

Date of Hearing: April 14, 2026

ASSEMBLY COMMITTEE ON JUDICIARY
Ash Kalra, Chair
AB 1876 (Addis) – As Introduced February 12, 2026

SUBJECT: HEALTH CARE COVERAGE: NONDISCRIMINATION

KEY ISSUE: SHOULD CALIFORNIA REITERATE THAT HEALTH CARE SERVICE PLANS AND HEALTH INSURERS ARE PROHIBITED FROM DISCRIMINATING AGAINST SUBSCRIBERS, ENROLLEES, OR POLICY HOLDERS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, OR SEX?

SYNOPSIS

This bill prohibits a health care service plan or health insurer from denying coverage to a subscriber, enrollee, or policy holder on the basis of race, color, national origin, age, disability, or sex. The bill defines discrimination on the basis of sex for these purposes to include, among other things, discrimination on the basis of intersex traits, pregnancy, and gender identity. Specifically, the bill takes federal anti-discrimination provisions in the Affordable Care Act (ACA) and codifies those protections into state law. According to the author, the bill is necessary to preserve these protections in light of the efforts of the Trump administration to limit the scope of sex discrimination, especially in the area of health care.

Because existing law generally prohibits health plans and health insurers from engaging in this kind of discrimination, the bill appears intended to reiterate California's commitment to protecting these rights rather than substantively changing existing law. In the face of continued aggression towards the LGBTQ+ by the federal administration this bill is laudable. However, if forthcoming federal policies are deemed to preempt state law, then the provisions of this bill will still be forced to give way to the federal edict. If the federal policies are not deemed to preempt California's more protective state laws, then existing California law may already be sufficient. The bill, in short, is more of a statement against the direction of federal law than a change in state law.

This bill is co-sponsored The TransLatin@ Coalition, Equality California, Planned Parenthood Affiliates of California, Trans Family Support Services, California LGBTQ Health and Human Services Network, and Gender Justice LA. It is supported by several other groups. The bill is opposed by an otherwise diverse group united in common opposition to expanding the definition of "sex" beyond a biological male-female binary. The bill recently passed out of the Assembly Health Committee on a 12-4 vote.

SUMMARY: Prohibits a health care service plan or health insurer from denying coverage or benefits, or otherwise discriminating against, a subscriber, enrollee, or policyholder 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.
 - e) Sex stereotypes.
- 2) Prohibits a health plan or health insurer 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.
 - 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) 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.
 - 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.
- 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.
 - 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 Act of 2010 (ACA), discrimination on the grounds of race, color, national origin, sex, age, and disability in certain health programs and activities. (42 U.S.C. Section 18116.)
- 2) Establishes the Department of Managed Health Care to regulate health care service plans under the Knox-Keene Health Care Service Plan Act of 1975 and the California Department of Insurance to regulate health insurers under the Insurance Code. (Health and Safety Code Section 1340 *et seq.* and Insurance Section 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. Defines “sex” to mean “gender,” and defines “gender” to include 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). (Health & Safety Code Section 365.5.)
- 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. (Insurance Code Section 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. (Insurance Code Section 10140.)
- 6) Defines for purposes of 4) and 5) above, “sex” to have the same meaning as gender and defines gender to include a person’s gender identity and gender expression, and it 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. (Insurance Code Section 10140.)
- 7) Provides that a parent or guardian must consent to medical treatment for a minor, subject to certain exceptions for emancipated minors, for emergency care, and for certain treatments related to pregnancy or mental health, as specified. However, even where providers treat a minor without parental or guardian consent under one of the statutory exceptions, they are required to involve parents or guardians, unless they believe it is inappropriate to involve them. (Family Code Sections 6926-6929, Business & Professions Code Section 2397, and Health & Safety Code Section 124260.)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: This bill is a response to the Trump Administration’s efforts to scale back long-standing non-discrimination protections for Medicaid recipients and, more ambitiously, to

impose a binary, biological definition of “sex” into all anti-discrimination law. According to the author, “AB 1876 takes proactive steps to codify provisions of Section 1557 of the [federal Affordable Care Act] into state law to ensure healthcare access for all in California.” By defining “sex” to include such characteristics as pregnancy, sexual orientation, and gender identity, the author believes the bill will “preserve and enforce non-discrimination protections and prevent an individual from being excluded from enrollment or participation in any health plan or health insurer licensed in California. . . While the federal government works to weaken nondiscrimination protections, California is standing firm in our values. AB 1876 ensures all Californian can access health care without fear of discrimination.”

