

110TH CONGRESS
1ST SESSION

H. R. 3750

To provide for the expansion of Federal programs to prevent and manage vision loss, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 4, 2007

Mr. GENE GREEN of Texas (for himself, Ms. ROS-LEHTINEN, Mr. PRICE of North Carolina, Mr. TIBERI, Mr. BOUCHER, Mr. BISHOP of Georgia, Mr. BOOZMAN, and Mr. ENGEL) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for the expansion of Federal programs to prevent and manage vision loss, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Vision Preservation
5 Act of 2007”.

6 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

7 (a) FINDINGS.—The Congress finds as follows:

8 (1) An estimated 80 million Americans have a
9 potentially blinding eye disease, and more than 19.1

1 million Americans report trouble seeing, even with
2 eye glasses or contacts. At least 1.1 million Ameri-
3 cans are legally blind, and 200,000 Americans expe-
4 rience profound vision loss. Refractive errors affect
5 approximately one third of persons 40 years or older
6 in the United States. Visual impairment is one of
7 the 10 more frequent causes of disability in the
8 United States.

9 (2) While it is believed that half of all blindness
10 can be prevented, the number of Americans who are
11 blind or visually impaired is expected to double by
12 2030.

13 (3) Vision loss can, especially without appro-
14 priate rehabilitation and skills training, significantly
15 impact an individual's ability to conduct activities of
16 daily living, as well as developmental learning, com-
17 municating, working, health, and quality of life.

18 (4) One in twenty preschoolers experience visual
19 impairment which, if unaddressed, can affect learn-
20 ing ability, personality, and adjustment in school.

21 (5) It is estimated that blindness and visual im-
22 pairment cost the Federal Government more than \$4
23 billion annually in benefits and lost taxable income,
24 and cost the United States economy approximately
25 \$51.4 billion annually in direct medical costs, direct

1 non medical costs, and indirect costs such as lost
2 productivity and wages.

3 (6) Vision rehabilitation helps people with vi-
4 sion loss to live safely and independently at home
5 and in the community, reduce medication errors,
6 cook and perform other daily activities reliably, and
7 avoid accidents which may lead to injury or even the
8 onset of additional disabilities, especially among
9 older persons living with vision loss.

10 (7) Recognizing that the Nation requires a pub-
11 lic health approach to visual impairment, the De-
12 partment of Health and Human Services dedicated
13 a portion of its Healthy People 2010 initiative to vi-
14 sion. The initiative set out as a goal the improve-
15 ment of the Nation's visual health through preven-
16 tion, early detection, treatment, and rehabilitation.

17 (8) Greater efforts must be made at the Fed-
18 eral, State, and local levels to increase awareness of
19 vision loss and its causes, its impact, the importance
20 of early diagnosis, treatment, and rehabilitation, and
21 effective prevention strategies.

22 (b) SENSE OF CONGRESS.—It is the sense of the
23 Congress that the Nation must have a full-scale integrated
24 public health strategy to comprehensively address vision

1 loss and its causes that, at a minimum, includes the fol-
2 lowing:

3 (1) Communication and education.

4 (2) Surveillance, epidemiology, and prevention
5 research.

6 (3) Programs, policies, and systems change.

7 **SEC. 3. VISION LOSS PREVENTION.**

8 Part B of title III of the Public Health Service Act
9 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
10 tion 317S the following:

11 **“SEC. 317T. PREVENTIVE HEALTH MEASURES WITH RE-**
12 **SPECT TO VISION LOSS.**

13 “(a) COMMUNICATION AND EDUCATION.—

14 “(1) IN GENERAL.—The Secretary, acting
15 through the Centers for Disease Control and Preven-
16 tion, the Health Resources and Services Administra-
17 tion, and the National Institutes of Health, shall ex-
18 pand and intensify programs to increase awareness
19 of vision problems, including awareness of—

20 “(A) the impact of vision problems; and

21 “(B) the importance of early diagnosis,
22 management, and effective prevention and reha-
23 bilitation strategies.

