ASSEMBLY THIRD READING
AB 1906 (Aguiar-Curry)
As Introduced February 12, 2026
Majority vote

SUMMARY

Requires a health plan, health insurer, and the Medi-Cal program to cover cervical cancer screening home kits at zero cost sharing, upon referral of a patient's health care provider.

COMMENTS

Cervical cancer is a type of cancer that develops in the cells of the cervix, the lower, narrow end of the uterus. Persistent infection with high-risk human papillomavirus (HPV) can cause cells of the cervix to go through dysplasia, a change that causes abnormal cells called precancers to appear in the cervical tissue. These abnormal cells can become cancerous if they are not destroyed or removed. HPV is the most common sexually transmitted disease (STD) in the United States, with an estimated 13 million new cases each year, and will infect approximately 85% of the population at some point in their lifetime. Cervical cancer remains the most common HPV-related cancer. 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. As a result, cervical cancer screening remains an important preventative measure against cervical cancer. Cervical cancer screening detects precancerous changes in cervical cells so that treatment can prevent the development of invasive cancer. There are three primary methods for screening for cervical cancer: HPV testing, which checks cells for infection with high-risk HPV; Pap testing, where cervical cells are checked for abnormalities caused by HPV that may indicate precancerous or cancerous cells on the cervix; and the HPV/Pap co-test, which combines both methods to detect both high-risk HPV and cellular abnormalities.

Self-collected HPV screenings. 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. There are two ways in which self-collection can occur:

1) *Self-collection in a health clinic or office:* Tests that are approved by the United State Food and Drug Administration (FDA) to self-collect specimens in a health care facility under the supervision of a health care provider. As of September 2025, three in-clinic self-collection tests have received FDA approval.

2) *Self-collection at home:* Tests that are approved, authorized, or cleared by the FDA to self-collect specimens in the home or a similarly private setting. 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, at zero cost sharing, for this type of HPV screening.

Federal and state coverage of cervical cancer screening. Both the California Preventive Services Mandate and the Federal Preventive Services Mandate require coverage of certain preventive services without cost sharing. Federal bodies, including the United States Preventive Service

Task Force, Health Resources & Services Administration (HRSA), and Advisory Committee on Immunization Practices review preventive services and make recommendations on coverage. Plans are required to provide such coverage within 12 months of the recommendation's publication. On January 5, 2026, the HRSA guidelines for women's preventive services updated its recommendation for cervical cancer screening to include self-collected HPV testing as a service to be offered as an option for cervical cancer screening in women aged 30 to 65 years at average risk. As such, impacted plans will be required to cover some form of self-collected HPV tests without cost sharing by January 2027. However, at-home test kits for cervical cancer screening are only one form of patient-collected testing, impacted plans may not necessarily cover them without cost sharing as a result of this HRSA recommendation. Some patient-collected tests are performed in a clinical setting, and plans may choose to cover this form of testing without cost sharing instead.

Despite the federal government moving to mandate the coverage of self-collected HPV testing without cost sharing, coverage in California is unclear. AB 144 (Committee on Budget), Chapter 105, Statutes of 2025, froze federal preventive service recommendations as of January 1, 2025, and empowered the State Department of Public Health (DPH) to modify or supplement these recommendations going forward. At the time this analysis was finalized, DPH had not published a recommendation for self-collected HPV tests. DPH indicated that they are still evaluating the recommendation and "if the department finds credible evidence and support for recommendation and reimbursement of these tests, then the recommendation will be filed with the Office of Administrative Law and posted on our website."

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 & enrollee out-of-pocket decreases.* Premiums paid by employers and enrollees would increase upon enaction of this bill by an estimated $1,580,000 annually, impacting market segments differently at a range of $0.00002-$0.0111 per member per month. This bill would expand coverage without cost sharing for at-home HPV kits to 60% of enrollees who currently lack it.

2) *Increased utilization of care.* This bill would result in 6,798 enrollees using at-home HPV test kits, an increase of 5,753 new users. CHBRP estimates that 13% of women enrolled in state-regulated commercial plans and 8% of women enrolled in state-regulated Medi-Cal plans aged 30 to 65 years currently use cervical cancer screening services annually, with 1% of those screenings conducted using at-home test kits. CHBRP attributes the increases in utilization to the expansion of coverage for those who don't have it, the removal of cost sharing for those who currently have it, and increased awareness and convenience of the at-home screening option.

3) *Public health impacts.* CHRBP determined that this bill would produce no measurable short-term public health impact. However, over time, home test kits may address disparities in screening rates by reducing certain barriers to screening, including structural, individual, and cultural barriers.

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 target.

According to the Author
Cervical cancer is the fourth most common cancer among women and is almost always caused by HPV. The author continues that 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. The author notes that 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. The author continues that 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 author states that DPH has not yet adopted these federal guidelines, leaving Californians without this life-saving care. The author continues that 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. The author concludes that 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.

Arguments in Support
Planned Parenthood Affiliates of California (PPAC) support this bill, stating that cervical cancer is the fourth most common cancer among women globally, with about 99.7% of cases caused by persistent HPV infection. PPAC notes that cervical cancer has a five-year survival rate of about 91% which drops to about 20% for late-stage diagnoses. PPAC continues that disparities exist with rural women 25% more likely to be diagnosed and 42% more likely to die, while Black and Native women experience mortality rates about 55% and 80% higher than white women. PPAC

cites the Centers for Disease Control and Prevention (CDC), which found that widespread screening has reduced cervical cancer incidence and mortality by about 70% since the 1950s. PPAC continues that CDC research also shows that at-home HPV test kits can more than double screening participation and reduce costs for health systems and insurers by eliminating the need for in-office visits and clinician time. PPAC notes this is particularly helpful for people already facing barriers to in-person care. PPAC concludes that this bill expands access to critical preventive care that will save lives, especially for rural and working Californians facing barriers to in-person cervical cancer screening

Arguments in Opposition
The California Association of Health Plans, Association of Life and Health Insurance Companies, and America's Health Insurance Plans oppose this bill and 10 others that mandate new benefit coverage. The opposition states that these bills will increase costs, reduce choice and competition, and further incent some employers and individuals to avoid state regulation by seeking alternative coverage options. The opposition continues that state mandates increase premium costs for families and individuals and small business owners who cannot or do not wish to self-insure. The opposition argues that large employers, unions, small businesses, and hard-working families value their ability to shop for the right health plan – at the right price – that best fits their needs. The opposition continues that benefit mandates impose a one-size-fits-all approach to medical care and benefit design without consideration for consumer choice. The opposition states that while OHCA is working to curb healthcare costs and ensure resources are allocated in an efficient and affordable manner, adding new mandates at this pivotal moment could disrupt these efforts by driving up costs for insurers, employers, and consumers, while making it difficult for health care entities to meet the established spending target. The opposition argues that by halting new mandates, the Legislature can support OHCA's efforts of making quality health care accessible and affordable for Californians. The opposition concludes that now is the time to focus on stability and affordability for all Californians.

FISCAL COMMENTS

According to the Assembly Committee on Appropriations:

1) CHBRP estimates this bill will increase premiums in health plans and insurance policies offered though 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 California 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) California Department of Insurance 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, the Department of Health Care Services (DHCS) states this bill could increase Medi-Cal expenditures in the range of low hundreds of thousands to low millions of dollars (GF, FF) 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.

VOTES

ASM HEALTH: 16-0-0
YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 14-0-1
YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta
ABS, ABST OR NV: Tangipa

UPDATED

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