
SENATE COMMITTEE ON HEALTH

Senator Akilah Weber Pierson, Chair

BILL NO: AB 1906
AUTHOR: Aguiar-Curry
VERSION: June 8, 2026
HEARING DATE: June 17, 2026
CONSULTANT: Teri Boughton

SUBJECT: Health care coverage: home test kits

SUMMARY: Requires health plans, insurers, and Medi-Cal to provide coverage without cost-sharing for an annual cervical cancer screening home test kit upon the referral of the patient's health care provider. Eliminates a Medi-Cal and Family PACT reimbursement requirement for home test kits for sexually transmitted diseases that is contingent upon the addition of billing codes specific to home test kits.

Existing law:

- 1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act) and the California Department of Insurance (CDI) to regulate health insurance. [HSC §1340, et seq. and INS §106, et seq.]
- 2) Requires every individual and group health plan contract, except specialized health plans, and a disability insurance policy that covers hospital, medical, or surgical benefits to provide coverage for an annual cervical cancer screening test (includes conventional Pap test, federal Food and Drug Administration (FDA)-approved human papillomavirus (HPV) screening test, and the option of any cervical cancer screening test approved by the FDA) upon the referral of the patient's physician and surgeon, a nurse practitioner, or a certified nurse-midwife, providing care to the patient and operating within the scope of practice otherwise permitted for the licensee. Permits application of a deductible or copayment in an existing plan contract. [HSC §1367.66 and INS §10123.18]
- 3) Requires a health plan or insurance policy to provide coverage for the HPV vaccine for enrollees for whom the vaccine is approved by the FDA. Prohibits a plan contract from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on this coverage. [HSC §1367.66 and INS §10123.18]
- 4) Requires every health plan contract and insurance policy to provide coverage for home test kits for sexually transmitted diseases (STDs), including any laboratory costs of processing the kit, that are deemed medically necessary or appropriate and ordered directly by a clinician or furnished through a standing order for patient use based on clinical guidelines and individual patient health needs. Requires health plan coverage when ordered by an in-network provider. [HSC §1367.34 and INS §10123.208]
- 5) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which qualified low-income individuals receive health care services. [WIC §14000, et seq.]
- 6) Establishes a schedule of benefits under the Medi-Cal program, which includes benefits required under federal law and benefits provided at the state's option, both of which are

funded with federal and state dollars. The schedule of benefits includes annual cervical cancer tests for screening or diagnostic purposes, upon the referral of a patient's physician, to the extent required or permitted by federal law, and home test kits for STDs, including any laboratory costs of processing the kit, that are deemed medically necessary or appropriate and ordered directly by an enrolled provider or furnished through a standing order for patient use based on clinical guidelines and individual patient needs. [WIC §14132 and §14132.17]

- 7) Defines "home test kit" as a product used for a test recommended by the federal Centers for Disease Control and Prevention (CDC) guidelines or the U.S. Preventive Services Task Force (USPSTF) that have been Clinical Laboratory Improvement Act-waived, FDA-cleared or -approved, or developed by a laboratory in accordance with regulations and quality standards to allow individuals to self-collect specimens for STDs, including HIV, remotely at a location outside of a clinical setting. [WIC §14132, §14132.17, §24007, HSC §1367.34 and INS §10123.208]
- 8) Makes Medi-Cal and State-only family planning reimbursement under 6) and 7) above contingent upon the addition of codes specific to home test kits in the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) to comply with Health Insurance Portability and Accountability Act requirements (HIPAA). Requires the home test kit to be sent by the enrolled provider to a Medi-Cal-enrolled laboratory with fees based on Medicare Clinical Diagnostic Laboratory Test Payment System Final Rule. [WIC §14132, §14132.17 and §24007]
- 9) Requires a group or individual nongrandfathered (plans after the federal Affordable Care Act (ACA)) health plan contract or health insurance policy to, at a minimum, provide coverage without cost-sharing for all of the following (this is based on the ACA preventive services requirements):
 - a) Evidence-based items or services that had in effect on January 1, 2025, a rating of "A" or "B" in USPSTF recommendations, as periodically updated or any modification or supplement to that recommendation adopted by the California Department of Public Health (CDPH), as specified;
 - b) Immunizations that had in effect on January 1, 2025, a recommendation, as periodically updated, from the Advisory Committee on Immunization Practices (ACIP) of the CDC or any modification or supplement to that recommendation adopted by CDPH, as specified;
 - c) Evidence-informed preventive care and screening with respect to infants, children, and adolescents provided in the comprehensive guidelines, as periodically updated, supported by the Health Resources and Services Administration (HRSA) in effect on January 1, 2025, or any modification or supplement to that recommendation adopted by CDPH;
 - d) Additional preventive care and screenings for women not described in a) above as provided for in comprehensive guidelines supported by HRSA, as specified, in effect on January 1, 2025, or any modification or supplement to that recommendation adopted by CDPH; and,
 - e) Current USPSTF recommendations regarding breast cancer screening, mammography, and prevention in effect on January 1, 2025, or any modification or supplement to that recommendation adopted by CDPH. [HSC §1367.002 and INS §10112.2]
- 10) Requires, notwithstanding Existing Law 9a) above, health plan contracts and insurance policies to cover items and services in accordance with any applicable requirement of specified law, including, but not limited to, prophylaxis of HIV infection, home test kits for

