

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

AB 1876 (Addis)
Version: February 12, 2026
Hearing Date: June 23, 2026
Fiscal: Yes
Urgency: No
AM

SUBJECT

Health care coverage: nondiscrimination

DIGEST

This bill prohibits a health care service plan or a health insurer licensed in the state from excluding, denying benefits to, or otherwise discriminating against a subscriber, enrollee, policyholder, or insured on the basis of race, color, national origin, age, disability, or sex, as defined.

EXECUTIVE SUMMARY

Section 1557 of the Affordable Care Act (Section 1557) prohibits discrimination in the provision of health insurance or health care coverage on the basis of race, color, national origin, age, disability, or sex. (*See* 42 U.S.C. § 18116.) However, President Donald Trump signed Executive Order 14187, which denies the existence of transgender and nonbinary individuals, ignores the recommendations of medical experts, and attempts to prevent minors and 18-year-old adults from obtaining medically prescribed gender-affirming care. The Executive Order also instructed the Department of Health and Human Services to withdraw guidance clarifying that Section 1557's prohibition on sex-based discrimination extends to discrimination on the basis of gender identity and gender expression.

This bill is intended codify Section 1557 in state law. Section 1557 prohibits a health care service plan or health insurer from excluding a subscriber or enrollee from, or denying them a benefit or coverage under, a health care service plan or health insurance plan, on the basis of the person's race, color, national origin, age, disability, or sex. The bill also clarifies that "sex" includes a person's gender identity and gender expression, and requires health care service plan providers and health insurers to provide specified disclosures to their subscribers and enrollees relating to their right to be free of discrimination. The bill's protections would be in addition to existing

antidiscrimination laws, and are intended to complement, rather than supplant, those existing laws.

This bill's provisions are substantially similar to SB 418 (Menjivar, 2025), which was vetoed by Governor Newsom due to concerns over a provision requiring health plans and insurers to cover a 12-month supply of federal Food and Drug Administration-approved prescription hormone therapy, and the necessary supplies for self-administration, prescribed by an in-network provider and dispensed at one time without utilization management. That provision is not included in this bill. SB 418 passed this Committee on a vote of 11 to 1.

This bill is sponsored by the Alliance for TransYouth Rights, Equality California, Planned Parenthood Affiliates of California, and TransFamily Support Services. It is supported by numerous medical, nonprofit, and community organizations. This bill is opposed by the California Family Council, California Teachers Supporting Gender-Nonconforming Youth, Cause: Californians United for Sex-Based Evidence in Policy and Law, Democrats for an Informed Approach to Gender, International Foundation for Therapeutic and Counselling Choice, Lesbians Advocating for a Resilient Future, LGB (Lesbian, Gay, and Bisexual) Alliance Foundation, Our Duty, Women are Real, and the Women's Liberation Front. The Senate Health Committee passed this bill with a vote of 7 to 1.

PROPOSED CHANGES TO THE LAW

Existing constitutional law:

- 1) Provides that the legislative powers of the United States are vested in the United States Congress, and that every bill that passes the House of Representatives and the Senate and is signed by the President shall become law. (U.S. Const., art. I, §§ 1, 7 cl. 2.)
- 2) Provides that individuals are guaranteed the right to equal protection under federal, state, and local laws. (U.S. Const., 5th & 14th amends; *Adarand Constructors, Inc. v. Peña* (1995) 515 U.S. 200, 216-217.)

Existing federal law:

- 1) Establishes the Affordable Care Act (ACA), which sets national requirements for the provision of health insurance. (Pub. L. No. 111-148 (Mar. 23, 2010).)
- 2) Establishes, in Section 1557 of the ACA, that an individual shall not, on the basis of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity that receives federal financial assistance or

under any program or activity that is administered by a federal entity. (42 U.S.C. § 18116; *see* 20 U.S.C. § 1681; 29 U.S.C. § 794; 42 U.S.C §§ 2000d, 6101.)

