve.

SB1162 also resolved a significant operational challenge for Arizona's behavioral health hospitals by defining behavioral health technicians in statute and clarifying supervision requirements. In recent years, ADHS changed its interpretation of existing rules to prohibit registered nurses from supervising behavioral health technicians, reversing longstanding practice and creating staffing challenges for more than 30 behavioral health hospitals represented by AzHHA. The legislation restores clarity and flexibility while maintaining appropriate oversight of patient care.

SB1162 received broad bipartisan support throughout the legislative session and was signed into law by Governor Hobbs on June 19, 2026.

SB1162
Thank you for your sponsorship,
Senator Angius

AzHHA policy objectives:



Safe haven providers and hospital deliveries

SB1253; safe haven providers; hospital deliveries

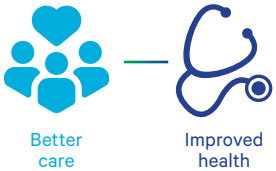
SB1253
Thank you for your leadership,
Senator Mesnard

AzHHA identified an issue with the baby safe haven law well before the 2026 legislative session, when a concern was raised that conflicting interpretations of Department of Child Safety (DCS) rules were preventing mothers from immediately relinquishing a newborn under Arizona's Safe Haven law after hospital delivery, even though hospital delivery is one of the law's designated relinquishment options.

To remedy the issue, AzHHA developed legislation clarifying that a mother may relinquish her newborn at the hospital where she delivers. DCS engaged constructively throughout the drafting process, and its focus on the best interests of the mother and baby was evident at every step. SB1253 passed the Legislature with only one 'no' vote on the Senate floor.

Governor Hobbs signed the bill on June 19, 2026, with a general effective date.

AzHHA policy objectives:



Access to care

HB2049; radiation therapy; rural counties

Supporting Arizona's rural hospitals — and ensuring their communities have access to high-quality, essential care — are core priorities for AzHHA. Rural patients frequently encounter barriers to timely treatment, such as long travel distances, workforce shortages and limited access to specialized services.

HB2049 addresses these challenges by expanding access to radiation therapy in rural counties and designated critical access hospitals. The bill permits qualified facilities to operate particle accelerators under defined general supervision standards, allowing radiation therapy technologists to deliver treatment in accordance with established protocols while maintaining necessary clinical oversight. Modernizing these supervision requirements enables rural hospitals to provide critical cancer care closer to home.

HB2049 strikes a balance between maintaining patient safety and addressing the operational realities of rural hospitals. With its flexible, safety-focused framework, the law reduces unnecessary delays in care, minimizes travel burdens and empowers rural hospitals to better serve their communities. AzHHA supported this practical, patient-centered solution, which both improves access to life-saving care and preserves high clinical standards.

Passed with strong bipartisan support and signed into law by Governor Hobbs, HB2049 marks a significant step forward in expanding critical cancer care for Arizona's rural communities.

HB2049
Your sponsorship is greatly appreciated,
Representative Bliss

AzHHA policy objectives:

Health insurance transparency reporting

SB1628; claims denial; prior authorization; reporting

Improving health insurer accountability remained a top legislative priority for AzHHA in 2026. Hospitals continue to experience an increasing administrative burden associated with claim denials, prior authorization delays and inconsistent payment practices. To address these concerns, AzHHA championed SB1628, legislation designed to increase transparency into insurer performance and strengthen regulatory oversight through standardized public reporting.

SB1628 marked a significant step toward health insurance accountability in Arizona by increasing transparency into health insurers' claims denials and prior authorization practices. Championed by AzHHA, the bill was designed to address ongoing concerns raised by hospitals about delayed payments, unjustified denials and opaque utilization management processes that strain hospital operations and compromise patient access to timely care.

The legislation requires healthcare service plans to report standardized, aggregated data to the Department of Insurance and Financial Institutions related to claims denials and prior authorization activity. Under SB1628, insurers must disclose key metrics, including the number of claims and prior authorization requests submitted and denied, appeal volumes and outcomes, turnaround times for standard and expedited decisions and the most frequently denied services and reasons for denial.

The department is directed to publish this information in a public, easily understandable report that provides policymakers, regulators, providers and consumers with meaningful insight into insurers' practices. SB1628 also strengthens existing timely payment provisions by reinforcing expectations around clean claim adjudication, limiting unnecessary information requests and enhancing grievance reporting and oversight.

These provisions are intended to reduce administrative burden on hospitals, discourage payment delays used as a cost containment strategy and promote fair and consistent claims processing across the insurance market.

AzHHA supported SB1628 as a practical, data driven approach to insurer oversight that balances transparency with regulatory flexibility. By equipping regulators with actionable information and strengthening enforcement tools, the bill lays the groundwork for improved accountability while preserving patient access to care and supporting the long-term impact of data-informed policy decision-making.

SB1628 received unanimous support in the state Senate and passed through the House Health and Human Services Committee with the same unanimous backing. However, the bill was held in the House Rules Committee, where it ultimately died. Although it did not become law this session, the bill sparked important discussions among lawmakers and stakeholders regarding the transparency and accountability of health insurers. AzHHA remains committed to advancing these policy objectives and will continue collaborating with legislative leaders and partners to reintroduce and refine this approach in future sessions.

AzHHA policy objectives:

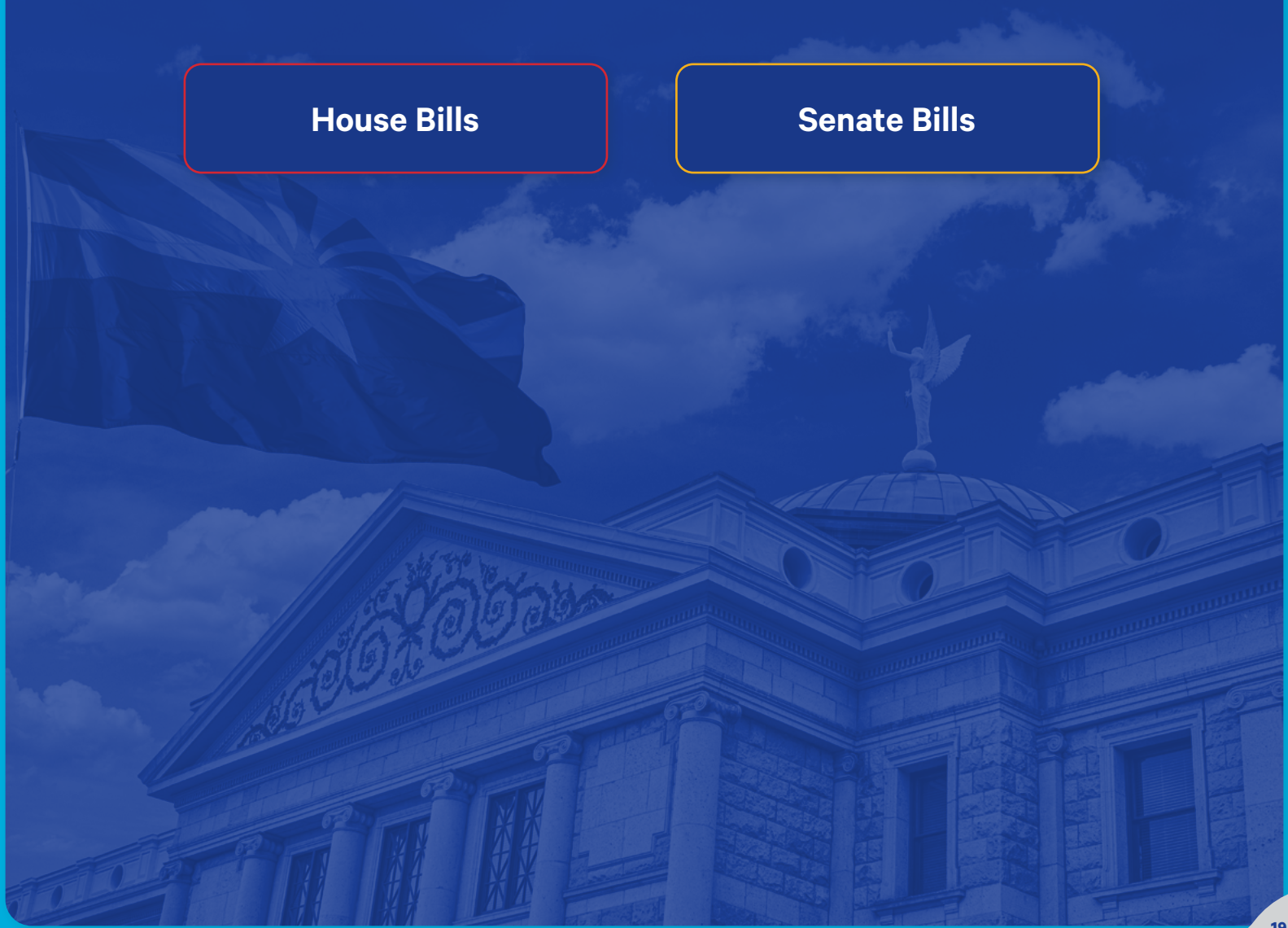
Looking for details on a specific bill?

View our comprehensive list of healthcare-related bills considered during the 2026 legislative session in the appendix.

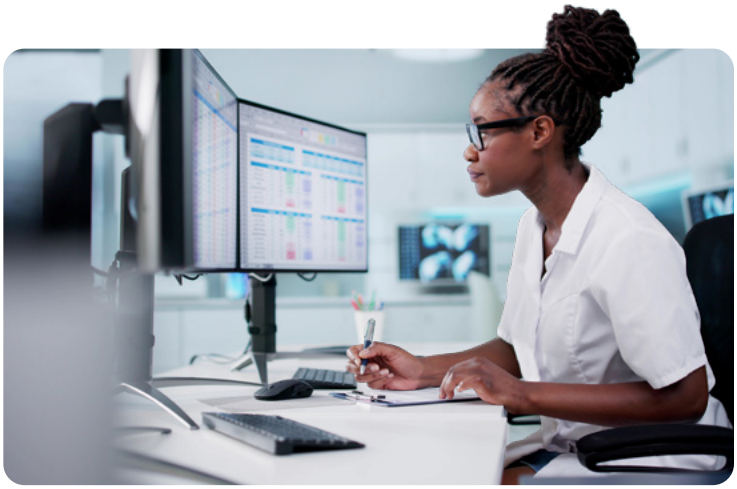
In this section you will find bill numbers, titles, prime sponsors, brief summaries and final legislative outcomes.

House Bills

Senate Bills



Budget recap



AzHHA staff monitors the development of the state budget each year for potential impact to hospitals and health systems. Often, this process is opaque, and this year was no different.

As always, this legislative session opened with the governor's State of the State address and the unveiling of an executive budget proposal. In Arizona's divided government — with a Democratic governor and Republican-led legislature — this proposal serves not as a definitive plan but as a starting point for negotiations and a signal of likely areas of contention.

By late March, negotiations stalled over tax policy and education funding. Governor Hobbs stepped away from talks and placed a moratorium on bill signings, insisting that legislative leaders return to the table with a budget plan. About six weeks later, House and Senate Republicans advanced their own budget plan, passing it on party-line votes with little Democratic input. The governor promptly vetoed the plan, calling it "unbalanced and reckless."

A familiar, if protracted, endgame followed. The Legislature recessed, Capitol activity slowed and negotiations shifted behind closed doors as both sides adjusted their positions before the June 30 deadline.

By early June, a bipartisan agreement began to emerge. The final $18.3 billion budget reflected the realities of divided government, with both sides achieving important priorities. It incorporated federal tax changes under H.R. 1 — addressing a central legislative goal — while moderating earlier calls for deeper agency cuts.

From a healthcare perspective, the final budget marked a clear improvement. It preserved the Critical Access Hospital (CAH) Supplemental Payment Pool at prior-year levels, provided targeted funding for AHCCCS and DES to meet new federal requirements for the state's Medicaid program and maintained key investments in behavioral health services.

In the final days, lawmakers held late-night floor sessions to pass the budget, then adjourned sine die. Governor Hobbs signed the package in mid-June.

Throughout, AzHHA's policy and advocacy team worked closely with legislative leaders and the Governor's Office to help safeguard critical funding streams and prepare the state's Medicaid program for federal policy changes.

Preventing diversions from hospital funding sources.

AzHHA successfully advocated halting the proposed $100 million sweep from the Hospital Assessment Fund. The final budget also avoided additional fund sweeps that would have affected healthcare and hospital-related funding streams. These outcomes were critical to preserving resources that support Medicaid reimbursement and to limiting further financial pressure on Arizona's hospitals.

Supporting rural hospitals through the CAH Supplemental Pool.

The budget maintains the one-time $4.4 million General Fund increase to the CAH Supplemental Pool. This investment leverages federal matching funds and replenishes the pool for eligible rural hospitals. Although this funding remains subject to annual renewal, its continuation helps stabilize reimbursement for some of Arizona's most vulnerable providers.

Important protections for patients and AzHHA members

Preparing AHCCCS and DES for federal requirements.

The budget includes one-time funding of $51.5 million for AHCCCS and $10.8 million for DES to implement Public Law 119-21. These investments are critical to ensuring the state can meet new federal administrative and eligibility requirements while minimizing disruptions for patients and providers.

Advancing culturally responsive care through a traditional healing pilot.

The budget establishes a three-year pilot program to fund traditional healing services, contingent on federal approval. This initiative reflects ongoing efforts to expand access to culturally appropriate care, particularly for populations that have historically faced barriers in the healthcare system.

Defensive strategy

We take pride in highlighting the positive legislation that we have successfully advanced into law; however, engaging in the legislative process also requires a strong defensive strategy. This session was no exception. The need for a proactive defensive strategy is underscored by the 215 bills AzHHA tracked throughout the legislative session. While many proposals proved benign, others required active engagement to improve concerning provisions or, in some cases, to oppose them outright. Protecting our members and the patients they serve remains our top priority.

Radiation protection system mandates

SB1120; radiation protection systems; installation requirement

AzHHA opposed SB1120, a bill that would have mandated hospitals performing cardiac catheterization procedures to install enhanced radiation protection systems in at least half of the rooms used for real-time X-ray imaging and fluoroscopy. AzHHA raised concerns that these sweeping, one-size-fits-all requirements could negatively impact both patient and workforce safety, reduce operational flexibility and impose significant financial and long-term implementation burdens on hospitals.

SB1120 was part of a trio of related bills, along with SB1121 and SB1118. Collectively, these bills proposed removing lead-vest protection requirements for healthcare workers once enhanced radiation protection systems (ERPS) are installed (SB1121) and allocating state funds to rural hospitals for ERPS installation (SB1118). AzHHA proactively voiced concerns about the sustainability of these mandates, ongoing maintenance costs and the potential unintended consequences of such statutory requirements. Our member-driven policy of opposing unfunded mandates also shaped our opposition to these proposals.

In addition to cost uncertainties — including expenses for accessory equipment, maintenance and the overall lifespan of ERPS technology — there was a lack of clarity about the real-world impact of these changes. Ultimately, AzHHA's strong advocacy efforts, in collaboration with partner organizations, helped prevent SB1120 from advancing, as it failed to pass the House Health and Human Services Committee due to a tied vote. SB1118 was amended to address an unrelated issue, while SB1121 was narrowed to apply only to cardiac catheterization labs that choose to install ERPS, and the requirement for real-time dosimetry readings was removed.

With these amendments, AzHHA shifted to a neutral stance, and SB1121 was **signed into law** by Governor Hobbs on June 19, 2026.

Midwife scope of practice expansion

HB2251; midwifery; prescriptions; naturopathic medical board
HB2252; midwives; ambulances; home births

AzHHA opposed HB2251 and HB2252 during the legislative session, as both bills sought to significantly expand the scope of practice for licensed midwives beyond current statutory and regulatory standards. Collectively, the proposals would have increased medication-administration authority for licensed midwives and permitted them to continue care in emergency medical transport settings. We opposed these proposals based on concerns about patient safety, care coordination and potential impacts on existing emergency and hospital-based systems of care.

HB2251 proposed authorizing licensed midwives to dispense and administer a broad range of prescription medications, including antibiotics, antihemorrhagic drugs, intravenous fluids, anesthetics and emergency resuscitation medications. Although the bill included additional education requirements and reporting provisions, AzHHA raised concerns that expanding medication authority through statute, rather than through a physician-led regulatory and clinical review process, posed patient safety risks and could undermine existing standards for coordinated maternal and neonatal care. AzHHA emphasized the need to ensure that medication administration occurs in settings with appropriate clinical oversight, emergency backup and continuity of care among providers.

HB2252 further expanded midwives' authority by allowing certified nurse-midwives, certified professional midwives and licensed midwives to accompany patients in ground ambulances and continue providing medical care during transport, if approved by a medical director. AzHHA opposed this provision due to concerns about care coordination during emergency transport, the potential for role confusion among emergency medical personnel and impacts on established emergency medical services and hospital based response protocols.

AzHHA maintained that emergency medical transport should prioritize clearly defined roles and seamless transitions of care to protect patient safety and ensure effective emergency response.

Throughout the session, AzHHA advocated for the preservation of evidence-based standards, clearly delineated scopes of practice and collaborative care models that support safe maternal and neonatal outcomes. These efforts aligned with AzHHA's broader commitment to protecting patients, supporting hospital-based systems of care and ensuring that any proposed scope-of-practice change is carefully evaluated through appropriate regulatory and medical review processes rather than through broad statutory expansion. Ultimately, HB2252 was held in committee and did not advance, effectively ending further consideration of the bill during the session.

HB2251 **passed** the House and progressed in the Senate but **did not become law**.

Hospital immigration status reporting

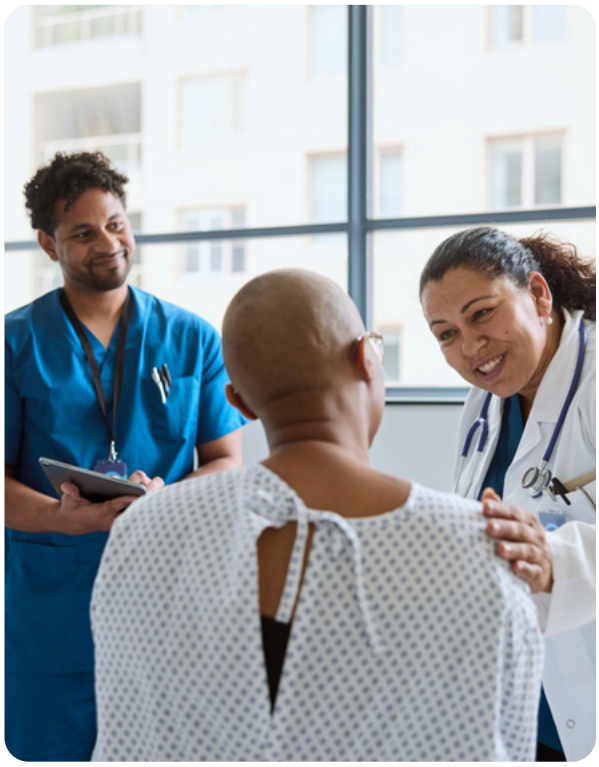
SB1051; hospitals; patient immigration status; reporting

AzHHA opposed SB1051, legislation that would have required hospitals accepting state payments to collect and report patient self identified immigration status data as part of the admission or registration process. Under the bill, hospitals would have been required to modify intake forms to ask patients or their representatives to indicate citizenship or immigration status and to submit quarterly, aggregated reports to ADHS detailing hospital admissions and emergency department visits based on those responses.

