SENATE THIRD READING
SB 944 (Wiener)
As Amended August 13, 2026
Majority vote

SUMMARY

Modifies coverage of acupuncture in the Medi-Cal program to continue coverage of acupuncture in the Medi-Cal program, even if federal matching funds are no longer available, and makes such coverage subject to an appropriation made by the Legislature for this purpose.

COMMENTS

Benefits in Medicaid and Medi-Cal. At the federal level, the Medicaid program includes mandatory benefits all states must cover, including, for instance, physician services, long-term care, and inpatient care. Other benefits are covered at state option for adults, including pharmacy, dental, and acupuncture. States generally receive federal matching funds that reimburse states for 50% to 90% of the costs of the health care service. The state Medi-Cal program also covers some benefits and populations for which there is no federal match available using solely state funds, but most benefits are eligible for federal matching funds.

Acupuncture. According to the Cleveland Clinic, acupuncture is a treatment that uses very thin steel needles inserted into skin to stimulate specific points throughout the body, including the back, neck, head and face. The goal of acupuncture is to relieve a health condition or symptom, such as pain. According to Johns Hopkins Medicine, the practice comes from Traditional Chinese Medicine (TCM). TCM believes that the body′s vital energy, called qi (pronounced chi), flows along specific channels or meridians. The use of acupuncture on certain points within the meridians is believed to improve the flow of blocked or stagnant qi, which improves health. Scientific studies have confirmed the effectiveness of acupuncture for a variety of conditions. Acupuncturists are licensed in California by the California Acupuncture Board.

Medi-Cal Coverage of Acupuncture. According to the Medi-Cal provider manual:

1) 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.

2) Outpatient acupuncture services are subject to a limit of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy.

3) Additional services can be provided based upon medical necessity through prior authorization.

The limit of two services per month serves as a de facto annual limit of 24 services per year, which this bill would maintain. However, the 24-service cap is a collective cap that applies to a combined group of services, as listed above. Although this policy applies in Fee-for-Service and sets baseline coverage for what must be covered by Medi-Cal, Medi-Cal managed care plans may have more generous coverage policies at the plans′ discretion.

Optional Benefits Have Been Considered for Elimination to Reduce State Costs. Optional Medi-Cal benefits for adults have often been considered for elimination as a cost-saving measure. Optional benefits must be covered for children up to age 21 under federal Medicaid requirements, but coverage for adults is at state option. The Medi-Cal acupuncture benefit for adults was eliminated in 2009 as a cost-saving measure and reinstated in 2016. In 2025, the Administration again proposed to eliminate acupuncture services as a cost-saving measure, but this proposal was rejected by the Legislature. On May 14, 2026, the May Revision to the Governor′s Budget proposed the elimination of acupuncture services in Medi-Cal for a cost savings for $5 million General Fund in fiscal year 2026-27, and a cost savings of $13 million General Fund annually ongoing. At the time this analysis was produced, budget plans produced by both houses of the Legislature have rejected this proposal.

According to the Author
This bill removes the provision in California code that requires matching federal funds for acupuncture to qualify as a Medi-Cal covered benefit. This move ensures that regardless of the federal landscape, California will step up to ensure our most vulnerable communities are receiving the care they deserve. The author states that by enshrining acupuncture as a Medi-Cal covered benefit, this bill conforms the treatment of acupuncture with other forms of care such as occupational therapy, chiropractic care, physical therapy, optometric care, mental health services, pharmacy services, and other critical benefits. The author concludes that by establishing acupuncture as a Medi-Cal provided benefit, this bill helps protect this critical form of care from federal funding cuts.

Arguments in Support
The sponsor of this bill, California Acupuncture Coalition, states that acupuncture is a critical form of care with demonstrated benefits for pain management, mental health, addiction treatment, nausea related to chemotherapy, and a range of other conditions and offers an effective low-risk treatment option when conventional approaches may be limited or carry added complications. The U.S. Pain Foundation writes that evidence-informed, non-pharmacologic options such as acupuncture play an important role in multimodal pain management strategies. For individuals enrolled in Medi-Cal, access to comprehensive pain treatment options is frequently limited. When non-drug therapies are not readily available, patients may face fewer choices and reduced ability to participate in balanced treatment plans.

Arguments in Opposition
None on file.

FISCAL COMMENTS

According to the Assembly Committee on Appropriations:

General Fund (GF) cost pressures of around $27 million per year, should federal financial participation become unavailable for acupuncture services in the future. The May 2026 Medi-Cal Local Assistance Estimate projects savings of $13.6 million total funds ($5.4 million GF and $8.2 million federal funds) in 2026-27 from eliminating the Medi-Cal acupuncture benefit in January 2027. Thus, the cost of funding the benefit in the absence of federal matching funds would be approximately $27 million per year (GF).

VOTES

SENATE FLOOR: 35-0-5
YES: Allen, Archuleta, Arreguín, Ashby, Becker, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Alvarado-Gil, Blakespear, Grove, Niello, Ochoa Bogh

ASM HEALTH: 15-0-1
YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Elhawary, Johnson, Patel, Patterson, Celeste Rodriguez, Sanchez, Sharp-Collins, Stefani
ABS, ABST OR NV: Schiavo

ASM APPROPRIATIONS: 11-0-4
YES: Wicks, Arambula, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache
ABS, ABST OR NV: Hoover, Dixon, Ta, Tangipa

UPDATED

VERSION: August 13, 2026

CONSULTANT: Lisa Murawski / HEALTH / (916) 319-2097 FN: 0003624