

Date of Hearing: April 14, 2026

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
AB 2756 (Ahrens) – As Amended March 2, 2026

**SUBJECT:** Medi-Cal: vision services: performance measures.

**SUMMARY:** This bill requires the Department of Health Care Services (DHCS) to report data on vision services in Medi-Cal and to develop related metrics and benchmarks. Specifically, **this bill:**

- 1) Requires DHCS to establish a list of performance measures designed to evaluate utilization, access, and availability of Medi-Cal vision services.
- 2) Requires performance measures to monitor the vision services for children and adults to include, but not be limited to, all of the following:
  - a) Overall utilization of vision services, presented both in the aggregate and on a per-provider basis;
  - b) Time to receive vision services, including time to obtain an eye examination and average time elapsed between eye examination and receipt of eyeglasses;
  - c) Total number of rendering providers on an annual basis, including the number of claims billed per provider, and the credentials of each of the providers. Requires the rendering providers to include all providers that provide vision services, including, but not limited to, optometrists, ophthalmologists, pediatricians, physician assistants, and nurse practitioners;
  - d) Annual number of complaints from Medi-Cal beneficiaries made regarding vision services or access to vision services to specialized health care service plans, health care service plans, health insurers, and dispensing opticians, including the California Correctional Training and Rehabilitation Authority;
  - e) Number of annual refractive error diagnoses; and,
  - f) For each provider, all of the following:
    - i) Number of annual eye examinations.
    - ii) Number of annual vision screening tests of visual acuity and instrument-based ocular screening eye examinations.
    - iii) Number of annual eyeglasses prescribed.
    - iv) Number of annual eyeglasses dispensed.
- 3) Requires performance measures to:

- a) Be reported as aggregate numbers and as percentages, if appropriate, using standards that are as equivalent to those used by managed care entities as feasible;
  - b) Apply to both fee-for-service and managed care, including information from specialized managed care plans;
  - c) Be reported with an equity framework that includes stratification by available geographic and demographic factors, including, but not limited to, race, ethnicity, primary language, age, and gender, to understand inequities and disparities in care; and,
  - d) Include all rendering providers.
- 4) Requires DHCS to, when evaluating performance measures for retention of, addition to, or deletion from the list of performance measures, consider several criteria.
  - 5) Requires, by January 1, 2028, for the 2026 calendar year, performance measures and related data to be posted on DHCS's website.
  - 6) Requires DHCS to establish an initial set of benchmarks for each performance measure, and requires the initial benchmarks for the 2027 calendar year to be no less than double the 2026 calendar year levels for the metric. Requires DHCS to establish a benchmark for each performance measure to ensure the utilization, access, and availability of vision services.
  - 7) Requires DHCS to consult specified stakeholders in the establishment and updating of performance measures and benchmarks.
  - 8) Requires DHCS to annually prepare a summary report on the nature and types of complaints and grievances regarding access to, and quality of, vision services, including the outcome.
  - 9) Requires, commencing on January 1, 2028, for the 2026 calendar year, and annually thereafter, for each preceding calendar year, the report to be posted on the department's website.
  - 10) Makes legislative findings and declarations related to the importance of screening for and correcting vision problems.
  - 11) Establishes legislative intent to improve transparency and accountability, identify disparities in access, inform evidence-based policy decisions and support better outcomes for California's children as it relates to timely eye exams, follow-up, and vision correction.

**EXISTING LAW:**

- 1) Establishes the Medi-Cal program, which is administered by DHCS, and under which qualified low-income individuals receive health care services. [Welfare and Institutions Code (WIC) §14000, *et seq.*]
- 2) 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. [WIC § 14132]
- 3) Requires, effective no sooner than January 1, 2020, or January 1 of the subsequent calendar year following an appropriation for the purpose, whichever is later, and subject to the

availability of a state budget appropriation, federal financial participation, and receipt of any necessary federal approvals, optometric and optician services, including services provided by a fabricating optical laboratory, to be covered benefits under the Medi-Cal program. [WIC § 14131.10]

