
SENATE COMMITTEE ON HEALTH

Senator Akilah Weber Pierson, Chair

BILL NO: AB 2756
AUTHOR: Ahrens
VERSION: June 9, 2026
HEARING DATE: June 17, 2026
CONSULTANT: Jen Flory

SUBJECT: Medi-Cal: vision services: performance measures

SUMMARY: Requires the Department of Health Care Services to establish a list of performance measures to evaluate the utilization, access, and availability of Medi-Cal vision services.

Existing law:

- 1) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals are eligible for medical coverage. [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, both of which are funded with federal and state dollars. Includes eyeglasses, optometric and optician services, and services provided by a fabricating optical laboratory as covered benefits under the Medi-Cal program. [WIC §14131.10 and §14132]
- 3) Establishes the California Prison Industry Authority (CalPIA) within the California Department of Corrections and Rehabilitation (CDCR). Authorizes CalPIA to operate enterprises employing persons incarcerated in CDCR facilities to provide products and services needed by the state or other public entity or public use, as specified. The purpose of CalPIA is to assure persons employed by CalPIA have the opportunity to work productively, earn funds, and acquire or improve effective work habits and occupational skills. Requires all things authorized to be produced by CalPIA to be purchased by the state at prices fixed by CalPIA. [PEN §2800, et seq. and §2807]

This bill:

- 1) Requires DHCS to establish a list of performance measures, by January 1, 2028, to ensure that the Medi-Cal vision services meet required quality and access criteria. Requires the performance measures to be designed to evaluate utilization, access, and availability of Medi-Cal vision services, and to include, for children and adults:
 - a) Overall utilization of vision services, both in the aggregate and on a per provider basis;
 - b) For eyeglasses fabricated by CalPIA, the average time elapsed between eye examination and a Medi-Cal recipient's receipt of eyeglasses; and,
 - c) Total number of rendering providers, including optometrists, ophthalmologists, pediatricians, physician assistants, nurse practitioners, and any other provider providing vision services, and the following information for each provider: the number of claims billed per provider, the credentials of each provider, number of annual refractive error diagnoses, number annual eye examinations, number of annual vision screening tests of visual acuity and instrument-based ocular screening eye examinations, number of annual eyeglasses prescribed, and number of annual eyeglasses dispensed.

- 2) Specifies that the performance measures apply to both fee-for-service and managed care, including specialized managed care plans; applicability to all providers; reporting format; and stratification requirements for the purposes of understanding inequities and disparities in care.
- 3) Requires DHCS to report on each measure listed in 1) above only to the extent that there are existing data sources from which to calculate the applicable measure and specifies that DHCS need not create new data collection mechanisms to calculate the measures.
- 4) Requires DHCS to consider Medi-Cal vision services data, other state and national vision program performance and quality measures, and other state and national performance ratings in determining which performance measures to retain, add, or delete.
- 5) Requires DHCS to post on its website the performance measures and the corresponding performance data for calendar year 2026 by January 1, 2029, and annually thereafter for each subsequent performance period.
- 6) Requires DHCS to evaluate the data and trends after the initial first three reporting years and establish an initial set of benchmarks for each standard no later than July 1, 2029 for use beginning January 1, 2030. Requires DHCS to use performance measure data to inform the establishment of benchmarks every subsequent year.
- 7) Requires DHCS to consult with the following stakeholders in establishing and updating performance measures and benchmarks: health plan and vision plan representatives, county representatives, local optometric and ophthalmologic societies, nonprofit entities, legal aid entities, and other interested parties.
- 8) Requires DHCS to annually prepare a summary report of the nature and types of complaints and grievances regarding access to and quality of vision services including the outcome and to post it on its website starting January 1, 2029 for the 2026 calendar year. Specifies that this does not require DHCS to develop a new data collection mechanism or collect additional data to prepare this report.
- 9) Makes a number of legislative findings with regards to the importance of vision in academic success; the prevalence of undiagnosed vision problems in children; the lack of access to primary care services for children on Medi-Cal; the impact of uncorrected vision problems on children; the insufficiency of school-based screenings in lieu of comprehensive eye exams; the disproportionate barriers for children from low-income and rural communities to comprehensive eye care; the epidemic rate of myopia in California, the US, and the world; the connection between high myopia and other serious eye diseases; the availability of evidence-based interventions to slow the progression of myopia and other vision conditions when identified early; and the lack of consistent, transparent, and publicly available data regarding the provision of vision services to children on Medi-Cal.
- 10) States the intent of the Legislature is to increase transparency and accountability in Medi-Cal; identify disparities in access to comprehensive vision treatment; inform policy-decisions to improve early detection and treatment of vision conditions; and support better educational, developmental, and long-term health outcomes for California's children.