Although presented as a data-collection measure, AzHHA expressed concerns that SB1051 would place hospitals in an inappropriate position unrelated to clinical care. The association argued that the legislation would create additional administrative and reporting burdens and could undermine patient trust.

Hospitals were particularly worried that this requirement might discourage individuals from seeking timely medical care, including emergency services, due to fear or confusion.

AzHHA further stated that the proposed reporting mandate had serious public health implications and conflicted with hospitals' obligations to provide care based on medical need, not on demographic or immigration considerations. The association emphasized that policies that risk discouraging patients from accessing care threaten overall community health and strain already-burdened emergency and safety-net providers.



SB1051 ultimately **passed** both chambers of the Legislature but was **vetoed** by Governor Hobbs.

Mandatory reporting expansion

SB1127; duty to report; abuse; neglect

SB1127, which proposed significant changes to Arizona's mandatory reporting statute, was a high-priority issue for AzHHA. The bill raised serious concerns for hospitals, health systems and healthcare providers because of the provision that would have required individual healthcare professionals with direct knowledge of abuse or neglect to personally file a report with the DCS and prohibited the delegation of this duty to report.

AzHHA opposed the bill for most of the session and worked extensively with the sponsor to address operational and patient-care concerns. Despite sustained engagement, meaningful compromise did not materialize. As a result, AzHHA actively advocated to defeat the measure, and the bill initially failed on the House Third Reading.

Following that vote, the sponsor's seatmate moved to reconsider the bill because the sponsor agreed to re-engage stakeholders in negotiations. In the final days of the session, agreement was reached on critical amendments that addressed our core concerns. Specifically, the adopted amendment clarifies that, while mandatory reporting requirements remain intact, healthcare professionals working within healthcare institutions may delegate reporting responsibilities to a designated agent when necessary to continue patient care or to comply with standards of care. The amendment also ensures that duplicative reporting is not required for the same set of facts and circumstances.

With these changes in place, AzHHA was able to change its position and support the bill. The final version strikes a workable balance, preserving the integrity of mandatory reporting laws while recognizing the realities of federal laws governing the delivery of healthcare services and coordinated care in hospital and healthcare settings.

SB1127 ultimately **passed** with the adoption of AzHHA's negotiated amendment and was **signed into law** by Governor Hobbs on June 19, 2026.

Federal advocacy:

Protecting access to care, preserving Medicaid

In 2026, AzHHA intensified federal advocacy efforts to address several evolving policy challenges that directly impact Arizona hospitals and the patients they serve. In April, AzHHA leadership and hospital executives traveled to Washington, D.C., to meet with members of Arizona's congressional delegation and highlight the importance of protecting the state's healthcare system, with a focus on maintaining access to care and ensuring long-term hospital sustainability in both urban and rural communities.

A key priority during these discussions was the potential impact of federal Medicaid policy changes, which would significantly reduce funding and shift costs to states. Given that Arizona's Medicaid program, AHCCCS, provides coverage to nearly two million residents, any reduction in federal support would increase the number of uninsured Arizonans, increase uncompensated care, strain hospital resources and threaten access to critical healthcare services statewide. AzHHA emphasized that these changes would be particularly harmful in rural and underserved areas, where hospitals already operate on thin margins and serve as essential access points for care.

AzHHA also raised concerns about ongoing Medicare reimbursement challenges, noting that payments remain below the actual cost of care. Coupled with rising labor, supply and regulatory costs, these payment pressures create significant financial strain on hospitals. Federal policy changes related to site-neutral payments and outpatient reimbursement were highlighted as additional factors that could further reduce hospital revenue and limit the ability to maintain service lines.

Protecting the 340B Drug Pricing Program was another central component of AzHHA's federal advocacy in 2026. Hospital leaders underscored the program's importance in expanding access to care across Arizona, particularly for hospitals serving vulnerable populations. AzHHA expressed opposition to proposed federal changes that would alter the program's structure, such as shifting from upfront discounts to rebate models and raised concerns about ongoing efforts by manufacturers to restrict contract pharmacy arrangements. These changes could disrupt hospital operations, reduce available resources and limit patient access to medications.

Finally, AzHHA reinforced the need for federal action to address healthcare workforce shortages, especially in rural communities, where recruitment and retention challenges are most acute. Ensuring a stable healthcare workforce, along with protecting key funding streams and programs, remains essential to sustaining Arizona's healthcare delivery system.

AzHHA emphasized throughout its advocacy efforts that federal policy decisions made in 2026 will have direct and lasting impacts on hospital stability, access to care and the health of communities across Arizona.

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Appendix of 2026 healthcare related bills

House Bills

HB2005 vaccination status; unprofessional conduct; policies

Prime sponsor Rep. Nick Kupper (R)

Final disposition

Prohibits a health professional from denying care or providing substandard care based on a person's vaccination status and classifies such actions as unprofessional conduct. Prohibits healthcare institutions from adopting policies that allow health professionals to deny or diminish care based on vaccination status.

Referred to House Health & Human Services
Referred to House Rules
First Reading January 12, 2026

HB2007 ivermectin; over-the-counter drug

Prime sponsor Rep. Nick Kupper (R)

Final disposition

Authorizes the sale and purchase of ivermectin formulated for human use as an over-the-counter drug without a prescription or consultation with a health professional.

Referred to House Health & Human Services
Referred to House Rules
First Reading January 12, 2026

HB2017 website information; pregnant women

Prime sponsor Rep. Rachel Keshel (R)

Final disposition

Requires the Arizona Health Care Cost Containment System to provide a conspicuous link on their website, by December 1, 2026, directing individuals to information in English and Spanish about public and private agencies offering support during pregnancy, childbirth and child dependency, excluding those associated with abortion.

Referred to House Health & Human Services
Referred to House Rules
First Reading January 12, 2026

HB2018 DCS; reporting; financial incentives; prohibition

Prime sponsor Rep. Rachel Keshel (R)

Final disposition

Prohibits the Department of Child Safety from entering into agreements with healthcare institutions or their employees or agents that involve payments in exchange for reports of child abuse or neglect.

Government passed
(4 - 3 - 0 - 0 - 0 - 0)
Government January 21, 2026

HB2040 public educational institutions; adoption information

Prime sponsor Rep. Rachel Keshel (R)

Final disposition

Requires public educational institutions to give students information on current adoption practices in the United States and on where to find adoption-related resources and support in Arizona whenever an employee discusses contraception or sexually transmitted diseases or infections with students, dispenses contraception to students or provides STI testing. Requires school districts and charter schools that offer sex education to include instruction on adoption practices, adoption-related resources and support and the laws on sexual conduct with a minor.

Vetoed by Governor
April 7, 2026

HB2049 radiation therapy; rural counties

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Authorizes the use of particle accelerators for radiation therapy under general supervision in counties with fewer than 400,000 residents or in critical access hospitals if specified protocols, documentation, oversight and patient-safety measures are met. Requires written treatment protocols, biannual observation of radiation therapy technologists by an authorized user, periodic on-site availability of an authorized user and monitoring of procedure performance and patient care. Emergency clause.

Signed by Governor
June 4, 2026

HB2050 radiologic technologists; radiologist assistants

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Adds registered nurse practitioners to the list of licensed professionals who may use a diagnostic X-ray machine without obtaining another license. Removes radiologic technologists from the list of "healthcare provider" professions for the purpose of telehealth. Revises Arizona Department of Health Services (ADHS) standards for approving radiologic technology schools by requiring specified program accreditations, updating required coursework topics and reducing required clinical experience to 1,650 hours, from 1,800 hours. Requires ADHS to include American Registry of Radiologic Technologists content specifications in radiologic technologist certification examinations. Directs ADHS to certify bone densitometry practical technologists to apply ionizing radiation to a person's hips and spine using a bone densitometry machine. Requires ADHS to allow "general supervision" of radiologist assistants in counties with populations under 500,000 or in critical access hospitals when facilities and radiologists implement written protocols, monitoring, periodic on-site availability and telecommunication access. Authorizes ADHS to set mammographic and computed tomography technologist application and renewal fees by rule. SENATE ENGROSSED

Signed by Governor
April 13, 2026

HB2051 AHCCCS; lactation care; breastfeeding

Prime sponsor Rep. Lisa Fink (R)

Final disposition

Adds breastfeeding and lactation care services provided in inpatient, outpatient, home-based and group settings to the list of medically necessary services that Arizona Health Care Cost Containment System contractors must cover, subject to approval by the Centers for Medicare and Medicaid Services. HOUSE ENGROSSED

Appropriations, Transportation and Technology passed with amendment (9 - 0 - 0 - 0 - 1 - 0)

Appropriations, Transportation and Technology March 24, 2026

HB2060 educational facilities; abortion; prohibited activities

Prime sponsor Rep. Rachel Keshel (R)

Final disposition

Prohibits "public educational institutions" (defined as school districts, charter schools, accommodation schools, community colleges and universities under the Arizona Board of Regents) and their employees, when acting in an official capacity, from encouraging or facilitating abortions. Prohibits a public school from allowing an abortion provider or an entity or organization that refers patients to an abortion clinic to provide health education instruction, provide health education instructional programs or curricula or distribute or display health education materials or media created, paid for or donated by or bearing the identifying mark of the abortion provider. Authorizes the Superintendent of Public Instruction to withhold a public school's state aid if the Arizona Department of Education determines the school is not in compliance and the school fails to correct the noncompliance within 90 days after notice. HOUSE ENGROSSED

Senate COW passed
Committee of the Whole
April 13, 2026

HB2061 health care services; patient rights

Prime sponsor Rep. Rachel Keshel (R)

Final disposition

Establishes statutory patient rights by requiring health professionals to act only in the patient's best interest, to do no harm and to obtain informed consent for each medical decision, diagnostic or therapeutic procedure or course of action, except in an emergency. Defines "patient" to include unborn children.

Referred to House Health & Human Services
Referred to House Rules
First Reading January 12, 2026

HB2072 Cesar Chavez day; repeal

Prime sponsor Rep. Lisa Fink (R)

Final disposition

Repeals statute designating March 31 each year as Dr. Cesar Estrada Chavez Day. Emergency clause. SENATE ENGROSSED

Signed by Governor
April 1, 2026

HB2074 partial-birth abortions; mandatory reporting

Prime sponsor Rep. Lisa Fink (R)

Final disposition

Requires any employee, contractor or volunteer of a medical facility who has direct knowledge that a partial-birth abortion is being performed or has been performed to immediately report that information, including identifying information about the physician and facility, to the county attorney. Classifies failure to report as a class 6 (lowest) felony. A legislative intent section of session law states that the existing exception that allows a partial-birth abortion when necessary to save the life of the mother is eliminated. The exception is not deleted from the statute. HOUSE ENGROSSED

House COW passed amended
Additional Committee of the Whole
February 18, 2026

HB2081 medical marijuana; terminal illness

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Adds terminal illness to the list of debilitating medical conditions that qualify a patient for medical marijuana. Requires licensed care facilities to allow registered qualifying patients with a terminal illness to use medical marijuana in a designated area, subject to restrictions on smoking or vaping, storage and documentation. Requires these facilities to develop written guidelines for such use and to include a patient's medical marijuana use in the medical record. Because this statute is voter protected, this bill requires a 3/4 vote of the members of each house of the Legislature to pass.

Referred to House Health & Human Services
Referred to House Rules
First Reading January 12, 2026

HB2082 childhood cancer research; commission

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Establishes a Childhood Cancer and Rare Childhood Disease Research Commission with members appointed by the director of the Arizona Department of Health Services (ADHS) to set criteria and review applications for clinical trial research grants and requires the Commission to hold public meetings that allow public testimony. Requires the ADHS director to award grants from the existing Childhood Cancer and Rare Childhood Disease Research Fund to Arizona nonprofit healthcare providers and research institutions engaged in pediatric cancer or rare childhood disease trials and allows use of grant monies in collaborative studies with out-of-state facilities. Conditions the director's distribution of fund monies on receiving at least $5 million in additional legislative appropriations or federal grants for research. Requires the director, if ADHS does not receive at least $5 million in additional appropriations or grants, to award monies received from childhood cancer research special license plates to Arizona nonprofit healthcare providers and research institutions engaged in clinical trials on pediatric cancer or other rare pediatric diseases. Requires the commission to submit a report to the Legislature on grants awarded and other relevant information by August 1, 2027, and annually thereafter. SENATE ENGROSSED

Signed by Governor
June 4, 2026

HB2083 supplies; health coverage; diabetes; monitor

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Requires an accountable health plan that provides coverage for diabetes to also cover insulin pens, prescribed self-injectable medications for controlling blood glucose levels, continuous glucose monitors and relevant equipment or supplies, insulin pumps and automated insulin delivery systems and continuous subcutaneous insulin infusion devices. HOUSE ENGROSSED

Referred to Senate Rules
First Reading January 12, 2026

HB2086 vaccination mandates; masks; prohibition

Prime sponsor Rep. Khyl Powell (R)

Final disposition

Prohibits "governmental entities" (defined to include state government and political subdivisions) from requiring Arizona residents to wear masks or face coverings, except for long-standing workplace safety and infection control measures unrelated to COVID-19. Prohibits governmental entities from requiring residents to receive any vaccination for any disease or virus. SENATE ENGROSSED

Vetoed by Governor
June 19, 2026

HB2091 financial surveillance fund; insurer examinations

Prime sponsor Rep. David Livingston (R)

Final disposition

Increases the maximum assessment amounts imposed on domestic insurers for the Financial Surveillance Fund by 75%. Beginning July 1, 2027, authorizes the director of the Department of Insurance and Financial Institutions to annually adjust the maximum assessment amounts imposed on domestic insurers for the Financial Surveillance Fund by the lesser of 2.5% or the average annual change in the Phoenix consumer price index. Retroactive to January 1, 2026. Because this bill potentially increases state revenue, it requires a 2/3 vote of the members of each house of the Legislature to pass and becomes effective immediately on the Governor's signature.

Finance passed with amendment
(4 - 1 - 0 - 0 - 2 - 0)
Finance March 23, 2026

HB2093 mental health instruction requirement; repeal

Prime sponsor Rep. Lisa Fink (R)

Final disposition

Repeals the statutory requirement for public schools to provide instruction in mental health on January 1, 2037. Removes the requirement for mental health instruction to include social and emotional learning. HOUSE ENGROSSED

Vetoed by Governor
April 14, 2026

HB2107 SNAP benefits; purchases; waiver

Prime sponsor Rep. Teresa Martinez (R)

Final disposition

Requires the Department of Economic Security (DES) to request a waiver from the United States Department of Agriculture to exclude fast food purchases from, and include vitamins as allowable purchases under, the Supplemental Nutrition Assistance Program (SNAP). Requires DES to prohibit the use of SNAP benefits for fast food and allow the purchase of vitamins if the waiver is granted.

Rural Economic Development held
Rural Economic Development
February 19, 2026

HB2154 abortions; public funding; prohibition

Prime sponsor Rep. Lupe Diaz (R)

Final disposition

Prohibits Arizona and its political subdivisions from contracting with or awarding grants for family planning services to any person that provides referrals for, or otherwise facilitates access to, abortion services using public monies.

Referred to House Government
Referred to House Rules
First Reading January 13, 2026

HB2176 health facilities; licensure; complaints; investigations

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Expands the Arizona Department of Health Services' (ADHS) authority to deny a healthcare institution license application or a change of ownership approval based on the licensing history or serious violations of the applicant, new owner or related controlling persons that jeopardize patient safety. Requires ADHS to notify a licensee of the general nature of a complaint at the start of a complaint investigation and prohibits ADHS from investigating alleged violations that occurred more than 12 months before the complaint was submitted. Requires statements of deficiencies to cite the applicable statute or rule for each deficiency and establishes timelines and requirements for informal dispute resolution, written decisions and issuance of amended statements of deficiencies. Specifies that an ADHS decision or action under the informal dispute resolution process is not an appealable agency action. HOUSE ENGROSSED

Signed by Governor
June 4, 2026

HB2177 AHCCCS; waivers; American Indians; services

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Requires the Arizona Health Care Cost Containment System (AHCCCS) Administration to annually apply to the Centers for Medicare and Medicaid Services for waivers or waiver amendments to restore coverage for services eliminated, reduced or limited since September 2010 when provided to American Indian or Alaska Native members by participating Indian Health Service or tribal facilities, including medically necessary dental services. Authorizes the AHCCCS Administration, on federal approval, to make payments for those restored covered services and limits applications each year to waivers not yet approved or in effect. HOUSE ENGROSSED

Signed by Governor
April 13, 2026

HB2178 agency; chief medical officer; license

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Requires a person serving as the chief medical officer for a state agency to possess an active Arizona license to practice medicine.

Signed by Governor
April 13, 2026

HB2179 air ambulance services

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Integrates air ambulances and air ambulance attendants into Arizona's emergency medical services statutes by establishing licensing, staffing, operational, insurance, inspection, complaint and enforcement requirements comparable to ground ambulance services. Expands liability protections, Good Samaritan provisions and statutory exemptions to include air ambulance attendants and services across public health, emergency response and criminal statutes. Authorizes the Arizona Department of Health Services to regulate air ambulance services through certificates of registration, service licenses, standards, investigations, rate oversight where applicable and complaint procedures, subject to federal preemption limits. Updates staffing standards for interfacility transport, clarifies payment and coverage provisions where referenced and makes numerous conforming changes. HOUSE ENGROSSED

Signed by Governor
April 13, 2026

HB2180 appropriation; AZ REACH

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Appropriates $2.5 million from the state General Fund in FY2026-27 to the University of Arizona for AZ REACH and states legislative intent that the funding be considered ongoing.

Placed on House Minority Caucus Calendar

Minority Caucus February 17, 2026

HB2181 death certificates; funeral establishments; timeline

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Extends the deadline for a funeral establishment or responsible person to complete and submit a death certificate to as soon as practicable but not more than 21 calendar days after taking possession of human remains, instead of seven days.

