SENATE COMMITTEE ON APPROPRIATIONS
Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

AB 1906 (Aguiar-Curry) - Health care coverage: home test kits

Version: June 22, 2026
Urgency: No
Hearing Date: June 29, 2026

Policy Vote: HEALTH 11 - 0
Mandate: Yes
Consultant: Agnes Lee

Bill Summary: AB 1906 would require health coverage of cervical cancer home test kits, as specified.

Fiscal Impact:

- Unknown costs, potentially hundreds of thousands to low millions, in the Medi-Cal program due to increased utilization of cervical cancer screenings (General Fund and federal funds).
- Unknown costs for the Department of Managed Health Care (DMHC) for state administration (Managed Care Fund).
- The California Department of Insurance (CDI) estimates costs of $7,000 in 2026-27 and $19,000 in 2027-28 for state administration (Insurance Fund).
- Unknown ongoing General Fund costs, likely minor, due to increased CalPERS plan premiums.

Background:

Health Plan and Insurer Coverage of Cervical Cancer Screening. Current law requires health plans and insurers to provide coverage for an annual cervical cancer screening test 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. The coverage for an annual cervical cancer screening test provided must include the conventional Pap test, a human papillomavirus screening test that is approved by the United States Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA, upon the referral of the patient's health care provider. Current law allows the application of deductible or copayment provisions, as specified.

Medi-Cal Coverage of Cervical Cancer Screening. The Medi-Cal program provides health care services to qualified low-income individuals. Current law establishes a schedule of benefits under the Medi-Cal program. Medi-Cal covers 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.

Home Test Kits for Cervical Cancer Screening. According to the California Health Benefits Review Program (CHBRP), samples for a cervical cancer test have historically been collected from the cervix during a pelvic exam in a clinical setting. More recently,

there have been developments to allow for some testing to be performed using self-collected samples, where a speculum or pelvic exam is not required. This can occur at home or in a health clinic or office, depending on the test used. Currently, there is only one U.S. Food and Drug Administration (FDA)-authorized home test kit for cervical cancer screening available for use (approved May 2025).

The CHBRP indicates that on January 5, 2026, the federal Health Resources and Services Administration (HRSA)-supported health plan coverage guidelines for women's preventive services updated its recommendation for cervical cancer screening to include that patient-collected hrHPV 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. As such, impacted plans will be required to cover some form of patient-collected hrHPV tests without cost sharing by January 2027. However, as 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. In addition, the U. S. Preventive Services Task Force (USPSTF) has published a draft recommendation for patient-collected hrHPV testing and sought public comment. The USPTF guidelines will also have implications for determining plan coverage of these services.

Medi-Cal, Family PACT, and State-Only Family Planning Program Coverage of Home Test Kits for Sexually Transmitted Diseases (STDs). The Family PACT program and the State-Only Family Planning program provide comprehensive family planning and reproductive health services at no cost to eligible low-income Californians. The Medi-Cal, Family PACT, and State-Only Family Planning programs cover home test kits for sexually transmitted diseases that are deemed medically necessary or appropriate and ordered directly by an enrolled Medi-Cal or Family PACT clinician or furnished through a standing order for patient use based on clinical guidelines and individual patient health needs. Current law requires reimbursement for these home test kits to be contingent upon the addition of codes specific to home test kits in the Current Procedural Terminology or Healthcare Common Procedure Coding System to comply with federal Health Insurance Portability and Accountability Act (HIPAA) requirements.

Proposed Law: Specific provisions of the bill would:

- Require health plans and insurers to provide coverage for cervical cancer screening that includes FDA-authorized or cleared self-collected cervical screening kits that allow patients to self-collect samples at a location outside of a clinical setting; and prohibit health plans and insurers from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement for cervical cancer screening.

- Require the Medi-Cal program to additionally cover as a benefit, FDA-authorized or cleared cervical cancer home test kits for screening that are ordered by a patient's health care provider and consistent with nationally recognized clinical guidelines; and prohibit a Medi-Cal beneficiary from being subjected to any cost sharing, as specified.

- Delete the existing requirement that reimbursement for STD home test kits in the Medi-Cal, Family PACT, and State-Only Family Planning programs be contingent upon the addition of specified billing codes.

Staff Comments: According to the CHBRP analysis of AB 1906 (introduced version), for DMHC-regulated plans and CDI-regulated policies, total premiums paid by employers and enrollees would increase by approximately $1,580,000. This includes an increase in CalPERS employer premiums of $69,000 and an increase in Medi-Cal premiums of $2,000.

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