24 “(2) ACTIVITIES.—In carrying out this sub-
25 section, the Secretary may—

1 “(A) conduct public service announcements
2 and education campaigns;

3 “(B) enter into partnerships with eye-
4 health professional organizations and other vi-
5 sion-related organizations;

6 “(C) conduct community disease preven-
7 tion campaigns;

8 “(D) conduct testing, evaluation, and
9 model training for vision screeners based on sci-
10 entific studies; and

11 “(E) evaluate strategies to reduce barriers
12 to access to treatment by optometrists and oph-
13 thalmologists.

14 “(3) EVALUATION.—In carrying out this sub-
15 section, the Secretary shall—

16 “(A) establish appropriate measurements
17 for public awareness of vision problems;

18 “(B) establish appropriate measurements
19 to determine the effectiveness of existing cam-
20 paigns to increase awareness of vision problems;

21 “(C) establish quantitative benchmarks for
22 determining the effectiveness of activities car-
23 ried out under this subsection; and

24 “(D) not later than 12 months after the
25 date of the enactment of this section, submit a

1 report to the Congress on the results achieved
2 through such activities.

3 “(b) SURVEILLANCE, EPIDEMIOLOGY, AND HEALTH
4 SERVICES RESEARCH.—

5 “(1) IN GENERAL.—The Secretary shall expand
6 and intensify activities to establish a solid scientific
7 base of knowledge on the prevention, control, and re-
8 habilitation of vision problems and related disabil-
9 ities.

10 “(2) ACTIVITIES.—In carrying out this sub-
11 section, the Secretary may—

12 “(A) create a national ongoing surveillance
13 system;

14 “(B) identify and test screening modalities;

15 “(C) evaluate strategies to reduce barriers
16 to access to treatment by optometrists, ophthal-
17 mologists, and other vision rehabilitation pro-
18 fessionals;

19 “(D) evaluate the efficacy and cost-effec-
20 tiveness of current and future interventions and
21 community strategies;

22 “(E) update and improve knowledge about
23 the true costs of vision problems and related
24 disabilities; and

1 “(F) require the Surgeon General to assess
2 the state of vision care and vision rehabilitation
3 in the United States.

4 “(c) PROGRAMS, POLICIES, AND SYSTEMS.—

5 “(1) IN GENERAL.—The Secretary shall expand
6 and intensify research within the Centers for Dis-
7 ease Control and Prevention on the prevention and
8 management of vision loss.

9 “(2) ACTIVITIES.—In carrying out this sub-
10 section, the Secretary may—

11 “(A) build partnerships with voluntary
12 health organizations, nonprofit vision rehabilita-
13 tion agencies, Federal, State, and local public
14 health agencies, eye health professional organi-
15 zations, and organizations with an interest in
16 vision issues;

17 “(B) work with health care systems to bet-
18 ter address vision problems and associated dis-
19 abilities; and

20 “(C) award grants for community outreach
21 regarding vision loss to health care institutions
22 and national vision organizations with broad
23 community presence.”.

1 **SEC. 4. EXPANSION OF VISION PROGRAMS UNDER THE MA-**
2 **TERNAL AND CHILD HEALTH SERVICE BLOCK**
3 **GRANT PROGRAM.**

4 Section 501(a)(3) of the Social Security Act (42
5 U.S.C. 701(a)(3)) is amended—

6 (1) by striking “and” at the end of subpara-
7 graph (E);

8 (2) by striking the period at the end of sub-
9 paragraph (F) and inserting “, and”; and

10 (3) by adding at the end the following new sub-
11 paragraph:

12 “(G) introduce core performance measures
13 on eye health by incorporating vision screening
14 and examination standards into State programs
15 under this title, based on scientific studies.”.