Commerce passed with amendment (6 - 4 - 1 - 0 - 0 - 0)

Commerce February 3, 2026

HB2182 emergency medical services; patient transport

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Allows an emergency medical care technician to provide a presumptive medical diagnosis to counsel a patient to decline emergency medical services transportation if the patient or the patient's representative requests the diagnosis.

Placed on House Minority Caucus Calendar

Minority Caucus February 24, 2026

HB2183 emergency medicine; study committee

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Establishes the Emergency Medicine Study Committee to review the delivery, capacity and financial sustainability of emergency medical services and emergency medicine in Arizona, including impacts in rural and urban areas and the effects of uncompensated care. Requires the committee to solicit stakeholder input, hold public hearings as needed and submit annual reports with findings and recommendations to the Governor and the Legislature by December 31, 2026, and each year thereafter. Repeals the committee on July 1, 2029. HOUSE ENGROSSED

House FAILED (25 - 29 - 6 - 0 - 0)
Third Reading February 25, 2026

HB2184 fetal death; funeral homes

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Expands fetal death certificate registration to allow submission at or before 20 completed weeks of gestation if requested by the mother, instead of if the unborn child weighs more than 350 grams. Requires physicians to inform a woman, before a surgical abortion, of the option to transfer bodily remains to a funeral home. HOUSE ENGROSSED

Placed on Senate Committee of the Whole Calendar
Committee of the Whole
April 20, 2026

HB2190 physician assistants; licensure compact

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Adopts and enacts the Physician Assistant Licensure Compact to allow Arizona-licensed physician assistants to obtain a compact privilege to practice in other participating states and to allow physician assistants licensed in participating states to practice in Arizona, subject to uniform eligibility, background check, data sharing and disciplinary standards administered through a multistate compact commission. Authorizes Arizona to participate in the compact commission, share licensure and disciplinary information, recognize compact privileges and enforce adverse actions consistent with Arizona law and compact rules. Severability clause. HOUSE ENGROSSED

Signed by Governor
February 20, 2026

HB2194 claims; prior authorization; denials; contact

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Requires a healthcare insurer that denies a claim or a prior authorization to provide a telephone number or email address for a department that can explain the denial and to provide a substantive response to questions within two business days after receipt. Effective July 1, 2027.

Removed from House Rules hearing - March 2, 2026
Removed from agenda
February 27, 2026

HB2195 nursing facilities; records; surveys; timelines

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Limits the Arizona Department of Health Services' (ADHS) access to nursing care institution personnel records to specified identifying, employment, qualification, training, licensure and health compliance information. Requires ADHS to issue statements of deficiencies to nursing care institutions within 10 business days after completing a state survey and prohibits initiating complaint investigations more than 12 months after the alleged incident, with limited exceptions. Requires complaint investigations to follow federal Centers for Medicare and Medicaid Services time frames. HOUSE ENGROSSED

Signed by Governor
June 4, 2026

HB2196 pharmacists; pharmacies; reimbursement costs; appeals

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Prohibits a pharmacy benefit manager from reimbursing a nonaffiliated pharmacist or nonaffiliated pharmacy less than the pharmacist's or pharmacy's actual cost for a prescription drug or device, subject to a specified exception tied to the state plan methodology. Requires a pharmacy benefit manager to pay a professional dispensing fee at a rate not less than the state plan fee-for-service rate and prohibits using that fee to satisfy the actual cost reimbursement requirement. Requires pharmacy benefit managers to establish, file and obtain approval of reimbursement appeal procedures, authorizes agents to file appeals and requires corrective actions and broader application of appeal outcomes when a pharmacist or pharmacy prevails. Applies to contracts entered into, amended, extended or renewed on or after December 31, 2026.

Health & Human Services passed (11 - 1 - 0 - 0 - 0 - 0)

Health & Human Services February 16, 2026

HB2202 appropriations; dementia care; telementoring program

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Appropriates $300,000 from the state General Fund in each of FY2026-27, FY2027-28 and FY2028-29 to the Arizona Department of Health Services (ADHS) to provide a grant to implement a Dementia Care Telementoring Program that disseminates information on dementia care and best practices to healthcare providers statewide. Requires ADHS to award the grant to an Arizona-based organization with experience operating telementoring programs, expertise in neurology and dementia care and capacity to deliver services statewide, and to ensure the program is evidence-based and prioritizes rural and underserved communities. Requires ADHS to annually publish a summary report on its public website. Repeals the program January 1, 2030.

Appropriations, Transportation and Technology passed (9 - 0 - 0 - 0 - 1 - 0)

Appropriations, Transportation and Technology March 31, 2026

HB2204 first responders; post-traumatic stress disorder

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Establishes a presumption that post-traumatic stress disorder (PTSD) is an occupational disease for first responders, if a licensed mental health professional diagnoses the condition as service-related and the employee receives or has received licensed counseling. Expands workers' compensation law to make PTSD compensable and to allow the presumption to be rebutted only by a preponderance of the evidence that the condition arose from a nonemployment cause. Allows an employee who receives licensed counseling to file a workers' compensation claim within one year after the date of the last counseling visit. Expands employer obligations for providing paid licensed counseling to public safety employees following specified traumatic events and limits employer actions while an employee receives counseling. Repeals prior session law related to traumatic event counseling.

Referred to House Public Safety & Law Enforcement

Referred to House Rules First Reading January 15, 2026

HB2206 SNAP; error rate; forensic audit

Prime sponsor Rep. Nick Kupper (R)

Final disposition

Requires the Department of Economic Security (DES) to reduce the Supplemental Nutrition Assistance Program payment error rate to not more than 3% by December 30, 2030. Requires DES, beginning in FY2026-27 and each year thereafter, to submit a quarterly report to the Legislature detailing progress, strategies and barriers to reducing the payment error rate. Requires DES, if interim or final targets are not met, to submit a corrective action plan, pay 50% of any federal liabilities resulting from excess error rates, implement a corrective plan and accept a 10% reduction in administrative funding for noncompliance. Requires the auditor general to complete a special audit by November 15, 2027, and requires DES to implement audit recommendations within 12 months unless waived by the Joint Legislative Audit Committee. Repeals these requirements on January 1, 2033. HOUSE ENGROSSED

Vetoed by Governor February 20, 2026

HB2208 health boards; violations; investigation

Prime sponsor Rep. Matt Gress (R)

Final disposition

Requires the attorney general, on request of one or more members of the Legislature, to investigate alleged violations of state law, rules or the Arizona Constitution by a health profession regulatory board. Requires the attorney general to refer the matter to a randomly selected county attorney if a conflict of interest prevents the attorney general from conducting the investigation. Requires the investigating authority to issue a written report of findings and conclusions within 30 days and distribute the report to specified state officials and legislative bodies. Requires the Joint Legislative Budget Committee, if a violation is found or may have occurred, to review the report within 90 days and make recommendations to the Legislature regarding potential budgetary changes.

Referred to House Health & Human Services

Referred to House Rules
First Reading January 15, 2026

HB2209 health boards; retaliation; prohibition

Prime sponsor Rep. Matt Gress (R)

Final disposition

Prohibits a health profession regulatory board from taking or threatening retaliatory action against a protected individual for making protected disclosures, participating in investigations, refusing unlawful conduct, seeking legal counsel or assisting others. Requires the board to prove by clear and convincing evidence that an alleged retaliatory action would have occurred absent the protected disclosure and recognizes certain conduct as evidence of retaliation. Authorizes the attorney general and county attorneys to investigate violations, issue subpoenas and bring civil enforcement actions. Authorizes protected individuals to bring a civil action and obtain remedies including reinstatement of licensure, correction or sealing of records, injunctive relief, monetary damages, civil penalties up to $25,000 per violation, attorney fees, interest and punitive damages. Requires confidentiality of a protected individual's identity unless waived or ordered by a court.

Referred to House Health & Human Services

Referred to House Rules
First Reading January 15, 2026

HB2227 chiropractic board; complaints; training; authority

Prime sponsor Rep. Walt Blackman (R)

Final disposition

Makes various changes to statutes governing the State Board of Chiropractic Examiners by defining unprofessional conduct in detail, prohibiting the board from altering those definitions by rule and imposing new disclosure, recordkeeping and patient-record access requirements on licensees. Requires board members and employees to complete conflict-of-interest disclosures and annual trainings. Requires the board to adopt policies on psychosexual evaluations, maintain a discipline matrix, classify complaints and limit investigations to information in the initial complaint. Mandates referral of potential criminal conduct to law enforcement and requires law enforcement to report outcomes back to the board. Includes a legislative intent section.

Government held
Government February 4, 2026

HB2229 appropriation; DHS; pregnancy resource centers

Prime sponsor Rep. Walt Blackman (R)

Final disposition

Appropriates $3 million from the state General Fund in FY2026-27 to the Arizona Department of Health Services to support pregnancy resource centers. Prohibits distribution of the monies to abortion clinics or to pregnancy resource centers that refer patients to a clinic or physician that provides abortions. Requires organizations receiving monies to use the funds only in Arizona and prohibits using the monies to compensate officers or directors. Requires each participating organization to submit a report to the department by December 31, 2027, describing services provided and outcomes for women receiving counseling services. HOUSE ENGROSSED

Motion to Reconsider Third Reading passed

Motion to Reconsider Third
March 17, 2026

HB2233 rural health transformation monies; review

Prime sponsor Rep. Walt Blackman (R)

Final disposition

Requires the Arizona Health Care Cost Containment System Administration to report annually to the Joint Legislative Budget Committee for review of the use and distribution of monies received through the federal Rural Health Transformation Program.

HOUSE ADOPTED AMENDMENT: Health & Human Services - Strike Everything

Striker adopted January 27, 2026

HB2247 blood donations; patient notification

Prime sponsor Rep. Lisa Fink (R)

Final disposition

Requires a physician to notify a patient before surgery of the option to donate the patient's own blood or to have a compatible family member or friend make a directed blood donation for the patient's use and, if requested, to contact a blood bank and timely complete the required paperwork.

Referred to House Health & Human Services

Referred to House Rules
First Reading January 15, 2026

HB2248 medical interventions; prohibition

Prime sponsor Rep. Lisa Fink (R)

Final disposition

Prohibits a business entity doing business in this state from refusing services, products, venue admission or transportation to a person because the person has or has not received or used a "medical intervention." Prohibits a business entity from requiring a medical intervention as a term of employment, except when foreign travel or foreign-facility entry makes a medical intervention the only means of entry and the employer documents the requirement in a written contract or provides advance written notice and excludes business entities that receive Medicare or Medicaid funding from that exception. Prohibits a ticket issuer from penalizing, discriminating against or denying access to an entertainment event because a ticket holder has or has not received or used a medical intervention. Prohibits a school from requiring a medical intervention to attend, enter a campus or building or be employed, except for students barred from attendance under existing law or for persons with specified infections or infestations. Prohibits state, county and local government entities and officials from requiring a person to receive or use a medical intervention, including as a condition of benefits, services, licenses or permits, building entry, transportation use or employment and prohibits business entities and government entities from setting different ongoing compensation or benefits based on an employee's medical-intervention status. Exempts employer requirements for personal protective equipment, items or clothing based on traditional and accepted industry standards or federal law, but excludes COVID-19-pandemic-introduced vaccine, mask and other medical-intervention requirements from that exemption. Authorizes the attorney general or the county prosecuting attorney to seek injunctive relief to enforce these prohibitions. SENATE ENGROSSED

Vetoed by Governor
June 19, 2026

HB2249 parents' bill of rights; remedies

Prime sponsor Rep. Lisa Fink (R)

Final disposition

Expands parental rights to require written parental consent and notice before any school employee facilitates or implements social transitioning for their minor child, including addressing the child by a name other than the minor's legal name or using pronouns that do not align with the child's sex and prohibits a school district or school employee from doing so without the written consent of each parent. Expands a parent's right to request, review and access a minor child's complete educational record and prohibits a school employee from withholding information from a parent about the minor child, including information in the educational record regarding the child's physical, emotional, mental or academic well-being. Prohibits the state, political subdivisions, governmental entities and institutions from maintaining a policy that allows an employee to facilitate, encourage or coerce a minor child to withhold information from the child's parent and limits a law-enforcement exception to personnel who have probable cause to believe a parent committed a crime and who withhold information during that investigation. Establishes a rebuttable presumption of irreparable harm when a parent proves a violation of these rights, waives sovereign, qualified and discretionary immunity for violations and requires courts to award minimum civil liability damages of $500,000 per violation for governmental entities and $20,000 for individual officials or employees for each instance in which information was withheld, including barring indemnification and the use of public monies to pay an offending official's or employee's personal liability while allowing each parent to sue individually. Authorizes additional civil actions against employees who attempt to facilitate, encourage or coerce withholding and against governmental entities, institutions and schools that maintain policies allowing withholding, sets a five-year limitations period tied to when the conduct ceased and the parent became aware. Requires governmental entities to investigate and disclose prior violations within six months after the effective date and imposes liability for undisclosed violations. SENATE ENGROSSED

Vetoed by Governor
June 19, 2026

HB2250 prior authorizations; habilitative services

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Requires healthcare insurers and utilization review agents to honor a prior authorization from a previous plan for at least 90 days after new coverage begins and to protect recently authorized services from changes in coverage criteria for one year, if specified conditions are met. Prohibits insurers and agents from requiring prior authorization for the first 12 visits of physical or occupational therapy for each new episode of care for rehabilitative or habilitative services. Exempts providers from prior authorization for a healthcare service for 12 months if at least 90% of the provider's recent requests for that service were approved and establishes standards for granting, reviewing and revoking exemptions. Requires healthcare services plans to provide an opportunity for the provider to discuss medical necessity with a plan decision-maker.

HOUSE ADOPTED AMENDMENT: Health & Human Services - Strike Everything

Striker adopted
February 16, 2026

HB2251 midwives; medication administration; advisory committee

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Transfers licensure and regulation of licensed midwives from the Arizona Department of Health Services to the Naturopathic Physicians Medical Board and directs the Board to assume related powers, duties, rules, administrative matters, contracts, actions, records and unexpended monies while preserving the validity of existing licenses and certificates. Authorizes the Board to adopt midwifery rules, set fees by rule, license applicants and investigate and discipline licensed midwives, and adds one licensed midwife member to the Board. Establishes an Arizona Midwifery Advisory Committee within the Board to assist with examinations and disciplinary matters and to review sentinel events and recommend board actions. Authorizes licensed midwives who complete specified pharmacology training to dispense and administer a defined list of medications, therapies, devices, and supplies related to pregnancy, labor, delivery, postpartum care and newborn care, with limits, documentation, storage requirements and transfer-of-care obligations. Requires licensed midwives to disclose professional liability insurance status to patients and to submit annual, nonidentifying practice and outcomes reports to the board. Maintains the delayed effective date of July 1, 2028, for one version of the statute regulating the Board Fund. SENATE ENGROSSED

Placed on Senate Third Reading Calendar

Third Reading June 12, 2026

HB2252 midwives; ambulances; home births

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Allows a certified nurse midwife, certified professional midwife or licensed midwife who requests an ambulance during an out-of-hospital birth to accompany the patient in the ground ambulance and continue providing necessary medical care during transport if approved by the medical director.

Discussion/Held in Health & Human Services

Health & Human Services
January 26, 2026

HB2253 testimony; disciplinary action; prohibition

Prime sponsor Rep. Jeff Weninger (R)

Final disposition

Prohibits an agency, employer or political subdivision from retaliating against an employee for providing testimony in an administrative or judicial proceeding related to a law enforcement disciplinary appeal. Prohibits an agency, employer or political subdivision from prohibiting or obstructing any employee from providing testimony in such proceedings. HOUSE ENGROSSED

Signed by Governor
June 4, 2026

HB2257 watercraft fund; distribution of monies

Prime sponsor Rep. Leo Biasiucci (R)

Final disposition

Changes the allocation of certain watercraft registration revenues by depositing 55%, reduced from 65%, in the Watercraft Licensing Fund and allocating the remaining 45%, increased from 35%, with 10% to the State Lake Improvement Fund and 90% to the Law Enforcement and Boating Safety Fund. Allocates specified percentages of the Law Enforcement and Boating Safety Fund to Apache, Coconino, Gila, La Paz, Maricopa, Mohave, Navajo and Yuma counties and removes the annual allocation formula and related criteria previously used by the Game and Fish Commission. HOUSE ENGROSSED

Signed by Governor
June 22, 2026

HB2333 insurance; prosthetics; orthotics; reporting requirements

Prime sponsor Rep. Ralph Heap (R)

Final disposition

Requires hospital service corporations, medical service corporations, healthcare services organizations and disability insurers, including group and blanket disability insurers, to provide coverage for prosthetic devices and orthotic devices that is at least equivalent to Medicare Part B and under no less favorable terms than other medical or surgical benefits for policies or contracts issued or renewed on or after January 1, 2027. Requires coverage to include purchase, fitting, repair and replacement as medically necessary to restore daily functioning and physical activity. Prohibits disability-based discrimination in coverage or pricing and limits cost sharing to terms no more restrictive than comparable inpatient services. Requires insurers to ensure access to at least two in-state providers, cover medically necessary replacements without lifetime limits and reimburse out-of-network providers when in-network services are unavailable. Requires the Department of Insurance and Financial Institutions to issue annual guidance reports beginning January 1, 2028. Requires insurers to submit annual claims and payment reports through January 1, 2032, after which the reporting requirement is repealed.

Health & Human Services passed with amendment (10 - 2 - 0 - 0 - 0 - 0)

Health & Human Services
February 9, 2026

HB2335 health professionals; patients; vaccination status

Prime sponsor Rep. Ralph Heap (R)

Final disposition

Prohibits a health professional from refusing to provide medical care to a person based on the person's vaccination status by classifying it as unprofessional conduct.

Referred to House Health & Human Services

Referred to House Rules

First Reading January 20, 2026

HB2336 health insurers; vaccine mandate; prohibition

Prime sponsor Rep. Ralph Heap (R)

Final disposition

Prohibits a health insurer, beginning January 1, 2027, from including a vaccine mandate as a condition of coverage in a health insurance contract.

Referred to House Health & Human Services

Referred to House Rules

First Reading January 20, 2026

HB2365 safe haven; adoption agencies; contact

Prime sponsor Rep. Rachel Keshel (R)

Final disposition

Requires safe haven providers to contact private adoption agencies when a newborn infant is left and allows those agencies to take custody if willing and able. Establishes timelines and a rotating contact process for private adoption agencies to assume custody before the Department of Child Safety does so.

