



CALIFORNIA  
HEALTH  
POLICY  
STRATEGIES, L.L.C.

## **Policy Brief**

# **Are Medi-Cal Children Receiving Vision Care They Need? A 2022-24 Update**

December 2025

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### **Executive Summary**

Over the course of the two years between July 2022 and June 2024, only 16 percent of school-age children on Medi-Cal received primary care eye services. This is a decline from the 19 percent served during the period from January 2015 to December 2016.

Comparing individual county performance between these two time periods, 47 of the state's counties served lower shares of this population during the more recent time period; only 7 counties showed improvement.<sup>1</sup>

These rates are substantially below any normative rate of service based on professional standards or the prevalence of vision problems in children. It raises serious concerns about access to eye care across the state. These rates do not reflect the vision screenings at schools or pediatrician offices, but no matter how effective at identifying eye problems in children at those sites, the evidence shows that follow-up treatment likely does not happen.

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### **Introduction**

In 2019 California Health Policy Strategies published a policy brief showing the extent to which school-age children on Medi-Cal are receiving primary eye care across California's counties. The data reported on a two calendar-year period including 2015 and 2016. By any reasonable normative standard, we showed that the share of children receiving care at that time was low. Here we present the results of a repeat of that analysis for the fiscal years 2022-23 and 2023-24.

### **Use of Vision Services – Fiscal Years 2022-23 and 2023-24**

New data from the Department of Health Care Services show the utilization rate of vision services for Medi-Cal eligible children in recent years. The statewide average share of

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<sup>1</sup> The remaining 4 counties had numbers too low to be reported based on restrictions to protect enrollee's data.

school-age children (those from 5 to 18) who received these primary vision services<sup>2</sup> over the course of a two-year period (fiscal years 2023-24 and 2024-25) was 16 percent. The statewide and county results are in Table 1.

**Table 1**  
**Percent of School-Age Children Using Vision Services by County**  
**July 2022 to June 2024**

County	Percent of Children Served				
Modoc	28.5%	San Luis Obispo	15.2%	Alameda	6.1%
San Bernardino	24.5%	Yolo	15.2%	Tehama	5.5%
Napa	24.3%	Fresno	14.9%	Placer	5.0%
Riverside	22.7%	San Joaquin	14.2%	Butte	4.9%
Orange	21.7%	San Benito	13.9%	Sutter	4.9%
Santa Barbara	21.1%	Merced	13.3%	Contra Costa	4.3%
Santa Cruz	20.8%	Kings	13.3%	El Dorado	4.1%
Monterey	20.4%	Trinity	12.7%	Yuba	3.9%
San Francisco	19.9%	San Diego	11.8%	Nevada	2.5%
Tulare	19.2%	Sacramento	11.2%	Plumas	2.3%
Shasta	18.6%	San Mateo	9.9%	Tuolumne	2.2%
Solano	18.4%	Lake	9.7%	Mariposa	1.9%
Santa Clara	18.1%	Del Norte	8.4%	Colusa	1.7%
Los Angeles	17.2%	Amador	8.2%	Kern	1.6%
Ventura	16.6%	Lassen	8.2%	Calaveras	1.5%
Sonoma	16.6%	Humboldt	7.7%	Yuba	NA <sup>3</sup>
STATEWIDE	15.8%	Imperial	7.7%	Inyo	NA
Marin	15.7%	Stanislaus	7.5%	Mono	NA
Madera	15.7%	Mendocino	7.2%	Sierra	NA
Siskiyou	15.2%	Glenn	7.1%		

