



04/29/26 12:33 PM
RN 26 13850 PAGE 1
Substantive

22345

AMENDMENTS TO ASSEMBLY BILL NO. 1570
AS AMENDED IN ASSEMBLY APRIL 9, 2026

Amendment 1

On page 3, strike out line 3 and in line 5, strike out “imaging and breast ultrasound.”

Amendment 2

On page 4, in line 9, strike out “examination” and insert:

imaging

Amendment 3

On page 4, in line 10, strike out “an examination using”

Amendment 4

On page 4, between lines 17 and 18, insert:

(5) “Diagnostic breast imaging” includes breast magnetic resonance imaging and breast ultrasound.

Amendment 5

On page 4, in line 18, strike out “(5)” and insert:

(6)

Amendment 6

On page 4, in line 20, strike out “(6)” and insert:

(7)

Amendment 7

On page 5, in line 15, strike out “Diagnostic breast imaging”, strike out lines 16 and 17 and in line 18, strike out “ultrasound.”



RN2613850

Amendment 8

On page 6, in line 26, strike out “examination” and insert:

imaging

Amendment 9

On page 6, in line 27, strike out “an examination using”

Amendment 10

On page 6, between lines 34 and 35, insert:

(5) “Diagnostic breast imaging” includes breast magnetic resonance imaging and breast ultrasound.

Amendment 11

On page 6, in line 35, strike out “(5)” and insert:

(6)

Amendment 12

On page 6, in line 37, strike out “(6)” and insert:

(7)

PROPOSED AMENDMENTS

**RN 26 13850 05
04/29/26 12:33 PM
SUBSTANTIVE**

PROPOSED AMENDMENTS TO ASSEMBLY BILL NO. 1570

AMENDED IN ASSEMBLY APRIL 9, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 1570

**Introduced by Assembly Member Wilson
(Coauthors: Assembly Members Caloza, Connolly, Davies, Haney,
Ortega, Pacheco, Pellerin, Quirk-Silva, and Michelle Rodriguez)**

January 12, 2026



RN2613850

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 amended, 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.

PROPOSED AMENDMENTS

AB 1570

— 2 —

**RN 26 13850 05
04/29/26 12:33 PM
SUBSTANTIVE**

This bill would require a health care service plan contract, a health insurance policy, 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:

Page 2

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

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

11 (2) This subdivision does not prevent application of copayment
12 or deductible provisions in a plan, nor shall this subdivision be
13 construed to require that a plan be extended to cover any other
14 procedures under an individual or a group health care service plan
15 contract.

16 (b) (1) A health care service plan contract issued, amended, or
17 renewed on or after January 1, 2028, excluding a specialized health
18 care service plan contract, shall provide coverage without imposing
19 cost sharing for screening mammography, medically necessary
20 diagnostic or supplemental breast examinations, diagnostic
21 mammography, and medically necessary diagnostic breast imaging,
22 including diagnostic breast imaging following an abnormal

Amendment 1

Page 2 23 mammography result and for an enrollee indicated to have a risk
 Page 3 1 factor associated with breast cancer, including family history or
 2 known genetic mutation. ~~Diagnostic breast imaging includes breast
 3 magnetic resonance imaging and breast ultrasound.~~ Diagnostic
 5 breast imaging, diagnostic mammography, and diagnostic and
 6 supplemental breast examinations are covered under this
 8 subdivision to the extent it is consistent with nationally recognized
 9 evidence-based clinical guidelines.

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

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

22 (c) (1) This section does not authorize an enrollee to receive
 23 the services required to be covered by this section if those services
 24 are furnished by a nonparticipating provider, except as specified
 25 in paragraph (2).

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

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

36 (e) For the purposes of this section:

37 (1) “Breast magnetic resonance imaging” means a diagnostic
 38 tool that uses a powerful magnetic field, radio waves, and a
 39 computer to produce detailed pictures of the structures within the
 40 breast.

Page 4 1 (2) “Breast ultrasound” means a noninvasive diagnostic tool
 2 that uses high-frequency sound.

PROPOSED AMENDMENTS

AB 1570

— 4 —

**RN 26 13850 05
04/29/26 12:33 PM
SUBSTANTIVE**

Page 4

3 (3) “Cost sharing” means a deductible, coinsurance, or
4 copayment, and any maximum limitation on the application of that
5 deductible, coinsurance, or copayment, or a similar out-of-pocket
6 expense.

7 (4) “Diagnostic breast examination” means a medically
8 necessary and appropriate, in accordance with the National
9 Comprehensive Cancer Network Guidelines, ~~examination~~ *imaging*
10 of the breast, including ~~an examination using~~ contrast-enhanced
11 mammography, diagnostic mammography, breast magnetic
12 resonance imaging, breast ultrasound, or molecular breast imaging,
13 that is either of the following:

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

16 (B) Used to evaluate an abnormality detected by another means
17 of examination.

+ (5) “*Diagnostic breast imaging*” includes *breast magnetic*
+ *resonance imaging and breast ultrasound*.

18 ~~(5)~~
+ (6) “Diagnostic mammography” means a diagnostic tool that
19 uses x-ray and is designed to evaluate an abnormality in the breast.

