

Date of Hearing: May 13, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
AB 1906 (Aguilar-Curry) – As Introduced February 12, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: No

SUMMARY:

This bill requires a health plan, health insurer, and the Medi-Cal program to cover cervical cancer screening home kits without cost sharing, upon referral of a patient's health care provider.

FISCAL EFFECT:

- 1) The California Health Benefits Review Program (CHBRP) estimates this bill will increase premiums in health plans and insurance policies offered through the California Public Employees Retirement System (CalPERS) by \$69,000 for Department of Managed Health Care (DMHC)-regulated plans, of which the state's share would be around \$30,000 (General Fund (GF)). There would also be increases to CalPERS premiums for health insurance policies regulated by the Department of Insurance (CDI), the state's share of which would likely be less than \$30,000 (GF).
- 2) Minor and absorbable costs to DMHC.
- 3) CDI estimates costs of \$7,000 in fiscal year (FY) 2026-27 and \$19,000 in FY 2027-28 (Insurance Fund).
- 4) CHBRP estimates the bill could increase costs to the Medi-Cal program by \$2,000 (GF, federal funds (FF)). However, DHCS states this bill could increase Medi-Cal expenditures in the range of low hundreds of thousands to low millions of dollars (GF, federal funds) due to indeterminate increased utilization that may result from requiring broad-based coverage of home cervical cancer screening kits versus case-by-case, individual medical necessity determinations. Actual expenditures may vary from this estimate based on the clinical guidelines ultimately adopted by the U.S. Preventive Services Task Force and uptake of the new at-home cervical cancer screening kits by Medi-Cal members. DHCS notes that it may be required to cover these increased costs using 100% GF if the federal Centers for Medicare and Medicaid Services determines the intended use is not medically necessary.

The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.

COMMENTS:

- 1) **Purpose.** According to the author:

Cervical cancer is the fourth most common cancer among women and is almost always caused by HPV. If caught early, it's highly treatable—but too many Californians, especially those in rural communities and Black and Native populations, face deadly late-stage diagnoses. Cervical cancer screenings have cut deaths by about 70% since 1950, but many people still do not get tested because they lack coverage or cannot easily access a clinic. Recent federal guidance has confirmed the importance of expanding access to cervical cancer screenings by requiring private health plans to cover at-home test kits beginning in 2027. [The Department of Public Health] has not yet adopted these federal guidelines, leaving Californians without this life-saving care.

[This bill] will require coverage of at-home cervical cancer tests at no cost to patients, making preventive care affordable, promoting early detection, and reducing health disparities. This bill also offers significant long-term cost savings for the state, health systems, and insurers by reducing the need for in-person visits and preventing costly late-stage cancer treatments.

- 2) **Background.** Cervical cancer develops in the cells of the cervix. Persistent infection with high-risk human papilloma virus (HPV) can cause cells of the cervix to go through changes and become cancerous if they are not destroyed or removed. HPV is the most common sexually transmitted infection in the U.S., with an estimated 13 million new cases each year, and will infect approximately 85% of the population at some point in their lifetime. Although HPV vaccination is anticipated to lead to a 90% reduction in cervical cancer among those vaccinated during adolescence, studies have shown that the full benefits of vaccination do not occur until the vaccinated population reaches mid- to late life.

Cervical cancer screening detects precancerous changes in cervical cells so that treatment can prevent the development of invasive cancer. Historically, samples for both the HPV test and Pap test have been collected from the cervix during a pelvic exam by a health care provider in a clinical setting. More recently, technology has developed to allow for HPV testing to be performed using self-collected samples, including self-collection at home. Home test kits are provided by a health care provider and mailed back by the user to a lab for processing. In May 2025, the FDA authorized the first device for self-collection of cervical specimens in the home. This test – the Teal Wand – is the only one of its kind with FDA authorization on the market. This bill aims to ensure coverage, without cost sharing, for this type of HPV screening.

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