

Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 2160 (Celeste Rodriguez) – As Introduced February 18, 2026

SUBJECT: Medi-Cal: lactation services.

SUMMARY: Requires the Department of Health Care Services (DHCS), by July 1, 2027, to issue updated guidance on Medi-Cal coverage for lactation services. Specifically, **this bill:**

- 1) Requires DHCS to issue guidance that does all of the following:
 - a) Clarifies Medi-Cal coverage policies for a continuum of lactation services, including health education related to lactation, basic lactation support, and lactation consultation.
 - b) Clarifies standard procedures for billing and reimbursement for lactation services covered by Medi-Cal, including specifying billing codes that appropriately reflect the scope of lactation services covered by Medi-Cal.
 - c) Clarifies Medi-Cal managed care plans' responsibility to cover lactation services, including plans' responsibility to reimburse for services consistent with procedures and billing codes specified by DHCS pursuant to b) above.
 - d) Specifies lactation services are not subject to prior authorization and do not require a prescription or referral.
 - e) Allows for lactation consultants certified by nationally or internationally recognized certification bodies to enroll as Medi-Cal providers and bill for lactation services, as defined by DHCS.
 - f) Clarifies that managed care plans may credential and reimburse lactation consultants described in e) above.
- 2) Requires DHCS to seek stakeholder input on draft guidance prior to issuing guidance pursuant to 1) above.
- 3) Allows DHCS to implement, interpret, or make specific the provisions above by means of non-regulatory authority, such as plan or provider bulletins, until the time regulations are adopted.
- 4) Makes implementation contingent on the availability of federal financial participation and any necessary federal approvals.

EXISTING LAW:

- 1) Establishes the Comprehensive Perinatal Services Program (CPSP) within the Department of Public Health (DPH) as a community-based system of comprehensive perinatal care for low-income women, and establishes services that constitute CPSP, including nutrition assessments and, when appropriate, referral to counseling on food supplement programs, vitamins, and breastfeeding. Requires all contracted providers to make these services

available directly or by subcontract, and to use an appropriate multidisciplinary team. [Health & Safety Code (HSC) § 123475, *et seq.*]

- 2) Requires all general acute care hospitals, as defined, and all special hospitals providing maternity care, as defined, to make available a breastfeeding consultant or alternatively, provide information to the mother on where to receive breastfeeding information, as specified. [HSC § 123365]
- 3) Requires all general acute care hospitals and special hospitals that have a perinatal unit to have an infant-feeding policy that promotes breastfeeding, as specified. [HSC § 123366]
- 4) Requires, by January 1, 2025, all general acute care hospitals and special hospitals that have a perinatal unit to adopt the “Ten Steps to Successful Breastfeeding,” as adopted by Baby-Friendly USA, or as specified. [HSC § 123367]
- 5) Establishes the Medi-Cal program, administered by DHCS, under which low-income individuals are eligible for medical coverage. [Welfare and Institutions Code (WIC) § 14000, *et seq.*]
- 6) Requires the Medi-Cal program to cover a pregnant individual who is eligible for and is receiving health care coverage under a Medi-Cal program for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual’s pregnancy. [WIC § 14005.185]
- 7) Establishes CPSP services as a Medi-Cal benefit, which includes referral to counseling on breastfeeding as appropriate. [WIC § 14132]
- 8) Requires DHCS to streamline and simplify existing Medi-Cal program procedures to improve access to lactation supports and breast pumps. [WIC § 14134.55]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

1) **PURPOSE OF THIS BILL.** According to the author, lactation services are not a luxury—they are preventive, essential services have been proven to improve maternal and infant health outcomes. Despite being entitled to these services, the author explains, many Medi-Cal families face persistent administrative and policy barriers that delay or deny access to critical lactation support. The author indicates this bill directly addresses these challenges by requiring clear coverage guidance, eliminating prior authorization and referral requirements, and expanding provider eligibility to include certified lactation professionals, such as International Board Certified Lactation Consultants (IBCLCs). The author notes this bill is consistent with the recommendations of the DHCS “Birthing Care Pathway” report and demonstrates California’s commitment to equitable, comprehensive care, supporting families and investing in healthier communities statewide.

