

ARIZONA HOUSE OF REPRESENTATIVES  
Fifty-seventh Legislature - First Regular Session

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ARIZONA HOUSE OF REPRESENTATIVES  
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## CAUCUS AGENDA

March 11, 2025

Bill Number	Short Title	Committee	Date	Action
<b>Committee on Education</b>				
<b>Chairman:</b>	Matt Gress, LD 4		<b>Vice Chairman:</b>	James Taylor, LD 29
<b>Analyst:</b>	Chase Houser		<b>Intern:</b>	Lane Nelson
<a href="#"><u>SB 1225</u></a> <sup>(BSI)</sup>	grade levels; 9/11 instruction			
SPONSOR:	MESNARD, LD 13			
		ED	3/4/2025	DP (9-0-0-3)
		(Abs: BIASIUCCI, GARCIA, ABEYTIA)		
<a href="#"><u>SB 1437</u></a> <sup>(BSI)</sup>	mandatory reporting; school employees; investigations			
SPONSOR:	WERNER, LD 4			
		ED	3/4/2025	DPA (11-0-0-1)
		(Abs: GARCIA)		
<b>Committee on Federalism, Military Affairs &amp; Elections</b>				
<b>Chairman:</b>	John Gillette, LD 30		<b>Vice Chairman:</b>	Rachel Keshel, LD 17
<b>Analyst:</b>	Joel Hobbins		<b>Intern:</b>	Sam Robinson
<a href="#"><u>SB 1040</u></a> <sup>(BSI)</sup>	recall elections; procedures; timeline			
SPONSOR:	KAVANAGH, LD 3			
		FMAE	3/5/2025	DP (7-0-0-0)
<b>Committee on Health &amp; Human Services</b>				
<b>Chairman:</b>	Selina Bliss, LD 1		<b>Vice Chairman:</b>	Ralph Heap, LD 10
<b>Analyst:</b>	Ahjahna Graham		<b>Intern:</b>	Ashley Bills
<a href="#"><u>SB 1102</u></a> <sup>(BSI)</sup>	pharmacy benefits; prescribing; exemption			
SPONSOR:	SHAMP, LD 29			
		HHS	3/3/2025	DP (12-0-0-0)
<a href="#"><u>SB 1105</u></a> <sup>(BSI)</sup>	medical marijuana dispensaries; location			
SPONSOR:	BOLICK, LD 2			
		HHS	3/3/2025	DP (12-0-0-0)
<a href="#"><u>SB 1246</u></a> <sup>(BSI)</sup>	child neglect; exception; financial resources			
SPONSOR:	FARNSWORTH, LD 10			
		HHS	3/3/2025	DP (11-1-0-0)
		(No: KUPPER)		



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First Regular Session

Senate: ED DPA 6-0-1-0 | 3rd Read 25-4-1-0

House: ED DPA 9-0-0-3

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## **SB 1225: grade levels; 9/11 instruction**

**Sponsor: Senator Mesnard, LD 13**

**Caucus & COW**

### **Overview**

An emergency measure that narrows the requirement to provide instruction on the 9/11 terrorist attacks on 9/11 Education Day to public schools that instruct students in the 7th-12th grades.

### **History**

[Laws 2022, Chapter 244](#) establishes September 11 of each year as 9/11 Education Day. On this day, each public school must dedicate a portion of the school day to age-appropriate education on the terrorist attacks of September 11, 2001. 9/11 Education Day is not a legal holiday. If it falls on a day when a public school is not in session, it must be observed on the preceding or following day. Statute tasks the State Board of Education (SBE) with developing a list of recommended resources relating to age-appropriate education on the terrorist attacks of 9/11 that align with the SBE-prescribed academic standards. SBE may establish a process that allows public schools to recommend additional resources to the list (A.R.S. §§ [1-321](#), [15-203](#) and [15-710.02](#)) ([9/11 Remembrance Day Resources](#)).