FISCAL EFFECT: According to the Assembly Appropriations Committee, this bill would have 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).

PRIOR VOTES:

Assembly Floor:	78 - 0
Assembly Appropriations Committee:	15 - 0
Assembly Health Committee:	16 - 0

COMMENTS:

- 1) *Author’s statement.* 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. Growing up, the author did not always have reliable access to healthcare. His twin brother also faced health complications, which made navigating those challenges at a young age even more difficult. Overcoming those obstacles shaped his perspective and he hopes this bill will help support children who are in situations similar to what he experienced growing up. By ensuring timely access to eye exams and glasses, we can prevent students from falling behind in school due to vision problems that are both preventable and treatable.

- 2) *Medi-Cal coverage of eyeglasses.* Optometry and eyeglasses for children are a mandatory benefit of the Medicaid program that states must provide if they participate in Medicaid. Optometry and eyeglasses for adults are an optional state benefit. Thus, in times of budget shortfall, optometry and eyeglasses for adults have been cut from California’s Medicaid program (Medi-Cal). In 2009, both optometry and eyeglasses for adults were cut. In 2017, optometry and eyeglasses were scheduled to be reinstated as a covered benefit in 2020, subject to an annual appropriation. The adult vision benefit has been included since 2020. For both adults and children, routine eye exams and eyeglasses are covered every 24 months.

- 3) *Importance of access to vision care for Medi-Cal beneficiaries.* Multiple studies identify the link between lack of access to vision screening and eyeglasses and academic performance in children. Various academic studies show more than 20% of all school-aged children in the U.S. have vision problems, and low-income children and children of color are disproportionately likely to have unmet vision care needs. A 2015 UCLA study of low-income Black and Latino children who received free screening and eyeglasses through the Vision to Learn program found that prior to receiving eyeglasses their math scores were declining, yet after receiving eyeglasses, both their math and reading score improved. A 2021 Johns Hopkins study on a similar program in Baltimore found significant increases in reading and math scores. Outside of school, access to eyeglasses can impact an adult’s ability to work or drive.

A December 2025 California Health Policy Strategies report, commissioned by the sponsors of this bill, using DHCS data found that between July 2022 and June 2024, only 16% of school-age children on Medi-Cal received primary care eye services, a 3% decline from a similar study from January 2015 to December 2016. The report found that in 47 counties, the rates were even lower and that these rates are substantially below any normative rate of service based on either professional standards or the prevalence of vision problems in children. The report conceded that the rates do not reflect vision screenings at schools or

pediatricians, but regardless of what those rates are, follow-up treatment does not appear to be happening. An April 4, 2026 article in the *Los Angeles Times* covering the report cited lack of providers as a cause of the lack of access to vision service due largely to low Medi-Cal reimbursement rates as a primary cause. The article also interviewed providers either seeing children who were not screened for years or who may have had an initial screening at school but never got follow-up care or glasses.