Executive Order 14187 in the courts. On January 28, 2025, President Donald Trump issued Executive Order (EO) 14187, one of a flurry of orders issued to launch his second term. Titled "Protecting Children from Chemical and Surgical Mutilation," EO 14187 prohibits the use of federal funds to perform surgeries, provide hormone therapy, subscribe puberty blockers, or perform any other gender-affirming treatments on a person 19 years of age or younger. Although some hospitals (including one in Los Angeles) stopped providing gender affirming care in the immediate aftermath of the executive order, within a month several lawsuits had been filed challenging the EO on multiple grounds, including that the EO exceeded the President’s authority to override anti-discrimination provisions of Section 1557 of the Affordable Care Act (ACA). Although litigation is still pending, most federal district courts hearing the issue have sided with plaintiffs and enjoined the federal government from withholding federal funds. (For useful tracking on the fate of these orders see, “Trump Anti-LGBTQ+ Litigation Tracker,” available at www.lgbtqbar.org.) In addition, a coalition of Attorneys General of several states filed a suit challenging the EO 14187 order. More generally, they have expressed their commitment to protect their residents from discrimination and have informed health care providers, health plans, and health insurers to comply with state anti-discrimination law. (*New York Times* August 1, 2025.)

This bill is presented by the author and several supporters as a response to the efforts of the Trump Administration to use the power of the federal purse to deny persons access to certain kinds of health care that the administration disfavors, including some reproductive care for women and, especially, gender-affirming care for minors. In an effort to confront the trend in federal policy, this bill prohibits a health care service plan or health insurer from denying coverage to any subscriber, enrollee, or policy holder on the basis of race, color, national origin, age, disability, or sex. Specifically, the bill takes federal anti-discrimination provisions in Section 1557 of the ACA and codifies those protections into state law. Accordingly, the bill defines discrimination on the basis of sex to include, among other things, discrimination on the basis of intersex traits, pregnancy, and gender identity.

According to the author, the bill is necessary to protect the rights of Californians should the Trump administration eventually prevail in the challenges to EO 14187, or should he concoct new orders that are equally if not more harmful. Because existing law already prohibits health plans and health insurers from engaging in this kind of discrimination, the bill is apparently intended to reiterate California’s commitment to protecting these rights rather than to change existing law. If the purpose of this bill is to protect Californians from acts the current administration might take in the future, then its impact may be more muted. If forthcoming federal policies are deemed to preempt state law, then the provisions in California law will not matter.

This bill may inadvertently further provoke the federal administration. Just as the President has issued executive orders purporting to limit access to any form of health care that does not accept a binary definition of “sex,” he has also threatened to cut federal aid to states that do not comply with federal policies, whether that pertains to providing gender-affirming care, implementing DEI programs, or teaching a view of American history that is not sufficiently patriotic. This behavior is in keeping with the President’s ongoing efforts to punish those who displease him. As with the legal uncertainty around the fate of executive orders, there is also legal uncertainty about the President’s ability to cut federal funds because of political or policy differences. Still, the author and Committee may wish to consider whether making a statement against the President’s Executive Orders is worth providing the administration with a pretext for withholding federal funds from California. In addition, the bill could face legal challenges that produce judicial opinions that weaken rather than strengthen anti-discrimination law. To be clear, this is not to suggest that the President will necessarily prevail in any effort to retaliate against state law that directly challenges the President’s authority; nor is it to deny the vital importance of calling out the current administration’s unprecedented assault on legal norms. However, the potential adverse and unintended consequences are at least worth considering, especially given that the bill does not dramatically change existing law or protect the state from federal preemption, if indeed federal policies are deemed to preempt state law.

The opponents’ grievances are mostly with existing law. In reading the letters of opposition one would never guess that the bill represents a modest change to existing law. The opponents maintain that this bill poses serious dangers by making it easier for individuals, especially young people, to obtain reproductive or gender affirming care. However, the opponents’ concerns are rooted in existing law, which already prohibits health plans and health insurers from discriminating against subscribers and enrollees on the basis of “sex.” Existing law already defines “sex” to include “gender identity” and “gender expression,” with the latter term defined to include a person’s gender-related appearance and behavior regardless of whether it is stereotypically associated with the person’s assigned sex at birth. Moreover, neither existing law nor this bill gives minors unlimited access to gender-affirming care. Minors cannot obtain medical care, including gender-affirming care, without the consent of a parent or guardian. Although there are exceptions to this rule, including treatment for pregnancy and mental health, gender-confirming care is not one of the exceptions. Nothing in this bill would change that. (*See* Family Code Sections 6926-6929, Business & Professions Code Section 2397, and Health & Safety Code Section 124260.)