### **Provisions**

1. Modifies instructional requirements for 9/11 Education Day by:
  - a) applying the requirement to provide age-appropriate instruction on the 9/11 terrorist attacks to public schools that provide instruction to students in the 7th-12th grades, rather than all public schools; and
  - b) specifying a public school must provide age-appropriate instruction, rather than dedicate a portion of the school day to provide age-appropriate education, on the 9/11 terrorist attacks. (Sec. 1)
2. Contains an emergency clause. (Sec. 2)

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Senate: ED DPA 7-0-0-0 | 3rd Read 17-12-1-0

House: ED DPA 11-0-0-1

## **SB 1437: mandatory reporting; school employees; investigations**

**Sponsor: Senator Werner, LD 4**

**Caucus & COW**

### **Overview**

Applies duty to report abuse of minors requirements to school district governing board (governing board) and charter school governing body (governing body) members. Modifies duty to report immoral or unprofessional conduct requirements.

### **History**

A person who reasonably believes that a minor is, or has been the victim of, the following incidents must immediately report or cause reports to be made of this information to a peace officer, the Arizona Department of Child Safety or, if the minor resides on an Indian reservation, a tribal law enforcement or social services agency: 1) physical injury; 2) abuse; 3) a reportable offense; 4) neglect that appears to not be accidental; or 5) denial or deprivation of necessary medical treatment, surgical care or nourishment. If the report concerns a person who does not have care, custody or control of the minor, the report must be made only to a peace officer. Statute details the individuals subject to the mandatory reporting requirement, such as specified medical professionals, the minor's guardians, school personnel and any other person responsible for the care or treatment of the minor ([A.R.S. § 13-3620](#)).

The Arizona Prosecuting Attorneys' Advisory Council (Council) must develop a statewide training curriculum on the state's mandatory reporting laws for public school personnel. Each public school must require its personnel to complete this training. Statute also requires the Arizona Department of Education to provide the Council-developed resources and materials to parents, students and private schools ([A.R.S. § 15-245](#)).

A certificated person, noncertificated person or governing board member who reasonably suspects or receives a reasonable allegation that a State Board of Education (SBE)-certificated person or noncertificated person engaged in conduct involving minors that is subject to the duty to report abuse of minors must report or cause reports to be made to SBE. Such reports must be made in writing as soon as reasonably practicable but not later than three business days after the person first suspects or receives an allegation of the immoral or unprofessional conduct. A person who, in good faith, reports or provides information regarding immoral or unprofessional conduct of a certificated or noncertificated person is not subject to an action for civil damages as a result. A governing board or school or school district employee with control over personnel decisions may not take unlawful reprisal against an employee who reports information in good faith as required by the duty to report immoral or unprofessional conduct ([A.R.S. § 15-514](#)).

### **Provisions**

1. Subjects a governing board member, governing body member and substitute teacher to duty to report abuse of minors requirements. (Sec. 1)
2. Applies duty to report immoral or unprofessional conduct requirements to governing body members. (Sec. 2)
3. Broadens the individuals, from an SBE-certificated or noncertificated person to a public school employee, for whom a report must be made if specified individuals reasonably suspect or receive a reasonable allegation that the public school employee engaged in conduct that is subject to duty to report abuse of minors requirements. (Sec. 2)
4. Specifies public school employee includes employment through a third-party contractor. (Sec. 2)
5. Directs a certificated person, noncertificated person, governing board member or governing body member to immediately report or cause reports to be made to a local law enforcement agency. (Sec. 2)

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6. States a report to a school resource officer (SRO) or school safety officer (SSO) does not satisfy the duty to report immoral or unprofessional conduct requirement. (Sec. 2)
7. Stipulates that if the immoral or unprofessional conduct that is the subject of the reported suspicions or allegations are sexual in nature, any investigation related to the suspicions, allegations or report is subject to the following:
  - a) an SRO, SSO or school administrator who receives a report must submit all information relating to the report to a local law enforcement agency; and
  - b) only a forensic interviewer who has completed statutory training requirements may interview a student identified as a potential victim. (Sec. 2)
8. Asserts a school employee, SSO or SRO is not prevented from receiving a voluntary report of sexual conduct by a school employee from a student who is an alleged victim. (Sec. 2)
9. Defines *SSO*. (Sec. 2)
10. Makes conforming changes. (Sec. 2)

