THIRD READING

Bill No: AB 1949
Author: Lee (D), et al.
Amended: 8/19/26 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: 6-0, 8/13/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson
NO VOTE RECORDED: Wahab

ASSEMBLY FLOOR: 77-0, 5/26/26 - See last page for vote

SUBJECT: Medi-Cal: acupuncture treatments

SOURCE: California Acupuncture Coalition

DIGEST: This bill requires the Medi-Cal program to cover up to 24 acupuncture visits per recipient per calendar year.

Senate Floor Amendments of 8/19/2026 are nonsubstantive, technical amendments that account for AB 350 and SB 944, which amend the same code section.

ANALYSIS:

Existing law:

1) Establishes the Medi-Cal program, which is administered by the Department of Health Care Services (DHCS), and under which qualified low-income individuals receive health care services. [Welfare and Institutions Code (WIC) §14000, et seq.]

2) Establishes a schedule of benefits under the Medi-Cal program, which includes benefits required under federal law and benefits provided at the state's option, both of which are funded with federal and state dollars. The schedule of benefits includes acupuncture, provided that federal matching funds are available. [WIC §14132]

3) Limits the coverage of acupuncture, chiropractic services, physical therapy, occupational therapy, speech pathology, audiological services, and podiatry to twice collectively, per month. [Title 22 California Code of Regulations §51304]

This bill:

1) Requires Medi-Cal to cover up to 24 acupuncture visits per recipient per calendar year.

2) Authorizes additional acupuncture visits beyond 24 per calendar year based on medical necessity pursuant to prior authorization procedures established by DHCS.

3) Specifies that this bill does not limit coverage for beneficiaries under 21 years of age who are entitled to Early and Periodic Screening, Diagnostic, and Treatment services and conditions implementation on the availability of federal financial participation.

Background

According to the author of this bill:

> Acupuncture is a crucial treatment for debilitating health conditions, and we cannot eliminate this health benefit for low-income Californians. This bill improves access to the proven benefits of acupuncture by allowing the medically necessary number of treatments per month while maintaining the overall cost controls for the benefit.

Acupuncture. According to the American Academy of Medical Acupuncture, the classical Chinese explanation of how acupuncture works is that channels of energy run in regular patterns through the body and over its surface. These energy channels, called meridians, can be influenced by needling the acupuncture points to unblock obstructions and reestablish regular flow through the meridians. The modern scientific explanation is that needling acupuncture points stimulates the

nervous system to release chemicals in the muscles, spinal cord, and brain to change the experience of pain or trigger the release of other chemicals and hormones to influence the body's own internal regulating system. Acupuncture is most closely associated with pain control, though it has also been recognized in the treatment of other medical problems, including neurological and muscular disorders, respiratory disorders, and digestive disorders. The number of acupuncture treatments needed differs from person to person and the complexity of the condition. For complex, chronic conditions, one to two treatments per week for several months may be recommended, while for acute problems, fewer visits are likely required.

Medi-Cal provision of acupuncture services. According to the Medi-Cal provider manual, acupuncture services are covered when used to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services in fee-for-service Medi-Cal are limited to two services in a calendar month, although additional services can be provided based upon medical necessity through prior authorization. The two services per month limitation also applies collectively across many of the optional medical benefits, including chiropractic services, physical therapy, occupational therapy, speech pathology, audiological services, and podiatry, meaning not only can a Medi-Cal recipient only have two acupuncture appointments per month, if that recipient is receiving any of these other optional benefits that month, their access to acupuncture (or any of the other optional benefits) would be further limited. The manual does allow for additional acupuncture services if approved via a treatment authorization request. Medi-Cal plans can technically offer more services than what is provided in fee-for-service Medi-Cal, though the fee-for-service rates and rules often guide what Medi-Cal plans offer as fee-for-service Medi-Cal is the baseline for developing the Medi-Cal plan rates. This bill clarifies that 24 acupuncture visits per Medi-Cal recipient are permitted without prior authorization, and additional visits as authorized.
In order to address a state budget crisis beginning in 2008, AB X3 5 (Evans, Chapter 20, Statutes of 2009) eliminated Medi-Cal coverage of several optional benefits, including those listed above along with psychology, optometry, optician, and optical laboratory services, incontinence creams and washes, and dental services. When the state's finances were on the rebound, the Legislature passed SB 833 (Committee on Budget and Fiscal Review, Chapter 30, Statutes of 2016) to restore acupuncture as a Medi-Cal benefit for all eligible members. For the past two years, the Administration has proposed cutting adult acupuncture services as a cost-cutting measure to balance the state budget.

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

According to the Senate Appropriations Committee: Unknown cost pressures to the Medi-Cal program due to potential increased utilization of optional benefit services (General Fund and federal funds).

SUPPORT: (Verified 8/19/26)

California Acupuncture Coalition (source)
Academy of Chinese Culture and Health Sciences
AIDS Healthcare Foundation
API Health Parity Coalition of San Francisco
APLA Health
Asian Americans Advancing Justice Southern California
California Acupuncture Board
California Primary Care Association Advocates
Clever Care Health Plan
Dongguk University Los Angeles
Family Health Centers of San Diego
Health Access California
Health Alliance of Northern California
Indian Health Center of Santa Clara Valley
Los Angeles LGBT Center
Marin Community Clinics
North Coast Clinics Network
North East Medical Services
Racial and Ethnic Mental Health Disparities Coalition
Saahas for Cause
Santa Cruz Community Health
Shasta Community Health Center
Southern California Pacific Islander Community Response Team
TCC Family Health
TrueCare
U.S. Pain Foundation
United Acupuncture Association

OPPOSITION: (Verified 8/19/26)

None received

ARGUMENTS IN SUPPORT: The source of this bill, the California Acupuncture Coalition, writes in support stating that under the current utilization

structure the two-visits-per-month framework, unless otherwise authorized, creates unintended barriers to care, disrupts continuity of treatment, and imposes administrative burdens on patients and providers alike. This bill addresses this issue in a balanced and thoughtful manner by establishing a clearly defined annual visit allotment for acupuncture services—while preserving DHCS's authority to approve additional visits when medically necessary. By doing so, the bill allows treating practitioners to develop clinically appropriate treatment plans that reflect the need of the patient rather than arbitrary monthly constraints.

ASSEMBLY FLOOR: 77-0, 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, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Muratsuchi, Celeste Rodriguez, Tangipa

Prepared by: Jen Flory / HEALTH / (916) 651-4111
8/20/26 10:34:21

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