Existing state law:

- 1) Defines the following relevant terms:
 - a) “Enrollee” means a person who is enrolled in a health care service or specialized health care service plan and who is a recipient of services from the plan. (Health & Saf. Code § 1345(c).)
 - b) “Health care service plan” or “specialized health care service plan” means either (1) any person who undertakes to arrange for the provision of health care services to subscribers or enrollees, or to pay for or to reimburse any part of the costs of those services, in return for a prepaid or periodic charge paid by or on behalf of the subscribers or enrollees, or (2) any person, whether located within or outside of this state, who solicits or contracts with a subscriber or enrollee in this state to pay for or reimburse any part of the cost of, or who takes to arrange or arranges for, the provision of health care services that are to be provided wholly or in part in a foreign country in return for a prepaid or periodic charge paid by or on behalf of the subscriber or enrollee. (Health & Saf. Code § 1345(f).)
 - c) “Provider” means any professional person, organization, health facility, or other person or institution licensed by the state to deliver or furnish health care services. (Health & Saf. Code § 1345(i).)
 - d) “Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan. (Health & Saf. Code § 1345(p).)
 - e) “Health insurance” means an individual or group disability insurance policy that provides for hospital, medical, or surgical benefits, subject to specified exceptions. (Ins. Code § 106(b).)
- 2) Provides for regulation of health care service plans and health insurance plans as follows:
 - a) The Department of Managed Health Care regulates health care service plans under the Knox-Keene Health Care Service Plan Act of 1975. (Health & Saf. Code, div. 2, ch. 2.2, §§ 1340 et seq.)
 - b) The Department of Insurance regulates health insurers pursuant to the Insurance Code. (Ins. Code, div. 3, §§ 12900 et seq.)
- 3) Prohibits a health care service plan or specialized health care service plan from denying a contract, modifying the terms of a contract, or limiting a contract because of the race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, or age of any contracting party, prospective contracting party,

or person reasonably expected to benefit from that contract as a subscriber, enrollee, member, or otherwise.

- a) A health care service plan may not utilize marital status, living arrangements, occupation, sex, beneficiary designation, ZIP codes, or other territorial classification, or any combination thereof, for the purpose of establishing sexual orientation.
 - b) "Sex" includes gender identity and gender expression. (Health & Saf. Code § 1365.5.)
- 4) Prohibits a health insurer from failing to refuse to accept an application for that insurance, issuing that insurance to an applicant thereof, or issuing or canceling that insurance under conditions less favorable to the insured than in other comparable cases, except for reasons applicable alike to persons of every race, color, religion, sex, gender, gender identity, gender expression, national origin, ancestry, or sexual orientation; and prohibits race, color, religion, national origin, ancestry, or sexual orientation from constituting a condition or risk for which a higher rate, premium, or charge may be required of the insured for that insurance. (Ins. Code § 10140(a).)
- a) A health care service plan may not utilize marital status, living arrangements, occupation, sex, beneficiary designation, ZIP codes, or other territorial classification, or any combination thereof, for the purpose of establishing sexual orientation.
 - b) "Sex" includes gender identity and gender expression. (Ins. Code § 10140.)

This bill:

- 1) Provides that a subscriber or enrollee shall not be excluded from enrollment or participation in, be denied the benefits of, or be subjected to discrimination by, any health care service plan or health insurer licensed in this state on the basis of race, color, national origin, age, disability, or sex.
- 2) Provides that discrimination on the basis of sex pursuant to 1) includes, but is not limited to, discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes.
- 3) Provides that, in providing access to health programs and activities, including arranging for the provision of health care services, a health care service plan or a health insurer shall not:
 - a) Deny or limit health care services, including those that have been typically or exclusively provided to, or associated with, individuals of one sex, to an individual based upon the individual's sex assigned at birth, gender identity, or gender otherwise recorded.

