
SENATE COMMITTEE ON HEALTH

Senator Dr. Akilah Weber Pierson, Chair

BILL NO: SB 1124
AUTHOR: Archuleta
VERSION: April 8, 2026
HEARING DATE: April 22, 2026
CONSULTANT: Natalie Gehred

SUBJECT: Public health

SUMMARY: Requires the California Department of Public Health to develop signage for lung cancer screening by July 1, 2027, and mandates that retailers prominently display this signage in retail locations beginning January 1, 2028. Creates a \$1,000 penalty for failure to display the signage, enforceable by the California Department of Tax and Fee Administration.

Existing law:

- 1) Creates the California Tobacco Control Program (CTCP) within the California Department of Public Health (CDPH) to reduce tobacco use and prevent tobacco-related diseases, and conduct health education interventions and behavior change programs at the state level, in the community, and other non-school settings, including cessation programs. Requires CDPH to conduct statewide surveillance of tobacco-related behaviors, knowledge, and attitudes, and evaluate its local and state tobacco control programs. [HSC §104375]
- 2) Establishes the Cigarette and Tobacco Products Licensing Act of 2003, which requires retailers, wholesalers, and distributors to be licensed to sell tobacco products and to conspicuously display the license in the retail location in a manner visible to the public. Imposes a \$500 penalty for any retailer who fails to display a license, to be deposited in the Cigarette and Tobacco Compliance Fund. [BPC §22972, §22974.5, and §22990]
- 3) Authorizes any peace officer, or California Department of Tax and Fee Administration (CDTFA) employee granted limited peace officer status, upon presenting appropriate credentials, to conduct inspections and assess penalties. [BPC §22980, et seq.]
- 4) Requires retailers of tobacco products, as part of the Stop Tobacco Access to Kids Enforcement (STAKE) Act, to post conspicuously a notice stating that selling tobacco products to anyone under 21 years of age is illegal and subject to penalties, that the law requires those selling tobacco products check the identification of a purchaser, and includes a toll-free telephone number to report unlawful sales of tobacco products to any person under 21 years of age. [BPC §22952]

This bill:

- 1) Requires CDPH, by July 1, 2027, to develop signage for lung cancer screening, including information regarding the eligibility criteria for lung cancer screening, the effectiveness of lung cancer screening, the toll-free telephone number of the Kick It California tobacco cessation program, and a Quick Response (QR) code to the Kick It California webpage.
- 2) Requires any retailer selling tobacco products to prominently display this signage in every retail location by January 1, 2028.

- 3) Imposes a \$1,000 penalty on any retailer who fails to display the signage as required, to be enforced by CDTFA inspections.

FISCAL EFFECT: This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) *Author's statement.* According to the author, lung cancer is the leading cause of cancer death both in California and nationally, yet California has the lowest lung cancer screening rate in the country—less than 1%. The primary barrier is awareness, given that 62% of Americans do not even know it exists. To address California's particularly low screening rates and the disparities in access across communities, this bill will require signage, created by CDPH, for lung cancer screening eligibility criteria at the point of sale for tobacco products. This bill creates an opportunity for California to inform its eligible residents of critical, life-saving health care options.
- 2) *The California Tobacco Control Program.* The CTCP was created by the Tobacco Tax and Health Protection Act of 1988 (presented to voters as Proposition 99), which approved a \$0.87 cigarette tax to help fund the Health Education Account administered in part by the CTCP. The goal of the program is to change social norms around tobacco use by making a social and legal climate in which tobacco is less desirable, acceptable, and accessible by limiting tobacco-promoting influences, reducing exposure to secondhand smoke, limiting the availability of tobacco products, and promoting tobacco cessation. The program consists of partnerships with local health departments and nonprofits, a statewide media campaign in six different languages, and surveillance and evaluation through phone, school, and online surveys. The California Healthcare, Research, and Prevention Tobacco Tax Act of 2016 (presented to voters as Proposition 56) further increased the cigarette tax to \$2.87, of which 11% of post-implementation revenue is used to bolster the CTCP, with at least 15% being used to enable efforts to eliminate tobacco-related health disparities. The CTCP includes the Kick It California program, the state's smoking cessation program. Kick It California offers a variety of free, evidence-based services to support cessation efforts, including a hotline, one-on-one coaching, text programs, and self-help reference materials.

The CTCP is associated with a reduction in tobacco product usage: according to CDPH, annual per capita cigarette pack consumption in California has decreased from 82.4 to 10.4 during the years from the passage of Proposition 99 to 2024. According to CDPH's Tobacco-Related Data Dashboard, overall tobacco product usage rates among adults have declined from 14% in 2018 to 11% in 2024. Vape use among adults (5.2%), however, has not declined. The American Lung Association ranks the 2023 adult smoking rate in California third-lowest among all states.

- 3) *Lung cancer in California.* Lung cancer is the third most common cancer and the leading cause of cancer deaths in California, according to data from a 2019 UC Davis Comprehensive Cancer Center report. Smoking and secondhand smoke are the leading risk factors, followed by radon exposure and air pollution. The California Tobacco Control Program's estimate of lung and bronchus cancer incidence in California decreased from 41.2 to 33.8 per 100,000 adults between 2016 and 2021, although the COVID-19 pandemic is a notable confounding factor in diagnosis and screening during this period. According to 2025 estimates from the American Lung Association, California has the third-lowest rate of new lung cancer diagnoses in the nation, which may be partially explained by its comparatively low smoking rate. However, just over 25% of lung cancer cases are caught at an early stage,

placing California 43rd among the 50 states in terms of early detection screening. Late detection of lung cancer is deadly: compared to the 65% five-year survival rate for lung cancer caught in early stages, cancer detected after metastasis only has a 10% five-year survival rate. While late-stage diagnoses remain high, most California counties have observed decreasing trends of late-stage diagnoses since 2009, according to a 2000-2018 study from the California Cancer Registry.

