SENATE RULES COMMITTEE
Office of Senate Floor Analyses
(916) 651-4171

THIRD READING

Bill No: AB 2160
Author: Celeste Rodriguez (D)
Amended: 6/16/26 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 6/24/26
AYES: Weber Pierson, Valladares, Caballero, Durazo, Gonzalez, Grove, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/13/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

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

SUBJECT: Medi-Cal: lactation services

SOURCE: American College of Obstetricians and Gynecologists, District IX
California Breastfeeding Coalition
California WIC Association

DIGEST: This bill requires the Department of Health Care Services to issue updated Medi-Cal guidance clarifying Medi-Cal coverage for lactation services.

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. 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. [WIC §14000, et seq. and §14132]

2) Includes comprehensive perinatal services in the schedule of benefits, which includes appropriate referral to counseling on breastfeeding. [WIC §14132 and §14134.5]

3) Requires DHCS to simplify existing Medi-Cal procedures to improve access to lactation supports and breast pumps. [WIC §14134.55]

This bill:

1) Requires DHCS to seek stakeholder feedback and issue an updated Medi-Cal guidance clarifying Medi-Cal coverage for lactation services 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 clinical 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 the department pursuant to paragraph; and,

   d) Specifies lactation services are not subject to prior authorization and do not require a prescription or referral.

2) Requires a Medi-Cal plan to report to DHCS the number of International Board Certified Lactation Consultants that are accessible within the plan network to plan members who require clinical lactation consultation services.

3) Authorizes DHCS to implement this bill without taking further regulatory action and conditions implementation upon the receipt of any necessary approvals and the receipt of federal financial participation.

Background

According to the author of this bill:

Breastfeeding is a lifeline for infants. Lactation services are an essential form of preventive care that have been proven to improve maternal and infant health outcomes. Despite being entitled to these benefits, many Medi-Cal families face persistent barriers that delay or deny access to critical lactation support, such as classes or equipment. This bill directly addresses these challenges by requiring clear coverage guidance, eliminating prior authorization and referral requirements, and ensuring that lactation providers are in the members' network. With these steps, this bill fulfills the recommendations of the "Birthing Care Pathways" report and demonstrates California's commitment to equitable, comprehensive care—supporting families and investing in healthier communities statewide.

Breastfeeding. According to the Department of Public Health (CDPH), breastfeeding is the first step to a healthy life and forms a natural and lasting bond between the mother and child. CDPH, the American Academy of Pediatrics, and the World Health Organization all recommend exclusive breastfeeding for the first six months of life, with continued breastfeeding afterwards balanced with the introduction of foods. According to CDPH's Maternal, Child, & Adolescent Health Division, 30.8% of mothers were exclusively breastfeeding their babies at three months during 2020 through 2022. For mothers in households at or below the poverty line, that number is closer to 25%. According to the Office of the Surgeon General's Call to Action to Support Breastfeeding, ensuring access to International Board Certified Lactation Consultants is one of many steps that can be taken to remove some of the obstacles faced by women who want to breastfeed.

Medi-Cal coverage of lactation services. According to the Medi-Cal provider manual, Medi-Cal covers lactation supports when billed by a supervising licensed provider or clinic as a physician visit, or when rendered by a Certified Nurse Midwife, Nurse Practitioner or a licensed midwife. Lactation consultants, such as International Board Certified Lactation Consultants and Certified Lactation Consultants, are not eligible to enroll as Medi-Cal providers. The recently released All-Plan Letter 26-005, an omnibus guidance intended to consolidate and update guidance for Medi-Cal plans on the maternity benefits that Medi-Cal plans are required to provide to pregnant and postpartum recipients, stated that covered lactation benefits include breastfeeding services available to prenatal and postpartum recipients provided by lactation consultants or other qualified staff trained in lactation services. Medi-Cal plans must ensure their network providers (including maternity providers, primary care, and pediatric providers) provide breastfeeding services and covered benefits to postpartum members by lactation consultants under the direction of a licensed provider, ideally in an integrated

model in the network provider's practice, or via external referrals. The guidance specified that Medi-Cal plans are prohibited from requiring prior authorization or referrals for pregnant and postpartum participants in order to receive lactation consulting services. This managed care guidance contains much of the information required to be produced by this bill, though the equivalent does not exist for the fee-for-service system, including language specifying that such services do not require prior authorization or referral.

