SENATE COMMITTEE ON APPROPRIATIONS
Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

AB 1682 (Hart) - Health care coverage: scalp cooling

Version: February 2, 2026
Urgency: No
Hearing Date: August 3, 2026
Policy Vote: HEALTH 11 - 0
Mandate: Yes
Consultant: Agnes Lee

Bill Summary: AB 1682 would require health plans and insurers, and the Medi-Cal program, to provide coverage for scalp cooling, as prescribed by a health care provider in connection with chemotherapy for persons with cancer.

Fiscal Impact:

- The Department of Health Care Services (DHCS) indicates there may be increased utilization of scalp cooling services for Medi-Cal members with cancer in instances where it may not be medically necessary due to the absence of clinically appropriate utilization management controls. This could result in increased Medi-Cal program costs of approximately $500,000 ($250,000 General Fund and $250,000 federal funds) for each five percent increase in utilization.

- The Department of Managed Health Care anticipates minor and absorbable costs for state administration.

- The California Department of Insurance (CDI) estimates costs of $6,000 in 2026-27 and $18,000 in 2027-28 for state administration (Insurance Fund).

- Unknown ongoing General Fund costs, potentially tens of thousands, due to increased CalPERS plan premiums.

Background: According to the California Health Benefits Review Program (CHBRP), chemotherapy-induced alopecia is typically temporary and hair usually begins to regrow within weeks to months after treatment ends. Chemotherapy-induced alopecia typically begins 2 to 4 weeks after the start of treatment and is consistently among the most commonly reported and distressing side effects of cancer treatment. Scalp cooling works by cooling the scalp before, during, and after chemotherapy infusion to reduce the amount of drug delivered to hair follicles, thereby aiming to reduce hair loss. The U.S. Food and Drug Administration (FDA)-cleared scalp cooling systems are automated, which allows cool fluid to circulate through the cap 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.

Proposed Law: Specific provisions of the bill would:

- Define “scalp cooling’’ as the use of a medical device or system cleared by the 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 specify that "scalp cooling" does not include non-FDA-cleared cold caps or any non-FDA-cleared scalp cooling products, regardless of whether those products are described as "cold cap therapy" or similar terminology.

- Require health plans and insurers to provide coverage for scalp cooling, as prescribed by a health care provider in connection with chemotherapy for persons with cancer; and provide that coverage may be subject to copayments, coinsurance, or deductibles, provided that the copayments, coinsurance, or deductibles applicable to scalp cooling are no less favorable to an enrollee/insured than the copayments, coinsurance, or deductibles that apply to coverage for oncology supportive care services under the same contract/policy.

- Require that scalp cooling, as prescribed by a health care provider in connection with chemotherapy for persons with cancer, is a covered benefit under the Medi-Cal program; and provide that coverage may be subject to copayments or deductibles, provided that the copayments or deductibles applicable to scalp cooling are no less favorable to a beneficiary than the copayments or deductibles that apply to oncology supportive care services that are covered benefits under the Medi-Cal program.

Staff Comments: The CHBRP analysis of AB 1682 (introduced version) estimates the bill would increase total plan premiums for newly covered benefits by approximately $4,010,000 for DMHC-regulated plans and CDI-regulated policies. This includes an increase of $217,000 for CalPERS plans and $180,000 for Medi-Cal plans.

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