### **Amendments**

#### *Committee on Education*

1. Requires an SRO or SSO, if the SRO or SSO receives a duty to report abuse of minors report, to:
  - a) immediately notify a law enforcement agency in the appropriate jurisdiction; and
  - b) submit to the local law enforcement agency all information relating to the report for investigation.
2. Stipulates a student who is identified as a potential victim of reportable offense, as required by the duty to report abuse of minors, may be interviewed only as provided by the local county protocol.
3. Provides that an SSO or SRO, as part of the duty to report abuse of minors, is not prevented from:
  - a) receiving a voluntary report of a reportable offense from a student who is an alleged victim; and
  - b) asking a student minimal follow-up questions that are necessary and authorized by the local county protocol.
4. Applies the duty to report immoral or unprofessional conduct investigation requirements to suspected or alleged conduct that is a reportable offense, rather than sexual in nature.
5. Stipulates a student who is identified as a potential victim of the alleged immoral or unprofessional conduct that is a reportable offense may be interviewed only as provided by the local county protocol, rather than only by a forensic interviewer who has completed statutory training requirements.
6. Defines *student* and *reportable offense*.



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Senate: JUDE DP 6-0-1-0 | 3<sup>rd</sup> Read: 28-0-2-0

House: FMAE DP 7-0-0-0

## **SB 1040: recall elections; procedures; timeline**

**Sponsor: Senator Kavanagh, LD 3**

**Caucus & COW**

### **Overview**

Alters timeframes relating to special recall elections and prescribes procedures for additional candidates desiring to appear on the recall ballot.

### **History**

All officers holding an elective office are subject to recall by the qualified electors of the electoral district in which the officer was elected. A recall may be requested by the number of qualified signers equal to 25% of the number of votes cast during the previous general election divided by the number of offices being filed at that election ([A.R.S. § 19-201](#)).

Additional candidates may appear on a recall election ballot, as well as the person being recalled, upon filing a nomination petition containing the signatures of at least 2% of the total votes cast for all candidates of that office at the last election. Qualified electors that sign a recall petition must do so in the presence of the person circulating the petition. The circulator must execute the affidavit of verification for these signatures. The county recorder determines if a signature must be disqualified for specified reasons including: a signer is unidentifiable, signature comparison considerations and technical considerations (A.R.S. §§ [19-202](#), [19-205](#), [19-208.02](#), [19-212](#)).

### **Provisions**

1. Modifies the timeframe during which the County Recorder must determine the number of petition signatures that must be disqualified from 60 days to 75 days after receipt of the signature sheets from the filing officer. (Sec. 1)
2. Alters the timeframe in which a special recall election must be held from at least 90 days to at least 120 days after the order calling the election. (Sec. 1)
3. Requires a person who desires to be a candidate at a recall election to file a statement of interest. (Sec. 1)
4. Specifies that any nomination petition signatures collected prior to the date of filing a statement of interest or recall application are invalid and subject to challenge. (Sec. 1)
5. Makes technical changes. (Sec. 3)

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Fifty-seventh Legislature

First Regular Session

Senate: HHS DPA 7-0-0-0 | 3<sup>rd</sup> Read 26-0-4-0

House: HHS DP 12-0-0-0

## **SB 1102: pharmacy benefits; prescribing; exemption**

**Sponsor: Senator Shamp, LD 29**

**Caucus & COW**

### **Overview**

Forbids a pharmacy benefit manager (PBM) from limiting or excluding coverage of a prescription drug for any covered individual who is on a specific prescription drug if certain conditions are met. Establishes formulary change notification requirements and creates a formulary prescription drug exception process.

### **History**

A *PBM* is a person, business or entity that manages the prescription drug coverage provided by a contracted insurer or other third-party payor. Responsibilities include the processing and payment of claims for prescription drugs, the performance of drug utilization review, the processing of drug prior authorization requests, the adjudication of appeals related to prescription drug coverage, contracting with network pharmacies and controlling the cost of covered prescription drugs (A.R.S. § [20-3321](#)).

