

Date of Hearing: April 22, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 1570 (Wilson) – As Amended April 9, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: No

SUMMARY:

This bill requires a health plan contract or health insurance policy (collectively, health plan) to provide coverage without cost-sharing for screening mammography and medically necessary diagnostic breast imaging or examinations.

Specifically, this bill includes the following provisions, among others:

- 1) Requires a health plan or health insurance policy issued, amended, or renewed on or after January 1, 2028, to provide without cost-sharing and in accordance with clinical guidelines, coverage for screening mammography, medically necessary diagnostic or supplemental breast examinations, diagnostic mammography, tests for screening or diagnostic purposes, and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee indicated to have a risk factor associated with breast cancer, including family history or known genetic mutation.
- 2) Specifies that diagnostic breast imaging includes breast magnetic resonance imaging (MRI), breast ultrasound, and other clinically indicated diagnostic testing, and requires diagnostic breast imaging, diagnostic mammography, and diagnostic and supplemental breast examinations, or other clinically indicated diagnostic testing to be covered according to nationally recognized, evidence-based clinical guidelines.
- 3) Applies the provisions of item 1, above, to a high deductible health plan (HDHP) as defined in federal law only after the enrollee's deductible has been satisfied for the year, and for services defined as preventive care under federal law, applies the provisions of item 1, above, to HDHPs regardless of whether the deductible has been satisfied.
- 4) Requires a health plan or insurer to arrange for the provision of services required by this bill from providers outside the plan's network if those services are not available within the provider network.

FISCAL EFFECT:

- 1) The California Public Employees Retirement System (CalPERS) anticipates premium increases of \$0.60 per member per month (PMPM), or \$5.63 million per year in plans regulated by the Department of Managed Health Care (DMHC). There would be additional costs for the 26% of CalPERS members with health insurance policies regulated by the

Department of Insurance (CDI). The state's share of CalPERS costs would be in the low millions of dollars per year (General Fund).

- 2) The California Health Benefits Review Program (CHBRP), estimates a cost of \$297,000 (General Fund, federal funds) to the Department of Health Care Services (DHCS) for the Medi-Cal program, based on CHBRP's assumption that Medi-Cal will impose \$5 copayments in response to requirements in House Resolution 1.
- 3) CDI estimates one-time costs of \$6,000 in fiscal year (FY) 2026-27 and \$18,000 in FY 2027-28 for legal review of insurers' submissions to assess compliance (Insurance Fund).
- 4) DMHC anticipates minor and absorbable costs.
- 5) According to CHBRP, this bill will increase combined annual spending on premiums by all employers, enrollees, and Medi-Cal by an estimated \$94.0 million, as follows: \$61.3 million for employer premiums, \$16.5 million for individual premiums, \$15.9 million for employee premiums, and \$297,000 for Medi-Cal. See below for a discussion of assumptions in CHBRP's cost estimates.

The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in FY 2027-28 and ongoing.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by Susan G. Komen. The author states:

I received my breast cancer diagnosis after a routine mammogram revealed abnormalities that required more diagnostic imaging and testing. Thankfully, my cancer was detected early, so I was able to begin treatment right away. I am here today because of it! For most women, a mammogram is just the first step. Follow-up diagnostic imaging is often medically necessary to rule out or confirm cancer. Yet the high out-of-pocket costs for these services place a financial burden on patients, forcing some to delay or forgo critical care. When patients cannot afford follow-up testing, the chance for early detection and better outcomes is lost. I am authoring this bill to ensure no Californian is forced to choose between financial hardship and timely, life-saving breast cancer detection.

- 2) **Background.** Under federal and state law, all California women have coverage without cost sharing for primary screening for breast cancer, which is a first step in the detection of breast cancer for women at any risk level who do not have symptoms. Each service covered under this bill is recommended in some way by state and federal preventive service mandates for coverage without cost sharing. Existing statutes require a health plan to provide coverage for mammography screening, and, for a woman at average risk of breast cancer, supplemental screening and diagnostic imaging following screening, without cost sharing, based on the federal Health Resources and Services Administration's (HRSA) recommendation for "Breast Cancer Screening for Women at Average Risk" (HRSA recommendation).

However, for a woman at intermediate or high risk of breast cancer, CHBRP states:

[T]here is not consensus about how to interpret the HRSA recommendation. CHBRP assumes the HRSA recommendation provides women at average risk of breast cancer with baseline coverage without cost sharing for diagnostic services to complete the screening process or to address findings on the initial screening mammography, but that this coverage does not apply to women at intermediate or high risk of breast cancer...

If this assumption is incorrect and women at intermediate or high risk are covered by the HRSA recommendation, the impact of this bill would be smaller by magnitudes.

This bill extends coverage without cost-sharing for supplemental screening as specified, diagnostic breast imaging, biopsy, and pathology evaluation for women at intermediate and high risk of breast cancer.

- 3) **Opposition.** The California Association of Health Plans (CAHP) and Association of California Life and Health Insurance Companies (ACLHIC) write in opposition that preventive screening mammography is already covered without cost-sharing, ensuring access to early detection services, consistent with U.S. Preventive Services Task Force (USPSTF) recommendations. CAHP and ACLHIC argue this bill goes well beyond preventive services by broadly eliminating cost-sharing for supplemental screening and diagnostic imaging. CAHP and ACLHIC further contend eliminating cost-sharing for one category of diagnostic services while maintaining it for others sets a troubling precedent and raises concerns about consistency and equity across the health care system. CAHP and ACLHIC cite the CHBRP estimate of the costs of this bill and note that added costs increase premiums and shift financial burdens onto other purchasers and enrollees, at a time when health care affordability remains a pressing concern for Californians.

4) **Prior Legislation.**

SB 974 (Portantino), of the 2021-22 Legislative Session, was similar to this bill but also included primary screening mammography. Governor Newsom vetoed SB 974, stating in part:

Breast cancer screenings save lives, which is why health plans must provide coverage for mammograms. However, this bill proposes to implement a standard that is not included by the USPSTF and [HRSA]. The USPSTF is currently in the process of updating their recommendations on breast cancer screening; until those recommendations are released, this bill is premature.

Furthermore, the bill...will result in increased health care costs. According to CHBRP, this bill would increase premiums by \$117,550,000...The State must weigh the potential benefits of all mandates with the comprehensive costs to the entire delivery system.

AB 2024 (Friedman), of the 2021-22 Legislative Session, would have required coverage for screening mammography, medically necessary diagnostic or supplemental breast examinations, or tests for screening or diagnostic purposes upon the referral of a provider, as

specified, and would have prohibited cost-sharing for screening mammography and medically necessary diagnostic or supplemental breast examinations. AB 2024 was held on the suspense file in the Senate Appropriations Committee.

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