Assembly Bill 2668 would require state-regulated health plans and policies to provide coverage for cranial prostheses (hereafter referred to as medical wigs) for enrollees experiencing permanent or temporary hair loss due to a medical condition or treatment. The bill requires that coverage would be limited to one medical wig per enrollee per year, up to $750 per medical wig, and subject to the enrollee’s cost-sharing requirements under their health insurance plan or policy.

AB 2668 would apply to the health insurance of approximately 24,194,000 (63.6% of all Californians) Medi-Cal (DMHC Regulated and COHS) and CDI and DMHC Regulated (Commercial & CalPERS).

CHBRP estimates that AB 2668 would likely exceed EHBs and the state would potentially be required to defray $6,264,000 in costs.

AB 2668 would result in an increase of total net annual expenditures of $26,503,000 (0.02%) for enrollees with state-regulated health insurance. This would include an increase of $29,513,000 in total premiums for newly covered benefits, as well as the increase of $19,191,000 in enrollee expenses for covered benefits. Expenses for noncovered benefits would decrease by $22,201,000.

There is limited evidence that the use of medical wigs can improve quality-of-life outcomes and therefore AB 2668 would likely yield health improvements, such as improved quality of life and mental health, among the additional 20,500 enrollees who would use medical wigs.