The Department of Insurance and Financial Institutions (DIFI) regulates and monitors insurance companies and professionals operating in Arizona to protect the public and help ensure that these entities follow state and federal laws (Ariz. Const., [Art. 15 § 5](#)). Beginning January 1, 2025, PBMs must apply and pay a fee to DIFI for a valid certificate of authority to operate as a PBM who performs services for a health plan subject to state jurisdiction (A.R.S. § [20-3333](#)).

PBMs are tasked with: 1) updating price and drug information for each list that the PBM maintains; 2) making the sources used to determine maximum allowable cost pricing available to each network pharmacy at the beginning of a contract or upon renewal; 3) establishing a process for network pharmacies to appeal its reimbursement for any drug subject to maximum allowable cost pricing; and 4) allowing a contracted pharmacy services organization to file an appeal of a drug on behalf of the organization's contracted pharmacies (A.R.S. § [20-3331](#)).

### **Provisions**

#### ***Prescription Drug Coverage Exclusions and Limitations***

1. Forbids a PBM that enters into an agreement with a health care insurer (insurer) to provide PBM services to covered individuals from limiting or excluding coverage of a prescription drug for any covered individual who is on a specific prescription drug, if:
  - a) the prescription drug was previously approved for coverage by the PBM or insurer for the covered individual; and
  - b) the covered individual continues to be an insured, enrollee or subscriber of the insurer that the PBM has contracted with to provide PBM services. (Sec. 1)
2. Instructs a PBM who limits or excludes coverage of a prescription drug to continue coverage of the drug through the last day of the plan year for any covered individuals using the drug. (Sec. 1)
3. Prohibits PBMs and insurers from changing a covered individual from a previously covered prescription drug if the individual's prescribing health care provider provides electronic or written notice to the PBM or insurer that the individual will continue the current prescription drug. (Sec. 1)
4. Requires a PBM or insurer that makes a formulary change that limits or excludes coverage of a prescription drug to provide electronic or written notice of the removal or change for any prescription drug on the drug formulary to each impacted covered individual and their prescribing health care provider at least 60 days before the formulary change. (Sec. 1)
5. Requires the notice to:

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- a) set forth the process by which a covered individual's health care provider may notify the PBM or insurer of the continued use of the nonformulary prescription drugs; and
- b) notify the prescribing health care provider that, if the health care provider provides notice of the enrollee's or subscriber's continued use of the drug for the remainder of the plan year, the provider will need to apply for a formulary exception for the continued use of the nonformulary prescription drug upon renewal of the health care plan. (Sec. 1)

***Formulary Exception Process***

- 6. Requires insurers, PBMs and utilization review agents to provide a covered individual and prescribing health care provider with access to a clear and convenient process to request a formulary exception process upon renewal of a health care plan. (Sec. 1)
- 7. Allows insurers, PBMs and utilization review agents to use existing formulary exception processes to satisfy exception requirements if the medical exceptions process is consistent with statutory requirements. (Sec. 1)
- 8. Instructs insurers, PBMs and utilization review agents to respond to a formulary exception request within 72 hours after receiving the request and relevant clinical documentation. (Sec. 1)
- 9. Permits a covered individual or the individual's prescribing health care provider to request an expedited review in cases where exigent circumstances exist, in which case the insurer, PBM or utilization review agent must respond to the request within 24 hours after receiving the request and relevant clinical documentation. (Sec. 1)
- 10. Allows a covered individual who does not qualify for a formulary exception by way of a health plan renewal to apply for a formulary exception using the insurer's, PBM's or utilization review agent's formulary exception process. (Sec. 1)
- 11. Requires insurers, PBMs and utilization review agents to approve formulary exceptions for any covered individual who renews the same health care plan if:
  - a) the covered individual has been previously approved to receive the nonformulary prescription drug under the same health care plan; and
  - b) the prescribing health care provider uses the formulary exception process and provides relevant clinical documentation to certify the following:
    - i. the covered individual has tried an ineffective formulary equivalent prescription drug that was part of the individual's prescription drug benefit at the time of trial and the health care provider specifies the contraindication or adverse harmful reaction in the covered individual;
    - ii. the covered individual has experienced a positive therapeutic outcome on the requested drug for more than 90 days; and
    - iii. formulary equivalent prescription drugs are contraindicated or will likely cause a serious adverse reaction. (Sec. 1)
- 12. Requires insurers, PBMs and utilization review agents when evaluating whether a covered individual qualifies for a formulary exception to consider the following factors:
  - a) whether the covered individual has experienced a positive therapeutic outcome on the previously approved drug;
  - b) whether the formulary drug is not in the best interest of the covered individual based on medical necessity because the covered individual's use of the formulary prescription drug is expected to cause a negative impact on the individual's comorbid condition or a clinically predictable negative drug interaction; and
  - c) whether the formulary prescription drug is contraindicated or will likely cause a severe reaction. (Sec. 1)
- 13. Requires an insurer or PBM denial of coverage for a nonformulary prescription drug to be made in writing to the covered individual by a licensed pharmacist or medical director who made the decision to deny coverage, and include:
  - a) the medical or pharmacological reasons why the authorization was denied; and
  - b) the process by which a covered individual may appeal the denial. (Sec. 1)
- 14. Requires an insurer, PBM or utilization review agent to send a copy of the written denial to the covered individual's treating health care provider who requested the formulary exception. (Sec. 1)
- 15. Directs insurers, PBMs and utilization review agents to maintain copies of all formulary prescription drug exception denials and to make the copies available to DIFI for inspection. (Sec. 1)
- 16. Permits a covered individual or the individual's authorized representative to appeal any formulary prescription drug exception denial. (Sec. 1)



