

## ASSEMBLY THIRD READING

AB 2756 (Ahrens)

As Amended April 16, 2026

Majority vote

**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.

**COMMENTS**

*Vision Benefits in Medicaid.* 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.

*Current 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.

*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. 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.

*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. Despite these

best practice guidelines issued by the California Department of Education (CDE), the school vision screening mandate cannot be relied upon to ensure vision problems in Medi-Cal eligible children are identified and corrected.

*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.

*DHCS Monitoring of Medi-Cal Vision Care.* DHCS internally monitors, specifically for vision services, demographics, claims, encounters, and multiple metrics related to manufacture of eyeglasses by the PIA. This data is not publicly reported.

### **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.

### **Arguments in 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.

### **Arguments in Opposition**

None on file.

## **FISCAL COMMENTS**

According to the Assembly Committee on Appropriations:

- 1) Costs to DHCS of an unknown amount, potentially exceeding \$150,000 in the first year to develop benchmarks. Costs to compile, analyze, and report data each year thereafter would likely be lower (General Fund, federal funds).

- 2) 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.

## 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: 15-0-0**

**YES:** Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

## UPDATED

VERSION: April 16, 2026

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