2) **BACKGROUND.**

a) **Breastfeeding.** According to the United States (U.S.) Preventive Services Task Force, multiple U.S. and international organizations recommend that infants be exclusively fed

breast milk for the first six months of life, followed by continued breastfeeding for up to two years as mutually desired by mother and infant while complementary foods are introduced. These organizations recommend breastfeeding because it is associated with numerous health benefits for children and their mothers. Infants who are breastfed may have reduced risk of several health issues, including asthma, obesity, and gastrointestinal infections. For mothers, breastfeeding has been linked to reduced maternal risk of some cancers, diabetes, and heart disease. Several state laws have been passed to promote breastfeeding through improved hospital practices, while other state laws have been passed to protect the right to breastfeed in the workplace.

Generally, breastfeeding metrics measure initiation of breastfeeding, continuation (for instance, whether an infant was breastfeeding at six months or 12 months), and exclusivity (was an infant fed exclusively on breast milk until three or six months of age). Although most mothers initiate breastfeeding, there is a sharp decline in breastfeeding throughout the first year of the infant's life. Additionally, there are significant disparities in breastfeeding rates by age, education, income, and race, with younger mothers, non-Hispanic black mothers, and mothers with lower levels of education and income breastfeeding at lower rates. One goal of the federal "Healthy People 2030" initiative is to increase the proportion of infants who are breastfed exclusively through six months (from a baseline of 24.9% to a target of 42.4%) and the proportion of infants who are breastfed at all at one year (from a baseline of 35.9% to a target of 54.1%). Data collected in 2022 suggest infants are breastfed in California at similar or only slightly higher rates than national rates.

- b) Lactation Support Personnel and Services.** According to La Leche League, a breastfeeding support and advocacy group, "Breastfeeding is natural, but it does not always come naturally." There are many problems that can pose barriers to its successful initiation and continuation. First-time mothers learn to feed while their babies are learning to nurse, but any mother may experience breastfeeding difficulties. Issues with lactation (for instance, a mother's level of milk supply or pain while nursing) and latching (the process by which an infant connects to the breast to feed) are documented as a key reason mothers do not breastfeed for as long as they intend to. Health care providers such as physicians and nurses often provide education and support to encourage mothers to initiate and continue breast-feeding, and although some licensed health care providers may be dually credentialed as lactation consultants or counselors, it is common for nursing mothers to require the experience and specialized expertise of dedicated lactation support personnel. Lactation support personnel provide services to troubleshoot problems and support a mother and infant to successfully breastfeed. Depending on the need, there are different levels of support personnel and services.

There is no particular state-level license or certification for lactation support personnel. IBCLCs, certified by the IBCLC Commission, are generally recognized as the highest professional-level lactation support personnel who are able to troubleshoot complex breastfeeding challenges. IBCLC certification requires health sciences and lactation-specific education, clinical experience, and an examination. Other personnel who provide lactation support may have titles such as Breastfeeding or Lactation Educator or Counselor. Certification standards and training for these personnel can vary, although there are better-recognized organizations and titles, such as Certified Lactation Counselors (CLCs) who are certified by the Academy of Lactation Policy and Practice.

Community health workers, promotores, lactation educators, and doulas may also provide lactation education and support. Lastly, there are peer support personnel, such as La Leche League volunteers, who have successfully nursed their own children and provide peer support to help mothers successfully breastfeed.

- c) **2025 Birthing Care Pathway Report.** Improving maternity care quality has been a key priority area of focus for DHCS in recent years. In February 2025, DHCS released an extensive Birthing Care Pathway report, the culmination of a two-year effort to develop a comprehensive policy and care model roadmap to improve maternal care and outcomes and reduce disparities. The Birthing Care Pathway report was created to inform the design of services for pregnant and postpartum Medi-Cal members, from conception through 12 months postpartum. It is designed to be a strategic roadmap for state entities, managed care plans, counties, providers, social service entities, philanthropy, and others. To develop the report, DHCS conducted a landscape assessment of California’s existing maternal health policies and initiatives, national best practices, and evidence-based programs; recruited pregnant and postpartum Medi-Cal members to share their lived experience and recommendations; interviewed more than two dozen state leaders, maternity care providers, community-based organization leaders, Medi-Cal managed care plan representatives, and birth equity advocates; and launched three workgroups focusing on clinical care, social drivers of health, and the postpartum period.