17. Keeps any approved formulary exception for a covered individual in effect through the end of the individual's plan year. (Sec. 1)
18. Requires approvals of formulary exceptions to be delivered, in writing, to the covered individual and the individual's treating health care provider. (Sec. 1)

***Miscellaneous***

19. Clarifies that the requirements for prescription drug coverage and formulary exceptions do not prevent a health care provider from prescribing another covered prescription drug if the provider deems the drug medically necessary for the covered individual. (Sec. 1)
20. Clarifies that the requirements for prescription drug coverage and formulary exceptions do not prevent an insurer or PBM from:
  - a) adding a prescription drug to its formulary;
  - b) removing a prescription drug from its formulary, if the drug manufacturer has removed the drug for sale in the United States; or
  - c) making any formulary changes for patients who are not on a previously approved prescription drug. (Sec. 1)
21. Permits the DIFI Director to take enforcement action, as authorized by, against a PBM, insurer or utilization review agent in violation of requirements relating to drug limitations or exclusions or formulary drug exceptions. (Sec. 1)
22. Subjects the requirements related to prescription drug limitations, exclusions and formulary drug exceptions only to PBMs that are certified by DIFI. (Sec. 1)
23. Stipulates that a policy that is issued or renewed by a disability insurer does not include a policy that provides limited benefit coverage. (Sec. 1)
24. Defines the following terms:
  - a) *exigent circumstances*;
  - b) *formulary exception*;
  - c) *health care insurer*;
  - d) *health care plan*;
  - e) *limit or exclude coverage*; and
  - f) *utilization review agent*. (Sec. 1)
25. Applies the drug coverage and formulary exception process requirements to contracts entered into, amended, extended or renewed on January 1, 2026. (Sec. 1)



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Senate: ED DP 6-0-1-0 | 3<sup>rd</sup> Read 29-0-1-0

House: HHS DP 12-0-0-0

## **SB 1105: medical marijuana dispensaries; location**

**Sponsor: Senator Bolick, LD 2**

**Caucus & COW**

### **Overview**

Adds child care facilities or facilities that provide preschool programs to the list of places a nonprofit medical marijuana dispensary and cultivation site is prohibited from being within 500 feet of. Prohibits a locality from enacting any ordinance, regulation or rule that allows a marijuana establishment to locate within 500 feet of a public or private school, child care facility or facility that provides preschool programs. Contains an applicability and Proposition 105 clause.

