THIRD READING

Bill No: AB 1910
Author: Boerner (D)
Amended: 6/15/26 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 10-0, 6/10/26
AYES: Weber Pierson, Valladares, Caballero, Durazo, Grove, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas
NO VOTE RECORDED: Gonzalez

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 78-0, 5/26/26 - See last page for vote

SUBJECT: Public health: pelvic floor health advisement

SOURCE: Author

DIGEST: This bill requires the California Department of Public Health (CDPH) to post information on its pregnancy and reproductive health website advising individuals to discuss any pelvic floor concerns with their health care provider during their postpartum care visit.

ANALYSIS:

Existing law:

1) Requires the CDPH to develop a coordinated state strategy for addressing the health-related needs of women, including implementation of goals and objectives for women's health. Requires CDPH to maintain a program of maternal and child health. (Health and Safety Code (HSC) §137 and §123225)

2) Authorizes San Diego County to establish a pilot program for pelvic floor and core conditioning group classes that would be provided to people twice a week between their six-to-twelve-week postpartum window to help people rebuild

their pelvic floor after pregnancy, and requires the program to collect specified data to directly assess pelvic floor changes. (HSC §123643)

This bill requires CDPH to post information on its pregnancy and reproductive health website advising individuals to discuss any pelvic floor concerns with their health care provider during their postpartum care visit.

Comments

According to the author of this bill:

> One in three people who have given birth will experience a pelvic floor disorder in their lifetime. There are people every day dealing with functional problems that could have been avoided with preventative postpartum pelvic floor care. If we support new parents before they give birth, we should support them through their healing journey. This bill adds resources to a trusted state website and offers people the ability to access those resources and information to avoid long-term issues with pelvic floor disorders.

Background

Pelvic floor disorders. According to the U.S. Food and Drug Administration's (FDA) Office of Women's Health, the pelvic floor is a group of muscles and tissues that support the stability and function of the pelvic organs, sustaining bladder and bowel control and sexual function. Pelvic floor disorders—when the muscles or tissues of the pelvic area become weakened or injured—can arise from childbirth, obesity, age, menopause, or genetics, and include urinary or anal incontinence, pelvic organ prolapse, and pelvic pain. A 2014 study in Obstetrics & Gynecology examining the occurrence of pelvic floor disorders in adult nonpregnant women over 20 years of age from 2005 to 2010 found a 25% prevalence of one or more pelvic floor disorders among all women, ranging from 11.5% among nulliparous women to 33.6% among those who gave birth four or more times. A 2018 JAMA article found associations between delivery mode and risk of pelvic floor disorders: compared to nonoperative vaginal delivery, cesarean delivery was associated with lower risk of many pelvic floor disorders. Although women who have given birth have an increased risk of pelvic floor disorders, they are not just a women's health issue; according to the Cleveland Clinic, many men experience temporary urinary incontinence after prostatectomy.

Pelvic floor disorder treatment and pelvic floor physical therapy. According to the University of Chicago School of Medicine, pelvic floor disorders can be treated surgically (for pelvic organ prolapse) or non-surgically through lifestyle changes, nerve stimulation procedures or medication (for some forms of incontinence), pessaries (silicone devices that can support the organs above the pelvic floor muscles), or pelvic floor physical therapy. Pelvic floor physical therapy, also known as pelvic floor muscle training, aims to rehabilitate the pelvic floor muscles with exercises that improve muscle tone and function; for example, Kegel exercises involve repeatedly squeezing and relaxing the pelvic floor muscles, while myofascial release is a form of physical therapy that aims to release tension in the muscles and connective tissue of the pelvic floor, according to the FDA. Other techniques like biofeedback (using sensors to monitor the pelvic floor muscles as they are clenched or relaxed to improve muscle coordination), electrical stimulation, and manual therapy can also be performed to improve bladder and bowel symptoms. A 2019 Current Opinion in Obstetrics & Gynecology review reports robust evidence-based support for the use of pelvic floor physical therapy, with or without supplemental treatments, as a first-line, low-risk, minimally invasive therapy for preventing and treating pelvic floor dysfunction, particularly stress urinary incontinence and pelvic floor myofascial pain.

However, the evidence on the effectiveness of pelvic floor physical therapy in treating pelvic floor disorders in postpartum women is mixed. The California Health Benefits Review Program (CHBRP) analysis of AB 1904 (Boerner Horvath, 2020) states "while a preponderance of evidence shows that pelvic floor physical therapy is effective at treating urinary incontinence in non-postpartum women, there is inconclusive evidence that pelvic floor physical therapy is effective for urinary incontinence in postpartum women." CHBRP found limited or insufficient evidence for the effectiveness of pelvic floor physical therapy to treat other pelvic floor disorders in postpartum women, including pelvic pain, pelvic organ prolapse, and anal incontinence. Similarly, a May 2020 Cochrane review on the effectiveness of pelvic floor physical therapy either during pregnancy or after birth for preventing or treating incontinence has found the overall quality of evidence in the field to be low to moderate. Although the review provides evidence that early, structured pelvic floor physical therapy performed preventatively in early pregnancy for continent women may prevent the onset of urinary incontinence in late pregnancy and in the mid-postpartum period, they found no evidence of decreased risk after six months postpartum. They also found no evidence that pelvic floor physical therapy performed as a treatment for incontinent women reduces incontinence during late pregnancy or postpartum.

Related/Prior Legislation

AB 2756 (Boerner, Chapter 202, Statutes of 2024) authorizes San Diego County to establish a pilot program (until January 1, 2029) for pelvic floor and core conditioning group classes to help people rebuild their pelvic floor after pregnancy, and requires the program to collect specified data to directly assess pelvic floor changes.

AB 47 (Boerner Horvath, 2023) and AB 1904 (Boerner Horvath, 2020) would have required a health plan contract or health insurance policy, including a Medi-Cal managed care plan, to provide coverage for pelvic floor physical therapy after pregnancy. *AB 47 and AB 1904 were not heard in the Assembly Health Committee.*

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 6/23/26)

None received

OPPOSITION: (Verified 6/23/26)

None received

ASSEMBLY FLOOR: 78-0, 5/26/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Muratsuchi, Celeste Rodriguez

Prepared by: Natalie Gehred / HEALTH / (916) 651-4111
6/24/26 16:32:21

****** END ******