

# 2025

## HEALTH CENTER VISION SERVICES EXPANSION BRIEF: *Eye Care is Primary Care*

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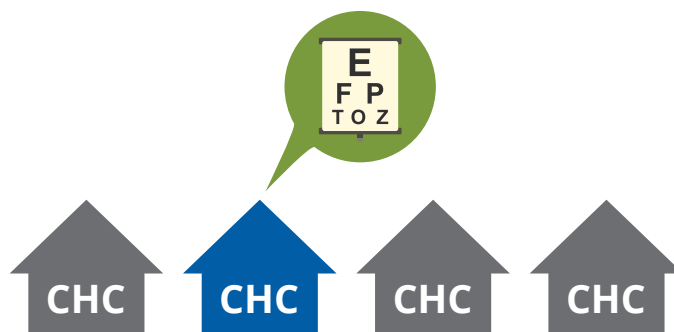
Prevent  
Blindness  
Our Vision Is Vision.

## Introduction

Nearly 32.5 million patients – or 1 in 10 people nationwide – rely on community health centers (CHCs) for primary and preventive health care services. CHCs serve as a ‘medical home’ by providing comprehensive primary care for adults and children, preventive screenings and immunizations, and enabling services that improve access and address health related needs.



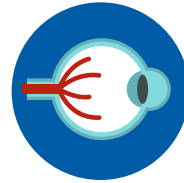
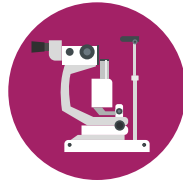
Vision is an integral part of overall health, and vision services are a key component to primary care. A comprehensive eye exam can reveal early signs of systemic conditions like diabetes, high blood pressure, and even some cancers, highlighting the link between eye health and general well-being. Despite this, **only 1 in 4 (26%) CHCs nationwide offer vision services through an optometrist or ophthalmologist, and a mere 3% of patients access these services.**



This report describes the current need for expanded vision services among CHC patients and the **projected impact if additional funding was available to fund the development of new vision service lines at health centers.** For example, an estimated investment of \$630 million would enable health centers to **provide vision services to over 10.7 million patients with unmet health needs.**

# Population Health

Eye disorders and vision loss are among the costliest conditions in the United States as the economic burden of vision loss and blindness was estimated to be \$134 billion in 2017<sup>1</sup> and is expected to increase to \$373 billion by 2050.<sup>2</sup> Vision impairment causes a substantial social and economic toll for millions as it impacts an individual's quality of life including delaying development, lowering educational achievement and employment rates, increasing rates of depression and anxiety, contributing to social isolation, creating difficulty walking, and increasing risk of falls and fractures.<sup>3</sup> Lack of insurance coverage, being underinsured; and the high cost of eyeglasses, vision-related screenings, and services are significant contributors to the burden of visual impairment among low-income populations.<sup>4</sup>



Refractive errors (i.e. nearsighted or farsightedness or astigmatism, etc) are the most common eye conditions in the U.S. It is estimated that more than 150 million Americans – approximately 1 in 3 – suffer from them. Left untreated, refractive errors can lead to long-term complications, including vision impairment and reduced quality of life, as they affect daily activities, learning, and social interactions. CHCs serve a disproportionate number of patients at high risk for refractive errors as they provide care to 1 in 3 people living in poverty, 1 in 5 uninsured, and 1 in 6 Medicaid beneficiaries.<sup>6</sup> CHCs also provide care to 1 in 9 children and adolescents<sup>6</sup> nationwide who are at risk for life-long complications as untreated refractive errors can affect their academic performance, social interactions, and overall quality of life. If refractive errors are not treated with corrective lenses early enough in life, a child can be left with permanently blurred vision or vision loss (e.g. amblyopia).

The leading causes of vision impairment and blindness in the United States among adults are age-related macular degeneration (AMD), cataracts, diabetic retinopathy, and glaucoma.<sup>2</sup> Key risk factors for vision impairment and blindness include age, certain chronic conditions, and lifestyle choices.