- b) Deny or limit, on the basis of an individual's sex assigned at birth, gender identity, or gender otherwise recorded, a health care professional's ability to provide health care services if the denial or limitation has the effect of excluding individuals from participation in, denying them the benefits of, or otherwise subjecting them to discrimination on the basis of sex under a covered health care service plan or covered health insurance policy.
 - c) Adopt or apply any policy or practice of treating individuals differently or separating them on the basis of sex in a manner that subjects any individual to more than de minimis harm, including by adopting a policy of engaging in a practice that prevents an individual from participating in a health care service plan or health insurance policy consistent with the individual's gender identity.
 - d) Deny or limit health care services sought for purpose of gender transition or other gender-affirming care that the health care service plan or health insurance policy would otherwise cover if that denial or limitation is based on an individual's sex assigned at birth, gender identity, or gender otherwise recorded.
- 4) Provides that a health care service plan, in providing or arranging for the provision of health care services or other health-related coverage, or a health insurer, in providing or administering health insurance coverage or other health-related coverage, shall not do any of the following:
 - a) Deny, cancel, limit, or refuse to issue or renew health care plan service enrollment or other health-related coverage, or deny or limit coverage of a claim, or impose additional cost sharing or other limitations or restrictions on coverage, on the basis of race, color, national origin, sex, age, disability, or any combination thereof.
 - b) Have or implement marketing practices or benefit designs that discriminate on the basis of race, color, national origin, sex, age, disability, or any combination thereof, in health care service plan coverage, insurance coverage, or other health-related coverage.
 - c) Deny or limit coverage, deny or limit coverage of a claim, or impose additional cost sharing or other limitations or restrictions on coverage, to an individual based upon the individual's sex assigned at birth, gender identity, or gender otherwise recorded.
 - d) Have or implement a categorical coverage exclusion or limitation for all health care services related to gender transition or other gender-affirming care.
 - e) Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose additional cost sharing or other limitations or restrictions on coverage, for specific health care services related to gender transition or other gender-affirming care if such denial, limitation, or restriction results in discrimination on the basis of sex.

- f) Have or implement benefit designs that do not provide or administer health care service plan coverage, health insurance coverage, or other health-related coverage in the most integrated setting appropriate to the needs of qualified individuals with disabilities, including practices that result in the serious risk of institutionalization or segregation.
- 5) Provides that 1)-4) do not require access to, or coverage of, a health care service for which the health care service plan or health insurer has a legitimate, nondiscriminatory reason for denying or limiting access to, or coverage of, the health care service or determining that the health care service is not clinically appropriate for a particular individual, or fails to meet applicable coverage requirements, including reasonable medical management techniques, such as medical necessity requirements. A health care plan or health insurer's determination under this subdivision shall not be based on unlawful animus or bias, or constitute a pretext for discrimination.
- 6) Requires a health care service plan or health insurer's evidences of coverage, disclosure form, and combined evidence of coverage and disclosure form to include all of the following information in a notice to enrollees or insureds regarding the coverage requirements pursuant to 1):
 - a) A statement that the health care service plan or health insurer does not discriminate on the basis of sex.
 - b) How to file a grievance regarding sex-based discrimination.
 - c) The health care service plan or health insurer's website where an enrollee may file a grievance, if available.
 - d) The health care service plan or health insurer's telephone number that an enrollee may use to file a grievance regarding sex-based discrimination.
- 7) Provides that 1)-6) do not limit the authority of the State Director of Health Care Service or the Insurance Commissioner, a health care service plan or health insurer's duties, or enrollees' or insureds' rights under specified existing law.
- 8) Provides that the rights, remedies, and penalties established by this section are cumulative and do not supersede the rights, remedies, or penalties established under other laws.

COMMENTS

1. Author's comment

The author writes:

The Trump Administration has taken steps to dismantle long-standing discrimination protections embedded in Section 1557 of the Affordable Care Act. AB

1876 takes proactive steps to codify these non-discrimination protections into California statute ensuring that all Californians maintain equitable access to healthcare.

2. Federal law prohibits health insurers who receive federal funding from discriminating on the basis of race, color, national origin, sex, age, or disability

Section 1557 of the Affordable Care Act (ACA) (Section 1557) prohibits any health care provider or insurer that receives federal funding from discriminating against a patient on the basis of race, color, national origin, sex, age, or disability.¹ This prohibition on discrimination on the basis of sex is achieved through a statutory cross-reference to the federal Title IX, which prohibits discrimination on the basis of sex in education programs that receive federal financial assistance.²

In 2020, the Supreme Court held in *Bostock v. Clayton County*³ that “discrimination on the basis of sex” under the federal Title VII, which prohibits discrimination in the workplace on the basis of race, color, religion, sex, or national origin, extends to discrimination on the basis of sexual orientation and gender identity.⁴ As Justice Gorsuch explained:

[I]t is impossible to discriminate against a person for being homosexual or transgender without discriminating against that individual based on sex. Consider, for example, an employer with two employees, both of whom are attracted to men. The two individuals are, to the employer’s mind, materially identical in all respects, except that one is a man and the other a woman. If the employer fires the male employee for no other reason than the fact he is attracted to men, the employer discriminates against him for traits or actions it tolerates in his female colleague. Put differently, the employer intentionally singles out an employee to fire based in part on the employee’s sex, and the affected employee’s sex is a but-for cause of the discharge. Or take an employer who fires a transgender person who was identified as a male at birth but who now identifies as a female. If the employer retains an otherwise identical employee who was identified as female at birth, the employer intentionally penalizes a person identified as male at birth for traits or actions that it tolerates in an employee identified as female at birth. Again, the individual employee’s sex plays an unmistakable and impermissible role in the [employer’s] decision.⁵

In 2021, in light of *Bostock*’s interpretation of the scope of “discrimination on the basis of sex,” the Department of Health and Human Services (HHS) announced that it “would

¹ 42 U.S.C. § 18116.