sexually transmitted diseases, cervical cancer screening, and colorectal cancer screening.
[HSC §1367.002 and INS §10112.2]

This bill:

- 1) Requires a health plan contract, except a specialized health plan, and a disability insurance policy issued, amended, or renewed on or after January 1, 2027, to provide coverage for an annual cervical cancer screening home test kit upon the referral of the patient’s health care provider.
- 2) Prohibits a health plan contract and disability insurance policy from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided pursuant to this bill.
- 3) Requires Medi-Cal to cover annual cervical cancer home test kits for screening or diagnostic purposes, upon the referral of a patient’s health care provider, to the extent required or permitted by federal law. Indicates a Medi-Cal beneficiary is not subject to any cost-sharing, including but not limited to, a share of cost or spend down of excess income, as specified. Applies this requirement to fee-for-service and the managed care delivery system.
- 4) Eliminates a Medi-Cal and Family PACT requirement for STD home test kits, including HIV tests, that reimbursement is contingent upon the addition of codes specific to home test kits in the CPT or HCPCS to comply with HIPAA requirements.

FISCAL EFFECT: According to the Assembly Appropriations Committee (this analysis did not include an estimate related to the STD home test kit provisions):

- 1) 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 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 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, 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 USPSTF 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 (CMS) determines the intended use is not medically necessary.

PRIOR VOTES:

Assembly Floor:	73 - 0
Assembly Appropriations Committee:	14 - 0
Assembly Health Committee:	16 - 0

COMMENTS:

- 1) *Author's statement.* 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. CDPH 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) *USPSTF recommendation.* The USPSTF, with an A rating, recommends screening for cervical cancer every three years with cervical cytology alone in women ages 21 to 29 years and then every five years with clinician- or patient-collected high-risk HPV primary screening in women ages 30 to 65 years. As an alternative to HPV primary screening for women ages 30 to 65 years, the USPSTF recommends continued screening every three years with cervical cytology (Pap test) alone or screening every five years with high-risk HPV testing in combination with cytology (cotesting).
- 3) *HRSA recommendation.* HRSA adopted the Women's Preventive Services Initiative recommendation for cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years, cervical cancer screening using Pap test (cytology) every three years is recommended. Co-testing with cytology and high-risk HPV testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with primary high-risk HPV testing every five years or cytology and high-risk HPV testing every five years. If high risk HPV testing is not available, continue screening with cytology alone every three years. Women who are at average risk should not be screened more than once every three years. Patient-collected high risk HPV testing is an appropriate method and should be offered as an option for cervical cancer screening in women aged 30 to 65 years at average risk. Additional testing may be required to complete the screening process and follow-up findings on the initial screening. If additional testing (e.g., cytology, biopsy, colposcopy, extended genotyping, dual stain) and pathologic evaluation are indicated, these services also are recommended to complete the screening process for malignancies. Non-grandfathered group health plans and health insurance issuers offering group or individual health insurance coverage must cover without cost-sharing the services and screenings listed on the updated Women's Preventive Services Guidelines for plan/policy years that begin one year after this date.
- 4) *California Health Benefits Review Program (CHBRP) report.* AB 1996 (Thomson, Chapter 795, Statutes of 2002) 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. CHBRP was created in response to AB 1996 and reviewed this bill. Key findings include:

