CONCURRENCE IN SENATE AMENDMENTS
AB 1682 (Hart)
As Amended August 21, 2026
Majority vote

SUMMARY

Requires a *large-group* health plan, health insurer, and the Medi-Cal program, to provide coverage for scalp cooling, as prescribed by a health care provider *to reduce the incidence or severity of alopecia before, during, or after chemotherapy in which alopecia-inducing chemotherapeutic agents are used. Requires* cost-sharing for scalp cooling to be no less favorable to an enrollee than cost-sharing for oncology supportive care services. 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).

Senate Amendments
1) Limit commercial coverage to large-group plans and insurers.

2) Strike copayment limitations in the Medi-Cal provisions of the bill. Clarify that Medi-Cal may subject scalp cooling to utilization controls and medical necessity.

COMMENTS

Each year, approximately 185,000 Californians receive a new cancer diagnosis. Chemotherapy — medication delivered intravenously to target rapidly dividing tumor cells — is used to treat many common solid tumor cancers, including breast, ovarian, uterine, lung, and sarcomas. Chemotherapy-induced alopecia is typically temporary; hair usually begins to regrow within weeks to months after treatment ends. Chemotherapy-induced alopecia typically begins two to four weeks after the start of treatment and is consistently among the most commonly reported and distressing side effects of cancer treatment. Unlike most other side effects, hair loss is visible to others, and patients may lose control over who knows they have cancer and when. 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. 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. The FDA-cleared scalp cooling systems covered under this bill are marketed under the names DigniCap, Paxman, and Amma. This bill would require coverage for FDA-cleared automated scalp cooling systems; manual cold caps are excluded from the bill.

California Health Benefits Review Program (CHBRP). CHBRP was created in response to AB 1996 (Thomson), Chapter 795, Statutes of 2002, which requests the University of California to assess legislation proposing a mandated benefit or service and prepare a written analysis with relevant data on the medical, economic, and public health impacts of proposed health plan and health insurance benefit mandate legislation. SB 125 (Hernandez), Chapter 9, Statutes of 2015, added an impact assessment on essential health benefits, and legislation that impacts health insurance benefit designs, cost-sharing, premiums, and other health insurance topics to CHBRP's purview. CHBRP reviewed this bill and included the following impact estimates in their analysis:

1) *Premium increases.* An estimated 680 additional enrollees would receive scalp cooling under the provisions of this bill, resulting in overall premiums paid by employers and enrollees increasing by an estimated $4,010,000 annually.

2) *Medical effectiveness.* 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. There is strong evidence indicating that scalp cooling does not raise the risk of scalp metastasis.

3) *Public health impacts.* CHRBP determined that approximately 333 newly covered enrollees experiencing significantly less hair loss than they otherwise would have, which may reduce distress, anxiety, and self-image impacts associated with chemotherapy-induced alopecia. The long-term trajectory of this bill may depend on several interacting factors, including the pace of utilization growth relative to per-unit pricing, and the reduction in utilization of other services like medical wigs, cold caps, or mental health services that were not directly modeled in this analysis.

Office of Health Care Affordability (OHCA) cost targets. OHCA was established in 2022 in response to widespread cost-related access challenges across California. According to the California Health Care Foundation (CHCF), over half of Californians say they skip or delay health care due to costs. OHCA collects, analyzes, and publicly reports data on total health care expenditures and enforces spending targets. OHCA's spending targets are intended to reduce excess spending and slow health care spending growth. In April of 2024, OHCA approved a statewide cost growth target of 3.5% starting in 2025 and phasing down to 3% by 2029. Health care entities, including health plans and insurers, are subject to the statewide spending target and are subject to progressive enforcement if the entity's costs exceed the target. Some entities have raised concerns that new legislative insurance mandates will make it difficult for them to meet the established cost growth target.

Current law does not explicitly require OHCA to adjust the cost growth targets based on changes to state policy, such as insurance mandates, that may increase spending. However, it does require OHCA to consider state benefit mandates in its development and enforcement of cost growth targets. Specifically, when establishing cost growth target methodology, OHCA is required to review relevant state policy changes impacting covered benefits, provider reimbursement, and costs, among other factors. In addition, in enforcing cost growth targets, OHCA is required to consider factors that contribute to spending in excess of the applicable target, and the extent to which each entity has control over the applicable components of its cost targets.

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. The author continues that scalp cooling is an FDA cleared, evidence-based therapy for chemotherapy-induced hair loss – yet insurance coverage remains inconsistent and unpredictable. The author notes that this leaves many patients with significant out-of-pocket costs during an already difficult time. The author concludes that 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.

Arguments in Support
Cooler Heads Care writes in support of this bill, stating that hair loss is not simply cosmetic; for many patients, it represents loss of privacy, identity, and control during an already vulnerable time. Cooler Heads Care continues that in modern oncology care, there are supportive remedies available for nearly every major chemotherapy side effect, from medications that address nausea and vomiting to therapies that manage pain and fatigue, hair loss should be no different. Cooler Heads Care continues that demand for scalp cooling continues to increase as awareness expands and clinicians seek supportive care solutions that treat the whole person. Cooler Heads Care notes that despite its demonstrated benefit, cost for scalp cooling remains a barrier for many patients. Cooler Heads Care concludes that insurance coverage would significantly expand equitable access, ensuring that patients are not forced to forego this supportive therapy due to financial constraints.

Arguments in Opposition
A coalition letter from the Association of Life and Health Insurance Companies, the California Association of Health Plans, and America's Health Insurance Plans state that this bill is one of eleven health insurance mandate bills that they oppose this session on the principle that the bills will increase health insurance premiums, harming health care affordability, access, and flexibility for small businesses and individuals. The opposition notes that OHCA has established statewide health care spending growth target of 3%, which is being phased in at 3.5% for 2025 and 2026, 3.2% in 2027 and 2028, and 3% percent in 2029 and beyond. The opposition emphasizes that while OHCA is working to curb healthcare costs and ensure resources are allocated efficiently, adding new mandates could disrupt these efforts by driving up costs for insurers, employers, and consumers, making it difficult for health care entities to meet the established targets. The opposition concludes that at this moment, the state should focus on healthcare stability and affordability for all Californians.

FISCAL COMMENTS

According to the Senate Appropriations Committee, there are unknown, likely minor costs for the Department of Managed Health Care and the California Department of Insurance for state administration, and unknown ongoing General Fund costs, potentially tens of thousands, due to increased CalPERS plan premiums.

VOTES:

ASM HEALTH: 14-0-2
YES: Bonta, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Schiavo, Sharp-Collins, Stefani
ABS, ABST OR NV: Chen, Sanchez

ASM APPROPRIATIONS: 12-0-3
YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache
ABS, ABST OR NV: Dixon, Ta, Tangipa

ASSEMBLY FLOOR: 67-1-12
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Connolly, Davies,

Elhawary, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO: DeMaio
ABS, ABST OR NV: Castillo, Chen, Dixon, Ellis, Flora, Gallagher, Hadwick, Lackey, Celeste Rodriguez, Sanchez, Ta, Tangipa

UPDATED

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