Prevalence of certified lactation consultants in Medi-Cal. DHCS began developing a comprehensive policy and care model roadmap called the Birthing Care Pathway in 2023 to cover the journey of all pregnant and postpartum Medi-Cal recipients from conception through 12 months postpartum in an effort to improve maternal health and birth equity. According to DHCS's February 2025 Birthing Care Pathway Report, one of the six key findings identified by the workgroups informing the report was lack of access to lactation services. The report stated that Medi-Cal recipients face barriers accessing lactation support. The report noted that allowing these providers to bill Medi-Cal was a potential opportunity outlined in the report. This bill was amended in Assembly Appropriations to remove a requirement that would have allowed these providers to bill directly. However, the bill now requires DHCS to require plans to report the number of International Board Certified Lactation Consultants that are available within a plan's network.

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

According to the Senate Appropriations Committee, DHCS estimates the following:

- No fiscal impact to Medi-Cal benefits since the bill does not add any new, or expand any existing, Medi-Cal benefits.
- State operations costs of $162,000 ($81,000 General Fund and $81,000 federal funds) in 2027-28, and $153,000 ($76,500 General Fund and $76,500 federal funds) in 2028-29 and ongoing thereafter for staffing resources to ensure that Medi-Cal managed care plans track and report to DHCS the number of International Board Certified Lactation Consultants that are accessible to plan members within their network.

SUPPORT: (Verified 8/13/26)

American College of Obstetricians and Gynecologists, District IX (co-source)
California Breastfeeding Coalition (co-source)
California WIC Association (co-source)

AANHPI Lactation Collaborative
Alameda County Breastfeeding Coalition
Alliance for Children's Rights
American Academy of Pediatrics, California
Bay Area Lactation Associates
Be Mom Aware
Beautiful Bird Lactation
Bee Well Birth Collective
Birthworkers of Color Collective
BreastfeedLA
California Black Women's Health Project
California Commission on the Status of Women and Girls
California Conference of Local Health Department Nutritionists
California Medical Association
Central Coast Breastfeeding Coalition
Chamber of Mothers
Children Now
City and County of San Francisco
Community Resource Project, Inc.
County of Butte, Department of Public Health
County of Los Angeles
County of San Luis Obispo, Department of Public Health
County of Sonoma, Department of Health Services
Droplet Health, LLC.
First 5 Association of California
First 5 Los Angeles
First 5 Mendocino
Health Access California
Health Officers Association of California
Healthy & Active Before 5
Heluna Health
Inland Empire Breastfeeding Coalition
Maternal and Child Health Access
Mothers' Milk Bank
Napa Valley Breastfeeding Coalition
Nourish California
Nourishing Justly
Nursing Mothers Counsel
Pretty Mama Breastfeeding, LLC.
Prevention Institute

Public Health Alliance of Southern California
Reproductive Freedom for All California
Sacramento Breastfeeding Coalition
San Mateo County Breastfeeding Task Force
Tehama County Public Health Advisory Board
The Center for Black Health & Equity
The Children's Partnership
Vision Y Compromiso
One individual

OPPOSITION: (Verified 8/13/26)

National Lactation Consultant Alliance

ARGUMENTS IN SUPPORT: Co-source, the California Breastfeeding Coalition, writes that despite existing coverage under California's Medi-Cal program, many families encounter unnecessary administrative barriers when seeking lactation services. 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. Co-source, American College of Obstetricians and Gynecologists, District IX, state that this bill with strengthen access to lactation services for Medi-Cal recipients through clearer and more consistent coverage guidance.

ARGUMENTS IN OPPOSITION: The National Lactation Consultant Alliance writes in opposition asking that the provisions calling for the delivery of clinical lactation care by International Board Certified Lactation Consultants be added back into the bill. The Assembly Appropriations Committee removed language allowing consultants certified by the International Board Certified Lactation Consultants to enroll as Medi-Cal providers and clarifying that plans may credential and reimburse these consultants.

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: Jen Flory / HEALTH / (916) 651-4111
8/14/26 16:36:40

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