

CONCURRENCE IN SENATE AMENDMENTS

AB 2160 (Celeste Rodriguez)

As Amended June 16, 2026

Majority vote

SUMMARY

Requires the Department of Health Care Services (DHCS), by July 1, 2027, to issue updated guidance on Medi-Cal coverage for lactation services, as specified.

Senate Amendments

Require a Medi-Cal managed care 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.

COMMENTS

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.

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. Data collected in 2022 suggest infants are breastfed in California at similar or only slightly higher rates than national rates.

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." 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. 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. International Board Certified Lactation Consultants (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. 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.

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.

- 1) *Findings Related to Lactation.* Based on this comprehensive work, the report contained the following key findings related to lactation:
 - a) 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,
 - b) 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 dietitians working under the supervision of a physician can provide lactation services in Medi-Cal today.
- 2) *Opportunities to Improve Lactation Support.* In the report, DHCS identifies "Policy Solutions" they plan to implement, including the following:
 - 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, as described below.

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 in coverage and responsibility for payment. A very recent update to policy occurred in late March 2026 through an all-plan letter (APL 26-005, "Maternity Services for Pregnant and Postpartum

Medi-Cal Members"). The 61-page APL includes requirements for Medi-Cal managed care plans pertaining to coverage and delivery of services for pregnant and postpartum Medi-Cal members, including several requirements related to lactation services. It 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). In addition, the APL only applies to services delivered in the managed care delivery system.

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, 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 and eliminating prior authorization and referral requirements. This bill demonstrates California's commitment to equitable, comprehensive care, supporting families and investing in healthier communities statewide.

Arguments in Support

This bill is co-sponsored by the California Women, Infants, and Children (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.

Arguments in Opposition

The National Lactation Consultant Alliance (NLCA) states opposition to a prior version of this bill. NLCA states that having a bill that clearly and fully elucidates who meets the education and clinical training necessary to provide clinical lactation care, as opposed to who is qualified to provide nonclinical general breastfeeding education, is the responsibility of an elected body charged with that role.

FISCAL COMMENTS

According to the Senate Appropriations Committee, DHCS estimates 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.

VOTES:**ASM HEALTH: 16-0-0**

YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 11-0-4

YES: Wicks, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache

ABS, ABST OR NV: Hoover, Dixon, Ta, Tangipa

ASSEMBLY FLOOR: 78-0-2

YES: 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

ABS, ABST OR NV: Muratsuchi, Celeste Rodriguez

SENATE FLOOR: 39-0-1

YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

ABS, ABST OR NV: Reyes

UPDATED

VERSION: June 16, 2026

CONSULTANT: Lisa Murawski / HEALTH / (916) 319-2097

FN: 0003890