² See *ibid.*; 20 U.S.C. § 1681.

³ *Bostock v. Clayton County* (2020) 590 U.S. 644.

⁴ *Id.* at pp. 659-660.

⁵ *Id.* at p. 660.

interpret Section 1557's prohibition on sex discrimination to include (1) discrimination on the basis of sexual orientation and (2) discrimination on the basis of gender identity."⁶ HHS subsequently issued proposed amendments to the guidance for implementing Section 1557 in 2022, and issued the final rule in 2024.⁷ Several federal district court judges issued nationwide injunctions to prevent HHS's interpretation of Section 1557 and the final rule from taking effect.⁸

As it stands, there is no definitive federal court ruling on whether the rationale of *Bostock* applies to Section 1557. The Ninth Circuit has, however, held that *Bostock*'s rationale applies in claims for discrimination on the basis of gender identity under Title IX, suggesting it would do the same in a Section 1557 challenge.⁹

3. Executive Order 14187 attacks Section 1557 and transgender youth

On January 28, 2025, President Trump signed Executive Order 14187, which assailed the availability of gender-affirming care for "children."¹⁰ The Executive Order defined "children" to include actual children as well as adults under the age of 19 years.¹¹ Among other things, Executive Order 14187 directed the Secretary of HHS to end gender-affirming care for children and 18-year-olds under Section 1557 and to withdraw the Biden Administration's guidance extending Section 1557 to discrimination on the basis of sexual orientation and gender identity.¹² Executive Order 14187 followed on the heels of Executive Order 14168, signed by President Trump on the first day of his presidency, which attempts to order transgender and nonbinary persons out of existence.¹³

Executive Order 14187 also facially discriminates against transgender youth and 18-year-olds, denying them treatments that are still available to cisgender individuals. Puberty blockers, for example, were approved by the United States Food and Drug Administration (FDA) in 1993 for treating children one year of age and older with "precocious puberty."¹⁴ Puberty blockers are designed, and approved, to suppress children's pituitary-gonadal systems, thereby preventing them from going through puberty and displaying secondary sexual characteristics.¹⁵ The effects are reversible, usually within six months of discontinuing puberty blockers.¹⁶ Under Executive Order

⁶ 87 Fed. Reg. 47824-01 (Aug. 4 2022) p. 47827.

⁷ 89 Fed. Reg. 37522-01 (May 6, 2024) p. 37523.

⁸ E.g., *Texas v. Becerra* (E.D. Tex., Aug. 30, 2024) Case No. 2024 WL 4490621; *Texas v. EEOC* (N.D. Tex. 2022) 633 F.Supp.3d 824; *Tennessee v. Becerra* (S.D. Miss. 2024) 739 F.Supp.3d 467.

⁹ See *Hecox v. Little* (9th Cir. 2024) 104 F.4th 1061, 1079-1080.

¹⁰ Exec. Order No. 14187, 90 Fed. Reg. 8771 (Jan. 28, 2025).

¹¹ *Ibid.*

¹² *Ibid.*

¹³ Exec. Order No. 14168, 90 Fed. Reg. 8615 (Jan. 20, 2025).

¹⁴ E.g., FDA, Lupron Depot-Ped Kit, NDA No. 020263 (Rev. Apr. 2023).

¹⁵ FDA, Lupron Depot-Ped Kit, NDA No. 020263 (Rev. May 2017).

¹⁶ *Ibid.*

14187, cisgender children can continue taking puberty blockers, but transgender children cannot.

The same goes for breast reduction surgery. Although it's rare, minors do sometimes receive breast reduction surgery.¹⁷ But these surgeries are overwhelmingly performed on cisgender male minors – for example, in 2019, 97 percent of breast reduction surgeries performed on minors were performed on cisgender males.¹⁸ Executive Order 14187 blocks the 3 percent of surgeries performed on transgender minors while leaving the 97 percent unbothered.

