

Date of Hearing: March 17, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 1876 (Addis) – As Introduced February 12, 2026

SUBJECT: Health care coverage: nondiscrimination.

SUMMARY: Prohibits a health plan or health insurance subscriber, enrollee or policyholder from being excluded from enrollment or participation in, being denied the benefits of, or being subjected to discrimination by, any health plan or health insurer on the basis of race, color, national origin, age, disability, or sex. Specifically, **this bill:**

- 1) Defines discrimination on the basis of sex for purposes of this bill to include, but not be limited to, discrimination on the basis of any of the following:
 - a) Sex characteristics, including intersex traits;
 - b) Pregnancy or related conditions;
 - c) Sexual orientation;
 - d) Gender identity; or,
 - e) Sex stereotypes.
- 2) Prohibits a health plan or health insurer, in providing access to health programs and activities, including arranging for the provision of health care services, from doing any of the following:
 - a) Denying or limiting health care services, including those that have been typically or exclusively provided to, or associated with, individuals of one sex, to an individual based upon the individual's sex assigned at birth, gender identity, or gender otherwise recorded;
 - b) Denying or limiting, on the basis of an individual's sex assigned at birth, gender identity, or gender otherwise recorded, a health care professional's ability to provide health care services if the denial or limitation has the effect of excluding individuals from participation in, denying them the benefits of, or otherwise subjecting them to discrimination on the basis of sex under a covered health plan or health insurer;
 - c) Adopting or applying any policy or practice of treating individuals differently or separating them on the basis of sex in a manner that subjects any individual to more than de minimis harm, including by adopting a policy or engaging in a practice that prevents an individual from participating in a health care service plan consistent with the individual's gender identity; and,
 - d) Denying, cancelling, or limiting health care services sought for purpose of gender transition or other gender-affirming care that the health plan or health insurer would otherwise cover if that denial or limitation is based on an individual's sex assigned at birth, gender identity, or gender otherwise recorded.

- 3) Prohibits a health plan or health insurer, in providing or arranging for the provision of health care services or other health-related coverage, from doing any of the following:
 - a) Denying, canceling, limiting, or refusing to issue or renew health care service plan enrollment or other health-related coverage, or denying or limiting coverage of a claim, or imposing additional cost-sharing or other limitations or restrictions on coverage, on the basis of race, color, national origin, sex, age, disability, or any combination thereof;
 - b) Having or implementing marketing practices or benefit designs that discriminate on the basis of race, color, national origin, sex, age, disability, or any combination thereof, in health plan or health insurance coverage or other health-related coverage;
 - c) Denying or limiting coverage, denying or limiting coverage of a claim, or imposing additional cost sharing or other limitations or restrictions on coverage, to an individual based upon the individual's sex assigned at birth, gender identity, or gender otherwise recorded;
 - d) Having or implementing a categorical coverage exclusion or limitation for all health care services related to gender transition or other gender-affirming care.
 - e) Otherwise denying or limiting coverage, denying or limiting coverage of a claim, or imposing additional cost-sharing or other limitations or restrictions on coverage, for specific health care services related to gender transition or other gender-affirming care if such denial, limitation, or restriction results in discrimination on the basis of sex; or,
 - f) Having or implementing benefit designs that do not provide or administer health plan or health insurance coverage or other health-related coverage in the most integrated setting appropriate to the needs of qualified individuals with disabilities, including practices that result in the serious risk of institutionalization or segregation.
- 4) Prohibits the above-described provisions from requiring access to, or coverage of, a health care service for which the health plan or health insurer has a legitimate, nondiscriminatory reason for denying or limiting access to, or coverage of, the health care service or determining that the health care service is not clinically appropriate for a particular individual, or fails to meet applicable coverage requirements, including reasonable medical management techniques, such as medical necessity requirements. Prohibits a health plan or health insurer's determination from being based on unlawful animus or bias, or constituting a pretext for discrimination.
- 5) Requires a health plan or health insurer's evidences of coverage, disclosure form, and combined evidence of coverage and disclosure form, to include all of the following information in a notice to enrollees regarding the coverage requirements imposed above:
 - a) A statement that the health plan or health insurer does not discriminate on the basis of a characteristic protected under applicable state law, including this bill;
 - b) How to file a grievance regarding discrimination;
 - c) The health plan or health insurer's internet website where an enrollee may file a grievance, if available; and,