- i) **Findings Related to Lactation.** Based on this comprehensive work, the report contained the following key findings related to lactation:

- (1) Birthing Care Pathway partners stressed that some plans and Medi-Cal-enrolled providers are unclear on what Medi-Cal covers and will reimburse for midwifery, lactation, and doula services; and,
- (2) Medi-Cal members face barriers accessing lactation support. Stakeholders also emphasized that DHCS’ lactation policy creates a barrier for Medi-Cal members to be able to access timely lactation support services because only physicians, registered nurses, and dieticians working under the supervision of a physician can provide lactation services in Medi-Cal today.

- ii) **Opportunities to Improve Lactation Support.** In the report, DHCS identifies both “Policy Solutions” they plan to implement, as well as “Strategic Opportunities for Further Exploration.”

(1) **Policy Solutions:**

- (a) **Plan Survey.** DHCS committed to surveying Medi-Cal managed care plans on promising practices to promote covered perinatal benefits among members as well as providers (e.g., among hospital partners on use of doulas and lactation support) to drive appropriate utilization. The survey will also include questions related to practices to reduce administrative burden for providers. DHCS estimates this will be completed in Summer 2026.
- (b) **Enhanced Oversight.** DHCS committed to reiterating Medi-Cal requirements that the Medi-Cal managed care plans with whom DHCS are contracted are responsible for ensuring all covered services are accessible and the provider

network is adequate. DHCS also intends to enhance oversight of network agreements and/or delegated arrangements for maternity/perinatal care services to ensure covered benefits (midwifery, doula, and lactation services) are clearly outlined. DHCS estimates this will be completed in Summer 2026.

(c) **All-Plan Letter.** DHCS has released an All-Plan Letter (APL) detailing plans' responsibility for maternity care (see d), iii), below).

(2) **Strategic Opportunity for Further Exploration.** The report identifies that recognizing IBCLCs and CLCs as provider types that can bill Medi-Cal is a strategic opportunity. The report explains that lactation consultants, such as IBCLCs and CLCs, cannot be reimbursed today by Medi-Cal for providing lactation support. The report also notes lactation services may only be provided by a physician, registered nurse, or a dietician that is working under the supervision of a physician. The report describes the following education, experience, and training requirements for these professionals:

(a) IBCLCs are certified by the International Board of Lactation Consultant Examiners and required to complete either 95 hours of lactation-specific education or 14 health science courses; 300–1,000 hours of lactation-specific clinical practice through one of three pathways; and pass the IBCLC examination.

(b) CLCs are certified by the Academy of Lactation Policy and Practice and required to complete either 95 hours of breastfeeding counseling education or graduate from an approved lactation consultant program; and pass the CLC examination.

This bill would begin implementation of this identified strategic opportunity by requiring DHCS to enroll IBCLCs and allow them to bill Medi-Cal.

d) **Medi-Cal Coverage Guidance.** Although medically necessary lactation services are covered by Medi-Cal, an overall lack of clarity and specificity for this coverage has resulted in confusion, as noted in c) i), above. The following sections detail written Medi-Cal coverage guidance, including a very recent update that occurred in late March 2026.

i) **Provider Manual.** According to the Medi-Cal provider manual, nutritional counseling services related to breastfeeding may be rendered by a physician, certified nurse midwife or nurse practitioner. Licensed midwives may also be reimbursed for lactation services. The services of registered nurses, registered dietitians and lactation consultants must be billed by the licensed provider/clinic as a physician visit. Lactation consultants, such as IBCLCs and CLCs are not eligible to enroll as Medi-Cal providers; however, the supervising licensed provider may bill for their lactation supports and services provided to patients.