- a) *Cervical cancer screening.* HPV is the most common sexually transmitted infection in the U.S., with an estimated 13 million new cases each year. Cervical cancer is the most common HPV-related cancer. HPV vaccination is anticipated to lead to a 90% reduction in cervical cancer among those vaccinated during adolescence. However, the full benefits 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. The three primary methods of testing are: 1) HPV testing which checks cells for infection with high-risk HPV types of cells; 2) Cytology or Pap testing, where cervical cells are checked for abnormalities caused by HPV. Pap testing does not detect high risk HPV; and, 3) HPV/Pap co-test which tests for both abnormal cells and high-risk HPV infection. There are three FDA approved tests for self-collection in a clinic or office, and two self-collection tests for home: one is FDA authorized, and one is FDA cleared. CHBRP reports 25% of women in the U.S. are under screened and 2% require more frequent screening due to abnormal results or immunosuppression. Studies have also found 41% of women screened with Pap tests, 51% with co-testing, and 9% with HPV testing were over-screened.
 - b) *Coverage impacts and enrollees covered.* CHBRP indicates that 40% of enrollees in state regulated health insurance have coverage without cost-sharing for home test kits.
 - c) *Medical effectiveness.* According to CHBRP, the scientific consensus and pooled data indicate very strong evidence that, when instructions are properly followed, self-samples provide accurate, stable, and clinically valid HPV detection suitable for future widespread home-based screening. Currently, the Teal Wand is the only FDA-authorized home test kit for cervical cancer screening for use at the time of the CHBRP report. The Teal Wand can be requested online through the Teal Health website. Ordering the kit requires attending a virtual visit with a Teal provider to review the patient's screening history and discuss the at-home screening steps. The test kit is mailed and returned once the sample is collected. Virtual consultation to discuss follow-up care is available through Teal Health. A second product has been cleared by the FDA, BD Onclarity HPV Assay, in April 2026. CHBRP also indicates that some health systems in California are planning their own self-collection screening programs outside of the Teal mechanism, using their own laboratories and mailing infrastructure.
 - d) *Utilization.* CHBRP estimates an increase of 5,753 enrollees using home test kits for cervical cancer. CHBRP estimated average per unit costs of \$223.71.
 - e) *Medi-Cal.* \$2,000 increase in Medi-Cal premiums reflects the marginal awareness-driven utilization among beneficiaries who already have baseline coverage without cost-sharing at a lower reimbursement rate (\$77.19 per kit). Additionally, CHBRP indicates that although Medi-Cal plans report covering home test kits, access is limited by the Teal Wand's current distribution model. CHBRP also reports that the Every Woman Counts program covers self-collected HPV testing for cervical cancer screening using current CPT codes for HPV testing.
 - f) *Impact on expenditures.* Premiums would increase by just over \$1 million (employers), \$315,000 (employees), \$262,000 (individual purchasers), and \$2,000 (Medi-Cal managed care plans). This represents commercial insurance premium impacts per member per month of \$.0094-.0099, Covered California \$.0105-0111, and \$.0074 for CalPERS.
 - g) *Public health.* Long-term, this bill could modify the effects of the social drivers of health on cervical cancer screening by reducing barriers to screening over time.
 - h) *Essential health benefits (EHBs).* No impact on EHBs.
- 5) *Billing Codes.* A fact sheet published by CDPH on SB 306 (Pan, Chapter 486, Statutes of 2021) indicates that before STD home screening tests will be covered by Medi-Cal and

Family PACT, there must be the addition of CPT or HCPCS codes specific to at home STD test kits. CPT Codes are developed by the American Medical Association and HCPCS Codes are developed by CMS. It is unknown if or when these specific codes will be established. Additionally, the kits must be sent by the enrolled provider to a Medi-Cal enrolled laboratory with a fee based on the Medicare Clinical Diagnostic Laboratory Test Payment System Final Rule. Lastly, reimbursement will also only be covered if “any necessary federal approvals” have been obtained. The fact sheet also says that some at home STD testing companies have already begun to bill commercial insurance for their services, although Medi-Cal reimbursement may currently only cover the cost of laboratory processing the test specimen and not the cost of the kit itself or shipping and handling until additional billing codes are established.