- d) The health plan's or health insurer's telephone number that an enrollee may use to file a grievance regarding discrimination.
- 6) Prohibits the above-described provisions from limiting the Department of Managed Care (DMHC) director's or the California Department of Insurance (CDI) commissioner's authority, a health plan or health insurer's duties, or enrollees' rights.
- 7) Requires the rights, remedies, and penalties established by the above-described provisions to be cumulative and not supersede the rights, remedies, or penalties established under other laws, including existing anti-discrimination provisions, or the Unruh Civil Rights Act.

EXISTING LAW:

- 1) Prohibits, under the Patient Protection and Affordable Care of Act of 2010 (ACA), discrimination on the grounds of race, color, national origin, sex, age, and disability in certain health programs and activities. [Title 42, United States Code (USC) § 18116]
- 2) Establishes the DMHC to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 and the CDI to regulate health insurers under the Insurance Code. [Health and Safety Code (HSC) § 1340, *et seq.* and Insurance Code (INS) §106, *et seq.*]
- 3) Prohibits a health plan or specialized health plan, from refusing to enter into any contract or from canceling or declining to renew or reinstate any contract because of the race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, or age of any contracting party, prospective contracting party, or person reasonably expected to benefit from that contract as a subscriber, enrollee, member, or otherwise. Deems it a violation for any health plan to utilize marital status, living arrangements, occupation, sex, beneficiary designation, ZIP Codes or other territorial classification, or any combination thereof for the purpose of establishing sexual orientation. Requires sex to have the same meaning as gender, and defines sex by cross reference to mean "gender" and to include a person's gender identity and gender expression (defined as a person's gender-related appearance and behavior regardless of whether it is stereotypically associated with the person's assigned sex at birth). [HSC § 1365.5]
- 4) Prohibits an admitted insurer, licensed to issue life or disability insurance, from failing or refusing to accept an application for that insurance, to issue that insurance to an applicant therefor, or issue or cancel that insurance, under conditions less favorable to the insured than in other comparable cases, except for reasons applicable alike to persons of every race, color, religion, sex, gender, gender identity, gender expression, national origin, ancestry, or sexual orientation. Prohibits race, color, religion, national origin, ancestry, or sexual orientation from, of itself, constituting a condition or risk for which a higher rate, premium, or charge may be required of the insured for that insurance. Allows, unless otherwise prohibited by law, premium, price, or charge differentials because of the sex of any individual when based on objective, valid, and up-to-date statistical and actuarial data or sound underwriting practices. [INS § 10140]
- 5) Deems it be a violation of 4) above for any insurer to consider sexual orientation in its underwriting criteria or to utilize marital status, living arrangements, occupation, sex, beneficiary designation, ZIP Codes or other territorial classification within this state, or any combination thereof for the purpose of establishing sexual orientation or determining

whether to require a test for the presence of the human immunodeficiency virus or antibodies to that virus, where that testing is otherwise permitted by law. [INS § 10140]

- 6) Defines for purposes of 4) and 5) above, “sex” to have the same meaning as gender and defines gender to mean sex, and to include a person’s gender identity and gender expression, and defines gender expression to mean a person’s gender-related appearance and behavior whether or not stereotypically associated with the person’s assigned sex at birth. [INS § 10140]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, while the federal government works to weaken nondiscrimination protections, California is standing firm in our values. The author argues that this bill ensures all Californian can access health care without fear of discrimination.

- 2) **BACKGROUND.**

- a) **ACA.** The ACA was signed into law on March 23, 2010, and is the most significant legislative reform of the U.S. health care system since the establishment of Medicare and Medicaid in 1965. The passage of the ACA brought sweeping changes to health care coverage in California, including establishing more generous eligibility rules and federal funding for Medi-Cal (California’s Medicaid program), providing federally funded premium and cost-sharing subsidies offered through Covered California (the state’s health benefit exchange), and imposing new requirements on health insurance that make it easier for individuals with pre-existing conditions to obtain coverage.