Referred to House Health & Human Services

Referred to House Rules

First Reading January 20, 2026

HB2393 alternative products; furnishing underage persons

Prime sponsor Rep. Leo Biasiucci (R)

Final disposition

Expands prohibitions on furnishing tobacco products to underage persons to include alternative nicotine products and increases penalties for violations by individuals and enterprises. Requires courts to order tobacco retailer education and imposes escalating fines and criminal classifications for repeat enterprise violations, including temporary prohibitions on selling tobacco or vapor products. Broadens the definition of vapor products to include nicotine from any source and to include any component or accessory of the product.

Referred to House Commerce

Referred to House Rules

First Reading January 22, 2026

HB2402 ambulance services; certificates of necessity

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Requires ambulance services to report specified call, response, availability, complaint and patient safety data quarterly to the Arizona Department of Health Services (ADHS) and requires ADHS to make that information publicly available online with redactions. Modifies certificate of necessity requirements by limiting preapproval equipment purchases, authorizing additional certificates in underserved areas, adjusting appeal timelines and requiring renewal decisions to rely on current data. Requires ADHS to establish an online certificate of necessity application portal and a public dashboard of ambulance response times. Requires ADHS to assess civil penalties for noncompliance with certificate of necessity requirements. HOUSE ENGROSSED

Public Safety passed with amendment (7 - 0 - 0 - 0 - 0 - 0)

Public Safety March 18, 2026

HB2403 appropriation; AHCCCS; provider increase

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Appropriates $2.5 million from the state general fund in FY2026-27 to the Arizona Health Care Cost Containment System for provider rate increases for home and community-based services providers for the elderly and persons with physical disabilities. HOUSE ENGROSSED

Appropriations, Transportation and Technology passed (9 - 0 - 0 - 0 - 1 - 0)

Appropriations, Transportation and Technology March 31, 2026

HB2404 transportation; mental health; patients

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Prohibits a peace officer from transporting a patient or proposed patient from a hospital emergency department or a locked behavioral health unit to another healthcare institution, evaluation agency or mental health treatment agency except if the person is incarcerated, cannot be safely apprehended without a peace officer or emergency assistance is requested through 911 or a similar system. Requires an authorized transporter to conduct the apprehension and transport in all other circumstances. Effective January 1, 2030. SENATE ENGROSSED

Signed by Governor June 19, 2026

HB2407 insurance; claims processing; downcoded claims

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Prohibits a health insurer from using an automated process, system or tool to make a final decision to downcode a medical claim and requires a documented review by a licensed healthcare professional of the same specialty as the treating provider. Prohibits downcoding based solely on diagnosis codes and requires detailed notice to the treating provider that explains the reason for downcoding, identifies the reviewing professional and describes appeal rights. Requires health insurers to provide a clear appeals process, allows batch appeals of similar claims and prohibits discriminatory downcoding practices against providers who treat complex or chronic conditions. Authorizes the Department of Insurance and Financial Institutions to enforce these requirements by imposing civil penalties and ordering reprocessing of improperly downcoded claims with interest.

Referred to House Health & Human Services

Referred to House Rules

First Reading January 22, 2026

HB2408 nursing board; regulatory actions; expungement

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Establishes detailed requirements for Arizona State Board of Nursing complaint investigations, including complainant identification rules, confidentiality limits, respondent notice and response timelines, investigative scope limits, prioritization of serious allegations and maximum investigation time frames. Requires the Board to provide respondents access to investigative files and limits public reporting of administrative dismissals and nondisciplinary actions. Authorizes expungement of certain disciplinary actions after specified time periods if conditions are met, prohibits expungement for serious patient harm or criminal conduct and relieves licensees from reporting expunged actions. Allows a licensee or certificate holder to seek damages, including attorney fees, in a civil action if the board fails to comply with these requirements and limits the personal liability of Board members and staff to conduct that is reckless, malicious or willful. Expands the definition of unprofessional conduct for Board licensees or certificate holders to include engaging in “sexual conduct” with a current or former patient within specified time frames. Requires the Arizona State Board of Nursing to post all substantive policy statements on its public website. Requires the Arizona State Board of Nursing to share any complaint it receives against a nursing program or nursing school within five business days with the State Board for Private Postsecondary Education, the Arizona Board of Regents or the applicable community college district governing board. SENATE ENGROSSED

Signed by Governor June 22, 2026

HB2411 coerced abortion; abortion-inducing drugs

Prime sponsor Rep. Quang H. Nguyen (R)

Final disposition

Creates the offense of coerced abortion by prohibiting a person from knowingly administering or giving an abortion-inducing medication to a pregnant woman without her knowledge or consent with the intent to cause an abortion. Classifies coerced abortion as a class 2 (second highest) felony and preserves prosecution under other laws if the conduct causes death or bodily injury to the pregnant woman or an unborn child.

Senate COW passed

Committee of the Whole
April 13, 2026

HB2415 kratom products; narcotic drugs

Prime sponsor Rep. Quang H. Nguyen (R)

Final disposition

Adds to the definition of narcotic drugs any material or compound that contains at least 800 parts per million of 7-hydroxymitragynine or any quantity of synthetic 7-hydroxymitragynine, synthetic mitragynine, pseudoindoxyl or any other synthetically derived compound of the plant mitragyna speciosa. Defines "kratom" as the plant or any part of the plant mitragyna speciosa and defines "kratom product" as any product made from kratom that is made to be ingestible or inhalable. Requires any kratom product offered for sale or sold in Arizona to include a label or consumer-scannable quick response code or similar technology that lists the ingredients, the quantity of mitragynine or 7-hydroxymitragynine, the recommended serving size and the number of servings. Prohibits a person from preparing, manufacturing, distributing, transporting, offering for sale or selling a kratom product to an individual under 21 years of age and prohibits a retailer from selling any kratom product within 500 feet of a public or private school, a child care facility or a facility that provides preschool programs. Requires a retailer to keep all kratom products behind the sales counter and restricts kratom product packaging and advertising, including requiring specified warnings and limiting youth-targeted and certain location-based advertising, and assigns enforcement to the attorney general. Conditionally repeals these regulations if specified federal agencies schedule kratom, mitragynine or any mitragyna speciosa-derived substance as a controlled substance by January 1, 2037, and requires the executive director of the Arizona State Board of Pharmacy to notify the Arizona Legislative Council by March 1, 2037, whether that condition occurred. SENATE ENGROSSED

Pending on Senate

Senate May 5, 2026

HB2433 medicare supplement insurance; ALS; ESRD

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Requires an insurer that offers Medicare supplement insurance to persons age 65 or older to also offer the same coverage to persons under age 65 who are enrolled in Medicare due to end-stage renal disease or amyotrophic lateral sclerosis. Requires all benefits and coverages available to enrollees age 65 or older to be available on the same terms to these under-65 enrollees. Establishes enrollment periods for under-65 enrollees tied to Medicare Part B enrollment, retroactive eligibility decisions or loss of group coverage and creates a special application window for existing enrollees. Prohibits insurers from charging under-65 enrollees with end-stage renal disease or amyotrophic lateral sclerosis premium rates higher than those charged to enrollees age 65.

Health & Human Services passed (12 - 0 - 0 - 0 - 0 - 0)

Health & Human Services
February 16, 2026

HB2434 controlled substances prescription monitoring program

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Modifies the controlled substances prescription monitoring program by requiring prescribers to obtain a patient utilization report before issuing a prescription and before prescribing any refill for certain controlled substances and requiring pharmacists to obtain a report at the beginning of a new course of treatment for schedule II drugs. Establishes a compliance workgroup to identify potential noncompliance with monitoring program requirements and assist the Board of Pharmacy with program administration. Requires vendors that provide electronic medical records to integrate their systems with the monitoring program database by December 31, 2026. Changes reporting requirements for controlled substance prescriptions, including requiring pharmacies to report dispensing data within one business day after the prescription is sold beginning July 1, 2027. HOUSE ENGROSSED

Signed by Governor
June 4, 2026

HB2435 internationally trained physicians; licensure

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Requires the Arizona Medical Board (AZMB) to grant a provisional license to certain internationally trained physicians who satisfy Educational Commission for Foreign Medical Graduates pathway one requirements, hold an unrestricted license, have federal work authorization and have an employment offer in a county with a population of less than one million persons, and authorizes the AZMB to adopt fees and rules governing supervision, renewal and discipline. Requires provisional licensees to practice under specified supervision, comply with continuing education requirements and limits the license to employment in eligible counties, with termination if employment ends unless new qualifying employment is obtained. Automatically converts a provisional license to a full license after four years of practice in an eligible county without discipline and with a supervising physician's attestation. HOUSE ENGROSSED

House FAILED
(20 - 31 - 8 - 0 - 1)

Third Reading
March 11, 2026

HB2436 mental health evaluations; health professionals

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Expands who may conduct mental health evaluations in counties with fewer than 500,000 residents by allowing one physician and either a physician assistant experienced in psychiatric matters or a psychiatric and mental health nurse practitioner to perform evaluations when psychiatrists are unavailable. Allows annual psychiatric examinations for continued court-ordered treatment in those counties to be performed by a qualified physician assistant or psychiatric and mental health nurse practitioner if a psychiatrist or experienced physician is not available.

Referred to House Rules

Referred to House Health & Human Services

First Reading January 20, 2026

HB2437 EMS reciprocity; compact

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Adopts the Emergency Medical Services Personnel Licensure Interstate Compact to authorize mutual recognition of emergency medical technician, advanced emergency medical technician and paramedic licenses among participating states. Allows licensed EMS personnel to practice across state lines under a privilege to practice while subjecting them to the scope of practice and enforcement authority of the remote state. Establishes an interstate commission to administer the compact, adopt binding rules, maintain a coordinated licensure and disciplinary database and enforce compliance. Requires member states to share licensure, adverse action and significant investigatory information and to recognize disciplinary actions taken by other member states. Allows states to withdraw from the compact by statute and includes severability provisions. HOUSE ENGROSSED

Referred to Senate Regulatory Affairs and Government Efficiency

Referred to Senate Rules

First Reading March 16, 2026

HB2442 SNAP; mandatory employment and training

Prime sponsor Rep. Chris Lopez (R)

Final disposition

Requires the Department of Economic Security to require able-bodied adults under 60 who receive Supplemental Nutrition Assistance Program benefits to participate in a mandatory employment and training program. Exempts recipients who meet federal work registration requirements, care for an incapacitated person or a child under six, are bona fide students, participate in substance abuse treatment, work at least 30 hours per week or meet specified earnings thresholds or are certain minors.

Placed on House Third Reading Calendar

Third Reading February 16, 2026

HB2444 pharmacists; independent testing; treatment

Prime sponsor Rep. Chris Lopez (R)

Final disposition

Authorizes a pharmacist, pursuant to a statewide written protocol approved by the Arizona State Board of Pharmacy, to independently order, perform and interpret certain federally authorized waived tests and to independently initiate treatment to eligible persons ages 12 and up for specified conditions, including influenza, group A streptococcus, COVID-19 and a condition related to a public health threat for which a statewide standing order is issued. Requires the board to adopt a statewide protocol addressing documentation, screening, referrals, training and treatment criteria and requires pharmacists to follow evidence-based clinical guidelines. Requires pharmacists to notify a patient's primary care provider within specified time frames, maintain records for seven years, obtain written parental consent for minors and refrain from initiating opioid treatment. Requires the board to establish the Independent Testing and Treatment Advisory Committee to assist the board in developing and reviewing statewide protocols. Authorizes pharmacists to initiate and dispense HIV preexposure prophylaxis and postexposure prophylaxis pursuant to a statewide written protocol and specified clinical requirements. HOUSE ENGROSSED

House PASSED
(33 - 22 - 4 - 0 - 1)
Third Reading March 25, 2026

HB2447 insurance; reimbursement rates; nurse anesthetist

Prime sponsor Rep. Chris Lopez (R)

Final disposition

Prohibits health insurers, hospital service corporations, medical service corporations and disability insurers from imposing a reimbursement rate for a certified registered nurse anesthetist that differs from the reimbursement rate for a physician for the same authorized services. Allows insurers to establish variable reimbursement rates based on quality or performance-based measures.

Referred to Senate Rules
First Reading June 12, 2026

HB2448 SNAP; work requirement waivers; exemptions

Prime sponsor Rep. Chris Lopez (R)

Final disposition

Prohibits the Department of Economic Security (DES) from seeking, applying for, accepting or renewing federal work requirement waivers for able-bodied adults without dependents in the Supplemental Nutrition Assistance Program unless required by federal law or authorized by state law. Prohibits DES from exercising discretionary exemptions from federal work requirements unless authorized by state law.

Placed on House Third Reading Calendar
Third Reading February 16, 2026

HB2483 behavioral health board; accreditation requirements

Prime sponsor Rep. Matt Gress (R)

Final disposition

Defines accredited for the purpose of Board of Behavioral Health Examiners licensure requirements as accredited by an accrediting agency recognized by either the Council for Higher Education Accreditation or the United States Department of Education.

Referred to House Rules
Referred to House Health & Human Services
First Reading January 20, 2026

HB2521 eligibility; children's health insurance program

Prime sponsor Rep. Stephanie Stahl Hamilton (D)

Final disposition

Expands eligibility for the Children's Health Insurance Program by increasing the household income limit to 300% of the federal poverty level beginning October 1, 2026, replacing the prior 225% threshold that applied through September 30, 2026.

Referred to House Health & Human Services
Referred to House Appropriations
Referred to House Rules
First Reading January 20, 2026

HB2559 behavioral health services; insurance coverage

Prime sponsor Rep. Patty Contreras (D)

Final disposition

Requires hospital service corporations, medical service corporations, healthcare services organizations, disability insurers and group or blanket disability insurers to provide coverage for behavioral health services for policies or contracts issued or renewed on or after January 1, 2027. Requires insurers to ensure access to out-of-network behavioral health providers at in-network cost sharing when in-network providers are not available within specified timely access standards. Effective January 1, 2027.

Referred to House Health & Human Services
Referred to House Appropriations
Referred to House Rules
First Reading January 20, 2026

HB2564 health professionals; website; time limitation

Prime sponsor Rep. Patty Contreras (D)

Final disposition

Removes the maximum time that health profession regulatory boards may display disciplinary actions and final nondisciplinary orders or actions on their websites, allowing those items to be available indefinitely.

Referred to House Health & Human Services
Referred to House Rules
First Reading January 20, 2026

HB2581 health insurance claims; consumer assistance

Prime sponsor Rep. Stephanie Simacek (D)

Final disposition

Establishes a Health Care Claims Consumer Assistance Program in the Department of Insurance and Financial Institutions (DIFI) to assist consumers with health insurance complaints, appeals, disputes and education. Authorizes DIFI to impose civil penalties of at least $25,000 per violation for continuous wrongful claim denials or insufficient payments after notice and an opportunity to cure and makes insurers automatically liable for double damages, including attorney fees, when a claim is wrongfully denied or underpaid. Requires insurers to disclose data on denied and wrongfully denied claims and directs DIFI to collect data, adjust penalties annually, investigate insurers with above-median wrongful denial rates and publish annual public reports. Appropriates $250,000 from the state general fund in FY2026-27 to DIFI for the program.

Referred to House Commerce
Referred to House Appropriations
Referred to House Rules
First Reading January 20, 2026

HB2660 health boards; licensure decisions; investigation

Prime sponsor Rep. Lisa Fink (R)

Final disposition

Changes health professional licensure enforcement by requiring a health professional to stop practicing immediately only if the professional has been charged with a crime and a board takes a detrimental licensing action. Automatically stays a board's detrimental licensing decision when no criminal charge exists, allowing the health professional to continue practicing pending final appeal unless the board timely submits specified detailed charges and affidavits to the Office of Administrative Hearings. Authorizes legislators to request attorney general or county attorney investigations when a board fails to meet those requirements and requires reporting and legislative review of findings. HOUSE ENGROSSED

Vetoed by Governor
June 19, 2026

HB2685 appropriation; K-12 mental health; telehealth

Prime sponsor Rep. Alma Hernandez (D)

Final disposition

Appropriates $5 million from the Consumer Remediation Subaccount of the Consumer Restitution and Remediation Revolving Fund to the attorney general in FY2026-27 to award grants to K–12 mental health providers that offer telehealth services. Requires the attorney general to distribute the monies as three-year grants to up to three providers that deliver comprehensive, evidence-based mental health services at no cost to families and coordinate care with school personnel. Prioritizes grants for applicants that can implement services across diverse school districts, including rural and tribal communities, and exempts the appropriation from lapsing until June 30, 2029.

Referred to House Appropriations
Referred to House Rules
Referred to House Education
First Reading January 20, 2026

HB2689 hospitals; patient immigration status; reporting

Prime sponsor Rep. Ralph Heap (R)

Final disposition

Requires hospitals that accept payments under the hospital assessment program to include a place on admission or registration forms for patients or their representatives to indicate citizenship or lawful presence status, with a statement that the response will not affect care or be reported to immigration authorities. Requires hospitals to submit quarterly reports to the Arizona Department of Health Services (ADHS) summarizing admissions and emergency department visits by reported immigration status or nonresponse, without personal identifying information. Requires ADHS to submit an annual report to the Governor and the Legislature describing statewide totals and the costs and impacts of uncompensated care associated with patients not lawfully present in the United States.

Placed on House Third Reading Calendar
Third Reading February 16, 2026

HB2694 tax credit; health reimbursement arrangement

Prime sponsor Rep. David Livingston (R)

Final disposition

Establishes an individual income tax credit for small employers with one to 50 employees that provide an individual coverage health reimbursement arrangement and contribute at least $400 per employee. Sets the credit at $400 per covered employee per taxable year, allows a five-year carryforward of unused amounts and limits claims by co-owners to their pro rata shares. Effective January 1, 2027.

Referred to House Ways & Means
Referred to House Rules
First Reading January 22, 2026

HB2697 expired opioid antagonists; use

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Authorizes pharmacists, physicians, nurse practitioners and other licensed health professionals to provide without compensation opioid antagonist kits that may include an expired opioid antagonist that is not more than three years past its expiration date. Allows county health departments and overdose and disease prevention programs to distribute expired opioid antagonists within that three-year period. Extends existing civil and criminal immunity protections to persons who prescribe, dispense, provide or administer an expired opioid antagonist in good faith and with reasonable care. HOUSE ENGROSSED

Regulatory Affairs and Government Efficiency held
Regulatory Affairs and Government Efficiency March 25, 2026

HB2726 AHCCCS; mild obstructive sleep apnea

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Adds diagnosis and treatment of mild obstructive sleep apnea to the list of services that Arizona Health Care Cost Containment System (AHCCCS) contractors are required to provide, including patient screening and the use of a Food and Drug Administration-approved neuromuscular tongue muscle stimulator provided through a durable medical equipment benefit. HOUSE ENGROSSED

House FAILED
(16 - 39 - 4 - 0 - 1)
Third Reading March 10, 2026

HB2727 appropriations; health innovation trust fund

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Appropriates $3 million from the state General Fund in FY2026-27 to the Arizona Health Innovation Trust Fund and requires the state treasurer to allocate $1.5 million to a qualifying entity to conduct a pilot program focused on health innovations for persons living with chronic conditions.