Similarly, the opposition’s claim that it is unconstitutional to compel religious employers to indirectly fund something they find morally objectionable may or may not be persuasive as a matter of constitutional law, but this claim has more to do with existing law than with this bill.

ARGUMENTS IN SUPPORT: Courage California writes in support:

This critical bill would codify federal nondiscrimination protections issued under Section 1557 of the Affordable Care Act (ACA) into state law. This would explicitly prohibit health plans and insurers from discriminating against individuals on the basis of race, color, national origin, age, disability, or sex. This bill defines discrimination on the basis of sex to include, but not be limited to, discrimination on the basis of gender identity, sexual orientation, sex characteristics, sex stereotypes, or conditions of pregnancy.

This bill 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.

ARGUMENTS IN OPPOSITION: The California Family Council writes in opposition:

This bill would prohibit insurance companies from denying coverage for sex rejecting medical procedures and drugs, like puberty blockers, cross-sex hormones, or double mastectomies for minors, described in the text as "gender-affirming care."

By treating an insurer's denial of coverage as unlawful discrimination, AB 1876 removes insurers' discretion to assess medical necessity, long-term risks, and evolving scientific evidence, particularly when the patient is a minor. These interventions carry serious lifelong consequences, including impacts on bone density, fertility, cardiovascular health, and neurological development. Surgical procedures performed on minors are permanent and irreversible. Insurers should retain the ability to exercise careful medical and actuarial judgment without facing sweeping penalties.

Additionally, AB 1876 poses serious religious liberty concerns. Many faith-based employers and individuals hold sincere religious convictions that sex is immutable. Compelling employers or individuals through insurance mandates to subsidize gender-transition procedures would violate deeply held religious beliefs and conscience protections.

REGISTERED SUPPORT / OPPOSITION:

Support

California LGBTQ Health and Human Services Network (co-sponsor)
 Equality California (co-sponsor)
 Gender Justice LA (co-sponsor)
 Trans Family Support Services (co-sponsor)
 TransLatin@ Coalition (co-sponsor)
 Access Reproductive Justice
 ACLU California Action
 Advocates for Trans Equality
 Alliance for Trans Youth Liberation
 American Academy of Pediatrics, California
 American Association of University Women - California
 American College of Obstetricians & Gynecologists - District IX
 Asian Americans Advancing Justice-Southern California
 California Association of Marriage and Family Therapists
 California Behavioral Health Association
 California Chapter of the American College of Emergency Physicians
 California Legislative LGBTQ Caucus
 California Pan - Ethnic Health Network
 California Podiatric Medical Association
 California Psychological Association

California Teachers Association Member
CFT – a Union of Educators & Classified Professionals
County Behavioral Health Directors Association
Courage California
CPCA Advocates, Subsidiary of the California Primary Care Association
Disability Rights 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
Parivar Bay Area
PFLAG Clayton-Concord
PFLAG Fresno
PFLAG Oakland-east Bay
PFLAG Sacramento
PFLAG San Diego County
PFLAG San Jose/Peninsula
Placer LGBTQ Center
Planned Parenthood Affiliates of California
Rainbow Families Action Bay Area
San Francisco Aids Foundation
Saturn's Wish
The Children's Partnership
The Landing Spot
The San Diego LGBT Community Center
Training in Early Abortion for Comprehensive Health Care
Transgender Health and Wellness Center
West Hollywood/Hernan Molina, Governmental Affairs Liaison
Western Center on Law & Poverty

Opposition

California Catholic Conference
California Family Council
Cause: Californians United for Sex-based Evidence in Policy and Law
Concerned Women for America
Democrats for an Informed Approach to Gender
International Foundation for Therapeutic and Counselling Choice
Lesbians Advocating for a Resilient Future
LGB Alliance Foundation

LGB Courage Coalition

Our Duty

SFV Alliance

Women are Real

Women's Declaration International USA

Women's Liberation Front

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