- 4) *Lung cancer screening.* To detect lung cancer early, screening can be performed with low-dose CT scans, which image a patient's lungs with low-dose x-rays and typically take 15 minutes or less. Radiologists review the scan and the patient's primary care physician will follow up with the patient for additional imaging or biopsies if needed.

According to the United States Preventative Services Task Force (USPSTF), people eligible for lung cancer screenings are those who meet all three of the following criteria: 1) are 50 to 80 years old; 2) currently smoke or have quit within the past 15 years; and, 3) smoke at least 20 pack-years (the product of the packs of cigarettes smoked per day by the number of years smoked, i.e., two packs a day for ten years). The USPSTF gives lung cancer screening a B grade, meaning that they recommend the screening with high certainty that the net benefit is moderate, or moderate certainty that the benefit is moderate to substantial. Cancer screenings with USPSTF A or B grades are usually covered by insurance for those who meet USPSTF eligibility criteria. Annual low-dose CT scans for lung cancer screening are covered with no cost sharing by Medicare (for those between 50 and 77 years of age) and Medi-Cal.

- 5) *Double referral.* This bill will be heard in the Senate Revenue and Taxation Committee on April 22, 2026.
- 6) *Related legislation.* SB 1309 (Rubio) would require a health plan to provide coverage for follow-up screening or diagnostic services for lung cancer, including diagnostic imaging, tissue biopsy, and surgical consultation, with no cost sharing to the patient. *SB 1309 is set for hearing in this committee on April 22, 2026.*
- 7) *Prior legislation.* AB 573 (Rogers, Chapter 269, Statutes of 2025) increased the fee for a license to sell tobacco products in the state for each separate license to provide additional resources for increased enforcement of tobacco law. Requires the Legislative Analyst's Office to report to the Legislature information about the state's enforcement activities and how they could be bolstered.

SB 1927 (Hayden, Chapter 1009, Statutes of 1994) enacted the STAKE Act.

- 8) *Support.* The American Lung Cancer Screening Initiative (ALCSI), the sponsors of this bill, claim that too many individuals continue to have their lung cancer diagnosed at advanced stages simply because they were not informed about screening. They state that their members do outreach at local health and resource fairs across California, speaking directly with community members about lung cancer screening, and have seen firsthand that awareness leads to action. They assert that the bill is a low-cost, scalable, and evidence-backed health intervention to address California's low rate of lung cancer screening. Doctors' groups like the Southern California Chapter of the American College of Surgeons and the California Academy of Family Physicians support efforts to educate Californians about lung cancer screening, writing that early screening significantly improves lung cancer survival. The Southern California Chapter of the American College of Surgeons share that 62% of

Americans are unaware that lung cancer screening exists. A coalition letter from the ALCSI, the California-Hawaii State Conference of the NAACP, the Southern California Public Health Association, and the San Luis Obispo County Tobacco Control Coalition states that only 16.8% of eligible individuals in California are screened for lung cancer every year, much lower than the about 75% screening rates for colon, cervical, and breast cancer. They claim that increasing the early detection of lung cancer through lung cancer screening is one of the best ways to improve survival and eliminate health disparities. The California-Hawaii State Conference of the NAACP emphasizes the importance of lung cancer screenings for Black communities, who continue to face disproportionate health risks due to inequitable access to health care, preventative services, and health education. They state this bill provides accessible, culturally neutral, and actionable health information in everyday environments to help address these disparities. The California LGBTQ Health and Human Services Network also states that tobacco use remains a significant driver of health inequities in LGBTQ+ communities: approximately 1 in 6 lesbian, gay, and bisexual adults smoke cigarettes, compared to 1 in 9 heterosexual adults, placing LGBTQ+ individuals at heightened risk for preventable illness and death. Barriers such as discrimination, lack of culturally competent care, limited provider knowledge, and gaps in health care access continue to prevent LGBTQ+ individuals from receiving timely screenings, so they support this bill's effort to bridge this gap by increasing the visibility and awareness of lung cancer screening.

- 9) *Concerns.* The California Fuels and Convenience Alliance and California Retailers Association assert that they recognize the important public health goals this bill seeks to advance but have two primary concerns related to implementation. First, they would like clear guidance on signage specifications, including size, placement, and format that would be workable in small retail environments. Second, they support adding a requirement that CDPH develop and distribute guidance to educate licensed tobacco retailers about their new obligations under this bill, especially given the \$1,000 penalty for noncompliance, which they claim is a significant amount for smaller businesses.

SUPPORT AND OPPOSITION:

Support: American Lung Cancer Screening Initiative (sponsor)
 American College of Surgeons, Southern California Chapter
 California Academy of Family Physicians
 California-Hawaii State Conference of the NAACP
 California LGBTQ Health and Human Services Network
 San Luis Obispo County Tobacco Control Coalition
 Southern California Public Health Association
 UCLA Undergraduate Student Association Council
 Five individuals

Oppose: None received.

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