Health & Human Services passed
(10 - 2 - 0 - 0 - 0 - 0)
Health & Human Services
February 2, 2026

HB2779 health care; premiums; insurance; dialysis

Prime sponsor Rep. Sarah Liguori (D)

Final disposition

Prohibits an outpatient treatment center that provides dialysis services from steering or advising a patient regarding health insurance plans or coverage options. Requires a nonprofit organization that assists with paying an individual's health insurance premiums to provide at least 30 days' notice before discontinuing that assistance.

Referred to House Rules
Referred to House Health & Human Services
First Reading January 22, 2026

HB2796 AHCCCS; enrollment verification; presumptive eligibility

Prime sponsor Rep. Michael Carbone (R)

Final disposition

Requires the Arizona Health Care Cost Containment System (AHCCCS) Administration to implement expanded data matching and periodic verification of member eligibility, including reviews of income, residency, death records and lottery or gambling winnings and prohibits reliance on self-attestation without independent verification unless required by federal law. Prohibits the AHCCCS Administration from accepting eligibility determinations from a federal health insurance exchange and requires independent eligibility determinations. Requires the AHCCCS Administration to seek federal approval to eliminate mandatory hospital presumptive eligibility and to limit presumptive eligibility to children and pregnant women, with resubmission requirements if approval is denied. Establishes standards, notification requirements and escalating consequences for hospitals making inaccurate presumptive eligibility determinations. Effective January 1, 2027. HOUSE ENGROSSED

Vetoed by Governor
February 20, 2026

HB2899 health insurance; coverage; prosthetic device

Prime sponsor Rep. Mariana Sandoval (D)

Final disposition

Requires hospital service corporations, medical service corporations, healthcare services organizations, disability insurers and group or blanket disability insurers to provide coverage for prosthetic devices in policies, contracts or evidence of coverage issued, amended, delivered or renewed on or after January 1, 2027. Requires coverage of prosthetic devices that meet the medical needs of an insured, subscriber or enrollee as determined by the treating healthcare provider. Requires coverage of additional prosthetic devices when the treating healthcare provider determines they are necessary to enable participation in physical and recreational activities.

Referred to House Health & Human Services
Referred to House Appropriations
Referred to House Rules
First Reading January 22, 2026

HB2904 sovereign authority; border; health crisis

Prime sponsor Rep. Steve B. Montenegro (R)

Final disposition

Declares it the public policy of Arizona to protect the state's sovereign authority against unlawful invasion at the border by drug cartels and directs that Arizona law be interpreted to support that purpose. Declares fentanyl trafficking across the border a public health crisis and requires the Arizona Department of Health Services to do everything within its authority to address the crisis.

House Retained on COW calendar
Committee of the Whole
February 25, 2026

HB2929 perimenopause; menopause; task force

Prime sponsor Rep. Nancy Gutierrez (D)

Final disposition

Establishes the Legislative Perimenopause and Menopause Task Force to identify ways to improve treatment, education and compensation related to perimenopause and menopause care. Requires the task force to review healthcare education standards, develop nonbinding recommendations, and report findings to the Governor and the Legislature by December 31, 2027, and December 31, 2028. Repeals the task force on July 1, 2029.

Referred to House Health & Human Services
Referred to House Rules
First Reading January 28, 2026

HB2944 impaired persons; court-ordered stabilization

Prime sponsor Rep. Matt Gress (R)

Final disposition

Authorizes courts to order short-term involuntary stabilization for impaired persons whose judgment is impaired by intoxication, withdrawal or substance-induced symptoms and who cannot safely consent to voluntary care. Creates a new court-ordered stabilization process that allows admission to an evaluation agency for up to five calendar days, with appointed counsel, hearing rights and daily clinical assessments. Requires release when the person is no longer impaired and limits treatment without consent except for emergency safety measures. Assigns costs of proceedings and services to the Arizona Health Care Cost Containment System or another third-party payor and prohibits charging the impaired person.

Health & Human Services failed (5 - 7 - 0 - 0 - 0 - 0)
Health & Human Services
February 16, 2026

HB2953 pharmacy board; civil penalties

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Establishes a maximum nondisciplinary civil penalty that the Arizona State Board of Pharmacy or its executive director may impose as $25,000 in any six-month period and authorizes consideration of a licensee's, registrant's or permittee's activities during the previous 48 months when setting the penalty amount. Caps aggregate civil penalties at $25,000 in any six-month period for permittees that are not directly performing patient care.

Signed by Governor
June 19, 2026

HB2958 AHCCCS; dental care; pregnant women

Prime sponsor Rep. Consuelo Hernandez (D)

Final disposition

Expands covered Arizona Health Care Cost Containment System (AHCCCS) services to include comprehensive dental care, including extractions, for women who are at least 21 years of age and in any stage of pregnancy. Appropriates $500,000 from the state General Fund and an unspecified (blank) amount from federal Medicaid authority in FY2026-27 to the AHCCCS Administration to provide dental services to pregnant women and appropriates an unspecified onetime amount from the Prescription Drug Rebate Fund to cover eligibility-related costs. Requires the AHCCCS Administration to report actual dental service and eligibility-related costs incurred during FY2026-27 to the Governor and the Legislature by October 1, 2027.

Health & Human Services passed (11 - 1 - 0 - 0 - 0 - 0)
Health & Human Services
February 9, 2026

HB2964 cancer screening; coverage; gene mutation

Prime sponsor Rep. Betty J. Villegas (D)

Final disposition

Requires hospital service corporations, medical service corporations, healthcare services organizations, disability insurers and group and blanket disability insurers to cover genetic counseling, genetic testing and germline mutation testing for cancer risk consistent with National Comprehensive Cancer Network guidelines, without cost sharing, for policies and contracts issued, delivered or renewed on or after January 1, 2027. Requires primary care providers to assess adult patients for personal or family cancer history or ancestry indicating hereditary cancer risk and to provide or refer qualifying patients for genetic counseling and testing based on nationally recognized standards. Requires the Arizona Health Care Cost Containment System Administration and its contractors, to the extent authorized by federal law, to provide screening, genetic counseling and genetic testing for qualifying members.

Referred to House Health & Human Services
Referred to House Appropriations
Referred to House Rules
First Reading February 4, 2026

HB2965 covered entities; 340B drugs; distribution

Prime sponsor Rep. Chris Lopez (R)

Final disposition

Prohibits a drug manufacturer, repackager or affiliated entity from denying, restricting or otherwise limiting a 340B covered entity; (defined elsewhere in statute) or its contracted pharmacy from acquiring or receiving a 340B drug; except as required by federal law. Prohibits requiring claims or utilization data as a condition of 340B drug distribution unless required by the United States Department of Health and Human Services. Authorizes the State Board of Pharmacy to investigate violations and impose discipline and authorizes the attorney general to enforce violations as unlawful practices, with each affected package constituting a separate violation. Severability clause.

Referred to House Rules
Referred to House Health & Human Services
First Reading February 4, 2026

HB4012 special needs patients; health facilities

Prime sponsor Rep. Quantá Crews (D)

Final disposition

Requires licensed healthcare facilities to provide enhanced diagnostic evaluations, appropriate pain assessment and communication supports for nonverbal patients and patients with special needs when symptoms may indicate serious illness or injury. Requires healthcare providers to seek and document caregiver input, allows clinically justified deviations with documentation and requires facilities to use evidence-based assessment tools. Requires healthcare facilities to provide annual staff training, access to patient advocacy or social work services on request and detailed medical record documentation and reporting to the Arizona Department of Health Services (ADHS). Authorizes ADHS to establish training requirements, monitor compliance and adopt rules to implement these requirements.

Referred to House Rules
Referred to House Health & Human Services
First Reading February 9, 2026

HB4032 alternative nicotine; vapor products; tax

Prime sponsor Rep. Kevin Volk (D)

Final disposition

Imposes a new excise tax on alternative nicotine products and vapor products at a rate of 50% of the retail price. Establishes administration and collection requirements for the new tax. Allocates tax revenues among the state General Fund, the Early Childhood Development and Health Fund, the Ninth Grade On-track Grant Program Fund, the Smoke-free Arizona Fund and the newly established Out-of-school Time Program Fund and Early Intervention Support Fund. Applies to taxable periods beginning on or after the first day of the month following the general effective date. Because this statute is voter protected, this bill requires a 3/4 vote of the members of each house of the Legislature to pass. Because this bill potentially increases state revenue, it requires a 2/3 vote of the members of each house of the Legislature to pass and becomes effective immediately on the Governor's signature.

Referred to House Ways & Means
Referred to House Appropriations
Referred to House Rules
First Reading February 9, 2026

HB4036 bulk drug substances; prohibitions

Prime sponsor Rep. Michele Peña (R)

Final disposition

Prohibits the sale, transfer or distribution of compounded drugs for obesity or weight management that use specified bulk drug substances unless the compounder meets new sourcing, manufacturing, testing, documentation and quality control requirements. Prohibits manufacturers and wholesalers from distributing bulk drug substances for compounding without providing written verification, testing documentation and a valid certificate of analysis. Requires persons that compound or distribute covered drugs to maintain records for at least two years after product expiration and authorizes the State Board of Pharmacy to inspect compounders and bulk drug suppliers for compliance. Prohibits deceptive advertising of compounded medications and requires specified risk disclosures and statements when advertising those products. Authorizes civil penalties of $1,000 per dose and license suspension or revocation for violations.

International Trade failed
(5 - 5 - 0 - 0 - 0 - 0)
International Trade
February 18, 2026

HB4039 human embryos; disposition

Prime sponsor Rep. Betty J. Villegas (D)

Final disposition

Repeals the existing statute governing the disposition of in vitro human embryos in dissolution and legal separation proceedings. Requires a court to award in vitro human embryos according to a written agreement between the parties if one exists. Requires a court, if no written agreement exists or the agreement is unclear, to weigh and balance the parties' respective interests and award the embryos based on that determination.

Referred to House Rules
First Reading June 13, 2026

HB4043 training; AEDs; CPR; school personnel

Prime sponsor Rep. Jeff Weninger (R)

Final disposition

Requires each school district and charter school, beginning August 1, 2027, to ensure that at least one employee at each school campus during regular school hours has successfully completed training in cardiopulmonary resuscitation, first aid and the use of automated external defibrillators (AED) that follows nationally recognized cardiovascular care guidelines, if there is at least one AED at the campus.
HOUSE ENGROSSED

Signed by Governor
June 19, 2026

HB4047 medical spas; licensure; regulation

Prime sponsor Rep. Michele Peña (R)

Final disposition

Requires the Arizona State Board of Pharmacy to license each medical spa location that prepares, handles, stores, administers, dispenses, distributes or otherwise uses prescription medications and authorizes the board to inspect licensed facilities. Establishes a public database of licensed medical spas and requires each medical spa to designate a licensed health care provider as a responsible person to oversee compliance. Requires medical spas to obtain prescription medications only from authorized sources, maintain specified storage and security standards and report serious adverse events to the board within five business days. Prohibits deceptive and unfair trade practices related to prescription medications at medical spas and authorizes the Board to investigate violations, impose discipline, maintain public records of disciplinary actions and adopt rules to implement these requirements.

Referred to House Rules
Referred to House Government
First Reading February 10, 2026

HB4070 nonprofits; facilitation; trafficking offenses; penalties

Prime sponsor Rep. Alexander Kolodin (R)

Final disposition

Prohibits the Arizona Corporation Commission from incorporating a nonprofit corporation if any officer, director or trustee has been convicted of specified human trafficking, sex trafficking or substantially similar offenses. Expands civil liability for trafficking of persons by adding facilitation as a basis for liability. HOUSE ENGROSSED

Senate Rules OK
Rules March 30, 2026

HB4073 gestational surrogacy; agreements

Prime sponsor Rep. Janeen Connolly (D)

Final disposition

Repeals the prohibition on surrogacy contracts and authorizes gestational surrogacy agreements in Arizona subject to specified eligibility, consent, evaluation and legal representation requirements for gestational surrogates and intended parents. Establishes mandatory agreement terms, allows compensation and reimbursement and defines rights and responsibilities of the parties, including custody, financial support and medical decision-making. Determines parentage at birth in favor of intended parents, provides court procedures for parentage orders and birth records and sets rules for termination, breach and enforcement of agreements.

Referred to House Judiciary
Referred to House Health & Human Services
Referred to House Rules
First Reading February 10, 2026

HB4080 artificial intelligence; nursing tasks; pilot

Prime sponsor Rep. Justin Wilmeth (R)

Final disposition

Establishes the Artificial Intelligence Nursing Innovation Pilot Program within the Arizona Department of Health Services (ADHS) to develop and test artificial intelligence that performs nursing-adjacent tasks or workflows in clinical settings. Requires ADHS to administer the program, convene an advisory committee, select up to five technology vendors and oversee patient safety, privacy and legal compliance. Requires participating vendors to partner with an accredited Arizona school of nursing and submit detailed applications addressing safety mechanisms, evaluation methods and implementation plans. Requires periodic and final reports to the Governor and the Legislature with findings and policy recommendations. Repeals the program on January 1, 2030.

Referred to House Rules
First Reading June 13, 2026

HB4118 insurance; fraud unit; assessment; increase

Prime sponsor Rep. David Livingston (R)

Final disposition

Increases the annual fraud unit assessment on insurers to $1,350, from $1,050. Applies the increased assessment retroactively to July 1, 2026. Because this bill potentially increases state revenue, it requires a 2/3 vote of the members of each house of the Legislature to pass and becomes effective immediately on the Governor's signature.

Referred to House Commerce
Referred to House Rules
First Reading February 10, 2026

HB4124 health insurance; pharmacy; reimbursement rates

Prime sponsor Rep. Lorena Austin (D)

Final disposition

Prohibits a pharmacy benefit manager from reimbursing a contracted local pharmacy or pharmacist at less than the acquisition cost for a covered drug, device or service and restricts reimbursement formulas to approved benchmarks with defined error limits. Prohibits pharmacy benefit managers from retaining manufacturer rebates, engaging in spread pricing or patient steering and requires disclosure of pharmacy benefit management fees and annual transparency reporting to the Department of Insurance and Financial Institutions. Authorizes the attorney general to enforce violations as unlawful practices. Establishes a Pharmacy Benefit Manager Monitoring Advisory Council. Effective January 1, 2027.

Referred to House Health & Human Services
Referred to House Rules
First Reading February 11, 2026

HCR2010 medical records; parental rights

Prime sponsor Rep. Julie Willoughby (R)

Final disposition

Expands parents' rights to require healthcare entities to provide parents access to electronic health portals and other delivery platforms that are separate but equal to a minor's access throughout the child's minority, while maintaining any confidentiality owed to the minor by law or court order. Requires parents to have access to written and electronic medical records for services that do not require parental consent, subject to existing exceptions related to criminal investigations involving the parent. If passed by the Legislature, this legislation will be submitted to the voters at the 2026 general election.

Referred to House Rules
Referred to House Health & Human Services
First Reading January 15, 2026

HCR2056 medical mandates; right to refuse

Prime sponsor Rep. Nick Kupper (R)

Final disposition

Proposes a constitutional amendment to recognize and protect the right of individuals to refuse medical mandates by prohibiting a government entity from mandating, requiring, coercing or compelling any individual to accept, receive or administer a medical product or treatment. Establishes specified exceptions, including court-ordered treatment in limited circumstances, law enforcement custody and criminal investigations, parental decision-making for minors, emergency medical care when consent cannot be obtained, federal law requirements, existing Arizona requirements for diagnostic tests or procedures and special healthcare districts' health and safety protocols. If passed by the Legislature, this legislation will be submitted to the voters at the 2026 general election. HOUSE ENGROSSED

Government passed
(4 - 2 - 0 - 0 - 1 - 0)
Government March 25, 2026

HR2001 health workforce well-being day

Prime sponsor Rep. Selina Bliss (R)

Final disposition

Proclaims March 18, 2026, as Health Workforce Well-Being Day in Arizona and urges state officials and health organizations to support the well-being of Arizona health professionals.

Secretary of State
March 18, 2026

SB1002 SNAP; TANF; public welfare; verification

Prime sponsor Sen. John Kavanagh (R)

Final disposition

Requires the Department of Economic Security (DES) to verify eligibility for the Supplemental Nutrition Assistance Program (SNAP) by cross-referencing state and federal data sources on a monthly or quarterly basis, including lottery or gambling winnings, employment status, incarceration and residency. Directs DES to publicly post aggregate data on SNAP fraud investigations and recoveries. Requires the Arizona Department of Health Services to participate in eligibility reviews using federal data. Mandates DES investigation of SNAP recipients who make excessive out-of-state purchases and remove recipients found not to reside in Arizona. SENATE ENGROSSED

Vetoed by Governor
February 20, 2026

SB1009 high school students; AED training

Prime sponsor Sen. John Kavanagh (R)

Final disposition

Requires school districts and charter schools to provide high school students with training in the use of automated external defibrillators (AED). Expands the allowable public school tax credit purposes to include training in AED use.

House FAILED
(19 - 36 - 5 - 0 - 0)
Third Reading June 11, 2026

SB1014 insurance; gender surgeries; documentation; reports

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Requires health insurers that cover gender transition procedures to also cover gender detransition procedures beginning January 1, 2027. Requires physicians and other licensed healthcare entities that perform gender transition procedures to provide or pay for detransition procedures. Requires insurers covering gender transition services to submit monthly reports to the Department of Insurance and Financial Institutions (DIFI) on detransition claims and requires DIFI to publish an annual statistical report. Authorizes the attorney general to investigate and enforce compliance. Requires state agencies to develop expedited processes, by June 30, 2028, for individuals undergoing gender detransition to update names and sex or gender designations on official documents.

Referred to House Health & Human Services
Referred to House Rules
First Reading March 23, 2026

SB1015 gender transition procedures; provider liability

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Imposes strict personal liability on healthcare professionals and physicians who provide gender transition procedures to minors by requiring them to pay all costs of any detransition procedures sought within 25 years after the transition began and by making them strictly liable for any physical, psychological, emotional or physiological injury arising from the treatment or its aftereffects. Authorizes injured individuals or their legal guardians to bring civil actions for detransition costs within eight years after the person's 18th birthday or within four years after the discovery of the injury and to seek damages, equitable relief, attorney fees and other remedies for injuries. Prohibits contractual waivers of these liabilities.