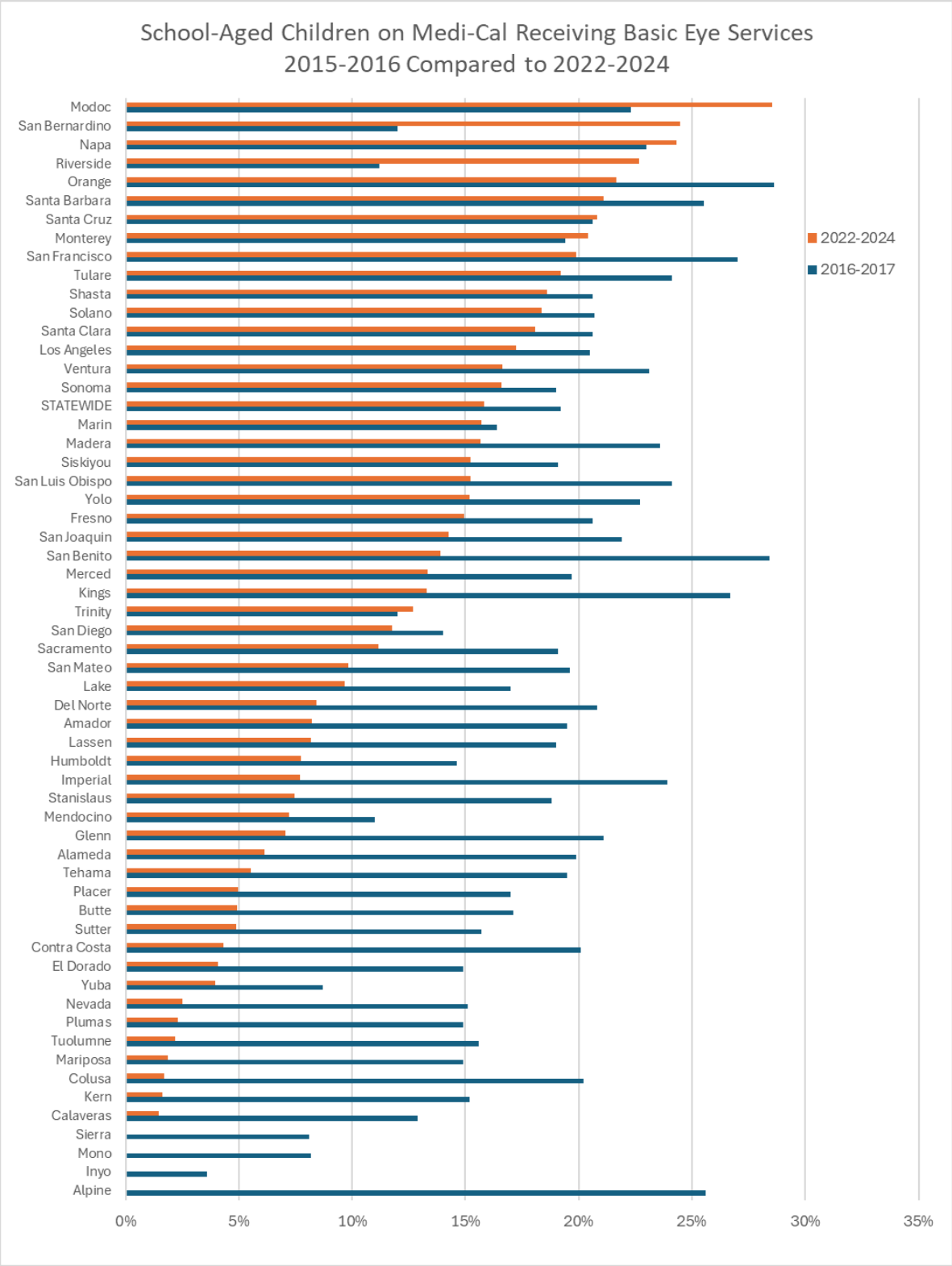
Chart 1 shows for each county the comparison of the performance in the prior period and the latest period. For most counties, the 2022-24 period shows performance that is substantially lower than the performance in 2015-16. Only seven counties showed improvement, and in the case of Riverside and San Bernardino dramatic improvement. But for the rest of the counties, the share of children served has decreased by significant

<sup>2</sup> Vision services here include both examinations and dispensing represented by the following service codes: 92002 Intermediate exam, new patient; 92004 Comprehensive exam, new patient; 92012 Intermediate exam, established patient; 92014 Comprehensive exam, established patient; 92015 Determination of refractive state; 92340 Dispensing of Eyeglasses, Single Vision; 92341 Dispensing of Eyeglasses, Bifocals; 92342 Dispensing of Eyeglasses, Multifocals; 92352 Dispensing of Eyeglasses, for aphakic, Single Vision; 92353 Dispensing of Eyeglasses, for aphakic, Multifocals; V2020 Provision of Eyeglass Frames; V2025 Provision of Deluxe Frames

<sup>3</sup> The numbers here are unavailable due to the data showed counts lower than the thresholds permitted for release by DHCS.

amounts. For 23 counties the percentage of children seen for these primary care eye visits has fallen by more than 50 percent in the last 7 years. During the prior period, 4 counties served less than 10 percent of the children. In the more recent period 25 counties served less than 10 percent of their children.

Chart 1<sup>4</sup>



<sup>4</sup> The appendix shows the actual numbers with the counties in alphabetical order.

## 16 Percent Is Not Enough

The data presented above show that in a recent period about 16 percent of children on Medi-Cal received vision services including eye examinations, determinations of refractive state, or dispensing of glasses. In our brief published in 2019 we presented information that could provide a standard by which to judge the adequacy of this rate of access to these services.

One standard available is the one established by the American Optometric Association which recommends a schedule of vision examinations for children as shown in Table 2.