16 **SEC. 5. PREVENTION AND TREATMENT FOR UNDER-**
17 **SERVED, MINORITY, AND OTHER POPU-**
18 **LATIONS.**

19 (a) **EXPANSION AND INTENSIFICATION OF VISION**
20 **PROGRAMS.**—The Secretary of Health and Human Serv-
21 ices (in this section referred to as the “Secretary”) shall
22 expand and intensify programs targeted to prevent vision
23 loss, treat eye and vision conditions, and rehabilitate peo-
24 ple of all ages who are blind or partially sighted in under-
25 served and minority communities, including the following:

1 (1) Vision care services at community health
2 centers receiving assistance under section 330 of the
3 Public Health Service Act (42 U.S.C. 254b).

4 (2) Vision rehabilitation programs at vision re-
5 habilitation agencies, eye clinics, and hospitals.

6 (b) VOLUNTARY GUIDELINES FOR VISION SCREEN-
7 ING.—The Secretary, in consultation with eye-health pro-
8 fessional organizations and other vision-related organiza-
9 tions, shall develop voluntary guidelines to ensure the
10 quality of vision screening and appropriate referral for
11 comprehensive eye examinations and subsequent vision re-
12 habilitation services.

13 **SEC. 6. VISION REHABILITATION PROFESSIONAL DEVELOP-**
14 **MENT GRANTS.**

15 (a) AUTHORITY.—The Secretary of Health and
16 Human Services (in this section referred to as the “Sec-
17 retary”) may make grants to eligible institutions of higher
18 education or nonprofit organizations for the purpose of ac-
19 tivities described in subsection (b) relating to vision reha-
20 bilitation professional development.

21 (b) USE OF FUNDS.—The Secretary may not make
22 a grant to an institution of higher education or a nonprofit
23 organization under this section unless the institution or
24 organization agrees to use the grant for the following:

1 (1) Developing and offering preparatory and
2 continuing education training opportunities (incor-
3 porating state-of-the-art approaches, technologies,
4 and therapies to meet the unique needs of older
5 adults with vision loss) in—

6 (A) geriatrics among vision rehabilitation
7 professionals, including professionals in the vi-
8 sion rehabilitation therapy, orientation and mo-
9 bility, and low vision therapy fields; and

10 (B) vision rehabilitation among occupa-
11 tional therapists and others in related rehabili-
12 tation and health disciplines.

13 (2) Conducting, and disseminating the findings
14 and conclusions of, research on the effectiveness of
15 preparatory and continuing education training under
16 paragraph (1).

17 (3) Developing and disseminating interdiscipli-
18 nary course curricula for use in the preparation of
19 new professionals in vision rehabilitation, occupa-
20 tional therapy, and related rehabilitation and health
21 disciplines.

22 (4) Educating physicians, nurses, and other
23 health care providers about the value of vision reha-
24 bilitation, to increase appropriate referral by such
25 professionals for the full range of vision rehabilita-

1 tion services available to older individuals with vision
2 loss.

3 (c) ELIGIBILITY.—To be eligible to receive a grant
4 under this section, an entity shall be a university, aca-
5 demic medical center, national or regional nonprofit orga-
6 nization, community rehabilitation provider, or allied
7 health education program, or a consortium of such enti-
8 ties, that—

9 (1) offers or coordinates education or training
10 activities among professionals described in sub-
11 section (b)(1); or

12 (2) agrees to use the grant to expand its capac-
13 ity to coordinate such activities.

14 (d) DISTRIBUTION OF GRANTS.—In awarding grants
15 under this section, the Secretary shall ensure that grant-
16 ees offer or coordinate training for current and emerging
17 professionals—

18 (1) from a variety of geographic regions and a
19 range of different types and sizes of settings and fa-
20 cilities, including settings and facilities located in
21 rural, urban, and suburban areas; and

22 (2) serving a variety of populations of older in-
23 dividuals with vision loss, including racial and ethnic
24 minorities, low-income individuals, and other under-
25 served populations.

1 (e) APPLICATION.—To seek a grant under this sec-
2 tion, an entity shall submit to the Secretary an application
3 at such time, in such manner, and containing such infor-
4 mation as the Secretary may require.

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