

Date of Hearing: May 6, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 1682 (Hart) – As Introduced February 2, 2026

Policy Committee: Health

Vote: 14 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: No

SUMMARY:

This bill requires a health plan, health insurance policy, and the Medi-Cal program cover scalp cooling, as prescribed by a health care provider in connection with chemotherapy or for persons with cancer.

Specifically, this bill:

- 1) Requires cost sharing (copayments, coinsurance, or deductibles) for scalp cooling to be no less favorable to an enrollee than cost sharing for oncology supportive care services.
- 2) Defines “scalp cooling” as the use of a medical device or system cleared by the federal Food and Drug Administration (FDA) applied to the scalp before, during, or after the administration of chemotherapy to reduce the incidence or severity of chemotherapy-induced alopecia (hair loss) and specifies that scalp cooling does not include non-FDA-cleared products.

FISCAL EFFECT:

- 1) The California Health Benefits Review Program (CHBRP) estimates costs to the Medi-Cal program would increase by \$180,000 (General Fund (GF)), federal funds).
- 2) CHBRP estimates this bill will increase employer premiums for health plans regulated by the Department of Managed Health Care (DMHC)) in the California Public Employees Retirement System (CalPERS) by \$217,000, of which some costs would be paid by enrollees and non-state employers. There would be additional state 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 likely be around \$150,000 (GF).
- 3) CDI estimates costs of \$6,000 in fiscal year (FY) 2026-27 and \$18,000 in FY 2027-28 to review insurance policy forms (Insurance Fund).
- 4) DMHC anticipates minor and absorbable costs.

CHBRP estimates this bill will increase overall premiums paid by employers and enrollees by \$4 million annually.

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 three individuals. According to the author:

[This bill] is a critical step toward improving supportive cancer care and ensuring that patients receiving chemotherapy can have access to medically necessary treatment. Scalp cooling is an FDA-cleared, evidence-based therapy, for chemotherapy-induced hair loss. However, insurance coverage remains inconsistent and unpredictable. This leaves many patients with significant out-of-pocket costs during an already difficult time. By requiring California health plans and health insurers to cover scalp cooling when prescribed by a provider, [this bill] will remove major financial barriers and support patients' mental health by reducing treatment-related distress.

- 2) **Background.** Chemotherapy can cause alopecia typically two to four weeks after the start of treatment and is consistently among the most commonly reported and distressing side effects of cancer treatment. Hair usually begins to regrow weeks to months after treatment ends. Unlike most other side effects, hair loss is visible to others, and patients may lose control over who knows they have cancer. Scalp cooling works by cooling the scalp before, during, and after chemotherapy infusion to reduce the amount of drug delivered to hair follicles. FDA-cleared scalp cooling systems are automated, which allows cool fluid to circulate through a cap worn on the scalp to maintain the desired temperature for long periods of time. Manual cold caps, by contrast, are stored in freezers or with dry ice and must be swapped out by hand throughout the infusion as they warm up. CHBRP found strong evidence that FDA-cleared automated scalp cooling devices are effective in reducing chemotherapy-induced alopecia. Some evidence suggests that scalp cooling devices may be less effective for patients with different hair types, such as Black patients with curly hair.

CHBRP estimates this bill would result in approximately 333 newly covered enrollees experiencing significantly less hair loss than they otherwise would, which may reduce distress, anxiety, and self-image effects associated with chemotherapy-induced alopecia.

- 3) **Opposition.** The California Association of Health Plans, Association of Life and Health Insurance Companies, and America's Health Insurance Plans oppose this bill and 10 others that mandate new benefit coverage, stating these bills will increase costs, reduce choice and competition, and further incentivize some employers and individuals to avoid state regulation by seeking alternative coverage options, among other arguments.

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