In the provider manual describing coverage of CPSP services, a set of enhanced services for pregnant and postpartum members, “nutritional counseling services” with specified procedure codes related to breastfeeding, are covered by CPSP.

- ii) Managed Care Contract.** Although there does not appear to be mention of lactation or breastfeeding support coverage in the boilerplate managed care contract between DHCS and its contracted Medi-Cal managed care plans, the contract does state the contractor must use the most current standards or guidelines of CPSP to ensure members receive quality perinatal and postpartum services. This requirement to use CPSP guidelines appears to imply, by reference, that “nutritional counseling services” related to breastfeeding that are covered under CPSP must be covered by plans.
- iii) New All-Plan Letter:** On March 25, 2026, DHCS released APL 26-005, “Maternity Services for Pregnant and Postpartum Medi-Cal Members,” to describe coverage requirements for Medi-Cal managed care plans pertaining to coverage and delivery of services for pregnant and postpartum Medi-Cal members. The 61-page letter includes several requirements related to lactation services. The final APL includes significantly more robust requirements on lactation policy than the draft APL that was released for stakeholder input, meaning DHCS adjusted the lactation policy language in the final APL to address some concerns expressed and suggestions made by interested stakeholders. Highlights of the policy guidance pertaining to lactation include the following:
- (1)** Plans must provide comprehensive lactation information and education to members.
 - (2)** Plans must ensure their prenatal provider network provides nutrition and health education assessments and interventions to pregnant members that include breastfeeding education and counseling.
 - (3)** Support for breastfeeding includes health education through the postpartum period, counseling, and the provision of medically necessary interventions. Plans must implement policies and procedures to ensure that postpartum members receive the necessary breastfeeding counseling and support immediately after delivery.
 - (4)** Covered lactation benefits include breastfeeding services available to prenatal and postpartum members provided by lactation consultants or other qualified staff trained in lactation services.
 - (5)** Plans must have policies and procedures for appropriate and timely referrals of breastfeeding members to professional lactation consultation services, including clinical lactation support for both common and complex breastfeeding conditions.
 - (6)** Plans are prohibited from requiring prior authorization or referrals for pregnant and postpartum members to access lactation consultation services.
 - (7)** Plans must provide medically necessary lactation visits to pregnant and postpartum members. There is no limit on the number of medically necessary lactation visits a member can access while pregnant and through 12 months postpartum.
 - (8)** Plans must ensure their policies do not impose barriers to accessing medically necessary lactation visits and must support robust access to lactation care.

- (9) Lactation consultants, such as IBCLCs and Certified Lactation Consultants (CLCs) [sic] are not eligible to enroll as Medi-Cal providers. However, IBCLCs and CLCs can provide lactation consultation services to members under the direction of a supervising licensed provider.

APL 26-005 aligns with some provisions of this bill, including the prohibition on prior authorization and specifying services at varying levels of care (such as education, support, and professional lactation consultation services for complex breastfeeding conditions). However, it does not address the addition of IBCLCs as billing providers.

- e) **Coverage of IBCLC Services in Illinois' Medicaid Program.** The Illinois Medicaid program recently added lactation consultants, including IBCLCs, as enrolled providers, and allows them to independently bill. The Illinois Department of Public Health also issued a statewide standing recommendation that all Medicaid members who are breastfeeding in the perinatal period through infant weaning would benefit from receiving lactation support services delivered by an IBCLC, CLC, or Certified Lactation Specialist (CLS), unless breastfeeding is contraindicated by any drug use or health condition.
- 3) **SUPPORT.** This bill is co-sponsored by the California WIC Association and the California Breastfeeding Coalition, and is supported by a wide range of breastfeeding advocacy and maternal care organizations, as well as California Conference of Local Health Department Nutritionists and the American College of Obstetricians and Gynecologists, District IX. Sponsors and supporters argue that despite existing coverage under California's Medi-Cal program, many families encounter unnecessary administrative barriers when seeking lactation services. They note that confusion about plan responsibilities, provider expertise, and provider availability can delay or prevent access to timely support, particularly for low-income families who already face disproportionate health challenges. Supporters note this bill takes important, practical steps to address these barriers that will clarify standard billing and reimbursement procedures for lactation services; clearly define managed care plans' responsibility to cover and reimburse lactation services and supports; ensure that Medi-Cal members who reasonably self-identify a need for lactation consultation can access services without prior authorization, a prescription, or referral; and expand clarity around qualified providers, including IBCLCs, who may deliver and be reimbursed for these services.
- 4) **SUPPORT IF AMENDED.** Two organizations write in support of the intent of this bill and request specific amendments. The National Lactation Consultant Alliance requests amendments to specify that lactation consultants are those who are IBCLC-certified. This amendment is addressed in 6) below. NLCA also requests more specific amendments about the scope of IBCLC work. Committee staff notes that scope of practice issues are generally not addressed through statute establishing Medi-Cal coverage.