Vetoed by Governor
June 19, 2026

SB1016 municipal improvement districts; petitions

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Requires a municipal governing body, before adopting a resolution or ordinance of intention to make an improvement in a municipal improvement district, to receive a petition signed by property owners meeting specified ownership and valuation thresholds. Exempts community facilities districts issuing special assessment bonds from this requirement. Requires petitions for improvement districts to include specified information, including a maximum assessment amount, property descriptions and owner consent to the assessment. Requires the municipal governing body to include an estimate of the assessment in a resolution or ordinance of intention, capped at the maximum amount stated in the petition. Authorizes a municipality and all property owners in a proposed improvement district to waive specified procedural requirements if all owners sign the petition and allows the governing body to adopt and combine resolutions to order the improvement. Authorizes a municipal governing body to add adjacent territory to an improvement district for pedestrian malls, off-street parking facilities, retention and detention basins and parkways by resolution without requiring a petition. Authorizes a political subdivision, from January 1, 2027 through January 1, 2030, to consolidate existing street or park lighting improvement districts by resolution after the political subdivision provides at least 60 days' notice and an opportunity for public comment. HOUSE ENGROSSED

Ready for Senate
Senate June 11, 2026

SB1017 informed consent; signatures

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Requires informed consent for surgical procedures to include the signatures of the physician, nurse practitioner or physician assistant performing the procedure, the patient or the patient's surrogate decision maker and any required witness, along with the date. Requires a witness to verify consent when the patient or surrogate is physically unable to sign.

Referred to House Health & Human Services
Referred to House Rules
First Reading March 23, 2026

SB1021 health profession regulatory boards; JLAC

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Requires the auditor general to immediately notify legislative leadership, the Joint Legislative Audit Committee (JLAC), the Governor and the attorney general if the auditor general finds, during audits or investigations, evidence that staff or board members of a health profession regulatory board potentially engaged in criminal activity and to transmit supporting evidence to the attorney general. Requires the attorney general to investigate or refer the matter to a county attorney if the attorney general has a conflict and requires the receiving prosecutor to report findings and conclusions to JLAC within 30 days. Requires JLAC, in coordination with the auditor general, to review the evidence, examine board practices and compliance, recommend corrective measures, issue a report within 180 days and file any letter of dissent with the Secretary of State for publication in the Arizona Administrative Register. HOUSE ENGROSSED

House FAILED
(22 - 35 - 2 - 0 - 1)
Third Reading April 27, 2026

SB1023 optometrists; eye exams; prescriptions

Prime sponsor Sen. John Kavanagh (R)

Final disposition

Requires optometrists to conduct eye examinations consistent with community standards, including evaluating eye health and vision, with a recommended interval of one year. Authorizes optometrists to set eyeglass prescription validity for up to two years or reduce the validity period based on patient risk factors and other relevant considerations.

Signed by Governor
March 27, 2026

SB1051 hospitals; patient immigration status; reporting

Prime sponsor Sen. Wendy Rogers (R)

Final disposition

Requires hospitals that accept payments under the hospital assessment program to include a place on admission or registration forms for patients or their representatives to indicate citizenship or lawful presence status, with a statement that the response will not affect care or be reported to immigration authorities. Requires hospitals to submit quarterly reports to the Arizona Department of Health Services (ADHS) summarizing admissions and emergency department visits by reported immigration status or nonresponse, without personal identifying information. Requires ADHS to submit an annual report to the Governor and the Legislature describing statewide totals and the costs and impacts of uncompensated care associated with patients not lawfully present in the United States.

Vetoed by Governor
February 20, 2026

SB1065 appropriation; hyperbaric oxygen therapy; veterans

Prime sponsor Sen. Wendy Rogers (R)

Final disposition

Appropriates $3.64 million from the state general fund in FY2026–27 to the Hyperbaric Oxygen Therapy for Military Veterans Fund.

Referred to House Appropriation
Referred to House Rules
First Reading March 23, 2026

SB1066 civil liability; fraudulent scientific research

Prime sponsor Sen. Wendy Rogers (R)

Final disposition

Authorizes the attorney general or a county attorney to bring a civil action against a researcher who knowingly or recklessly publishes fraudulent scientific research. Allows courts to order injunctive relief, restitution, civil penalties and other appropriate relief and establishes a four-year statute of limitations. Authorizes private parties harmed by fraudulent scientific research to file a civil action to recover actual damages and reasonable attorney fees.

Senate COW passed amended
Committee of the Whole
March 16, 2026

SB1072 reimbursement rate increases; appropriations

Prime sponsor Sen. Mark Finchem (R)

Final disposition

Appropriates $46 million from the state general fund and $84.2 million in Medicaid expenditure authority in each of FY2026–27 through FY2030–31 to the Department of Economic Security (DES) to increase reimbursement rates for home and community-based services for individuals with intellectual and developmental disabilities. Appropriates $4 million from the state general fund in each of FY2026–27 through FY2030–31 to increase reimbursement rates for room and board services for individuals with intellectual and developmental disabilities. Requires DES to implement rate increases for all covered services after engaging community stakeholders and to report the adopted rates annually to the Joint Legislative Budget Committee (JLBC). Requires DES to collect and report workforce data for direct support professionals and authorizes JLBC to recommend discontinuation of funding in later years if workforce improvements do not occur.

Referred to House Health & Human Services
Referred to House Appropriations
Referred to House Rules
First Reading March 16, 2026

SB1086 AHCCCS; noncontracting providers; reimbursement

Prime sponsor Sen. Mark Finchem (R)

Final disposition

Requires an Arizona Health Care Cost Containment System (AHCCCS) contractor to reimburse a noncontracting provider for laboratory services provided to an enrolled AHCCCS member at a rate that is not more than the rate reimbursed to a contractor, when a contracted provider makes the referral. Prohibits AHCCCS contractors from requiring prior authorization for diagnostic services. Prohibits AHCCCS contractors from taking or threatening retaliatory action against a contracted provider for referring a member to a noncontracted provider. SENATE ENGROSSED

Referred to House Government
Referred to House Rules
First Reading March 18, 2026

SB1094 civil liability; gender reassignment surgery

Prime sponsor Sen. John Kavanagh (R)

Final disposition

Authorizes a minor to bring a civil action against a physician who provides irreversible gender reassignment surgery in violation of law. Specifies that parental consent does not bar liability and entitles a prevailing plaintiff to actual damages, mental anguish damages, exemplary damages, court costs and reasonable attorney fees. Establishes a limitations period that allows an action to be filed up to 25 years after the minor turns 18 or four years after the minor undergoes detransition treatment, whichever is later.

Vetoed by Governor
June 19, 2026

SB1095 gender transition; minors; prohibitions

Prime sponsor Sen. Mark Finchem (R)

Final disposition

Prohibits a physician or other health professional from providing gender transition procedures or referrals for those procedures, to an individual who is under 18 years of age. Subjects a health professional who violates these prohibitions to professional discipline and authorizes private actions and enforcement by the attorney general. Effective April 1, 2027. SENATE ENGROSSED

Vetoed by Governor
June 19, 2026

SB1100 foreign adversary; lobbying; registration; disclosure

Prime sponsor Sen. Frank Carroll (R)

Final disposition

Requires each foreign adversary principal to submit to the Arizona Department of Homeland Security (AZDOHS) a copy of its lobbying registration and a list of its current lobbyists, to reregister by 5 p.m. on the second Monday in January of each odd-numbered year and to amend its registration within five business days after any change. Directs AZDOHS to post a public website database of foreign adversary principals and their lobbyists, to prescribe registration and amendment forms and to set and collect registration fees for foreign adversary principals that use compensated lobbyists. Requires a lobbyist for a foreign adversary principal to disclose that status to any legislator on first contact and on request and to disclose that status and the client's name each time the lobbyist lobbies a public official or public employee regarding procurement. Makes knowing violations and knowingly filing materially false or incomplete information a class 1 (highest) misdemeanor and authorizes the attorney general or the appropriate county attorney to investigate and prosecute violations. HOUSE ENGROSSED

Ready for Senate
Senate June 11, 2026

SB1103 alternative nicotine products; regulation

Prime sponsor Sen. John Kavanagh (R)

Final disposition

Establishes regulations for alternative nicotine products; under the authority of the Arizona Department of Liquor Licenses and Control (AZDLLC). Prohibits a retailer or retailer's employee from selling alternative nicotine products to a person under 21 years of age and establishes related offenses for underage purchase, solicitation, or use of false identification. Prohibits marketing or packaging alternative nicotine products in ways that appeal to minors. Requires retailers to verify age through specified identification and electronic scanning before selling alternative nicotine products. Authorizes AZDLLC to enforce these provisions, including investigations and coordination with law enforcement.

Referred to Senate Regulatory Affairs and Government Efficiency

Referred to Senate Rules

First Reading January 15, 2026

SB1112 appropriation; rehabilitative programming; interventions

Prime sponsor Sen. Carine Werner (R)

Final disposition

Strike-Everything Amendment adopted by House Committee on Appropriations: Appropriates $1 million from the Special Services Fund in FY2026-27 to the State Department of Corrections to establish and implement holistic studio-based rehabilitative programming and interventions. Requires the State Department of Corrections, by June 30, 2028, to report to the Governor, the President of the Senate and the Speaker of the House of Representatives on the use of the appropriated monies and documented results, including data on reduction of self-harm, disciplinary reduction and recidivism.

HOUSE ADOPTED AMENDMENT: Appropriations - Strike Everything

Striker adopted March 26, 2026

SB1113 service of process; evaluation agencies

Prime sponsor Sen. Carine Werner (R)

Final disposition

Authorizes a court, in a proceeding for court-ordered evaluation or court-ordered treatment, to allow a mental health screening agency or evaluation agency employee to serve process on a proposed patient who is admitted to the screening agency or evaluation agency at the time the petition is filed.
SENATE ENGROSSED

Signed by Governor
June 22, 2026

SB1114 appropriation; behavioral health patient brokering

Prime sponsor Sen. Carine Werner (R)

Final disposition

Appropriates $1 million from the state General Fund in FY2026-27 to the State Treasurer for distribution to the Maricopa County Attorney's Office for investigations relating to behavioral health patient brokering.

Health & Human Services passed (10 - 1 - 1 - 0 - 0 - 0)

Health & Human Services March 16, 2026

SB1115 administration; American Indian health program

Prime sponsor Sen. Carine Werner (R)

Final disposition

Prohibits the Arizona Health Care Cost Containment System from allowing its employees to work remotely.

HOUSE ADOPTED AMENDMENT: Health & Human Services - Strike Everything

Striker adopted March 24, 2026

SB1116 AHCCCS; claims review; behavioral health

Prime sponsor Sen. Carine Werner (R)

Final disposition

Requires that before any claim denial or adverse appeal determination based on medical necessity for a behavioral health service covered by the American Indian Health Program, the claim and supporting medical records be reviewed and the denial approved by an individual with at least two years of relevant clinical experience providing the same or similar services. SENATE ENGROSSED

Health & Human Services passed (7 - 4 - 1 - 0 - 0 - 0)
Health & Human Services
March 16, 2026

SB1118 historic neighborhoods; housing; zoning

Prime sponsor Sen. Carine Werner (R)

Final disposition

Authorizes municipalities to allow middle housing in designated historic areas if the development is compatible with the historic character, scale and setting of the surrounding area. Authorizes municipalities to apply historic preservation or design standards. Prohibits municipalities from requiring discretionary approval processes for these developments, except for administrative site plan review to confirm compliance. Prohibits development of middle housing on sites where a historic structure was demolished unless the demolition was necessary for public safety and certified by a licensed professional. HOUSE ENGROSSED

House FAILED (26 - 31 - 3 - 0 - 0)
Third Reading June 11, 2026

SB1120 radiation protection systems; installation requirement

Prime sponsor Sen. Carine Werner (R)

Final disposition

Requires each hospital that performs cardiac catheterization procedures involving real-time X-ray imaging to equip at least 50% of applicable procedure rooms with a "radiation protection system" by July 1, 2027. Provides that a hospital satisfies the requirement if the hospital issues a purchase order for radiation protection systems for at least 50% of the applicable procedure rooms on or before July 1, 2027 and installs those systems not later than December 31, 2027. SENATE ENGROSSED

Health & Human Services failed (6 - 6 - 0 - 0 - 0 - 0)
Health & Human Services
March 23, 2026

SB1121 radiation protection systems; medical procedures

Prime sponsor Sen. Carine Werner (R)

Final disposition

Prohibits a hospital that performs cardiac catheterization procedures involving real-time X-ray imaging from requiring physicians, physician assistants, nurses or other health professionals to wear lead aprons if the procedure room is equipped with and using a "radiation protection system." Requires a hospital to require lead aprons if a health professional is not working primarily in the radiation protection system's designated safety zone and to require a real-time dosimeter if a health professional in the designated safety zone chooses not to wear a lead apron. SENATE ENGROSSED

Signed by Governor
June 19, 2026

SB1122 AHCCCS; prior authorization; behavioral health

Prime sponsor Sen. Carine Werner (R)

Final disposition

Prohibits the Arizona Health Care Cost Containment System (AHCCCS), beginning January 1, 2027, from requiring 100% prepayment review for behavioral health services provided to a member under the American Indian Health Program by a behavioral health provider unless the AHCCCS Administration implements a corrective action plan and the provider is noncompliant or not engaged in the plan. SENATE ENGROSSED

Health & Human Services passed (12 - 0 - 0 - 0 - 0 - 0)
Health & Human Services
March 9, 2026

SB1123 medical examiners; authorized persons

Prime sponsor Sen. Carine Werner (R)

Final disposition

Authorizes trained medical students, residents or fellows in pathology training, under supervision of a licensed physician, to draw and release blood specimens for communicable disease testing during an autopsy.

Signed by Governor
April 13, 2026

SB1124 health boards; evaluations; notice

Prime sponsor Sen. Carine Werner (R)

Final disposition

Requires a health profession regulatory board that determines there is probable cause to believe a health professional may not be able to practice safely or competently, to vote on whether to require a psychological or psychiatric evaluation of the health professional. Requires a health profession regulatory board to provide at least 14 days' notice to a health professional before the vote and requires the notice to include a summary of the action or complaint prompting consideration of the evaluation. Allows the health professional to submit a written response and to appear and testify before the board, and requires the board to consider the response when deciding whether to require the evaluation. Requires the board to provide the health professional with a copy of the completed evaluation and to reimburse the health professional for evaluation costs if the board takes no disciplinary or nondisciplinary action as a result. SENATE ENGROSSED

Vetoed by Governor
June 16, 2026

SB1127 duty to report; abuse; neglect

Prime sponsor Sen. Carine Werner (R)

Final disposition

Requires a person who has a duty to report child abuse or neglect and who has direct knowledge that abuse or neglect was committed by a person with care, custody or control of a minor to immediately report the abuse or neglect to the Department of Child Safety and prohibits delegating that duty to another person. SENATE ENGROSSED

Signed by Governor
June 19, 2026

SB1131 public schools; automated defibrillators; appropriation

Prime sponsor Sen. David Gowan (R)

Final disposition

Requires each school district and charter school to report to the Arizona Department of Education (ADE) by November 1, 2026, the number of automated external defibrillators on each campus, the number of employees trained in CPR, first aid and defibrillator use and whether the school has a cardiac emergency response plan. Requires ADE to compile the reports, submit them to specified state officials and post them on its website by December 1, 2026. Appropriates $1 million from the state General Fund in FY2026-27 to ADE to distribute to public schools to purchase or maintain automated external defibrillators, with priority for rural schools. SENATE ENGROSSED

Appropriations passed with amendment (15 - 1 - 2 - 0 - 0 - 0)

Appropriations March 18, 2026

SB1132 appropriation; Arizona state hospital

Prime sponsor Sen. David Gowan (R)

Final disposition

Appropriates an unspecified amount from the state General Fund in FY2026-27 to the Arizona Department of Health Services for construction of a new wing at the Arizona State Hospital.

Health & Human Services passed (7 - 0 - 0 - 0 - 0 - 0)

Health & Human Services
January 28, 2026

SB1159 health insurers; savings incentive program

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Requires, instead of allows, a health insurer to establish a savings incentive program that rewards enrollees for obtaining medically necessary covered healthcare services at prices below the insurer's usual reimbursement. Requires the program to apply the enrollee's payment toward the deductible and out-of-pocket maximum and to reimburse 50% of the difference between the price paid and the insurer's usual reimbursement. Authorizes reimbursement through a deposit into a health savings account or a 530A account or by providing cash.

Referred to Senate Finance
Referred to Senate Rules
First Reading January 15, 2026

SB1162 health care institutions; licensing; compliance

Prime sponsor Sen. Hildy Angius (R)

Final disposition

Requires the Arizona Department of Health Services (ADHS) to license and monitor healthcare institutions and to coordinate with the Arizona Health Care Cost Containment System (AHCCCS) to review monitoring and compliance functions for overlap in licensing standards, including requirements, inspections, data reporting and enforcement. Requires ADHS and AHCCCS to identify opportunities to eliminate duplicative or inconsistent requirements and align policies to reduce administrative burdens while maintaining patient safety and federal compliance. Requires ADHS to submit a written report by December 31, 2026, and every four years thereafter, summarizing findings and recommending statutory, regulatory or administrative changes. SENATE ENGROSSED

Signed by Governor
June 19, 2026

SB1165 insurance; cost sharing; breast exams

Prime sponsor Sen. Hildy Angius (R)

Final disposition

Prohibits hospital service corporations, medical service corporations, healthcare services organizations, disability insurers and group or blanket disability insurers from imposing cost sharing for preventative screening services for breast cancer or for additional screening services required to complete the screening continuum on policies, contracts or evidence of coverage issued, amended, delivered or renewed on or after January 1, 2027. Applies the prohibition after the deductible is met for high-deductible health plans, except that preventive services apply regardless of whether the deductible is met. SENATE ENGROSSED

Signed by Governor
June 19, 2026

SB1169 appropriations; graduate medical education program

Prime sponsor Sen. Carine Werner (R)

Final disposition

Appropriates $10 million from the state General Fund and $18.77 million in expenditure authority in FY2026-27 to the Arizona Health Care Cost Containment System Administration for graduate medical education programs to address Arizona's physician shortage. Allows the monies to be used for direct and indirect graduate medical education costs and for start-up costs for new residency programs, and specifies that state funds may supplement but not supplant voluntary local payments to hospitals operating graduate medical education programs.