- 4) Requires, during the kindergarten year or upon first enrollment or entry in a California school district of a pupil at an elementary school, and in grades 2, 5, and 8, a pupil's vision to be appraised by the school nurse or other authorized person, as specified, and pursuant to the following:
  - a) Requires the vision appraisal to include tests for near vision, far vision, and color vision;
  - b) Allows the appraisal to be waived, if the pupil's parents so desire, by their presenting of a certificate from a physician, physician assistant, or optometrist setting out the results of a determination of the pupil's vision, including visual acuity and color vision; and,
  - c) Allows a pupil's vision to be appraised by using an eye chart or any other scientifically validated photoscreening test. Requires photoscreening tests to be performed, under an agreement with, or the supervision of, an optometrist or ophthalmologist, by the school nurse or a trained individual who meets requirements established by the department. [Education Code (EDC) § 49455]
- 5) Requires continual and regular observation of the pupil's eyes, appearance, behavior, visual performance, and perception that may indicate vision difficulties to be done by the school nurse and the classroom teacher. [*Ibid.*]
- 6) Requires the California Department of Education (CDE) to adopt guidelines to implement pupil vision screening, including training requirements and a method of testing for near vision. [*Ibid.*]
- 7) Requires, when a visual defect has been noted by a school, a report to be made to the parent or guardian of the child, asking the parent or guardian to take such action as will correct the defect. Requires the report, if made in writing, to be made on a form prescribed or approved by the Superintendent of Public Instruction. [EDC § 49456]

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

**COMMENTS:**

- 1) **PURPOSE OF THIS BILL.** According to the author, vision is fundamental to a child's learning and development, and it is imperative that every child has the resources they need to succeed both inside and outside the classroom. The author notes that as a child, on a personal level, having lacked access to health care and having seen family members struggle with health issues motivates him to ensure every child is getting the vision care they need.
- 2) **BACKGROUND.**
  - a) **Optional Benefits.** 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 optometric services. Coverage for children is far more expansive; states must cover all Medicaid benefits for children, regardless of whether those benefits are covered for adults. States generally receive federal matching funds that reimburse states for 50% to 90% of the costs of both mandatory and optional health care benefits.

Optometric and optician (vision correction) services are optional Medicaid benefits for adults. In California, optional Medi-Cal benefits for adults have sometimes been considered for elimination as a cost-saving measure. The Medi-Cal optometric and optician benefit for adults was eliminated in 2009 as a cost-saving measure and reinstated in 2020.

- b) Medi-Cal Coverage of Optometric Services.** Currently, optometric and optician services are covered for children and adults. DHCS contracts with the California Prison Industry Authority (PIA) to fabricate eyewear for Medi-Cal recipients. PIA optical laboratories are located at the California State Prison – Solano and Valley State Prison. These facilities supply lenses to recipients residing in California counties. Medi-Cal managed care plans in all California counties also contract with PIA for eyewear fabrication. Medi-Cal covers contacts when medically necessary, such as when someone is precluded from wearing glasses.
- c) Vision Screening at Primary Care Well Child Visits.** There is no user-friendly dashboard to access data on vision screening and exams in Medi-Cal. DHCS collects and reports on screenings in children under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, but it is not specific to vision screening.

EPSDT is a mandatory Medicaid program for individuals under age 21, ensuring access to comprehensive, preventive, and necessary treatment services. These services include vision services in accordance with the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule, which includes mandatory, periodic screenings at age-appropriate intervals (i.e., ages 3, 4, and 5 years; 8 years; 10 years; 12 years; and 15 years) for diagnosis and treatment in vision defects, and corrective devices (eyeglasses).

As vision screening is provided as part of periodic well-child visits at age-appropriate intervals, it is assumed providers are administering eye screenings as part of a well-child visit in accordance with clinical best practice and the AAP Bright Futures Periodicity Schedule. As such, DHCS uses the well-child visit for members 0-20 years of age to *estimate* vision screenings. According to 2023 quality metrics by plan, only about half of children, on average, received a well-child visit in that year. As noted, DHCS cannot know for certain whether each applicable well-child visit included an age-appropriate vision screening. Additionally, particularly because optometric and optician services may be provided by a different health care provider, it is likely that some referrals for comprehensive eye exams and vision correction do not get acted upon.

- d) Vision Screening at School.** Vision screening is also performed at schools. Per state law, vision is assessed during the kindergarten year or upon first enrollment or entry in a California elementary school, and in grades 2, 5, and 8. District compliance, referrals and follow-up are not comprehensively monitored at the state level, and there do not appear to be specific requirements in law or regulation to track these outcomes at the local education agency level.

The 2019 California Department of Education “*Guide for Vision Screening in California Public Schools*” states that any student suspected of having a vision problem, regardless of whether they are due for a screening, should be referred to the school nurse or to an eye care professional for screening. CDE also lists developmentally appropriate visual acuity thresholds that indicate a referral to an eye care professional. The guide states that students who cannot be screened are considered an automatic fail and should be referred for comprehensive eye exam. The guide’s “Implementation Checklist for the Administrator” states that having a plan for follow-up on all referrals and vision problems found is an “essential requirement” of a vision screening program. CDE also recommends schools to consider additional follow-up notification by telephone, text, email, or through a parent-nurse conference to ensure parental follow-through with the referral recommendation, as well as to advise and strongly encourage parents/guardians to take the referral form with them to the student’s appointment with an eye care professional.