HealthConnect One writes to request that this bill be amended to include all skilled lactation support providers, including Breastfeeding Peer Counselors, CLS, and other types of providers. Committee staff notes that this bill addresses *services* covered by Medi-Cal but purposely does not exhaustively delineate *provider types* for each service. It requires DHCS to update Medi-Cal guidance to clarify that Medi-Cal coverage includes a continuum of lactation services, including health education related to lactation, basic lactation support, and lactation consultation. These services are provided by various levels of personnel, including

breastfeeding counselors that provide lactation support and health educators that provide health education, as well as IBCLCs that perform clinical lactation consultation. The various types of personnel that provide the continuum of lactation services are appropriately established through DHCS guidance, given the wide range of credentials and distinct services and the need for administrative flexibility in future years to update coverage policy.

5) PREVIOUS LEGISLATION.

- a) SB 513 (De León) of 2009 would have required health plans and those health insurers that provide maternity benefits to provide coverage for lactation consultation with an international board certified lactation consultant and the provision of, or the rental of, a breast pump, as specified. SB 513 was vetoed by Governor Schwarzenegger, who rejected it on concerns about the rising costs of healthcare and the costs associated with the cumulative effect of mandates.
- b) SB 22 (Migden), Chapter 460, Statutes of 2007, requires DHCS to streamline and simplify existing Medi-Cal program procedures in order to improve access to lactation supports and breast pumps among Medi-Cal recipients, and requires DPH to recommend training for general acute care hospitals and special hospitals, as defined, to improve breast-feeding rates.

6) AMENDMENTS. To enhance alignment with industry standards, address stakeholder requests and ease the administrative burden on DHCS to implement this bill, the author and committee have agreed to the following amendments:

- a) Add the word “clinical” to specify that covered lactation services include *clinical* lactation consultation.
- b) Change “lactation consultants certified by nationally or internationally recognized certification bodies” to IBCLC. IBCLC is the generally recognized standard for lactation consultants.
- c) Change the deadline by which DHCS is required to implement IBCLC billing to January 1, 2029.

REGISTERED SUPPORT / OPPOSITION:

Support

California WIC Association (co-sponsor)
 California Breastfeeding Coalition (co-sponsor)
 Alameda County Breastfeeding Coalition
 Alliance for Children's Rights
 American College of Obstetricians & Gynecologists - District IX
 Bay Area Lactation Associates
 Beautiful Bird Lactation
 Bee Well Birth Collective
 BreastfeedLA
 California Conference of Local Health Department Nutritionists
 Children Now

Community Resource Project, INC.
Droplet Health LLC
First 5 Sonoma County
Healthy & Active Before 5
Inland Empire Breastfeeding Coalition
Maternal and Child Health Access
Milkwise
Mothers' Milk Bank
Nourishing Justly
Nursing Mothers Counsel
Public Health Alliance of Southern California
Sacramento Breastfeeding Coalition
San Diego Breastfeeding Center
San Diego Breastfeeding Coalition
The Birthworkers of Color Collective
The Center for Black Health & Equity
The Children's Partnership
University of California Health Milk Bank
Numerous individuals

Opposition

Several individuals

Analysis Prepared by: Lisa Murawski / HEALTH / (916) 319-2097