20 ~~(6)~~
+ (7) “Supplemental breast examination” means a medically
21 necessary and appropriate, in accordance with the National
22 Comprehensive Cancer Network Guidelines, examination of the
23 breast, including an examination using contrast-enhanced
24 mammography, breast magnetic resonance imaging, breast
25 ultrasound, or molecular breast imaging, that is either of the
26 following:

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

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

32 SEC. 2. Section 10123.81 of the Insurance Code is amended
33 to read:

34 10123.81. (a) (1) A disability insurance policy or self-insured
35 employee welfare benefit plan shall be deemed to provide coverage
36 for mammography for screening or diagnostic purposes upon the
37 referral of a participating nurse practitioner, participating certified
38 nurse-midwife, participating physician assistant, or participating

**Amendment 2
Amendment 3**

**Amendment 4
Amendment 5**

Amendment 6

Page 4 39 physician, providing care to the patient and operating within the
40 scope of practice provided under existing law.

Page 5 1 (2) This subdivision does not prevent the application of
2 copayment or deductible provisions in a policy, nor does this
3 section require that a policy be extended to cover any other
4 procedures under an individual or a group policy.

5 (b) (1) A health insurance policy or a self-insured employee
6 welfare benefit plan issued, amended, or renewed on or after
7 January 1, 2028, shall provide coverage without imposing cost
8 sharing for screening mammography, medically necessary
9 diagnostic or supplemental breast examinations, diagnostic
10 mammography, and medically necessary diagnostic breast imaging,
11 including diagnostic breast imaging following an abnormal
12 mammography result and for an insured indicated to have a risk
13 factor associated with breast cancer, including family history or
14 known genetic mutation. ~~Diagnostic breast imaging includes breast
15 magnetic resonance imaging and breast ultrasound.~~ Diagnostic
16 breast imaging, diagnostic mammography, and diagnostic and
17 supplemental breast examinations are covered under this
18 subdivision to the extent it is consistent with nationally recognized
19 evidence-based clinical guidelines.

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

27 (B) Notwithstanding subparagraph (A), paragraph (1) applies
28 to a health insurance policy that meets the definition of a “high
29 deductible health plan” set forth in Section 223(c)(2) of Title 26
30 of the United States Code with respect to items or services that are
31 preventative care pursuant to Section 223(c)(2)(C) of Title 26 of
32 the United States Code regardless of whether an insured’s
33 deductible has been satisfied for the year.

34 (c) (1) This section does not authorize an insured to receive the
35 services required to be covered by this section if those services
36 are furnished by a nonparticipating provider, except as specified
37 in paragraph (2).

38 (2) An insurer shall arrange for the provision of services required
39 by this section from providers outside the insurer’s contracted
40 network if those services are unavailable within the network to

Amendment 7

PROPOSED AMENDMENTS

AB 1570

— 6 —

RN 26 13850 05

04/29/26 12:33 PM

SUBSTANTIVE

Page 6

1 ensure timely access to covered health care services consistent
2 with Sections 10133 and 10133.54.

3 (d) This section does not apply to specialized health insurance,
4 Medicare supplement insurance, CHAMPUS supplement insurance,
5 or TRI-CARE supplement insurance, or to hospital indemnity,
6 accident-only, or specified disease insurance.

7 (e) Subdivision (b) does not preclude a disability insurer that
8 provides coverage for out-of-network benefits from imposing
9 cost-sharing requirements for the items or services described in
10 this section that are delivered by an out-of-network provider, except
11 in the situation described in paragraph (2) of subdivision (c) and
12 as otherwise required by law.

13 (f) For the purposes of this section:

14 (1) "Breast magnetic resonance imaging" means a diagnostic
15 tool that uses a powerful magnetic field, radio waves, and a
16 computer to produce detailed pictures of the structures within the
17 breast.

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

20 (3) "Cost sharing" means a deductible, coinsurance, or
21 copayment, and any maximum limitation on the application of that
22 deductible, coinsurance, or copayment, or a similar out-of-pocket
23 expense.

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

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

33 (B) Used to evaluate an abnormality detected by another means
34 of examination.

+ (5) "*Diagnostic breast imaging*" includes *breast magnetic*
+ *resonance imaging and breast ultrasound.*

35 ~~(5)~~

+ (6) "Diagnostic mammography" means a diagnostic tool that
36 uses x-ray and is designed to evaluate an abnormality in the breast.

37 ~~(6)~~

Amendment 8
Amendment 9

Amendment 10

Amendment 11

Amendment 12

PROPOSED AMENDMENTS

**RN 26 13850 05
04/29/26 12:33 PM
SUBSTANTIVE**

Page 6 + (7) “Supplemental 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
 Page 7 1 mammography, breast magnetic resonance imaging, breast
 2 ultrasound, or molecular breast imaging, that is either of the
 3 following:
 4 (A) Used to screen for breast cancer when an abnormality is
 5 not seen or suspected.
 6 (B) Based on personal or family medical history or additional
 7 factors that increase the individual’s risk of breast cancer, including
 8 heterogeneously or extremely dense breasts.
 9 SEC. 3. No reimbursement is required by this act pursuant to
 10 Section 6 of Article XIII B of the California Constitution because
 11 the only costs that may be incurred by a local agency or school
 12 district will be incurred because this act creates a new crime or
 13 infraction, eliminates a crime or infraction, or changes the penalty
 14 for a crime or infraction, within the meaning of Section 17556 of
 15 the Government Code, or changes the definition of a crime within
 16 the meaning of Section 6 of Article XIII B of the California
 17 Constitution.

O