
SENATE COMMITTEE ON APPROPRIATIONS

Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

SB 1309 (Rubio) - Health care coverage: lung cancer

Version: April 27, 2026

Urgency: No

Hearing Date: May 4, 2026

Policy Vote: HEALTH 10 - 0

Mandate: Yes

Consultant: Agnes Lee

Bill Summary: SB 1309 would require health plans and insurers to provide coverage without cost-sharing for follow-up screening or diagnostic services for lung cancer.

Fiscal Impact:

- The Department of Managed Health Care (DMHC) anticipates minor and absorbable costs for state administration.
- The California Department of Insurance (CDI) estimates costs of \$3,000 in 2026-27 and \$16,000 in 2027-28 for state administration (Insurance Fund).
- Unknown General Fund costs, potentially hundreds of thousands, due to increased CalPERS plan premiums.

Background: Current state law requires health plans and insurers to provide coverage for and not impose any cost-sharing requirements for any evidence-based items or services that had in effect a rating of “A” or “B” in the recommendations of the United States Preventive Services Task Force (USPSTF) on January 1, 2025 or, as later modified by the California Department of Public Health (CDPH).

For lung cancer screening, the USPSTF recommends an annual screening for lung cancer with low-dose CT scans in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. The screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. This recommendation is a grade “B” recommendation which means that this annual screening is covered without enrollee cost-sharing. The USPSTF guidelines are silent on any further testing beyond the annual screening, even if the results are inconclusive or require follow-up. While the initial screening with a low-dose CT is covered without enrollee cost-sharing, follow-up services needed to make a diagnosis (including CT scans, tissue sampling, specialist consultations) may require enrollee cost-sharing.

Proposed Law: Specific provisions of the bill would:

- Require health plans and insurers to provide coverage for follow-up screening or diagnostic services for lung cancer recommended by a health care provider acting within the scope of their practice; and prohibit this coverage from being subject to copayment, coinsurance, deductible, or any other form of cost-sharing.

- Define “follow-up screening or diagnostic services for lung cancer” to mean a service provided after an initial abnormal or indeterminate test result, including, but not limited to, a diagnostic computed tomography scan, positron emission tomography/computed tomography scan, tissue sampling, biopsy, bronchoscopy, pathology, and surgical consultation.

Related Legislation:

SB 1124 (Archuleta) would require a retailer engaged in the retail sale of cigarettes or tobacco products to prominently display signage regarding lung cancer screening. The bill is scheduled to be heard May 4, 2026 in this committee.

AB 1570 (Wilson) would require health plans and insurers to provide coverage without cost-sharing for screening mammography, medically necessary diagnostic or supplemental breast examinations, diagnostic mammography, and medically necessary diagnostic breast imaging. The bill is currently in the Assembly Appropriations Committee.

Staff Comments: According to the California Health Benefits Review Program (CHBRP) analysis of SB 1309 (introduced version), CHBRP estimates an increase of \$27,641,000 in total annual premiums paid by employers and enrollees for covering benefits without cost-sharing. This includes an increase of \$544,000 in CalPERS employer premiums.

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