Section 1557 of the ACA provides that, except as otherwise provided in Title I of the ACA, an individual is prohibited from being excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving federal financial assistance. This includes credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an executive agency or any entity established under Title I of the ACA. This anti-discrimination provision applies to health programs or activities administered by recipients of federal financial assistance from the federal Department of Health and Human Services (DHHS), DHHS-administered health programs or activities, and Title I entities that administer health programs or activities.

In 2020, the Supreme Court held in the decision in *Bostock v. Clayton County* that “discrimination on the basis of sex” under the federal Title VII, which prohibits discrimination in the workplace on the basis of race, color, religion, sex, or national origin, extends to discrimination on the basis of sexual orientation and gender identity. In 2021, in light of the Supreme Court’s interpretation of the scope of “discrimination on the basis of sex,” DHHS announced that it “would interpret Section 1557’s prohibition on sex discrimination to include (i) discrimination on the basis of sexual orientation and (ii) discrimination on the basis of gender identity.” DHHS subsequently issued proposed amendments to the guidance for implementing Section 1557 in 2022, and issued a final

rule in 2024. Several federal district court judges issued nationwide injunctions to prevent DHHS's interpretation of Section 1557 and its proposed rules from taking effect.

- b) **Executive Order (EO) 14187.** On January 28, 2025, President Trump issued EO 14187, which states “it is the policy of the United States that it will not fund, sponsor, promote, assist, or support the so-called ‘transition’ of a child from one sex to another, and it will rigorously enforce all laws that prohibit or limit these destructive and life-altering procedures.” EO 14187 directed the Secretary of DHHS, consistent with applicable law, to take all appropriate actions to end the “chemical and surgical mutilation of children,” including regulatory and sub-regulatory actions, which may involve laws, programs, issues, or documents, including Medicare or Medicaid conditions of participation or conditions for coverage, clinical-abuse or inappropriate-use assessments relevant to State Medicaid programs, and Section 1557 of the ACA. EO 14187 also directed the Secretary of DHHS to promptly withdraw DHHS's Biden-era guidance from 2022, and directed the Secretary, in consultation with the Attorney General, to issue new guidance protecting whistleblowers who take action related to ensuring compliance with this order.
- 3) **SUPPORT.** The TransLatin@ Coalition is a co-sponsor of this bill, stating that it would ensure that Transgender, Gender-Expansive, and Intersex (TGI), LGBTQ+, and non-English speaking people, along with pregnant people seeking abortion care services, cannot be denied or limited coverage for medically necessary health care. The TransLatin@ Coalition continues that in the first month of this administration, the current President issued sixty-four executive orders, one of which functions as a denial of the existence of TGI people and consequently directs federal agencies to withhold funding from healthcare institutions and providers that offer gender-affirming care. The TransLatin@ Coalition argues that this bill would make clear that health plans and insurers are prohibited from discriminating against individuals on the basis of race, color, national origin, age, disability, or sex. The TransLatin@ Coalition concludes that this bill would protect the rights of our TGI and immigrant community members who have seen longer life spans and greater quality of life when able to access these critical services.
- Equality California (EQCA) is a cosponsor of this bill, stating that California law requires health plans and insurers to cover medically necessary health care for TGI people, and this bill strengthens and reaffirms these protections by codifying the nondiscrimination standards established under Section 1557 of the ACA into state law. By doing so, EQCA argues that this bill helps ensure that LGBTQ+ people—and all Californians—can continue to access medically necessary health care without discrimination, regardless of shifting federal policies.
- 4) **OPPOSITION.** The SFV Alliance opposes this bill, stating that its major goal is to mandate health provider insurance to pay for so called gender affirming care. The SFV Alliance continues that gender affirming care is, in their analysis, harmful to a person. The SFV Alliance argues that gender affirming care takes the body for a state of homeostasis to unpredictable, an unstable body state that will have to rely on medication to survive, with possible unknown side effects and complications that our modern medical technology will have no answer or treatment for. The SFV Alliance continues that this bill will create a newly increased cost to health care providers which would have to be absorbed by all of those with medical insurance in California. The SFV Alliance concludes that these procedures are not

only going to be a financial burden on the overall base of the insured, they will cause the patient unnecessary harm.

