Office of Senate Floor Analyses
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THIRD READING

Bill No: AB 1906
Author: Aguiar-Curry (D)
Amended: 6/22/26 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 6/17/26
AYES: Weber Pierson, Valladares, Caballero, Durazo, Gonzalez, Grove, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/13/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 73-0, 5/21/26 - See last page for vote

SUBJECT: Health care coverage: home test kits

SOURCE: Author

DIGEST: This bill requires health plans, insurers, and Medi-Cal to provide coverage without cost-sharing for cervical cancer screening when ordered or provided by an in-network provider consistent with nationally recognized clinical guidelines, instead of annually, and includes coverage for cervical cancer screening test kits that allow patients to self-collect at a location outside of a clinical setting that is ordered by the patient's health care provider. Eliminates a Medi-Cal and Family Planning, Access, Care, and Treatment (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.

ANALYSIS:

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. [Health and Safety Code (HSC) §1340, et seq. and Insurance Code (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 withing 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 and insurer 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. [Welfare and Institutions Code (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). 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 cervical cancer screening when ordered or provided by an in-network provider operating within their permitted scope of practice and consistent with nationally recognized clinical guidelines, including FDA-authorized or cleared self-collected cervical cancer screening kits that allow patients to self-collect samples a location outside of a clinical setting.

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, to the extent the plan does not fail to be treated as a high deductible health plan, under federal law, as specified.

3) Requires Medi-Cal to cover cervical cancer tests for screening that are ordered by a patient's health care provider and consistent with nationally recognized clinical guidelines to the extent required or permitted by federal law, including 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 guidelines. 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.

5) Deletes the coverage requirement for annual cervical cancer screening.

Comments

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.

Background

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).

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.

CDPH. CDPH endorses the recommendations of the USPSTF as they stood on January 1, 2025, and HRSA published updates regarding cervical cancer screening for average-risk people on January 5, 2026, with a clarifying addition to align with the American Cancer Society. The CDPH endorsed recommendations are described below and will be published (with potential updates) by CDPH before February 1, 2027. California regulated health plans and insurers are expected to cover these services without cost-sharing by February 1, 2027:

- Age 21-29 years - Cervical cytology every 3 years.
- Age 30-65 years - Primary high-risk Human Papillomavirus (hrHPV) testing is preferred.
  - Clinician collected hrHPV or co-testing (hrHPV plus cervical cytology) every five years.
  - If hrHPV testing is not available, cervical cytology (alone) every three years.
  - Self-collected hrHPV testing should be offered as an alternative to clinician collected hrHPV testing in order to increase screening rates and improve health equity.
  - Screening after a negative self-collected hrHPV test should be repeated in three years (American Cancer Society 2025).
- Additional testing that may be required to complete the screening process and follow-up screening findings are recommended and should be covered without cost-sharing.
- Implementation, systems and infrastructure support for self-collection screening and follow-up testing outside of the clinical setting should be considered.

California Health Benefits Review Program (CHBRP) report. Key findings include:

- *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.

- *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.
- *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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee, 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 DMHC for state administration (Managed Care Fund).

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 California Public Employees' Retirement System plan premiums.

SUPPORT: (Verified 8/14/26)

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 Pan-Ethnic Health Network
California Primary Care Association Advocates
California Retired Teachers Association
California State Retirees
Health Access California
Informed Policy Advocates
Planned Parenthood Affiliates of California
Teal Health
Western Center on Law & Poverty, Inc.

OPPOSITION: (Verified 8/14/26)

America's Health Insurance Plans

ARGUMENTS IN 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.

ARGUMENTS IN OPPOSITION: The Association of Health Insurance Plans (AHIP) writes 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, and "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."

ASSEMBLY FLOOR: 73-0, 5/21/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Arambula, Chen, Garcia, Lackey, Ramos, Celeste Rodriguez, Tangipa

Prepared by: Teri Boughton / HEALTH / (916) 651-4111
8/15/26 15:19:07

****** END ******