- 4) *Production of Medi-Cal eyeglasses by CalPIA.* CalPIA produces a number of goods for the state in order to train persons who are incarcerated for working once they are released. DHCS has contracted with CalPIA since 1988 to make eyeglasses for Medi-Cal recipients. CalPIA does not provide the eyeglass frames but makes the lenses and fits them into frames. Optometrists participating in the Medi-Cal program must order the lenses from CalPIA unless the lens required cannot be accommodated by CalPIA. Providers are informed that standard processing time is five to ten working days, depending on the type of lens. According to information provided by CalPIA, they completed 875,999 eyeglass orders in 2022 for Medi-Cal's 15 million beneficiaries. One of the performance measures in this bill would track turnaround time for these glasses, which would be the majority of the glasses produced for Medi-Cal recipients, outside of those that require a specialized laboratory to produce.
- 5) *Prior legislation.* SB 340 (Eggman of 2023) would have authorized Medi-Cal providers to obtain eyeglasses from a private entity as an alternative to CalPIA. *SB 340 was not heard in Assembly Health.*

SB 1089 (Wilk of 2022) was substantially similar to SB 340. *SB 1089 was amended to a deal with another subject in the Assembly.*

AB 133 (Committee on Budget, Chapter 143, Statutes of 2021) removes the requirement to suspend optional Medi-Cal benefits, including adult optional benefits, absent a state budget surplus.

SB 78 (Committee on Budget and Fiscal Review, Chapter 38, Statutes of 2019) suspended the restoration of optional Medi-Cal benefits, including adult optical benefits, on December 31, 2021 unless the state budget had a surplus.

SB 97 (Committee on Budget and Fiscal Review, Chapter 52, Statutes of 2017) restored many Medi-Cal optional benefits to include adult optical benefits effective in 2020 and subject to an appropriation.

AB X3 5 (Evans, Chapter 20, Statutes of 2009) eliminated certain Medi-Cal optional benefits, including optometry and eyeglasses for adults, effective July 1, 2009.

- 6) *Support.* Sponsor the California Optometric Association writes that good vision is foundational to a child's ability to learn, develop, and thrive. Yet far too many children experience undiagnosed or untreated vision conditions that can hinder academic performance, social development, and long-term health outcomes. Despite the importance of early vision care, California currently lacks adequate Medi-Cal reporting and utilization metrics to determine whether children are receiving timely and appropriate eye care services. Supporter Children Now writes that less than one in five children on Medi-Cal received a vision exam in 2023, a decline since 2022. More children than ever are at risk of being left

behind because of undetected and uncorrected vision deficiencies. Although DHCS remains committed to delivery transformation under California Advancing and Innovating Medi-Cal, they have not adequately articulated or addressed the Medi-Cal vision care deficiencies that children and families have been experiencing for years. VSP Vision, a large vision services plan, writes that their charitable program offering free exams and glasses is evidence of the unmet need in California. They also write that comprehensive eye exams can detect signs of more than 270 chronic conditions, including diabetes, hypertension, and some cancers, often before other outward symptoms appear, which helps control costs and improve health outcomes.

- 7) *Policy comment.* This bill would implement vision performance standards for adults and children although the framing of the bill is around children’s access to vision services. Should including adults prove to be more difficult or expensive, the author may want to consider limiting the performance standards to children. The case for children’s access to vision services may be more urgent given the connection between vision and academic performance. However, at this time, there is no indication that implementing the standards across all Medi-Cal recipients is a problem. The bill does increase the data that DHCS already collects. While vision services data is not currently publicly reported, DHCS does collect claims and demographic data and has additional data from CalPIA on the dispensing of glasses.
- 8) *Amendments.* The author and committee have agreed to an amendment in Section 3 to clarify that specialty managed care plans that do not provide vision services, such as behavioral health plans, are not subject to these performance measures.

(a)(3)(B) The performance measures shall apply to both fee-for-service and managed care, including information from specialized managed care plans providing vision services.

SUPPORT AND OPPOSITION:

- Support:** California Optometric Association (sponsor)
 American Academy of Pediatrics, California
 California Charter Schools Associatio
 California Church Impact
 Children Now
 Courage California
 First 5 San Luis Obispo County
 Health Access California
 JCRC Bay Area
 Jewish Family and Children's Services of San Francisco, the Peninsula, Marin and Sonoma Counties
 Oakland Promise
 Prevent Blindness
 Southern California College of Optometry at Marshall B. Ketchum University
 Vision Service Plan
 Vision to Learn

Oppose: None received.