Date of Hearing: August 5, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
SB 1124 (Archuleta) – As Amended June 25, 2026

Policy Committee: Health Vote: 13 - 1

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill requires the California Department of Public Health (CDPH) develop lung cancer screening signage and requires tobacco retailers to prominently display the signage.

More specifically, this bill:

1) Requires CDPH, on or before July 1, 2027, develop lung cancer screening signage that does not exceed 8.5 inches by 4 inches and includes the following:

   a) Eligibility criteria for lung cancer screening.

   b) Information on the effectiveness of lung cancer screening.

   c) The toll-free telephone number of the Kick It California tobacco cessation program (KIC).

   d) A quick response (QR) code that links to the KIC page on CDPH's website.

2) Requires CDPH make the signage available to order at no cost from its website.

3) Requires a tobacco retailer, beginning January 1, 2028, conspicuously display the signage at each retail location.

4) Makes a retailer who fails to display the signage as required pursuant to item 4, above, liable for a civil penalty of $500 for each offense at a retail location.

5) Requires the California Department of Tax and Fee Administration (CDTFA) issue the civil penalty pursuant to item 4, above, in accordance with the procedures applicable to the civil penalty for failure to display a license.

6) Requires civil penalties collected pursuant to this bill be deposited into the Cigarette and Tobacco Products Compliance Fund.

FISCAL EFFECT:

1) CDPH states it anticipates costs of approximately $426,000 for fiscal years (FY) 2027-28 and 2028-29, and $275,642 ongoing beginning in FY 2029-30 for one full-time staff to develop

the lung cancer screening signage, manage a graphic design contract, support regulatory development, and provide relevant content information such as lung cancer eligibility criteria (General Fund).

2) Possible additional costs of an unknown amount to the University of California (UC), which administers KIC, to integrate new call prompts and referral pathways into existing workflows for the program's cessation activities (California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Fund and Cigarette and Tobacco Products Surtax Fund).

3) CDTFA estimates costs of $100,000 in 2026-27, $266,000 in 2027-28, $242,000 in 2028-29, $170,000 in 2029-30, and $141,000 in 2030-31 and ongoing for 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 also anticipates potential revenues of an unknown amount from civil penalties.

COMMENTS:

1) **Purpose.** This bill is sponsored by the American Lung Cancer Screening Initiative. 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...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, SB 1124 will require signage, created by the California Department of Health, for lung cancer screening eligibility criteria at the point-of sale for tobacco products. SB 1124 is an opportunity for California inform it residents of critical, life-saving, health care options.

2) **Background.** According to the U.S. Preventive Services Task Force (USPSTF), people who are 50 to 80 years old, are current smokers or quit smoking within the past 15 years, or smoked at least 20 pack-years (the number of packs of cigarettes smoked per day multiplied by the number of years smoked; for example, two packs per day for 10 years is 20 pack-years) are eligible for lung cancer screenings. USPSTF gives lung cancer screening a 'B' grade, as USPSTF has high certainty that lung cancer screening has a moderate net benefit. Insurance usually covers grade B screenings for those who meet eligibility criteria. Annual low-dose CT scans for lung cancer screening are generally covered with no cost sharing by Medicare and Medi-Cal.

3) **Concerns.** The American Cancer Society Cancer Action Network writes that this bill lacks a clear pathway to meaningful screening uptake or improved patient navigation.

4) **Related Legislation.** SB 1309 (Rubio) requires health plans and health insurance policies provide coverage without cost sharing for follow-up screenings and diagnostic services for lung cancer after an abnormal or indeterminate screening result. SB 1309 is pending in this

committee.

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