

108TH CONGRESS  
2D SESSION

# S. 2749

To establish a grant program to provide comprehensive eye examinations to children, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JULY 22, 2004

Mr. SARBANES introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To establish a grant program to provide comprehensive eye examinations to children, 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 “Children’s Access to  
5       Vision Act of 2004”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

8               (1) Good vision is essential for proper physical  
9       development and educational progress in growing  
10      children.

1           (2) Many serious ocular conditions are treatable  
2           if identified in the preschool and early school-aged  
3           years.

4           (3) Early detection of ocular conditions provides  
5           the best opportunity for effective, inexpensive treat-  
6           ment and can have far reaching implications for vi-  
7           sion.

8           (4) Vision screening programs will identify chil-  
9           dren needing comprehensive eye examinations, and  
10          these children should have access to these eye exami-  
11          nations, as well as to subsequent treatment or serv-  
12          ices necessary to correct vision problems.

13 **SEC. 3. GRANTS REGARDING COMPREHENSIVE EYE EXAMI-**  
14 **NATIONS FOR CHILDREN.**

15          (a) IN GENERAL.—The Secretary of Health and  
16 Human Services (referred to in this section as the “Sec-  
17 retary”), acting through the Director of the Centers for  
18 Disease Control and Prevention, may make grants to  
19 States on the basis of an established review process for  
20 the purpose of—

21           (1) providing comprehensive eye examinations  
22          for children who have been identified by a licensed  
23          health care provider or certified vision screener as  
24          needing such services, with priority given to children  
25          who are under the age of 9;

1           (2) providing subsequent treatment or services  
2           necessary to correct vision problems; and

3           (3) developing and disseminating, to parents,  
4           teachers, and health care practitioners, educational  
5           materials on recognizing signs of visual impairment  
6           in children.

7           (b) CRITERIA AND COORDINATION.—

8           (1) CRITERIA.—The Secretary, in consultation  
9           with appropriate professional and consumer organi-  
10          zations including individuals with knowledge of age  
11          appropriate vision services, shall develop criteria—

12                   (A) governing the operation of the grant  
13                   program; and

14                   (B) for the collection of data related to vi-  
15                   sion assessment and the utilization of followup  
16                   services.

17          (2) COORDINATION.—The Secretary shall, as  
18          appropriate, coordinate the program under sub-  
19          section (a) with the program under section 330 of  
20          the Public Health Service Act ((42 U.S.C. 254b) re-  
21          lating to health centers), the program under title  
22          XIX of the Social Security Act ((42 U.S.C. 1396 et  
23          seq.) relating to the Medicaid program), the pro-  
24          gram under title XXI of such Act ((42 U.S.C.  
25          1397aa et seq.) relating to the State children's

1 health insurance program), and with other Federal  
 2 or State program that provide services to children.

3 (c) APPLICATION.—A grant may be made under sub-  
 4 section (a) only if an application for the grant is submitted  
 5 to the Secretary and the application is in such form, is  
 6 made in such manner, and contains such information as  
 7 the Secretary may require, including—

8 (1) information on existing Federal, Federal-  
 9 State, or State-funded children’s vision screening  
 10 programs;

11 (2) a plan for the use of grant funds, including  
 12 how funds will be used to complement existing State  
 13 efforts;

14 (3) a plan to determine if a grant eligible child  
 15 has received an age appropriate vision screening;  
 16 and

17 (4) a description of how funds will be used to  
 18 provide items or services only as a secondary payer  
 19 to—

20 (A) any State compensation program,  
 21 under an insurance policy, or under any Fed-  
 22 eral or State health benefits program; or

23 (B) by any entity that provides health  
 24 services on a prepaid basis.

1 (d) EVALUATIONS.—A grant may be made under  
2 subsection (a) only if the State involved agrees that, not  
3 later than 1 year after the date on which amounts under  
4 the grant are first received by the State, and annually  
5 thereafter while receiving amounts under the grant, the  
6 State will submit to the Secretary an evaluation of the  
7 operations and activities carried out under the grant, in-  
8 cluding—

9 (1) an assessment of the utilization of vision  
10 services and the status of children receiving these  
11 services as a result of the activities carried out  
12 under the grant;

13 (2) the collection, analysis, and reporting of  
14 children’s vision data according to guidelines pre-  
15 scribed by the Secretary; and

16 (3) such other information as the Secretary  
17 may require.

18 (e) LIMITATION ON GRANT EXPENDITURES.—A  
19 grant may be made under subsection (a) only if the State  
20 involved agrees that the State will not expend more than  
21 20 percent of the grant to carry out the purpose described  
22 in paragraph (3) of such subsection.

23 (f) DEFINITIONS.—For purposes of this section:

24 (1) The term “comprehensive eye examination”  
25 includes an assessment of a patient’s history, gen-

1       eral       medical       observation,       external       and  
2       ophthalmoscopic examination, visual acuity, ocular  
3       alignment and motility, refraction, and as appro-  
4       priate, binocular vision or gross visual fields, per-  
5       formed by an optometrist or an ophthalmologist.

6               (2) The term “subsequent treatment or services  
7       necessary to correct vision problems” does not in-  
8       clude vision training or vision therapy services.

9       (g) AUTHORIZATION OF APPROPRIATIONS.—For the  
10      purpose of carrying out this section, there are authorized  
11      to be appropriated \$75,000,000 for fiscal year 2004, and  
12      such sums as may be necessary for each of fiscal years  
13      2005 through 2007.

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