Referred to House Appropriations
Referred to House Rules
Referred to House Health & Human Services
First Reading March 16, 2026

SB1171 behavioral health facilities; fingerprinting

Prime sponsor Sen. Carine Werner (R)

Final disposition

Requires, beginning January 1, 2027, applicants, licensees, owners and controlling persons of specified behavioral health facilities to be U.S. citizens or lawful permanent residents and to have a valid fingerprint clearance card as a condition of licensure. HOUSE ENGROSSED

Vetoed by Governor
June 19, 2026

SB1173 behavioral health facilities; fingerprinting

Prime sponsor Sen. Carine Werner (R)

Final disposition

Requires applicants, licensees and owners of specified behavioral health facilities, as a condition of licensure or continued licensure, to be United States citizens or a lawful permanent resident of the United States and to hold a valid level I fingerprint clearance card. Effective January 1, 2027. SENATE ENGROSSED

Referred to House Rules
Referred to House Health & Human Services
First Reading March 23, 2026

SB1188 approved medications; scheduling; prescription authority

Prime sponsor Sen. Thomas "T.J." Shope (R)

Final disposition

Automatically assigns Arizona controlled substance schedules to match any scheduling or rescheduling by the United States Drug Enforcement Administration for medications approved by the United States Food and Drug Administration, without further action by the State Board of Pharmacy. Authorizes prescribing in Arizona of any FDA-approved medication that the DEA schedules or reschedules to any schedule other than Schedule I.

Signed by Governor
June 22, 2026

SB1191 medicare supplement insurance; ALS; ESRD

Prime sponsor Sen. Thomas "T.J." Shope (R)

Final disposition

Requires an insurer that offers Medicare supplement insurance to persons age 65 or older to also offer the same coverage to persons under age 65 who are enrolled in Medicare due to end-stage renal disease or amyotrophic lateral sclerosis. Requires all benefits and coverages available to enrollees age 65 or older to be available on the same terms to these under-65 enrollees. Establishes enrollment periods for under-65 enrollees tied to Medicare Part B enrollment, retroactive eligibility decisions or loss of group coverage and creates a special application window for existing enrollees. Prohibits insurers from charging under-65 enrollees with end-stage renal disease or amyotrophic lateral sclerosis premium rates higher than those charged to enrollees age 65.

Referred to Senate Rules
Referred to Senate Finance
First Reading January 20, 2026

SB1192 license exemption; basic first aid

Prime sponsor Sen. Kevin Payne (R)

Final disposition

Exempts individuals who provide "basic first aid" in good faith and without compensation from physician licensing requirements if they obtain consent from the injured person or from a parent or legal guardian if the injured person is under 15 years of age. Requires the provider to notify law enforcement of the injured person's condition if they determine the injured person is under 15. SENATE ENGROSSED

Referred to House Health & Human Services
Referred to House Rules
First Reading March 3, 2026

SB1193 personal identifying information; disclosure; prohibition

Prime sponsor Sen. Kevin Payne (R)

Final disposition

Prohibits the Arizona Department of Health Services from selling or disclosing the personal identifying information of an emergency medical care technician and classifies that information as confidential and exempt from public records law. Allows disclosure only with the technician's consent or in de-identified or aggregated form that does not reasonably allow identification. SENATE ENGROSSED

Signed by Governor
June 19, 2026

SB1194 vaccination status; denial; prohibition

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Prohibits health professionals and healthcare institutions from denying care or services or adversely affecting the options, priority level or quality of care, based on a person's vaccination status. Authorizes a person to bring a civil action for a violation. Subjects a violating health professional or healthcare institution to a civil penalty of $500 per violation or three times actual damages, whichever is greater, and allows the court to award punitive damages, costs and attorney fees. Specifies that a declared public health emergency, healthcare crisis or pandemic does not override or exempt compliance with these prohibitions.

Referred to House Health & Human Services

Referred to House Rules

First Reading March 23, 2026

SB1212 health insurance; reimbursement rates; vaccines

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Prohibits a healthcare insurer, beginning January 1, 2027, from reimbursing a health professional at different rates based on a covered individual's decision to refuse one or more vaccines. SENATE ENGROSSED

Vetoed by Governor June 19, 2026

SB1214 stem cells; regenerative therapy

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Authorizes a licensed health professional to administer stem cell or regenerative therapy that is not approved by the United States Food and Drug Administration if the therapy is within the provider's scope of practice, the provider completes accredited training, the biological materials are sourced from certified or accredited facilities and the provider obtains written informed consent. Requires providers to include a disclosure in advertisements stating that the therapy is not approved by the United States Food and Drug Administration and to maintain treatment records and report serious adverse events to the applicable licensing board and the therapy supplier. Classifies violating these requirements as unprofessional conduct and authorizes a person who receives a therapy that violates these requirements to bring a civil action for $10,000 in statutory damages per violation plus attorney fees and costs. SENATE ENGROSSED

Vetoed by Governor June 19, 2026

SB1223 authorized transporters; minimum standards; registration

Prime sponsor Sen. Brian Fernandez (D)

Final disposition

Adds secure behavioral health transport providers as authorized transporters for individuals subject to court-ordered evaluation or treatment. Allows a medical director to order an authorized transporter, in addition to a peace officer, to apprehend and transport a patient who requires immediate acute inpatient psychiatric care during outpatient or combined treatment. Extends civil immunity to authorized transporters who, in good faith, apprehend and transport a patient pursuant to a medical director's order. Requires the Arizona Department of Health Services to adopt rules by January 1, 2027, establishing minimum training standards, vehicle safety and equipment requirements and a registration process for secure behavioral health transport providers.

Referred to Senate Health & Human Services

Referred to Senate Rules

First Reading January 20, 2026

SB1227 prior authorization; gold card exemption

Prime sponsor Sen. Brian Fernandez (D)

Final disposition

Requires a healthcare insurer to grant a gold card exemption from prior authorization requirements to a participating provider that meets specified submission volume and approval rate thresholds for a particular healthcare service. Allows the exemption for up to six months, permits periodic review and limits rescission to specified circumstances with notice and appeal rights. Applies to prior authorization requests submitted on or after January 1, 2027.

Referred to Senate Finance
Referred to Senate Rules
First Reading January 20, 2026

SB1228 health insurers; provisional provider credentialing

Prime sponsor Sen. Brian Fernandez (D)

Final disposition

Requires a health insurer to grant provisional credentialing to a provider upon receipt of a complete credentialing application if specified licensure and prior credentialing conditions are met. Requires the insurer to reimburse claims at contracted rates during the provisional credentialing period, which lasts until application approval or denial or for up to 60 days. Applies to credentialing applications submitted beginning January 1, 2027.

Referred to Senate Finance
Referred to Senate Rules
First Reading January 20, 2026

SB1235 EMS reciprocity; compact

Prime sponsor Sen. John Kavanagh (R)

Final disposition

Adopts the Emergency Medical Services Personnel Licensure Interstate Compact to authorize mutual recognition of emergency medical technician, advanced emergency medical technician and paramedic licenses among participating states. Allows licensed EMS personnel to practice across state lines under a privilege to practice while subjecting them to the scope of practice and enforcement authority of the remote state. Establishes an interstate commission to administer the compact, adopt binding rules, maintain a coordinated licensure and disciplinary database and enforce compliance. Requires member states to share licensure, adverse action and significant investigatory information and to recognize disciplinary actions taken by other member states. Allows states to withdraw from the compact by statute and includes severability provisions. Requires a person applying for initial certification as an emergency medical care technician through the interstate compact to possess a valid fingerprint clearance card. HOUSE ENGROSSED

Signed by Governor
June 19, 2026

SB1236 AHCCCS; enrollment verification; presumptive eligibility

Prime sponsor Sen. John Kavanagh (R)

Final disposition

Requires the Arizona Health Care Cost Containment System (AHCCCS) Administration to implement expanded data matching and periodic verification of member eligibility, including reviews of income, residency, death records and lottery or gambling winnings and prohibits reliance on self-attestation without independent verification unless required by federal law. Prohibits the AHCCCS Administration from accepting eligibility determinations from a federal health insurance exchange and requires independent eligibility determinations. Requires the AHCCCS Administration to seek federal approval to eliminate mandatory hospital presumptive eligibility and to limit presumptive eligibility to children and pregnant women, with resubmission requirements if approval is denied. Establishes standards, notification requirements and escalating consequences for hospitals making inaccurate presumptive eligibility determinations. Effective January 1, 2027.

Senate COW passed amended
Committee of the Whole
February 16, 2026

SB1238 physician assistants; licensure compact

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Adopts and enacts the Physician Assistant Licensure Compact to allow Arizona-licensed physician assistants to obtain a compact privilege to practice in other participating states and to allow physician assistants licensed in participating states to practice in Arizona, subject to uniform eligibility, background check, data sharing and disciplinary standards administered through a multistate compact commission. Authorizes Arizona to participate in the compact commission, share licensure and disciplinary information, recognize compact privileges and enforce adverse actions consistent with Arizona law and compact rules. Severability clause.

Senate COW passed amended
Committee of the Whole
February 16, 2026

SB1242 mental health; hearings; audiovisual technology

Prime sponsor Sen. Hildy Angius (R)

Final disposition

Authorizes courts to conduct mental health hearings and to allow parties and witnesses to appear and testify using telephone, videoconferencing or other audiovisual technology if the court finds that the procedure will not unfairly prejudice a party or witness. Allows the use of audiovisual technology in hearings related to initial mental health proceedings and applications for continued court-ordered treatment for good cause shown. Requires the supervising mental health treatment agency and the licensed secure behavioral health residential facility to coordinate care under Arizona Department of Health Services rules or Arizona Health Care Cost Containment System Administration requirements. Retroactive to May 1, 2025. HOUSE ENGROSSED

Signed by Governor
June 19, 2026

SB1243 court-ordered treatment; guardians; notice; release

Prime sponsor Sen. Hildy Angius (R)

Final disposition

Requires a mental health treatment agency to provide at least 10 days advance notice to a patient's guardian before releasing a patient from court-ordered treatment and removes the requirement that a guardian file a demand for notice. Allows the guardian to waive the 10-day notice requirement. Requires a mental health treatment agency, during an annual review, to solicit and consider relevant information from family members and guardians when determining whether continued court-ordered treatment is appropriate. Authorizes a patient's guardian to apply to the court for continued court-ordered treatment if the treatment agency declines to seek continuation. SENATE ENGROSSED

Signed by Governor
June 19, 2026

SB1244 court-ordered treatment; continuation

Prime sponsor Sen. Hildy Angius (R)

Final disposition

Authorizes the court to convert a court order for mental health treatment to an order for continuing court-ordered treatment after a patient's second consecutive annual review if specified clinical findings are met by clear and convincing evidence. Requires the medical director of a mental health treatment agency to obtain a psychiatric examination and to apply to the court for conversion at least 30 days before the existing court order expires. Establishes criteria the court must find to grant conversion, including the likelihood of severe harm or inability to meet basic needs without continuing court-ordered treatment. Allows the court to renew a court order for treatment or release the patient if conversion is denied. Exempts orders for continuing court-ordered treatment from maximum inpatient treatment periods and requires annual court review with the burden on the patient to prove continued treatment is no longer warranted. Effective January 1, 2027. SENATE ENGROSSED

Referred to House Health & Human Services
Referred to House Rules
First Reading March 9, 2026

SB1249 Alzheimer's disease state plan; appropriation

Prime sponsor Sen. Thomas "T.J." Shope (R)

Final disposition

Designates the Arizona Department of Health Services (ADHS) as the lead agency to address Alzheimer's disease and related forms of dementia and requires ADHS to establish a dementia services program. Requires ADHS to develop, implement, update and publish an Alzheimer's disease state plan with measurable goals, stakeholder engagement and periodic reporting to state leadership. Requires ADHS to convene or designate an advisory council and conduct annual stakeholder engagement sessions. Appropriates $600,000 from the Health Services Lottery Monies Fund in FY2026-27 to ADHS to implement the dementia services program and Alzheimer's disease state plan. SENATE ENGROSSED

Appropriations passed
(13 - 2 - 3 - 0 - 0 - 0)

Appropriations March 18, 2026

SB1253 safe haven providers; hospital deliveries

Prime sponsor Sen. J.D. Mesnard (R)

Final disposition

Allows a parent to voluntarily surrender a newborn infant immediately after birth at a general or rural general hospital by notifying medical staff, without requiring the parent to be discharged from or leave and return to the hospital. Updates safe haven placement protocols to reflect hospital-based surrenders.

Signed by Governor
June 19, 2026

SB1299 bleed control kits; school districts

Prime sponsor Sen. Rosanna Gabaldón (D)

Final disposition

Establishes a Stop the Bleed Pilot Program in the Arizona Department of Health Services (ADHS) to purchase and distribute bleed control kits to school districts that choose to provide training and request kits. Authorizes school districts to implement stop the bleed programs beginning in the 2026-27 school year, including placement, inspection and inclusion of kits in safety plans and allows ADHS to accept gifts and grants. Appropriates $180,000 from the state General Fund in FY2026-27 to ADHS for kit purchases. Repeals the Program on January 1, 2030.

Referred to Senate Education

Referred to Senate Rules

Referred to Senate Appropriations, Transportation and Technology

First Reading January 22, 2026

SB1309 pharmacists; care standard; prescriptions

Prime sponsor Sen. Thomas "T.J." Shope (R)

Final disposition

Expands the definition of the practice of pharmacy to include initiating prescription orders in a patient's best interests, subject to existing statutory limits. Establishes a standard of care for pharmacists by defining unprofessional conduct as failing to meet the standard of care provided by similarly qualified pharmacists in comparable settings. Requires each pharmacist to independently evaluate whether an act is within the practice of pharmacy, may be delegated and complies with state and federal law, the pharmacist's education and training and the accepted standard of care.

Referred to Senate Regulatory Affairs and Government Efficiency

Referred to Senate Rules

First Reading January 27, 2026

SB1316 Arizona rural health transformation fund

Prime sponsor Sen. Hildy Angius (R)

Final disposition

Establishes the Arizona Rural Health Transformation Fund to consist of monies received through the federal rural health transformation program and designates the Arizona Health Care Cost Containment System (AHCCCS) to administer the fund. Requires the AHCCCS Administration to hold three public meetings in each of northern, central and southern Arizona to receive input before spending any monies and to submit an expenditure plan to the Joint Legislative Budget Committee for approval.

Placed on House Third Reading Calendar

Third Reading June 11, 2026

SB1318 mammography results; notice; repeal

Prime sponsor Sen. Hildy Angius (R)

Final disposition

Repeals the statute that requires a healthcare institution to provide a patient with a specified notice if mammography results indicate dense breast tissue.

Signed by Governor June 19, 2026

SB1345 health facilities; anonymous complaints; prohibition

Prime sponsor Sen. Carine Werner (R)

Final disposition

Prohibits the Arizona Department of Health Services from accepting or investigating anonymous complaints against a healthcare institution unless the complaint is submitted by the subject of the allegation or a witness to the alleged conduct. SENATE ENGROSSED

Signed by Governor June 19, 2026

SB1346 AHCCCS; fee-for-service; claims

Prime sponsor Sen. Carine Werner (R)

Final disposition

Requires the Arizona Health Care Cost Containment System (AHCCCS) Division of Fee-for-Service Management to notify a claimant of any administrative deficiencies in a claim within 72 hours after receipt. Requires the AHCCCS Administration to approve or deny the claim within ten business days after all administrative deficiencies are corrected or if no deficiencies exist.

Placed on House Third Reading Calendar

Third Reading June 11, 2026

SB1347 health insurance; fertility preservation; coverage

Prime sponsor Sen. Carine Werner (R)

Final disposition

Requires health insurers, healthcare services organizations, hospital and medical service corporations and disability insurers to provide coverage for standard fertility preservation services for individuals of reproductive age who are diagnosed with cancer and whose medically necessary treatment is likely to directly or indirectly cause iatrogenic infertility, for policies issued, amended or renewed on or after January 1, 2027. Prohibits insurers from requiring preauthorization for covered fertility preservation services, allows standard cost sharing and benefit limits and authorizes “religious employers” to obtain exemptions with notice to covered individuals. Effective January 1, 2028. SENATE ENGROSSED

Health & Human Services passed (12 - 0 - 0 - 0 - 0 - 0)

Health & Human Services March 16, 2026

SB1367 vapor products

Prime sponsor Sen. Shawnna Bolick (R)

Final disposition

Expands Arizona law regulating tobacco products to include vapor products and nicotine analogs (both defined), increases penalties for furnishing these products to persons under 21 years of age, and revises retail sales restrictions, signage, identification verification and packaging requirements. Prohibits the sale of vapor products with youth-appealing designs, branding or entertainment features, restricts self-service and vending machine sales and extends existing delivery and unsolicited shipment prohibitions to vapor products. Establishes a comprehensive licensing, certification and enforcement framework for vapor product manufacturers, distributors and retailers, including product listing requirements, bonding, recordkeeping, seizure and destruction authority and graduated civil and criminal penalties. Requires vapor product manufacturers to be licensed beginning February 1, 2027. Effective December 1, 2026. Severability clause.

Referred to Senate Rules
First Reading June 12, 2026

SB1372 nurse anesthetist; insurance; reimbursement rates

Prime sponsor Sen. Thomas "T.J." Shope (R)

Final disposition

Prohibits hospital service corporations, medical service corporations, healthcare services organizations and disability insurers from reimbursing certified registered nurse anesthetists at a rate different from physicians for the same services in contracts or policies issued, amended or renewed on or after the effective date of this legislation. Allows insurers to establish variable reimbursement rates based on quality or performance measures and exempts certified registered nurse anesthetists employed by private equity-owned practices. HOUSE ENGROSSED

Ready for Senate
Senate April 9, 2026

SB1390 appropriation; mass casualty incident preparedness

Prime sponsor Sen. John Kavanagh (R)

Final disposition

Appropriates $700,000 from the Health Services Lottery Monies Fund in FY2026-27 to the Arizona Department of Health Services to distribute to a nonprofit organization that received federal Hospital Preparedness Program monies in FY2024-25 and focuses on statewide mass casualty incident preparedness for healthcare.

Health & Human Services passed (4 - 3 - 0 - 0 - 0 - 0)
Health & Human Services
February 18, 2026

SB1394 fertility treatment; access

Prime sponsor Sen. Priya Sundareshan (D)

Final disposition

Establishes a statutory right for an individual to access, continue and complete fertility treatment and to retain decision-making authority over the use and disposition of reproductive genetic material. Authorizes healthcare providers acting within their scope of practice to perform fertility treatments and provide evidence-based information and authorizes health insurers to cover fertility treatments. Requires the Arizona Department of Health Services and applicable health profession regulatory boards to adopt rules to implement the article and exempts those entities from standard rulemaking requirements for one year after the effective date.

