

ASSEMBLY BILL

No. 1570

Introduced by Assembly Member Wilson

January 12, 2026

An act to amend Section 1367.65 of the Health and Safety Code, and to amend Section 10123.81 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 1570, as introduced, Wilson. Health care coverage: diagnostic imaging.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under existing law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing.

This bill would require a health care service plan contract, a policy of health insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2028, to provide coverage without imposing cost sharing for, among other things, screening mammography

and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1367.65 of the Health and Safety Code
2 is amended to read:

3 1367.65. (a) ~~On or after January 1, 2000, each~~ (1) A health
4 care service plan ~~contract, except contract issued, amended, or~~
5 ~~renewed on or after January 1, 2000, excluding a specialized health~~
6 ~~care service plan contract, that is issued, amended, delivered, or~~
7 ~~renewed shall be deemed to shall~~ provide coverage for
8 mammography for screening or diagnostic purposes upon referral
9 by a participating nurse practitioner, participating certified
10 nurse-midwife, participating physician assistant, or participating
11 physician, providing care to the patient and operating within the
12 scope of practice provided under existing law.

13 (b)
14 (2) This ~~section subdivision~~ does not prevent application of
15 copayment or deductible provisions in a plan, nor shall this ~~section~~
16 ~~subdivision~~ be construed to require that a plan be extended to cover
17 any other procedures under an individual or a group health care
18 service plan contract. ~~This section does not authorize a plan~~
19 ~~enrollee to receive the services required to be covered by this~~
20 ~~section if those services are furnished by a nonparticipating~~
21 ~~provider, unless the plan enrollee is referred to that provider by a~~
22 ~~participating physician, nurse practitioner, or certified~~
23 ~~nurse-midwife providing care.~~

24 (b) (1) A *health care service plan contract issued, amended,*
25 *or renewed on or after January 1, 2028, excluding a specialized*
26 *health care service plan contract, shall provide coverage without*

1 *imposing cost sharing for screening mammography, medically*
2 *necessary diagnostic or supplemental breast examinations,*
3 *diagnostic mammography, tests for screening or diagnostic*
4 *purposes, and medically necessary diagnostic breast imaging,*
5 *including diagnostic breast imaging following an abnormal*
6 *mammography result and for an enrollee indicated to have a risk*
7 *factor associated with breast cancer, including family history or*
8 *known genetic mutation. Diagnostic breast imaging includes breast*
9 *magnetic resonance imaging, breast ultrasound, and other*
10 *clinically indicated diagnostic testing. Diagnostic breast imaging,*
11 *diagnostic mammography, and diagnostic and supplemental breast*
12 *examinations, or other clinically indicated diagnostic testing are*
13 *covered under this subdivision to the extent it is consistent with*
14 *nationally recognized evidence-based clinical guidelines.*

15 (2) (A) *Paragraph (1) applies to a health care service plan*
16 *contract that meets the definition of a “high deductible health*
17 *plan” set forth in Section 223(c)(2) of Title 26 of the United States*
18 *Code only after an enrollee’s deductible has been satisfied for the*
19 *year.*

20 (B) *Notwithstanding subparagraph (A), paragraph (1) applies*
21 *to a health care service plan contract that meets the definition of*
22 *a “high deductible health plan” set forth in Section 223(c)(2) of*
23 *Title 26 of the United States Code with respect to items or services*
24 *that are preventative care pursuant to Section 223(c)(2)(C) of Title*
25 *26 of the United States Code regardless of whether an enrollee’s*
26 *deductible has been satisfied for the year.*

27 (c) (1) *This section does not authorize an enrollee to receive*
28 *the services required to be covered by this section if those services*
29 *are furnished by a nonparticipating provider, except as specified*
30 *in paragraph (2).*

31 (2) *A plan shall arrange for the provision of services required*
32 *by this section from providers outside the plan’s network if those*
33 *services are unavailable within the network to ensure timely access*
34 *to covered health care services consistent with Section 1367.03.*

35 (d) *Subdivision (b) does not preclude a health care service plan*
36 *that provides coverage for out-of-network benefits from imposing*
37 *cost-sharing requirements for the items or services described in*
38 *this section that are delivered by an out-of-network provider, except*
39 *in the situation described in paragraph (2) of subdivision (c) and*
40 *as otherwise required by law.*

1 (e) For the purposes of this section:

2 (1) "Breast magnetic resonance imaging" means a diagnostic
3 tool that uses a powerful magnetic field, radio waves, and a
4 computer to produce detailed pictures of the structures within the
5 breast.