Portions of Executive Orders 14187 and 14168 have been enjoined on a nationwide basis.¹⁹ The Office of Management and Budget has also been enjoined from executing any funding freezes pursuant to those Executive Orders.²⁰ In enjoining parts of Executive Order 14187 and the broader anti-trans order, Executive Order 14168, Judge Brendan A. Hurson noted that the orders do not cite any medical evidence or research indicating that gender-affirming care is harmful to minors or 18-year-olds, and that the Administration's citation of studies in the injunction action were "merely [an] attempt to prop up the bare conclusions made by the [Executive Orders] with *post hoc* rationalizations and justifications that are nowhere to be found in the Orders' text."²¹ Judge Hurson then went on to rule that, even if the Executive Order had rested on the Administration's cited studies, they still would be insufficient to justify "the immediate cessation of gender-affirming care for those under nineteen and the purported goal of protecting children" or to "justify the disparate treatment of transgender youth as a means of protecting them."²²

Committee staff are not aware of any injunction addressing Executive Order 14187 to the extent it purports to limit Section 1557's antidiscrimination provision. HHS

¹⁷ Dai, et al., *Prevalence of Gender-Affirming Surgical Procedures Among Minors and Adults in the US*, JAMA Open (Jun. 27, 2024), available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC11211955/>.

¹⁸ *Ibid.* Some researchers argue that cosmetic surgeries and procedures that are intended to align a cisgender person's appearance with their ideal gender phenotype – breast augmentation or reduction, nose jobs, etc.---should also be referred to as gender-affirming care, to acknowledge that gender-affirming procedures are not unique to transgender and nonbinary individuals. (*Ibid.*)

¹⁹ E.g., *PFLAG v. Trump* (D.Md., Mar. 4, 2025) – F.Supp.3d –, 2025 WL 685124; see also *Washington v. Trump* (W.D. Wash., Feb. 16, 2025) – F.Supp.3d –, 2025 WL 509617 (enjoining Executive Order 14187's withholding of federal funds from providers unless they stop providing gender-affirming care in Washington, Oregon, and Minnesota). Funnily enough, since the beginning of 2025, Republicans in the Senate have become extremely concerned about the practice of federal district court judges issuing nationwide injunctions, to the point that Senator Chuck Grassley has introduced legislation to prohibit the practice. (See Sen. No. 1206, 119th Cong, 1st Sess. (2025).)

²⁰ *New York v. Trump* (D.R.I., Mar. 6, 2025) – F.Supp.3d –, 2025 WL 715621; see also *Doe v. McHenry* (D.D.C., Feb. 4, 2025) – F.Supp.3d –, 2025 WL 388218 (enjoining Executive Order 14168 insofar as it requires transgender federal prisoners to be relocated to penitentiaries inconsistent with their gender identities and denying them gender-affirming care).

²¹ *PFLAG, Inc., supra*, at p. 26.

²² *Id.* at p. 27 (cleaned up).

rescinded the Biden Administration's guidance on Section 1557's prohibition of discrimination on the basis of sexual orientation and gender identity on February 20, 2025.²³ HHS has also issued a proposed rule that would prohibit gender-affirming care from being covered as an essential health benefit by health insurers.²⁴ Section 1557 is still operative because a president cannot override an act of Congress with an executive order.²⁵

4. This bill codifies in state law Section 1557's prohibitions on discrimination by health care service plans and health insurers on the basis of race, color, national origin, age, disability, or sex

This bill codifies in state law the protections of Section 1557, consistent with the Supreme Court and Ninth Circuit Court of Appeals' interpretation of *Bostock*. Specifically, this bill prevents a health care service plan or health insurer from excluding a person from enrollment or participation in, or denying them benefits under, the health care service or insurance plan, or otherwise discriminating against them, on the basis of race, color, national origin, age, disability, or sex. Consistent with *Bostock*, the bill defines "discrimination on the basis of sex" to include discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions, sexual orientation; gender identity; and sex stereotypes.

This bill's protections are cumulative of, and consistent with, California's existing antidiscrimination provisions, including laws preventing discrimination on the basis of the same list (or an even broader list) of characteristics in services and accommodations in business establishments,²⁶ employment,²⁷ housing,²⁸ and education. And to be clear, this bill does more than protect transgender minors and 18-year-old adults; the bill also protects against other attacks on the availability of care that may arise if Section 1557 is repealed.