CHC patients experience chronic conditions at higher rates than the general population, putting them at high risk for developing eye conditions that can lead to vision impairment or blindness. Diabetic retinopathy, a complication of diabetes, is a leading cause of vision impairment and blindness in adults, and high blood pressure also can contribute to various eye problems. Nearly 3 million CHC patients live with diabetes, and 1 in 3 do not have it under control.<sup>7,8</sup> Furthermore, over 5 million CHC patients have been diagnosed with high blood pressure, and approximately 35% do not have it under control.<sup>7,8</sup>

Lifestyle factors such as smoking and a poor diet are risk factors for vision impairment and blindness. Smoking is associated with a higher risk of cataracts and macular degeneration, and there is a higher prevalence of tobacco use amongst CHC patients versus the general population, 25.8% and 20.6% respectively.<sup>9</sup> A poor diet can negatively impact eye health, and CHC patients have a higher prevalence of food insecurity, which can lead to unhealthy dietary patterns, than the general population, 16.3% versus 13.5%.<sup>10,11</sup>

Despite the substantial social and economic costs associated with vision impairment and loss, many of these issues can be detected early and prevented through regular, comprehensive eye exams. In fact, 90% of diabetes-related blindness in adults and over half of childhood blindness is preventable.<sup>12,13</sup> Unfortunately, many individuals at high risk for serious vision loss do not visit an eye doctor often due to cost, lack of awareness, or lack of insurance coverage.

To understand how to identify, diagnose, and treat eye conditions, it's important to understand the difference between screenings and comprehensive exams as well as the types of providers qualified to perform them.



## Vision Screening: Did You Know?

- ▶ A vision screening is a brief test that assesses the risk for a possible vision disorder and can be performed by a variety of healthcare professionals.
- ▶ Vision screenings can be conducted during pediatric well visits.
- ▶ Retinal screenings are crucial for detecting and monitoring various eye conditions, especially diabetic retinopathy and age-related macular degeneration.
- ▶ Retinal screenings achieve the The Eye Exam for Patients with Diabetes (EED) HEDIS measure, which assesses the percentage of adult members (18-75 years of age) with diabetes (type 1 and 2) who have had a retinal eye exam during the measurement year.
- ▶ Both vision and retinal screenings can be performed by a variety of healthcare professionals, including primary care physicians and nurses.



## Comprehensive Eye Exam: Did You Know?

A comprehensive eye exam is a thorough examination of the eyes and visual system, which includes visual acuity, refraction, peripheral vision, eye pressure, and examination of internal eye structures such as the retina and optic nerve. Comprehensive exams can detect various eye diseases such as glaucoma and age-related macular degeneration, as well as systemic health issues that affect the eyes, including diabetes.

## Who Are the Eye Care Providers?

There are two types of eye care providers qualified to conduct comprehensive eye exams: optometrists and ophthalmologists.

**Optometrists (OD)** perform eye exams, prescribe eyeglasses and contact lenses, diagnose disease, and prescribe medications to treat certain eye problems and diseases. Optometrists have completed a 4 year doctorate degree (OD), and a 1 year residency (optional), and they are considered the primary care providers of the eye.

**Ophthalmologists (MD or DO)** perform eye exams, prescribe eyeglasses and contact lenses, diagnose and treat disease, prescribe medications, plus perform eye surgery. Ophthalmologists have completed a 4-year doctorate degree (MD or DO), 1 year internship, and 3+ years residency, and they are considered specialty providers of the eye.

# A Current View of Vision Services and Planning for the Future

**Decades of research have shown that health centers reduce overall medical costs through efficient and effective primary care.** Patients who access primary care at health centers consistently show positive health outcomes and reduced utilization of expensive emergency room and hospital visits.

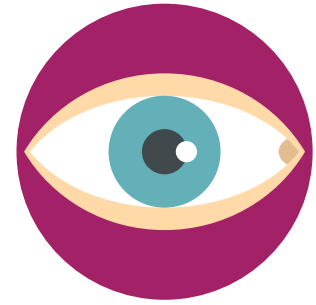
**Positive outcomes at health centers are driven by effective service integration and coordinated care.** Integrating services like behavioral health into a coordinated primary care plan helps to ensure that patients get the care they need. Care coordination improves patient adherence to treatment plans and ultimately improves health outcomes. **The ability to access care across service lines from one trusted source removes access barriers** that otherwise prevent patients from accessing additional services.