6 (2) "Breast ultrasound" means a noninvasive diagnostic tool
7 that uses high-frequency sound.

8 (3) "Cost sharing" means a deductible, coinsurance, or
9 copayment, and any maximum limitation on the application of that
10 deductible, coinsurance, or copayment, or a similar out-of-pocket
11 expense.

12 (4) "Diagnostic breast examination" means a medically
13 necessary and appropriate, in accordance with the National
14 Comprehensive Cancer Network Guidelines, examination of the
15 breast, including an examination using contrast-enhanced
16 mammography, diagnostic mammography, breast magnetic
17 resonance imaging, breast ultrasound, or molecular breast
18 imaging, that is either of the following:

19 (A) Used to evaluate an abnormality seen or suspected from a
20 screening examination for breast cancer.

21 (B) Used to evaluate an abnormality detected by another means
22 of examination.

23 (5) "Diagnostic mammography" means a diagnostic tool that
24 uses x-ray and is designed to evaluate an abnormality in the breast.

25 (6) "Supplemental breast examination" means a medically
26 necessary and appropriate, in accordance with the National
27 Comprehensive Cancer Network Guidelines, examination of the
28 breast, including an examination using contrast-enhanced
29 mammography, breast magnetic resonance imaging, breast
30 ultrasound, or molecular breast imaging, that is either of the
31 following:

32 (A) Used to screen for breast cancer when an abnormality is
33 not seen or suspected.

34 (B) Based on personal or family medical history or additional
35 factors that increase the individual's risk of breast cancer,
36 including heterogeneously or extremely dense breasts.

37 SEC. 2. Section 10123.81 of the Insurance Code is amended
38 to read:

39 10123.81. (a) ~~An individual or group policy of~~ (1) A disability
40 insurance policy or self-insured employee welfare benefit plan

1 shall be deemed to provide coverage for mammography for
2 screening or diagnostic purposes upon the referral of a participating
3 nurse practitioner, participating certified nurse-midwife,
4 participating physician assistant, or participating physician,
5 providing care to the patient and operating within the scope of
6 practice provided under existing law.

7 (b)

8 (2) This ~~section~~ subdivision does not prevent the application of
9 copayment or deductible provisions in a policy, nor does this
10 section require that a policy be extended to cover any other
11 procedures under an individual or a group policy. ~~This section~~
~~does not authorize a policyholder to receive the services required~~
~~to be covered by this section if those services are furnished by a~~
~~nonparticipating provider, unless the policyholder is referred to~~
~~that provider by a participating physician, nurse practitioner, or~~
~~certified nurse-midwife providing care.~~

17 (b) (1) A *health insurance policy that provides hospital,*
18 *medical, or surgical coverage or a self-insured employee welfare*
19 *benefit plan issued, amended, or renewed on or after January 1,*
20 *2028, shall provide coverage without imposing cost sharing for*
21 *screening mammography, medically necessary diagnostic or*
22 *supplemental breast examinations, diagnostic mammography, tests*
23 *for screening or diagnostic purposes, and medically necessary*
24 *diagnostic breast imaging, including diagnostic breast imaging*
25 *following an abnormal mammography result and for an insured*
26 *indicated to have a risk factor associated with breast cancer,*
27 *including family history or known genetic mutation. Diagnostic*
28 *breast imaging includes breast magnetic resonance imaging, breast*
29 *ultrasound, and other clinically indicated diagnostic testing.*
30 *Diagnostic breast imaging, diagnostic mammography, and*
31 *diagnostic and supplemental breast examinations, or other*
32 *clinically indicated diagnostic testing are covered under this*
33 *subdivision to the extent it is consistent with nationally recognized*
34 *evidence-based clinical guidelines.*

