

109TH CONGRESS
1ST SESSION

H. R. 2238

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

IN THE HOUSE OF REPRESENTATIVES

MAY 10, 2005

Mr. PASCRELL (for himself, Mr. PAYNE, Mr. ALLEN, Mr. OWENS, Mr. MORAN of Virginia, Mr. KIND, Mr. REYES, Ms. NORTON, Mr. MEEKS of New York, Mr. TOWNS, Ms. ROS-LEHTINEN, and Mr. LANGEVIN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish a grant program to provide comprehensive eye examinations and necessary follow up treatment 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 Vision Im-
5 provement and Learning Readiness Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1 (1) Good vision is essential for proper physical
2 development and educational progress in growing
3 children.

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

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

11 (4) Children should have access to eye examina-
12 tions as well as to subsequent treatment or services
13 necessary to correct vision problems.

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

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

22 (1) providing comprehensive eye examinations
23 for children who have been identified by a method to
24 be determined by the applicant State as needing

1 such services, with priority given to children who are
2 under the age of 9;

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

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

9 (b) CRITERIA AND COORDINATION.—

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

14 (A) governing the operation of the grant
15 program; and

16 (B) for the collection of data related to vi-
17 sion assessment and the utilization of follow up
18 services.

19 (2) COORDINATION.—The Secretary shall, as
20 appropriate, coordinate the program under sub-
21 section (a) with the program under section 330 of
22 the Public Health Service Act (relating to health
23 centers), the program under title XIX of the Social
24 Security Act (relating to the Medicaid program), the
25 program under title XXI of such Act (relating to the

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

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

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

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

15 (3) a plan to determine if a grant eligible child
16 has received an age appropriate vision screening or
17 comprehensive eye examination; and

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

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

24 (B) by any entity that provides health
25 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 EXPENDITURES OF GRANT.—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 for a fiscal year to carry out the
22 purpose described in paragraph (3) of such subsection.

23 (f) DEFINITION.—For purposes of this section, the
24 term “comprehensive eye examination” includes an assess-
25 ment of a patient’s history, general medical observation,

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

5 (g) AUTHORIZATION OF APPROPRIATIONS.—For the
6 purpose of carrying out this section, there are authorized
7 to be appropriated \$75,000,000 for fiscal year 2006, and
8 such sums as may be necessary for each of the fiscal years
9 2007 through 2010.

○