All health centers are required to provide primary care and enabling services (42 U.S.C. §254b). However, **not all health centers have the capacity to establish or sustain vision services into their care coordination model for three specific reasons:** workforce challenges, variances in insurance coverage, and high start-up costs. While the US meets the World Health Organization’s (WHO) recommended optometrist to patient ratio – 1 provider for every 10,000 people – unequal distribution of eye care providers creates workforce challenges as both optometrists and ophthalmologists are often concentrated in densely populated metropolitan and coastal regions, leaving 1 in 4 US counties with no eye care provider.<sup>14,15,16</sup> HRSA uses Health Professional Shortage Area (HPSA) designations to identify and prioritize geographic areas and population groups within the US that experience shortages of primary medical, dental, and mental health providers to help guide resource allocation. However, there is no HPSA designation for eye care providers, which hinders the identification of high-need areas and subsequently, resource allocation. Correspondingly, policy changes under the National Health Service Corps (NHSC), which plays a crucial role in recruiting, hiring, and retaining clinicians at CHCs, led to the exclusion of optometry from their loan repayment and scholarship programs since 2002 despite optometry’s inclusion in the NHSC at its inception in 1970. Consequently, many eye care providers are de-incentivized to take jobs in such areas of high need, reinforcing the workforce shortage and clustering in high resourced and often urban areas.

Limited coverage under Medicare and state variances in Medicaid coverage create financial barriers for CHCs when establishing or expanding vision services as 50% of CHC patients are Medicaid enrollees and 11% are Medicare enrollees.<sup>17</sup> Traditional Medicare does not cover eyeglasses or contact lenses, but Medicare Part B covers eyeglasses or contact lenses after cataract surgery under certain circumstances.<sup>18</sup> Under Medicaid, vision care is not classified as an essential health benefit, so adult vision coverage is optional. As a result, coverage greatly varies from state to state with some states offering comprehensive coverage and others offering limited coverage.<sup>19</sup>

Conversely, children often have more options for vision coverage, which provides a unique opportunity for health centers to expand pediatric services. Medicaid offers the Early and Periodic Screening, Diagnostic and Treatment (EPSDT), or “well child check-up” benefit for enrolled children. EPSDT covers vision assessment (including vision screening) and services to correct or ameliorate vision disorders, including diagnostic and treatment services. The Affordable Care Act (ACA) provides coverage of vision services for children under 19. However, as Congress is considering unprecedented cuts to Medicaid funding, 1 in 5 children nationwide risk losing their coverage.<sup>20</sup>



HCs operate on razor-thin margins, so the high start-up costs (e.g., equipment, space, and recruitment) create barriers to opening eye clinics. Furthermore, optometry – the primary care provider of the eye – is excluded from the definition of preventive and primary care under Section 330 of the Public Health Services Act – commonly known as the “330 grant” – the primary form of federal funding for CHCs. This means the governing board and management must find a funding mechanism to support the establishment of an on-site eye clinic. With optometry designated as a non-mandated specialty service, community health centers must rely on alternative funding methods for the service including a federal expansion grant, state or local funding, loans, bonds, or private fund raising.<sup>21</sup>

In 2023, CHC patients accessed eye care by optometrists and ophthalmologists through in-person and virtual visits. Table 1 provides a breakdown of the CHC eye care workforce and visits by provider type.

**Table 1. Vision Services at Community Health Centers, 2023**

	Workforce		Clinic Visits		Virtual Visits		Totals	
	Number of CHCs with FTEs	Number of Health Centers with Contracted Providers*	Total Clinic Visits	Number of CHCs with Clinic Visits	Total Virtual Visits	Number of CHCs Offering Virtual Visits	Total Visits	Total CHCs with Visits
<b>Optometry</b>	347 CHCs have a total of 507.89 FTEs	32	1,111,655	379	3,741	61	1,115,396	379
<b>Ophthalmology</b>	83 CHCs have a total of 44.58 FTEs	24	86,797	107	56	8	86,853	108
<b>Other Vision Care Personnel</b>	233 CHCs have a total of 849.22 FTEs	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Source: 2023 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

\*Number of contracted FTEs is not tracked in the UDS.

