

Date of Hearing: May 6, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
AB 2160 (Celeste Rodriguez) – As Amended April 9, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill requires the Department of Health Care Services (DHCS) to issue updated guidance to clarify Medi-Cal coverage for lactation services by July 1, 2027, and allow a certified lactation consultant to enroll as a Medi-Cal provider and bill for lactation services by January 1, 2029. The bill is contingent on federal financial participation and any necessary federal approvals.

This bill requires DHCS to seek stakeholder input prior to issuing the lactation services guidance, and requires the guidance to do the following:

- 1) Clarify Medi-Cal coverage policies for a continuum of lactation services, including health education, basic lactation support, and clinical lactation consultation.
- 2) Clarify standard procedures for billing and reimbursement for covered lactation services, including billing codes that reflect the scope of covered lactation services.
- 3) Clarify Medi-Cal managed care (MCMC) plans' responsibility to cover lactation services, as specified.
- 4) Specify lactation services are not subject to prior authorization and do not require a prescription or referral.
- 5) Clarify that MCMC plans may credential and reimburse lactation consultants.

FISCAL EFFECT:

Costs of an unknown amount to DHCS. Allowing a lactation consultant to enroll as a Medi-Cal provider would result in one-time costs to DHCS of an unknown amount, potentially millions of dollars, to make changes to the Medi-Cal Provider Application and Validation for Enrollment (PAVE) system and communicate such changes to potential providers (General Fund, federal funds).

There would be additional costs, likely in the millions of dollars annually, to reimburse the newly available lactation consultant services and likely increased reimbursement costs for lactation services that are already available if the clarifications required by this bill result in increased utilization of services (General Fund, federal funds).

The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by the California Breastfeeding Coalition and California WIC Association. According to the author:

Lactation services are not a luxury—they are preventive, essential care that has been proven to improve maternal and infant health outcomes. Despite being entitled to these benefits, many Medi-Cal families face persistent administrative and policy barriers that delay or deny access to critical lactation support. [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. [This bill] fulfills the recommendations of the DHCS “Birthing Care Pathways” report and demonstrates California’s commitment to equitable, comprehensive care—supporting families and investing in healthier communities statewide.

- 2) **Background.** In February 2025, DHCS released an extensive Birthing Care Pathway report as a strategic roadmap and to inform the design of services for pregnant and postpartum Medi-Cal members, from conception through 12 months postpartum. The report noted that (a) some plans and Medi-Cal-enrolled providers are unclear on what Medi-Cal covers and will reimburse for midwifery, lactation, and doula services, and (b) Medi-Cal members face barriers accessing lactation support. Stakeholders also emphasized that DHCS’s lactation policy creates a barrier to Medi-Cal members’ access to timely lactation support services because only physicians, registered nurses, and dietitians working under the supervision of a physician can provide lactation services in Medi-Cal today.

DHCS committed to reiterating Medi-Cal requirements that the Medi-Cal managed care plans with whom DHCS contracts 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 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.

According to the Birthing Care Pathway report, recognizing International Board-Certified Lactation Consultants (IBCLCs) and Certified Lactation Counselors (CLCs) as provider types that can bill Medi-Cal is a strategic opportunity. The report also notes lactation services may only be provided by a physician, registered nurse, or a dietician working under the supervision of a physician. This bill requires DHCS to enroll IBCLCs and allow them to bill Medi-Cal.

On March 25, 2026, DHCS released All Plan Letter (APL) 26-005 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 APL states that plans must ensure their prenatal provider network provides nutrition and health education assessments and interventions to pregnant members that include breastfeeding education and counseling.