### **History**

Nonprofit medical marijuana dispensaries must register with the Arizona Department of Health Services (DHS). DHS must register the nonprofit medical marijuana dispensary and issue a registration certificate and a random 20-digit alphanumeric identification number if, along with other requirements, the prospective nonprofit medical marijuana dispensary has submitted an application including: 1) the legal name of the nonprofit medical marijuana dispensary; 2) the physical address of the nonprofit medical marijuana dispensary and the physical address of one additional location, if any, where marijuana will be cultivated, neither of which may be within 500 feet of a public or private school existing before the date of the nonprofit medical marijuana dispensary application; 3) the name, address and date of birth of each principal officer and board member of the nonprofit medical marijuana dispensary; and 4) the name, address and date of birth of each nonprofit medical marijuana dispensary agent ([A.R.S. § 36-2804](#)).

A *child care facility* is any facility in which child care is regularly provided for compensation for five or more children not related to the proprietor. A child care facility must not receive any child for care, supervision or training unless the facility is licensed by DHS. The director of DHS must prescribe reasonable rules regarding the health, safety and well-being of the children to be cared for in a child care facility ([A.R.S. §§ 36-881, 36-882 and 36-883](#)).

### **Provisions**

1. Includes a child care facility or a facility that provides preschool programs that existed prior to the nonprofit medical marijuana dispensary's application in the list of locations a nonprofit medical marijuana dispensary or a cultivation site may not be within 500 feet of. (Sec. 1)
2. Forbids a locality from enacting any ordinance, regulation or rule that permits a marijuana establishment to locate within 500 feet of a public or private school, child care facility or facility that provides preschool programs. (Sec. 2)
3. Specifies that the location prohibitions apply to any nonprofit medical marijuana dispensary registration certificate or marijuana establishment license that is issued on or after the effective date of this act. (Sec. 3)
4. Contains a Proposition 105 clause. (Sec. 4)
5. Makes technical changes. (Sec. 1)

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Senate: HHS DP 7-0-0-0 | 3rd Read 30-0-0-0-0

House: HHS DP 11-1-0-0

## **SB 1246: child neglect; exception; financial resources**

**Sponsor: Senator Farnsworth, LD 10**

**Caucus & COW**

### **Overview**

Prohibits a parent, guardian or custodian from being considered as having neglected a child if the parent, guardian or custodian is unable to provide supervision, food, clothing, shelter or medical care solely due to a lack of financial resources available. Modifies the definition of *neglect* or *neglected*.

### **History**

The Arizona Department of Child Safety's (DCS) sole purpose is to protect children. To achieve this purpose, DCS focuses on investigating reports of abuse and neglect, promoting the safe placement of a child in response to abuse or neglect allegations, working with law enforcement regarding potential criminal conduct and coordinating services to maintain placement for children and strengthen the family through prevention, intervention and treatment services ([A.R.S. § 8-451](#)).

*Neglect* or *neglected* is defined as: 1) the inability or unwillingness of a parent, guardian or custodian to provide a child with supervision, food, clothing, shelter or medical care if it causes substantial harm to the child's health or welfare unless the inability to meet the needs of the child is solely the result of unavailable resources; 2) allowing a child to enter or remain in any structure or vehicle with volatile, toxic or flammable chemicals or equipment with the intent and purpose of manufacturing dangerous drugs; 3) a determination by a health professional that a newborn infant was exposed prenatally to a drug or substance and that this exposure was not the result of a medical treatment; 4) a diagnosis of fetal alcohol syndrome or fetal alcohol effects for an infant under one year old; and 5) deliberate exposure of a child to sexual conduct ([A.R.S. § 8-201](#)).

### **Provisions**

1. Revises the definition of *neglect* or *neglected* to include cases in which the inability or unwillingness to provide a child with supervision, food, clothing, shelter or medical care causes substantial risk of *serious* harm to the child's health or welfare. (Sec. 1)
2. Prohibits a parent, guardian or custodian from being considered as having neglected a child if the parent, guardian or custodian is unable to provide supervision, food, clothing, shelter or medical care solely due to a lack of financial resources available. (Sec. 2)
3. Makes technical changes. (Sec. 2)

Prop 105 (45 votes)     Prop 108 (40 votes)     Emergency (40 votes)     Fiscal Note