Based on HRSA benchmarks, 36% of CHC patients would be expected to access vision services, but currently only 3% of all patients have access. Due to the many barriers CHCs face, 10.7 million patients are unserved, second only in unmet need to oral health services, as Table 2 shows.

**Table 2. Unserved Patients by Service Area, 2023**

Service Category	Mental Health	Substance Use Disorder	Oral Health	Vision
*Recommended Benchmark	35%	17%	58%	36%
**Current Utilization	9%	1%	20%	3%
Unmet Need Estimate	26%	16%	38%	33%
Estimated Unserved Patients	8.5M	5.2M	12.3M	10.7M

\*Source: National Association of Community Health Centers. (Feb 2023) Health Center Service Expansion. Retrieved on May 29, 2025 from <https://www.nachc.org/resource/health-center-service-expansion-issue-brief/>.

\*\*Source: Health Resources Services Administration Uniform Data System. (2024). Health Center Program Uniform Data System (UDS) Data. Retrieved on May 29, 2025 from <https://data.hrsa.gov/tools/data-reporting>

CHCs would need to hire an additional 1,070 optometrists to address the needs of the 10.7 million unserved patients as Table 3 illustrates.

**Table 3. Additional Providers Needed to Address Unmet Need**

Unserved Patients	10.7M
Provider-to-patient ratio (optometrists)*	1:10,000
Additional Providers Needed (optometrists)	1,070

\*Source: Gammoh, Y., Morjaria, P., Block, S. S., Massie, J., & Hendicott, P. (2024). 2023 Global Survey of Optometry: Defining Variations of Practice, Regulation and Human Resources Between Countries. *Clinical optometry*, 16, 211–220. <https://doi.org/10.2147/OPTO.S481096>

The American Optometric Association developed a sample business plan for establishing eye care services (Table 4). The estimated cost to purchase equipment and supplies, hire staff and providers, and make space improvements is \$588,375. If additional funding were available, an estimated \$630 million for service expansion would equip health centers to meet the vision needs of the 10.7 million patients currently going without.

**Table 4. Sample Business Plan for Establishing Eye Care Services**

START UP/FIRST YEAR EXPENSES* EYE CARE SERVICE	Estimated unit cost (linked to optometry equipment)
<b>STARTING CAPITAL AND IMPROVEMENTS (ONE TIME)</b>	
Ophthalmic Equipment	\$185,794
Other handheld equipment	\$7,486
Optical (cabinets, inventory, etc)	\$57,735
Buildout/Lease Hold Improvements (estimated)	\$50,000
<b>SUBTOTAL ONE TIME START-UP COSTS</b>	<b>\$301,015</b>
<b>OPERATIONAL EXPENSES**</b>	
Optometrist	\$134,830
Certified Ophthalmic Assistant/Technician	\$45,820
Optical Assistant/Receptionist (Optician)	\$46,560
Billing Clerk	\$48,650
Clinic Supplies	\$11,500
<b>TOTAL EXPENSES Year 1 with Start Up Costs</b>	<b>\$588,375</b>

\*These estimates include 2 exam lanes, ancillary equipment like visual fields and OCT, and an optical dispensary.

\*\*Source: U.S. Bureau of Labor Occupational Outlook Handbook, 2024. Note: These averages do not include benefits packages.

# Conclusion

**Vision is an integral part of overall health, and vision services are a key component to primary care.** A comprehensive eye exam can reveal early signs of systemic conditions such as diabetes, high blood pressure, as well as certain types of cancer, highlighting the link between eye health and general well-being. In many under-resourced communities, CHCs are the only accessible source for healthcare. The number of people relying on CHCs for care is increasing. Yet in 2023, only 26% of CHCs provided vision services and 3% of patients received eye care. Integrating on-site vision care into the CHC model would address a critical gap in services, help prevent avoidable vision loss in both children and adults, and improve access to essential eye health services for underserved communities across the lifespan. However, not all health centers have the capacity to establish or sustain vision services into their care coordination due to workforce challenges, variances in insurance coverage, and high start-up costs. **If additional funding were available, a one-time investment of \$630 million would enable CHCs to hire an additional 1,070 optometrists and support staff, and support clinic buildout to meet the needs of the 10.7 million patients currently going without vision services.**



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