

**ASSEMBLY BILL**

**No. 1906**

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**Introduced by Assembly Member Aguiar-Curry**

February 12, 2026

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An act to amend Section 1367.66 of the Health and Safety Code, to amend Section 10123.18 of the Insurance Code, and to amend Section 14132.17 of the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 1906, as introduced, Aguiar-Curry. Cervical cancer screening.

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 or health insurance policy issued, amended, or renewed on or after January 1, 2002, to provide coverage for an annual cervical cancer screening test upon the referral of the patient's health care provider.

Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to low-income individuals pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. An annual cervical cancer test for screening or diagnostic purposes, upon the referral of a patient's physician, is a covered benefit under the Medi-Cal program to the extent required or permitted by federal law.

This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to provide coverage without cost sharing for an annual cervical cancer screening home test kit upon the referral of the patient’s health care provider. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The bill would also include cervical cancer home test kits, upon the referral of a patient’s health care provider, as a covered benefit under the Medi-Cal program on or after January 1, 2027, without cost sharing, to the extent required or permitted by federal law.

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 1367.66 of the Health and Safety Code  
 2 is amended to read:  
 3 1367.66. (a) ~~Every~~(1) A individual or group health care  
 4 service plan contract, except for a specialized health care service  
 5 plan, issued, amended, or renewed on or after January 1, 2002,  
 6 shall provide coverage for an annual cervical cancer screening test  
 7 upon the referral of the patient’s physician and surgeon, a nurse  
 8 practitioner, or a certified nurse-midwife, providing care to the  
 9 patient and operating within the scope of practice otherwise  
 10 permitted for the licensee.  
 11 (2) *A health care service plan contract, except for a specialized*  
 12 *health care service plan, issued, amended, or renewed on or after*  
 13 *January 1, 2027, shall provide coverage for an annual cervical*  
 14 *cancer screening home test kit upon the referral of the patient’s*  
 15 *health care provider. A health care service plan contract shall not*  
 16 *impose a deductible, coinsurance, copayment, or any other*  
 17 *cost-sharing requirement on the coverage provided pursuant to*  
 18 *this paragraph.*  
 19 (†)

1 (3) The coverage for an annual cervical cancer screening test  
2 provided pursuant to this ~~section~~ *subdivision* shall include the  
3 conventional Pap test, a human papillomavirus screening test that  
4 is approved by the United States Food and Drug Administration  
5 (FDA), and the option of any cervical cancer screening test  
6 approved by the FDA, upon the referral of the patient's health care  
7 provider.

8 (2)

9 (4) This subdivision does not establish a new mandated benefit  
10 or prevent application of deductible or copayment provisions in  
11 an existing plan contract. The Legislature intends in this section  
12 to provide that cervical cancer screening services are deemed to  
13 be covered if the plan contract includes coverage for cervical cancer  
14 treatment or surgery.

15 (b) A health care service plan contract, except for a specialized  
16 health care service plan, issued, amended, or renewed on or after  
17 January 1, 2024, shall provide coverage for the human  
18 papillomavirus vaccine for enrollees for whom the vaccine is  
19 approved by the FDA. A health care service plan contract shall  
20 not impose a deductible, coinsurance, copayment, or any other  
21 cost-sharing requirement on the coverage provided pursuant to  
22 this subdivision.

23 SEC. 2. Section 10123.18 of the Insurance Code is amended  
24 to read:

25 10123.18. (a) (1) A disability insurance policy issued,  
26 amended, or renewed on or after January 1, 2024, and that provides  
27 coverage for hospital, medical, or surgical benefits shall provide  
28 coverage, upon the referral of a patient's physician and surgeon,  
29 a nurse practitioner, or a certified nurse-midwife, providing care  
30 to the patient and operating within the scope of practice otherwise  
31 permitted for the licensee, for an annual cervical cancer screening  
32 test.

33 (2) *A disability insurance policy issued, amended, or renewed*  
34 *on or after January 1, 2027, shall provide coverage for an annual*  
35 *cervical cancer screening home test kit upon the referral of a*  
36 *patient's health care provider. A health insurance policy shall not*  
37 *impose a deductible, coinsurance, copayment, or any other*  
38 *cost-sharing requirement on the coverage provided pursuant to*  
39 *this paragraph.*

40 (1)

1 (3) The coverage for an annual cervical cancer screening test  
2 provided pursuant to this ~~section~~ *subdivision* shall include the  
3 conventional Pap test, a human papillomavirus screening test that  
4 is approved by the United States Food and Drug Administration  
5 (FDA) and the option of any cervical cancer screening test  
6 approved by the FDA, upon the referral of the patient’s health care  
7 provider.

8 (2)  
9 (4) This subdivision does not require an individual or group  
10 policy to cover treatment or surgery for cervical cancer or to  
11 prevent application of deductible or copayment provisions  
12 contained in the policy or certificate, and does not require that  
13 coverage under an individual or group policy be extended to any  
14 other procedures.

15 (b) A disability insurance policy issued, amended, or renewed  
16 on or after January 1, 2024, that provides coverage for hospital,  
17 medical, or surgical benefits shall provide coverage for the human  
18 papillomavirus vaccine for insureds for whom the vaccine is  
19 approved by the FDA. The policy shall not impose a deductible,  
20 coinsurance, copayment, or any other cost-sharing requirement on  
21 the coverage provided pursuant to this subdivision.

22 (c) This section shall not apply to vision-only, dental-only,  
23 accident-only, specified disease, hospital indemnity, Medicare  
24 supplement, CHAMPUS supplement, long-term care, or disability  
25 income insurance. For accident-only, hospital indemnity, or  
26 specified disease insurance, coverage for benefits under this section  
27 shall apply only to the extent that the benefits are covered under  
28 the general terms and conditions that apply to all other benefits  
29 under the policy or certificate. This section does not impose a new  
30 benefit mandate on accident-only, hospital indemnity, or specified  
31 disease insurance.

32 SEC. 3. Section 14132.17 of the Welfare and Institutions Code  
33 is amended to read:

34 14132.17. (a) Annual cervical cancer tests for screening or  
35 diagnostic purposes, upon the referral of a patient’s physician, is  
36 a covered benefit under this chapter, on or after January 1, 1991,  
37 to the extent required or permitted by federal law.

38 (b) (1) *Annual cervical cancer home test kits for screening or*  
39 *diagnostic purposes, upon the referral of a patient’s health care*  
40 *provider, is a covered benefit under this chapter, on or after*

1 *January 1, 2027, to the extent required or permitted by federal*  
2 *law.*

3 *(2) A Medi-Cal beneficiary is not subject to any cost sharing,*  
4 *including, but not limited to, a share of cost or spend down of*  
5 *excess income as described in Section 14054 for the benefit*  
6 *described in this subdivision.*

7 *(3) This subdivision applies to both the fee-for-service delivery*  
8 *system and the managed care delivery system under the Medi-Cal*  
9 *program.*

10 SEC. 4. No reimbursement is required by this act pursuant to  
11 Section 6 of Article XIII B of the California Constitution because  
12 the only costs that may be incurred by a local agency or school  
13 district will be incurred because this act creates a new crime or  
14 infraction, eliminates a crime or infraction, or changes the penalty  
15 for a crime or infraction, within the meaning of Section 17556 of  
16 the Government Code, or changes the definition of a crime within  
17 the meaning of Section 6 of Article XIII B of the California  
18 Constitution.