- 6) *Prior legislation.* AB 144 (Committee on Budget, Chapter 105, Statutes of 2025), among other provisions, establishes baseline recommendations for preventive services, items, and immunizations recommended, as of January 1, 2025, by the USPSTF, the ACIP, and HRSA. Authorizes CDPH to modify or supplement the baseline recommendations, taking into consideration guidance and recommendations from additional medical and scientific organizations, including, but not limited to, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians. Authorizes CDPH to incorporate subsequent evidence-based recommendations from USPSTF, ACIP, or HRSA, to the extent the department determines them to promote public health. Requires CDPH to publish the baseline recommendations, including any modification or supplement, and that any updates, modifications, or supplements are deemed effective on the date of publication. Replaces references to USPSTF, ACIP, or HRSA for coverage preventive services and items, and for the administration of vaccines by various health professionals and other personnel and entities, with references to these federal recommendations as they existed on January 1, 2025, as modified or supplemented by CDPH pursuant to its authority under the baseline recommendations. Until January 1, 2030, extends protection of liability for any injury caused by an act or omission in prescribing, dispensing, ordering, furnishing, or in the administration of vaccines or other immunizing agents if required by state law or administered in accordance with guidance from CDPH according to its baseline recommendations, unless the act or omission constitutes willful misconduct or gross negligence.

SB 306 (Pan, Chapter 486, Statutes of 2021) among other provisions, requires public and commercial health coverage of home STD test kits, specifically for Medi-Cal coverage the benefit is contingent upon the addition of codes specific to home test kits in the CPT or HCPCS to comply with HIPAA requirements.

- 7) *Support.* ACOG writes this bill addresses barriers by ensuring coverage of clinician-referred home screening options, which can increase screening uptake, particularly among underserved and hard-to-reach populations. According to ACOG, by requiring coverage without cost-sharing across both commercial markets and Medi-Cal, this bill promotes equitable access to lifesaving preventive care, and early detection of cervical cancer and precancerous conditions significantly improve outcomes, reduces the need for more invasive treatment, and lowers long-term health care costs. ACOG writes this bill maintains the role of the patient’s health care provider in recommending and guiding appropriate screening, ensuring continuity and quality of care. Planned Parenthood Affiliates of California (PPAC) writes this bill also helps increase access to other STD home test kits for Medi-Cal patients by making technical changes to existing law to ensure that both HPV tests and other STD

tests can be reimbursed in Medi-Cal. According to PPAC, this bill would create billing parity between commercial and Medi-Cal plans by removing the contingent application of coverage in Medi-Cal, which will allow Medi-Cal providers to use existing CPT and HCPCS codes for clinical laboratory tests, regardless of whether the collection of a lab sample occurs in a clinic or using a home test kit.

- 8) *Opposition.* The California Association of Health Plans and the Association of California Life and Health Insurance Companies write that this is one of ten health insurance mandate bills that will increase costs, reduce choice and competition, and further incent some employers and individuals to avoid state regulated coverage by seeking alternative coverage options. Opponents write “state mandates increase premium costs for families and individuals and small business owners who cannot or do not wish to self-insure. 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. Benefit mandates impose a one-size-fits-all approach to medical care and benefit design without consideration for consumer choice.”
- 9) *Policy comments.*
- a) The existing cervical cancer screening requirement, which is being amended by this bill, was enacted in 2001, long before the enactment of the ACA preventive services requirements and other related policies. Clean up and modernization of the code may be useful.
 - b) Cervical cancer screening coverage without cost-sharing should be consistent with Nationally recognized clinical care guidelines. Coverage for annual screening appears to be outdated.
 - c) Nongrandfathered health plans and insurers may already be required to cover at home HPV screening tests without cost-sharing under the preventive services requirements of the ACA beginning in 2027. Because of the passage of AB 144, state enforcement of the federal requirement may be on hold until CDPH makes a determination if the state supports the new recommendations. It is unknown when CDPH will make their determination and what is their process and timeline.

SUPPORT AND OPPOSITION:

Support: American Association of University Women - California
 American Association of University Women - San Jose Branch
 American College of Obstetricians & Gynecologists - District IX
 American College of Surgeons, Southern California Chapter
 Biocom
 California Commission on the Status of Women and Girls
 California Federation of Teachers
 California Life Sciences Association
 California Primary Care Association Advocates
 California Retired Teachers Association
 Health Access California
 Planned Parenthood Affiliates of California
 Teal Health
 Western Center on Law & Poverty, Inc.

Oppose: America's Health Insurance Plans
Association of California Life & Health Insurance Companies
California Association of Health Plans

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