Referred to Senate Judiciary and Elections
Referred to Senate Rules
First Reading January 26, 2026

SB1395 abortion reporting requirements; repeal

Prime sponsor Sen. Priya Sundareshan (D)

Final disposition

Repeals the statutory article that requires reporting of abortion-related information.

Referred to Senate Judiciary and Elections
Referred to Senate Rules
First Reading January 26, 2026

SB1396 contraception; rights; limits

Prime sponsor Sen. Priya Sundareshan (D)

Final disposition

Establishes a statutory right for a person to obtain contraceptives and to engage in contraception and a corresponding right for a health professional to provide contraceptives and contraception-related information. Prohibits the state or a political subdivision from limiting or infringing those rights through requirements that single out contraceptives, providers or facilities or that impede access to contraception or related information. States that the act does not authorize government interference with contraceptive care or permit sterilization without a patient's voluntary and informed consent.

Referred to Senate Judiciary and Elections
Referred to Senate Rules
First Reading January 26, 2026

SB1397 pregnant employees; reasonable accommodation

Prime sponsor Sen. Priya Sundareshan (D)

Final disposition

Requires an employer with 15 or more employees to provide reasonable accommodations to pregnant employees unless the accommodation would impose an undue hardship on the business. Prohibits an employer from requiring a pregnant employee to use annual, vacation or sick leave if a reasonable accommodation is available. Requires an employer to post notice of the accommodation requirement, include the information in an employee handbook and provide written notice to new hires, current employees and pregnant employees within specified time frames.

Referred to Senate Judiciary and Elections
Referred to Senate Rules
First Reading January 26, 2026

SB1398 AHCCCS; redeterminations; eligibility verification; report

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Requires the Arizona Health Care Cost Containment System (AHCCCS) Administration, beginning January 1, 2027, to determine the continued eligibility of adults age 21 or older at least every six months and to verify eligibility using available data. Requires the AHCCCS Administration to submit an annual report by December 1 to specified legislative and executive recipients that includes counts from the prior contract year of new eligibility applications, completed eligibility verifications, applications requiring asset verification and completed asset verifications. SENATE ENGROSSED

Referred to House Appropriations
Referred to House Rules
First Reading March 23, 2026

SB1509 campaign finance; lobbyists; reporting

Prime sponsor Sen. Lauren Kuby (D)

Final disposition

Requires candidate committee campaign finance reports to separately identify contributions from registered lobbyists by labeling the contributor as a lobbyist in addition to listing the contributor's occupation and employer.

Referred to Senate Rules
Referred to Senate Judiciary and Elections
First Reading February 2, 2026

SB1525 technical correction; AHCCCS; application process

Prime sponsor Sen. Theresa Hatathlie (D)

Final disposition

Makes technical changes only. Vehicle bill.

Referred to Senate Rules
First Reading June 12, 2026

SB1526 technical correction; AHCCCS; capitation rates

Prime sponsor Sen. Theresa Hatathlie (D)

Final disposition

Makes technical changes only. Vehicle bill.

Referred to Senate Rules
First Reading June 12, 2026

SB1533 health insurance; claims; consumer assistance

Prime sponsor Sen. Priya Sundareshan (D)

Final disposition

Establishes a Health Care Claims Consumer Assistance Program in the Department of Insurance and Financial Institutions (DIFI) to assist consumers with health insurance complaints, appeals, disputes and education. Requires health insurers to provide prominent notice of the program on explanations of benefits, denials and related communications. Makes it unlawful for a health insurer to wrongfully deny or insufficiently cover a valid claim and authorizes DIFI to investigate, impose civil penalties, suspend or revoke licenses and refer matters for enforcement. Requires insurers to disclose data on denied and wrongfully denied claims and directs DIFI to collect data, adjust penalties annually, investigate insurers with above-median wrongful denial rates and publish annual public reports.

Referred to Senate Finance
Referred to Senate Rules
First Reading February 2, 2026

SB1534 rural hospitals; stability assessment; distribution

Prime sponsor Sen. Priya Sundareshan (D)

Final disposition

Imposes a community stability assessment equal to 4% of net patient revenue on limited service hospitals operating in rural counties beginning January 1, 2027, and requires the Arizona Department of Health Services (ADHS) to collect the assessment and deposit the monies in a newly established Rural Safety Net Fund. Restricts distributions from the fund to eligible general hospitals in the same county that provide at least two core safety net services and serve a patient population composed of at least 20% Medicaid or uninsured patients. Requires rural county hospitals to annually report specified emergency department, admission, transfer and payer mix data and requires ADHS to publish the data on its public website. Because this bill potentially increases state revenue, it requires a 2/3 vote of the members of each house of the Legislature to pass and becomes effective immediately on the Governor's signature.

Referred to Senate Appropriations, Transportation and Technology
Referred to Senate Finance
Referred to Senate Rules
First Reading February 2, 2026

SB1557 informed consent; medical interventions

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Requires a health professional to obtain and retain a patient's signed informed consent before performing any medical intervention, except during emergency medical care.

Referred to House Health & Human Services
Referred to House Rules
First Reading March 23, 2026

SB1604 insurance coverage; autologous breast reconstruction

Prime sponsor Sen. Lela Alston (D)

Final disposition

Requires health insurance plans, healthcare service organizations, hospital service corporations and disability insurers that provide coverage for mastectomy to also cover autologous breast reconstruction procedures and related medically necessary services, including revisions, on terms no less favorable than other covered breast reconstruction services. Requires coverage to meet network adequacy standards, comply with accepted standards of care, ensure timely geographic access to in-network or out-of-network providers and limit enrollee cost sharing consistent with in-network coverage. Prohibits out-of-network balance billing above plan reimbursement rates and requires reimbursement at rates not less than the average in-network rate for comparable services.

Referred to Senate Finance
Referred to Senate Appropriations, Transportation and Technology
Referred to Senate Rules
First Reading February 3, 2026

SB1607 consumer assistance; health insurance claims

Prime sponsor Sen. Lauren Kuby (D)

Final disposition

Establishes a Health Care Claims Consumer Assistance Program in the Department of Insurance and Financial Institutions (DIFI) to assist consumers with health insurance claims, appeals, disputes and education regarding coverage rights and responsibilities. Authorizes DIFI to impose civil penalties of at least $25,000 per violation for repeated wrongful claim denials, requires insurers to pay double damages and attorney fees for wrongful denials or underpayments and allows additional damages based on the severity of harm. Requires health insurers to disclose data on denied and wrongfully denied claims and requires DIFI to annually compile and publicly post a report detailing denial and appeal outcomes by insurer and health plan beginning May 1, 2027. Appropriates $250,000 from the state General Fund in FY2026-27 to DIFI for the program.

Referred to Senate Rules
Referred to Senate Finance
First Reading February 3, 2026

SB1611 American Indian health program; administration

Prime sponsor Sen. Carine Werner (R)

Final disposition

Requires the Arizona Health Care Cost Containment System (AHCCCS) Administration, beginning October 1, 2027, to contract with a qualified contractor or other qualified entity to serve as an administrative services organization to perform program integrity and care management functions for members enrolled in the American Indian Health Program while retaining fee-for-service rate setting, claims payment authority and program oversight. Requires the AHCCCS Administration to complete tribal consultation, obtain legislative review of the procurement strategy and ensure participation by nonvoting tribal observers in the procurement evaluation process. Prohibits the contractor from requiring additional provider registration and from imposing certain prior authorization requirements, requires the contractor to establish an office of tribal relations and quarterly consultation and prescribes duties, protections and definitions related to the program. Prohibits eliminating the American Indian Health Program as a fee-for-service option. Emergency clause. SENATE ENGROSSED

Placed on Senate Third Reading Calendar
Third Reading March 18, 2026

SB1621 obesity; prevention; treatment; advisory council

Prime sponsor Sen. David Gowan (R)

Final disposition

Establishes the Obesity Prevention and Treatment Advisory Council consisting of legislative members, agency directors and healthcare and patient advocacy representatives. Requires the Council to analyze data, evaluate policy and funding strategies, identify healthcare system gaps and produce reports with recommendations regarding obesity prevention and treatment. Requires the Council to submit reports to the Governor and the Legislature by December 31, 2027, and December 31, 2028. Repeals the council January 31, 2029. SENATE ENGROSSED

Health & Human Services passed (9 - 0 - 1 - 2 - 0 - 0)
Health & Human Services March 23, 2026

SB1622 behavioral health technicians; definition; duties

Prime sponsor Sen. David Gowan (R)

Final disposition

Establishes minimum qualifications, training standards and age and education requirements for individuals employed as a “behavioral health technician” by licensed behavioral health facilities. Authorizes behavioral health technicians, under supervision of a licensed behavioral health professional, to provide specified delegated clinical, supportive, crisis response, documentation and care coordination services within their training and competence. Prohibits behavioral health technicians from diagnosing conditions, prescribing medications or performing services beyond delegated and supervised duties.

Referred to Senate Rules
Referred to Senate Regulatory Affairs and Government Efficiency
First Reading February 3, 2026

SB1628 claims denial; prior authorization; reporting

Prime sponsor Sen. Hildy Angius (R)

Final disposition

Requires a healthcare services plan to report annual aggregated data on claims requests, denials, appeals, adverse determination reversals, top denied services by category and main denial reasons to the Department of Insurance and Financial Institutions (DIFI) beginning July 1, 2027, and requires DIFI to compile, post and maintain these reports on the DIFI website. Requires healthcare services plans to report annual aggregated data on prior authorization requests, denials, appeals, top denied services by category, top denial reasons and average and median decision times to DIFI, and requires DIFI to aggregate, post and maintain these reports on the DIFI website. Requires DIFI to convene a stakeholders meeting by July 1, 2032, and to report recommendations on the usefulness of reported data to the Governor and the Legislature by October 31, 2032. SENATE ENGROSSED

Health & Human Services passed with amendment (11 - 0 - 0 - 1 - 0 - 0)

Health & Human Services March 23, 2026

SB1630 home; community-based services; mental illness

Prime sponsor Sen. Hildy Angius (R)

Final disposition

Establishes a Home and Community-Based Services Program within the Arizona Health Care Cost Containment System (AHCCCS) for adults who are seriously mentally ill to support community living as an alternative to institutional placement. Requires the AHCCCS Administration to seek federal approval, convene a stakeholder workgroup and implement the program within one year after approval, with quarterly updates to legislative leadership until implementation. Sets eligibility, financial standards, service types, provider requirements, enrollment priorities and a 250-member program capacity, including emergency placements. Authorizes the AHCCCS Administration to increase program enrollment above 250 members if reported data demonstrates reduced utilization of high-cost services or cost avoidance in state-funded systems, subject to review by the Joint Legislative Budget Committee, and limits enrollment to 1,000 members unless the Legislature authorizes a higher number. Requires the AHCCCS Administration to submit annual reports to the Governor and the Legislature on enrollment, outcomes, provider actions and fiscal impacts. SENATE ENGROSSED

Signed by Governor June 22, 2026

SB1668 decedent; legal decision-making; authorization

Prime sponsor Sen. Shawnna Bolick (R)

Final disposition

Changes the order of authority to control disposition of remains for a deceased minor by deferring to any award of legal decision-making or parenting plan that assigns final decision-making authority. HOUSE ENGROSSED

Signed by Governor June 4, 2026

SB1672 AHCCCS; antipsychotic drugs; authorization

Prime sponsor Sen. John Kavanagh (R)

Final disposition

Limits prior authorization and other utilization controls for Arizona Health Care Cost Containment System (AHCCCS) coverage of FDA-approved prescription antipsychotic drugs for adults with a serious mental illness by prohibiting requirements beyond a step therapy protocol of no more than two drugs. Requires the AHCCCS Administration and its contractors to allow real-time electronic adjudication, recognize prior failures across current or previous health plans and permit bypass of step therapy based on documented failures. Effective January 1, 2027. SENATE ENGROSSED

Health & Human Services passed (9 - 3 - 0 - 0 - 0 - 0)

Health & Human Services March 23, 2026

SB1681 medical marijuana; registration certificates

Prime sponsor Sen. Thomas “T.J.” Shope (R)

Final disposition

Authorizes a marijuana establishment in good standing that is not a dual licensee to apply for and receive a nonprofit medical marijuana dispensary registration certificate and requires the Arizona Department of Health Services to accept applications beginning August 1, 2026, and issue certificates before October 1, 2026. Authorizes a new dual licensee to dispense marijuana only to registered qualifying patients and designated caregivers at the same retail location used for marijuana sales and prohibits additional off-site cultivation or manufacturing locations. Because marijuana licensure is voter protected, this bill requires a 3/4 vote of the members of each house of the Legislature to pass. Emergency clause.

Referred to Senate Health & Human Services

Referred to Senate Rules

First Reading February 9, 2026

SB1710 pharmacy benefits; patient steering; prohibition

Prime sponsor Sen. Janae Shamp (R)

Final disposition

Prohibits pharmacy benefit managers from steering patients to affiliated pharmacies, transferring patient or prescriber prescription data for commercial purposes, offering inducements or penalties tied to affiliated providers, paying higher reimbursements to affiliated providers or engaging in unfair or deceptive practices. Prohibits pharmacy benefit managers and health insurers from requiring clinician-administered drugs to be dispensed by a pharmacy or affiliated provider or from imposing higher cost sharing or different benefit tiers based on the site of administration. Requires pharmacy benefit managers, as a condition of licensure, to submit annual transparency reports to the Department of Insurance and Financial Institutions beginning March 1, 2027, detailing rebates, fees, reimbursements, services and corporate integration, with public availability subject to confidentiality limits. Applies these requirements to contracts entered into, amended, extended or renewed on or after the effective date.

Referred to Senate Rules
First Reading June 12, 2026

SB1713 independent testing; treatment; pharmacists

Prime sponsor Sen. Thomas "T.J." Shope (R)

Final disposition

Establishes a performance-based procurement and contracting framework for the Arizona Health Care Cost Containment System (AHCCCS) that replaces proposal-based solicitations with objective, quantitative evaluation of contractor performance over a four-year performance and operations phase. Requires AHCCCS, beginning October 1, 2027, to conduct all comprehensive managed care contracting exclusively under this framework using a standardized performance rubric, operational readiness reviews and uniform enrollment and market cap rules. Authorizes AHCCCS to make contractor selection, continuation, expansion, limitation, suspension or termination decisions based solely on measured performance outcomes, subject to limited administrative review for mathematical or methodological errors. Exempts AHCCCS from standard state procurement rulemaking requirements while requiring notice and at least one public hearing before finalizing rules. SENATE ENGROSSED

Signed by Governor
June 22, 2026

SB1716 clozapine; access; monitoring modifications

Prime sponsor Sen. Lauren Kuby (D)

Final disposition

Requires health insurers, the Arizona Health Care Cost Containment System and its contractors, county jails and the Department of Corrections to provide uninterrupted access to clozapine for individuals for whom it is prescribed and prohibits denial, delay, rationing or discontinuation based on administrative policies or laboratory logistics. Requires coverage of reasonable and clinically appropriate alternatives for hematological monitoring, allows patients or authorized decision-makers to waive or modify routine monitoring through informed consent and prohibits dispensing practices that limit medication quantity solely to enforce laboratory compliance. Prohibits retaliation against patients or providers for exercising these rights and provides good-faith protections for providers who continue clozapine with modified or waived monitoring. Adds clozapine access and treatment protocols as covered services within the Arizona Long-Term Care System and children's behavioral health system.

Referred to Senate Appropriations, Transportation and Technology
Referred to Senate Finance
Referred to Senate Rules
First Reading February 5, 2026

SB1769 adult immunizations; reporting requirements

Prime sponsor Sen. Sally Ann Gonzales (D)

Final disposition

Expands the immunization reporting system to require licensed healthcare professionals to report specified identifying information for adult patients who receive immunizations, in addition to existing child reporting requirements.

Referred to Senate Health & Human Services
Referred to Senate Rules
First Reading February 5, 2026

SB1771 health insurance; requirements; essential benefits

Prime sponsor Sen. Sally Ann Gonzales (D)

Final disposition

Requires healthcare insurers that offer individual, short-term limited duration or small employer group plans to cover essential healthcare benefits, limit cost sharing for that coverage, provide preventive services without cost sharing and extend dependent coverage to age 26. Prohibits insurers from denying coverage, imposing preexisting condition exclusions, varying premiums based on health status, age or sex, refusing medically necessary care or imposing annual or lifetime dollar limits on essential healthcare benefits.

Referred to Senate Finance
Referred to Senate Rules
First Reading February 5, 2026

SB1776 traditional healing services; AHCCCS

Prime sponsor Sen. Sally Ann Gonzales (D)

Final disposition

Expands Arizona Health Care Cost Containment System coverage to include traditional healing services delivered through an urban Indian organization.

Appropriations passed
(9 - 6 - 2 - 1 - 0 - 0)
Appropriations March 25, 2026

SB1797 essential drugs; price increases; limits

Prime sponsor Sen. Kiana Sears (D)

Final disposition

Prohibits prescription drug manufacturers and wholesale distributors from engaging in price gouging for essential off-patent or generic prescription drugs sold in Arizona. Authorizes the attorney general to investigate substantial price increases for these drugs, require cost justifications and seek injunctive relief, restitution and civil penalties of up to $10,000 per violation. Requires manufacturers that engage in price gouging to offer affected drugs to participants in the State Medical Assistance Program at pre-increase prices for up to one year.

Referred to Senate Finance
Referred to Senate Rules
First Reading February 5, 2026

SB1813 state hospital; bed availability

Prime sponsor Sen. David Gowan (R)

Final disposition

Requires the Arizona State Hospital to admit patients based on clinical need for treatment and prohibits the hospital from limiting admission based on a patient's county of residence. SENATE ENGROSSED

Health & Human Services passed
(9 - 2 - 1 - 0 - 0 - 0)
Health & Human Services
March 16, 2026

SB1814 substance use disorder treatment; committee

Prime sponsor Sen. Carine Werner (R)

Final disposition

Establishes the Substance Use Disorder Treatment Standards and Oversight Study Committee to survey substance use disorder treatment programs statewide, identify gaps in evidence-based treatment access and workforce capacity, review and recommend changes to laws and oversight structures to address regulatory loopholes and fraud, and develop minimum clinical quality, staffing, safety, outcome reporting and transparency standards, including funding and reimbursement recommendations. Requires the committee to submit a report with findings and recommendations to the Governor and the Legislature by December 31, 2027. Repeals the committee July 1, 2028. HOUSE ENGROSSED

Signed by Governor
June 19, 2026

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