Opponents of the bill argue that it mandates coverage of gender affirming care. AB 1876 does not intrude into the relationship between a patient and their medical professional: the bill in no way affects a medical professional's ability to recommend, or decline to recommend, any treatment or service. The bill is also clear that access or coverage is not required for a treatment or service when there is a legitimate, non-discriminatory

²³ HHS, Office of the Secretary, *Letter re: Rescission of "HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy"* (issued March 2, 2022) (Feb. 20, 2025).

²⁴ HHS, Proposed Rule, Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability, 90 Fed. Reg. 12942-01 (Mar. 19, 2025).

²⁵ U.S. Const., art. I, § 1, 7 cl. 2; see, e.g., *Youngstown Sheet & Tube Co. v. Sawyer* (1952) 343 U.S. 578, 587-588; see also *id.* at pp. 637-638 (conc. opn. of Jackson, J.) ("When the President takes measures incompatible with the express or implied will of Congress, his power is at its lowest ebb, for then he can rely only upon his own constitutional powers minus any constitutional powers of Congress over the matter").

²⁶ Civ. Code, § 51.

²⁷ Gov. Code, § 12940.

²⁸ *Id.*, § 12955.

reason to deny it, or for which is clinically inappropriate for the patient. Accordingly, this bill preserves medical professionals' ability to prescribe treatments and services which they, in their medical judgment, deem proper, while prohibiting certain classes of people from being denied coverage for medically prescribed treatment on the basis of invidious discrimination.

5. Stakeholder statements

Equality California, a sponsor of the bill writes:

While California law requires health plans and insurers to cover medically necessary health care for TGI people, AB 1876 strengthens and reaffirms these protections by codifying the nondiscrimination standards established under Section 1557 into state law. Specifically, the bill makes clear that discrimination on the basis of sex includes discrimination based on sexual orientation, gender identity, sex stereotypes, pregnancy or related conditions, and sex characteristics, including intersex traits. By doing so, the bill helps ensure that LGBTQ+ people – and all Californians – can continue to access medically necessary health care without discrimination, regardless of shifting federal policies.

SUPPORT

Alliance for TransYouth Rights (sponsor)

Equality California (sponsor)

Planned Parenthood Affiliates of California (sponsor)

TransFamily Support Services (sponsor)

ACLU California Action

Alliance for TransYouth Liberation

American Association of University Women - California

American College of Obstetricians & Gynecologists - District IX

Asian Americans Advancing Justice-southern California

California Association of Marriage and Family Therapists

California Behavioral Health Association

California Chapter of the American College of Emergency Physicians

California Commission on the Status of Women and Girls

California Foundation for Independent Living Centers

California Legislative LGBTQ Caucus

California Pan - Ethnic Health Network

California Podiatric Medical Association

California Psychological Association

California Federation of Teachers

County Behavioral Health Directors Association, (CBHDA)

Health Access California

Hmong Innovating Politics

LGBTQ+ Inclusivity, Visibility, and Empowerment (LIVE)

Los Angeles LGBT Center

National Health Law Program

Oakland Privacy

PFLAG Clayton-Concord

PFLAG Sacramento

Placer LGBTQ+ Center

SEIU California

Western Center on Law & Poverty

OPPOSITION

California Family Council

California Teachers Supporting Gender-Nonconforming Youth

Cause: Californians United for Sex-Based Evidence in Policy and Law

Democrats for an Informed Approach to Gender

International Foundation for Therapeutic and Counselling Choice

Lesbians Advocating for a Resilient Future

LGB (lesbian, Gay, and Bisexual) Alliance Foundation

Our Duty

Women are Real

Women's Liberation Front

RELATED LEGISLATION

Pending Legislation: None known.

Prior Legislation:

SB 418 (Menjivar, 2025) *see* Executive Summary.

AB 1502 (Schiavo, 2023) would have prohibited a health care service plan or health insurer from discriminating on the basis of race, color, national origin, sex, age, or disability through the use of clinical algorithms in its decisionmaking. AB 1502 died in the Assembly Health Committee.

PRIOR VOTES

Senate Health Committee (Ayes 7, Noes 1)

Assembly Floor (Ayes 56, Noes 17)

Assembly Appropriations Committee (Ayes 10, Noes 4)

Assembly Judiciary Committee (Ayes 9, Noes 3)

Assembly Health Committee (Ayes 12, Noes 4)
