

Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
SB 1124 (Archuleta) – As Amended April 27, 2026

**SENATE VOTE:** 29-4

**SUBJECT:** Public health.

**SUMMARY:** Requires the State Department of Public Health (DPH), no later than July 1, 2027, to develop signage for lung cancer screening, which would include, among other things, eligibility criteria for lung cancer screening and the toll-free telephone number of the Kick It California tobacco cessation program. Requires, beginning January 1, 2028, a retailer engaged in the retail sale of cigarettes or tobacco products to prominently display the signage developed by the DPH in its retail locations. Makes a retailer who violates the above-described requirement subject to suspension or revocation of their license or a \$500 penalty, or guilty of a misdemeanor.

**EXISTING LAW:**

- 1) Creates the California Tobacco Control Program (CTCP) within DPH 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 DPH to conduct statewide surveillance of tobacco-related behaviors, knowledge, and attitudes, and evaluate its local and state tobacco control programs. [Health and Safety Code § 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. [Business and Professions Code (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]

**FISCAL EFFECT:** According to the Senate Appropriations Committee:

- 1) Unknown one-time General Fund costs, potentially tens of thousands, for DPH to develop the signage.

- 2) CDTFA estimates costs (ranging from \$10,000 to \$50,000) for implementation and ongoing activities, including providing notifications to retail licensees, answering taxpayer inquiries, and performing related administrative functions such as issuing and processing civil penalties and handling appeals (Cigarette and Tobacco Products Compliance Fund). CDTFA indicates unknown potential revenues from civil penalties.
- 3) Unknown, potential cost pressures to the courts related to additional enforcement penalties provided in this measure (Trial Court Trust Fund, General Fund). While the courts are not funded on a workload basis, an increase in workload could result in delayed court services and would put pressure on the General Fund to fund additional staff and resources.

#### COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, lung cancer is the leading cause of cancer death in California and nationally, yet California has the lowest lung cancer screening rate in the country (<1%). The author states that the primary barrier is awareness given that 62% of Americans don't even know lung cancer screening exists. To address California's particularly low screening rates and the disparities in access across communities, this bill will require signage, created by DPH, for lung cancer screening eligibility criteria at the point-of sale for tobacco products. The author concludes that this bill is an opportunity for California to inform its residents of critical, life-saving, health care options.
- 2) **BACKGROUND.** According to the National Cancer Institute, as of 2023 an estimated 635,547 people in the U.S. were living with lung and bronchus cancer. Lung cancer is the leading cause of cancer death for both men and women, despite being the second most common cancer after prostate cancer in men and breast cancer in women. 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.
  - a) **The CTCP.** The CTCP was created by the Tobacco Tax and Health Protection Act of 1988 (presented to voters as Proposition 99), which approved an \$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.

**b) Lung cancer screening.** To detect lung cancer early, screening can be performed with low-dose computed tomography (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. According to a 2011 study published in *The New England Journal of Medicine* examining the outcomes of lung cancer screening on individuals with a history of tobacco and/or nicotine product use, for every 320 individuals screened for lung cancer using low-dose CT scans, one premature death from lung cancer was prevented.

**3) SUPPORT.** The American Lung Cancer Screening Initiative (ALCSI) is the sponsor of this bill and states that lung cancer remains the leading cause of cancer-related death in California and across the United States, yet screening rates remain significantly lower than those of other major cancers, such as breast, cervical, and colorectal cancer. This disparity is driven largely by a lack of awareness among high-risk populations. ALCSI notes that this bill was developed to directly address this gap. The bill would require tobacco retailers to prominently display information about lung cancer screening at the point of sale, including eligibility criteria and resources surrounding Kick It California. This approach ensures that information is delivered in high-volume areas. Crucially, when detected early, lung cancer is highly treatable, with dramatically improved survival rates compared to late-stage diagnosis. ALCSI argues that this bill is a low-cost, scalable, and evidence-backed health intervention that builds upon existing infrastructure to address a preventable cause of death. ALCSI concludes that by increasing awareness and facilitating access to screening, this legislation has the potential to save lives across California.

The California Hawaii State Conference of the NAACP (NAACP) supports this bill and states that there is no doubt that lung cancer screening saves lives. Large-scale randomized trials have shown that screening with low-dose CT reduces lung cancer mortality by 20-33% among individuals at high risk for lung cancer. When patients are diagnosed with lung cancer at an early stage, the five-year survival rate is 63%. However, most patients are diagnosed with lung cancer at a distant stage when the five-year survival rate is 8%—nearly ten times lower compared to patients diagnosed with early-stage disease. NAACP concludes 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.

- 4) **OPPOSE UNLESS AMENDED.** The California Fuels and Convenience Alliance and California Retailers Association note that they recognize the important public health goals this bill seeks to advance but have concerns related to implementation. They would like clear guidance on signage specifications, including size, placement, and format that would be workable in small retail environments.
- 5) **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 passed the Assembly Health Committee on June 16, 2026, with a vote of 15 to 0.
- 6) **PREVIOUS LEGISLATION.**
- a) 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.
  - b) SB 1927 (Hayden), Chapter 1009, Statutes of 1994 enacted the STAKE Act.
- 7) **AMENDMENTS.** In order to address concerns raised by stakeholders, the author is proposing to amend this bill to clarify the size of the signs required to be posted, to require DPH to provide the signage to retailers at no cost, and to correct an inaccurate cross-reference.

#### **REGISTERED SUPPORT / OPPOSITION:**

##### **Support**

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

##### **Opposition**

None on file

**Analysis Prepared by:** Lara Flynn / HEALTH / (916) 319-2097