35 (2) (A) *Paragraph (1) applies to a health insurance policy that*
36 *meets the definition of a “high deductible health plan” set forth*
37 *in Section 223(c)(2) of Title 26 of the United States Code only after*
38 *an insured’s deductible has been satisfied for the year.*

39 (B) *Notwithstanding subparagraph (A), paragraph (1) applies*
40 *to a health insurance policy that meets the definition of a “high*

1 *deductible health plan*" set forth in Section 223(c)(2) of Title 26
2 of the United States Code with respect to items or services that
3 are preventative care pursuant to Section 223(c)(2)(C) of Title 26
4 of the United States Code regardless of whether an insured's
5 deductible has been satisfied for the year.

6 (c) (1) *This section does not authorize an insured to receive
7 the services required to be covered by this section if those services
8 are furnished by a nonparticipating provider, except as specified
9 in paragraph (2).*

10 (2) *An insurer shall arrange for the provision of services
11 required by this section from providers outside the insurer's
12 contracted network if those services are unavailable within the
13 network to ensure timely access to covered health care services
14 consistent with Sections 10133 and 10133.54.*

15 (e)

16 (d) *This section—shall does not apply to specialized health
17 insurance, Medicare supplement insurance, CHAMPUS supplement
18 insurance, or TRI-CARE supplement insurance, or to hospital
19 indemnity, accident-only, or specified disease insurance.*

20 (e) *Subdivision (b) does not preclude a disability insurer that
21 provides coverage for out-of-network benefits from imposing
22 cost-sharing requirements for the items or services described in
23 this section that are delivered by an out-of-network provider, except
24 in the situation described in paragraph (2) of subdivision (c) and
25 as otherwise required by law.*

26 (f) *For the purposes of this section:*

27 (1) *"Breast magnetic resonance imaging" means a diagnostic
28 tool that uses a powerful magnetic field, radio waves, and a
29 computer to produce detailed pictures of the structures within the
30 breast.*

31 (2) *"Breast ultrasound" means a noninvasive diagnostic tool
32 that uses high-frequency sound.*

33 (3) *"Cost sharing" means a deductible, coinsurance, or
34 copayment, and any maximum limitation on the application of that
35 deductible, coinsurance, or copayment, or a similar out-of-pocket
36 expense.*

37 (4) *"Diagnostic breast examination" means a medically
38 necessary and appropriate, in accordance with the National
39 Comprehensive Cancer Network Guidelines, examination of the
40 breast, including an examination using contrast-enhanced*

1 *mammography, diagnostic mammography, breast magnetic*
2 *resonance imaging, breast ultrasound, or molecular breast*
3 *imaging, that is either of the following:*

4 (A) *Used to evaluate an abnormality seen or suspected from a*
5 *screening examination for breast cancer.*

6 (B) *Used to evaluate an abnormality detected by another means*
7 *of examination.*

8 (5) *“Diagnostic mammography” means a diagnostic tool that*
9 *uses x-ray and is designed to evaluate an abnormality in the breast.*

10 (6) *“Supplemental breast examination” means a medically*
11 *necessary and appropriate, in accordance with the National*
12 *Comprehensive Cancer Network Guidelines, examination of the*
13 *breast, including an examination using contrast-enhanced*
14 *mammography, breast magnetic resonance imaging, breast*
15 *ultrasound, or molecular breast imaging, that is either of the*
16 *following:*

17 (A) *Used to screen for breast cancer when an abnormality is*
18 *not seen or suspected.*

19 (B) *Based on personal or family medical history or additional*
20 *factors that increase the individual’s risk of breast cancer,*
21 *including heterogeneously or extremely dense breasts.*

22 SEC. 3. No reimbursement is required by this act pursuant to
23 Section 6 of Article XIII B of the California Constitution because
24 the only costs that may be incurred by a local agency or school
25 district will be incurred because this act creates a new crime or
26 infraction, eliminates a crime or infraction, or changes the penalty
27 for a crime or infraction, within the meaning of Section 17556 of
28 the Government Code, or changes the definition of a crime within
29 the meaning of Section 6 of Article XIII B of the California
30 Constitution.