



Students for Patient Advocacy Nationwide

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February 16, 2026

The Honorable Mia Bonta, Chair  
Assembly Health Committee  
California State Assembly  
State Capitol  
Sacramento, CA 95814

**Position Letter: California A.B. 298 – No Cost-Sharing for Patients Under 21**

Students for Patient Advocacy Nationwide (SPAN) strongly supports Assembly Bill 298, which eliminates cost-sharing for in-network healthcare services for enrollees under age 21. By prohibiting deductibles, copayments, and coinsurance for children, adolescents, and young adults, A.B. 298 reduces financial barriers that often delay or prevent access to timely, preventive, and behavioral health care. Removing these out-of-pocket costs ensures that cost is not a deciding factor in whether a young person receives checkups, vaccines, mental health visits, and other essential services.

Eliminating cost-sharing during this critical developmental period promotes healthier physical, emotional, and social outcomes. Even modest copayments can discourage families—particularly those with lower incomes or multiple children—from seeking recommended care, leading to missed preventive visits, delayed diagnoses, and worsening mental health. A.B. 298 advances a prevention-focused system by encouraging early intervention rather than crisis-based care, reducing long-term costs and supporting better educational and life outcomes for California’s youth.

To maximize the impact of A.B. 298 and prevent unintended consequences, SPAN emphasizes the following considerations:

- **Strengthening access to preventive and behavioral health care:**

Eliminating deductibles, copayments, and coinsurance for in-network services for individuals under 21 can increase uptake of well-child visits, adolescent preventive care, vaccinations, behavioral health screenings, and follow-up treatment. This is particularly critical amid ongoing youth mental health challenges, where families may otherwise forgo counseling or therapy due to repeated copays or high deductibles.

- **Preventing cost-shifting through restrictive utilization management (UM):**



Health plans should not use enhanced UM tools—such as prior authorization, step therapy, visit caps, or narrow provider networks—to undermine the intent of the bill. SPAN recommends clarifying statutory language to ensure plans cannot offset eliminated cost-sharing by imposing new or more restrictive barriers that delay or limit needed care.

- **Ensuring consistent application across plan types:**

For families to fully benefit, no-cost-sharing standards should apply consistently across regulated commercial plans, Medi-Cal managed care, and other applicable coverage types. Alignment promotes equity, prevents confusion, and ensures children and young adults receive similar financial protections regardless of coverage source.

- **Requiring data reporting and evaluation:**

To assess A.B. 298's effects over time, SPAN recommends requiring plans to submit de-identified data on utilization of preventive, primary, specialty, and behavioral health services for enrollees under 21, as well as any significant changes to UM policies and trends in premiums or overall spending. Reporting will enable policymakers to evaluate impacts on access, health disparities, and long-term costs, and to make evidence-informed adjustments if needed.

SPAN respectfully urges the Legislature to advance A.B. 298, recognizing its potential to expand timely access to preventive and behavioral health services, reduce financial strain on families, and promote healthier outcomes for California's children, adolescents, and young adults. With safeguards against cost-shifting and a commitment to transparency, this bill represents a meaningful step toward a more equitable, prevention-oriented healthcare system for the next generation.

Sincerely,

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