**Table 2**  
**American Optometric Association Child Vision Examination**  
**Recommended Intervals<sup>5</sup>**

Patient Age	Examination Interval	
	Asymptomatic/Low Risk	At Risk
Birth to 2 years	At 6 to 12 months of age	At 6 to 12 months of age or as recommended
3 through 5 years	At least once between 3 and 5 years of age	At least once between 3 and 5 years of age or as recommended
6 through 18 years	Before first grade and annually thereafter	Before first grade and annually, or as recommended thereafter

Based on this standard every school age child should be seen at least once during any two-year period during their school careers. Clearly the rate of use by children on Medi-Cal is well below the 100% rate that would occur if the AOA recommendations were being followed.

Another way to judge the adequacy of services for Medi-Cal children would be to compare the Medi-Cal rate with the rate experienced by children with sources of vision coverage other than Medi-Cal. We have not been able to find a source for this kind of empirical standard.

To some degree vision screenings in other settings could be meeting some of the needs of these children. Pediatricians' regular childhood exams are intended to include vision

<sup>5</sup> <https://www.aoa.org/patients-and-public/caring-for-your-vision/comprehensive-eye-and-vision-examination/recommended-examination-frequency-for-pediatric-patients-and-adults>

screening for detecting and referring those children with limited visual acuity or other eye problems. To some extent these examinations may identify conditions that are important to detect early in a child's life, such as strabismus and amblyopia, and the children may be referred for treatment. But we have seen from the State Auditor's report that less than 50% of the recommended exams were actually being conducted.<sup>6</sup> Compliance rates were particularly low for school age children.

Schools are another location where vision may be screened and potential problems detected. We do not know what share of children are receiving screenings in school, how effective these screenings are in detecting problems.

But what we do know is that if any of these screening avenues are detecting problems, the follow-up for treatments is clearly not happening.

## About the Author

- **Dr. David Maxwell-Jolly** is a Senior Advisor with CalHPS. He has over thirty years of experience with the California state government and has held a series of senior executive positions. He was the Chief Deputy Executive Director at Covered California, Undersecretary and Deputy Secretary at the Health and Human Services Agency, and Director of the Department of Health Care Services.

## About California Health Policy Strategies (CalHPS), L.L.C.

- CalHPS is a mission-driven health policy consulting group based in Sacramento. For more information, visit [www.calhps.com](http://www.calhps.com).
- The research undertaken for this policy brief was funded by the California Optometric Association.

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<sup>6</sup> <https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf>, Table 2, p. 14.

## Appendix

**Table A**  
**Percent of School-Age Children on Medi-Cal Receiving Primary Care Eye Services**

	<b>CY 2015-2016</b>	<b>FY 2022-2024</b>
Alameda	19.9%	6.1%
Alpine	25.6%	NA
Amador	19.5%	8.2%
Butte	17.1%	4.9%
Calaveras	12.9%	1.5%
Colusa	20.2%	1.7%
Contra Costa	20.1%	4.3%
Del Norte	20.8%	8.4%
El Dorado	14.9%	4.1%
Fresno	20.6%	14.9%
Glenn	21.1%	7.1%
Humboldt	14.6%	7.7%
Imperial	23.9%	7.7%
Inyo	3.6%	NA
Kern	15.2%	1.6%
Kings	26.7%	13.3%
Lake	17.0%	9.7%
Lassen	19.0%	8.2%
Los Angeles	20.5%	17.2%
Madera	23.6%	15.7%
Marin	16.4%	15.7%
Mariposa	14.9%	1.9%
Mendocino	11.0%	7.2%
Merced	19.7%	13.3%
Modoc	22.3%	28.5%
Mono	8.2%	NA
Monterey	19.4%	20.4%
Napa	23.0%	24.3%
Nevada	15.1%	2.5%
Orange	28.6%	21.7%
Placer	17.0%	5.0%
Plumas	14.9%	2.3%
Riverside	11.2%	22.7%

Sacramento	19.1%	11.2%
San Benito	28.4%	13.9%
San Bernardino	12.0%	24.5%
San Diego	14.0%	11.8%
San Francisco	27.0%	19.9%
San Joaquin	21.9%	14.2%
San Luis Obispo	24.1%	15.2%
San Mateo	19.6%	9.9%
Santa Barbara	25.5%	21.1%
Santa Clara	20.6%	18.1%
Santa Cruz	20.6%	20.8%
Shasta	20.6%	18.6%
Sierra	8.1%	NA
Siskiyou	19.1%	15.2%
Solano	20.7%	18.4%
Sonoma	19.0%	16.6%
Stanislaus	18.8%	7.5%
<b>STATEWIDE</b>	19.2%	15.8%
Sutter	15.7%	4.9%
Tehama	19.5%	5.5%
Trinity	12.0%	12.7%
Tulare	24.1%	19.2%
Tuolumne	15.6%	2.2%
Ventura	23.1%	16.6%
Yolo	22.7%	15.2%
Yuba	8.7%	3.9%