Despite these best practice guidelines issued by CDE, the school vision screening mandate cannot be relied upon to ensure vision problems in Medi-Cal eligible children are identified and corrected.

- e) **Trends Appear to Be Worsening for Children, But Not Enough Data is Available.** In addition to screenings at a well-child visit or at school, a child is eligible for comprehensive eye exams performed by an optometrist. Data presented to the Medi-Cal Children's Health Advisory Panel last year shows that fewer than one in five children received a vision exam in 2023. A recent report commissioned by the California Optometric Association confirms this, finding 16% of school-age children on Medi-Cal receive any eye care based on an analysis of Medi-Cal data. Although there is no defined benchmark for an appropriate percentage of children that should receive eye care, the report also shows that in 47 of California's 58 counties, the percentage of children receiving such care has fallen in the past seven years. Additional data is not readily available to demonstrate whether adults on Medi-Cal are appropriately receiving vision screening and exams, and appropriate corrective treatment.
- f) **DHCS Monitoring of Medi-Cal Vision Care.** DHCS internally monitors, specifically for vision services, the following data, which is not publicly reported:
- i) Demographics: age, sex, race, ethnicity, primary language, and geographic information;
  - ii) Claims and encounters reporting: procedure codes (vision and optical codes, including eyeglasses dispensing services billing codes), billing provider information, members receiving the services information, location, date of services, delivery model (Fee-for-Service or Managed Care), number of claims per provider, in the aggregate or on a per-provider basis, by provider credential types (optometrists, ophthalmologists, or opticians), and over a multi-year horizon; and,
  - iii) Through partnership with PIA, who manufactures eyeglasses for Medi-Cal members: Medi-Cal optical lens fabricated by year, month, and week, time in working days elapsed between date of optical factory receipt of eyeglasses frames to ship date of completed eyeglasses and redo or rejection rates as percentage of total shipped, and

annual Medi-Cal fabricated eyeglasses lenses by members ages 0-20, and 21 and over.

**3) SUPPORT.** This bill is sponsored by the California Optometric Association and is supported by optometric providers and children’s advocates. Supporters note more children than ever are at risk of being left behind because of undetected and uncorrected vision deficiencies. Supporters note children who need glasses but are not getting them risk falling behind at school, making the health implications even more pronounced. Supporters note that although DHCS has committed to Medi-Cal program transformation and improvement broadly, DHCS has not adequately articulated or addressed the Medi-Cal vision care deficiencies that children and families have been experiencing for years. Supporters note this bill will establish the foundations of transparency and accountability needed for quality improvement in Medi-Cal's vision care benefit.

**4) PREVIOUS LEGISLATION.**

**a)** AB 2207 (Wood), Chapter 630, Statutes of 2016, among other things, establishes annual and quarterly public data reporting requirements for Medi-Cal dental fee-for-service and managed care. This bill models some data requirements on AB 2207.

**b)** AB X3 5 (Evans), Chapter 20, Statutes of 2009, eliminated Medi-Cal coverage of several optional benefits, including optometric and optician services, including services provided by a fabricating optical laboratory; adult dental; acupuncture services; audiology and speech therapy services; chiropractic services; podiatric services; psychology services; and incontinence creams and washes.

**c)** SB 97 (Committee on Budget and Fiscal Review), Chapter 52, Statutes of 2017, restored adult dental and optical benefits in Medi-Cal. Restored the remaining dental benefits subject to elimination during the recession, beginning on January 1, 2018. Restored the optical benefits subject to elimination during the recession, beginning on January 1, 2020, subject to an action by the Legislature to include funds for this purpose in the state budget process.

**5) AMENDMENTS.** The committee and author have agreed to amendments to address potential concerns related to the feasibility of data reporting of each performance measure and complaint/grievance data. The amendments will remove provisions requiring DHCS to report complaint data from entities that DHCS does not regulate and specify DHCS must only report data the department has access to. The amendments will specify DHCS is not required to create new data collection mechanisms or collect additional data to comply with the bill.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

California Optometric Association (sponsor)

Children Now

Courage California

Jewish Family and Children's Services of San Francisco, the Peninsula, Marin and Sonoma Counties

Oakland Promise  
Southern California College of Optometry at Marshall B. Ketchum University  
Vision to Learn

**Opposition**

None on file

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