The California Family Council (CFC) is also opposed to this bill, arguing that by treating an insurer's denial of coverage as unlawful discrimination this bill removes insurers' discretion to assess medical necessity, long-term risks, and evolving scientific evidence, particularly when the patient is a minor. CFC argues that interventions carry serious lifelong consequences, including impacts on bone density, fertility, cardiovascular health, and neurological development. CFC continues that surgical procedures performed on minors are permanent and irreversible, and insurers should retain the ability to exercise careful medical and actuarial judgment without facing sweeping penalties. CFC concludes that compelling employers or individuals through insurance mandates to subsidize gender-transition procedures would violate deeply held religious beliefs and conscience protections.

5) PREVIOUS LEGISLATION.

- a) SB 418 (Menjivar) of 2025, contained provisions that were substantially similar to this bill. SB 418 would have additionally required a health plan contract or a health insurance policy to cover up to a 12-month supply of a Food and Drug Administration (FDA)-approved prescription hormone therapy, and the necessary supplies for self-administration, that is prescribed by a network provider within their scope of practice and dispensed at one time at a location licensed or otherwise authorized to dispense drugs or supplies. Would have also required a pharmacist to dispense, at a patient's request, up to a 12-month supply of an FDA-approved prescription hormone therapy pursuant to a valid prescription that specifies an initial quantity followed by periodic refills. SB 418 was vetoed by Governor Newsom, who stated:

“This bill would require health plans and insurers to cover a 12-month supply of federal Food and Drug Administration-approved prescription hormone therapy, and necessary supplies for self-administration, prescribed by an in-network provider and dispensed at one time without utilization management (UM).

I appreciate the author's intent to ensure patient access to the comprehensive care they need. While there are provisions of this bill that are worthy of support, I am concerned about the limitation on the use of UM, which is an important tool to ensure enrollees receive the right care at the right time. Prohibiting this cost containment strategy is likely to result in an increase in enrollee premiums to offset costs incurred by health plans and insurers. At a time when individuals are facing double-digit rate increases in their health care premiums across the nation, we must take great care to not enact policies that further drive up the cost of health care, no matter how well-intended.”

- b) SB 923 (Wiener), Chapter 822, Statutes of 2022, requires health plans and insurers to require all of its support staff who are in direct contact with enrollees or insureds to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI. SB 923 adds processes to continuing medical education requirements related to cultural and linguistic competency for physician and surgeons specific to gender-affirming care services, as specified.

REGISTERED SUPPORT / OPPOSITION:**Support**

California LGBTQ Health and Human Services Network (sponsor)
Equality California (sponsor)
Gender Justice LA (sponsor)
Planned Parenthood Affiliates of California (sponsor)
The TransLatin@ Coalition (sponsor)
Transfamily Support Services (sponsor)
ACLU California Action
Advocates for Trans Equality
Alliance for Transyouth Liberation
American Academy of Pediatrics, California
Asian Americans Advancing Justice-Southern California
California Pan - Ethnic Health Network
California Psychological Association
California Teachers Association Member
City of West Hollywood
California Federation of Teachers
Courage California
El/la Para Translatinas
Families United for Trans Rights, Eastbay Chapter
Gender Affirming Professionals
Gender Health Center
Health Access California
Invisible T Men
Justice in Aging
LGBTQ Connection
LGBTQ+ Inclusivity, Visibility, and Empowerment (LIVE)
Los Angeles LGBT Center
Lyon-martin Community Health Services
Mirror Memoirs, a Project of Community Partners
National Health Law Program
Parivarbayarea
PFLAG Fresno
PFLAG Oakland-east Bay
PFLAG San Diego County
PFLAG San Jose/peninsula
Placer LGBTQ+ Center
San Francisco Aids Foundation
Saturns Wish
The Children's Partnership
The Landing Spot
The San Diego LGBT Community Center
Training in Early Abortion for Comprehensive Health Care
Numerous individuals

Opposition

California Family Council

Cause: Californians United for Sex-based Evidence in Policy and Law

Lesbians Advocating for a Resilient Future

LGB Alliance Foundation

LGB Courage Coalition

Our Duty

SFV Alliance

Women are Real

Women's Declaration International USA, Inc.

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