

109TH CONGRESS
1ST SESSION

H. R. 2328

To establish a grant program to provide follow-up treatment for children identified to have a vision disorder.

IN THE HOUSE OF REPRESENTATIVES

MAY 12, 2005

Mr. FOSSELLA (for himself, Mr. STEARNS, Mr. BAKER, Mr. SHAW, Mr. PALLONE, Mr. TOWNS, Mrs. KELLY, and Mr. SESSIONS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish a grant program to provide follow-up treatment for children identified to have a vision disorder.

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 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) Widespread use of identification methods,
12 whether vision screening programs, or comprehensive
13 eye exams required by State law, will identify chil-
14 dren needing services. A child identified through vi-
15 sion screening should receive a comprehensive eye
16 exam followed by subsequent treatment as needed. A
17 child identified through a comprehensive eye exam
18 should receive subsequent treatment as needed. All
19 children identified as needing services should have
20 access to subsequent treatment as needed.

21 **SEC. 3. GRANTS REGARDING COMPREHENSIVE EYE EXAMI-**
22 **NATIONS FOR CHILDREN.**

23 (a) IN GENERAL.—The Secretary of Health and
24 Human Services (referred to in this section as the “Sec-
25 retary”), acting through the Director of the Centers for

1 Disease Control and Prevention, may make grants to
2 States on the basis of an established review process for
3 the purpose of—

4 (1) providing comprehensive eye examinations
5 for children who have been identified by a licensed
6 health care provider or vision screener as needing
7 such services, with priority given to children who are
8 under the age of 9;

9 (2) providing for children subsequent treatment
10 or services necessary to correct vision problems; and

11 (3) developing and disseminating, to parents,
12 teachers, and health care practitioners, educational
13 materials on recognizing signs of visual impairment
14 in children.

15 (b) CRITERIA AND COORDINATION.—

16 (1) CRITERIA.—The Secretary, in consultation
17 with appropriate professional and consumer organi-
18 zations including individuals with knowledge of age
19 appropriate vision services, shall develop criteria—

20 (A) governing the operation of the grant
21 program; and

22 (B) for the collection of data related to vi-
23 sion assessment and the utilization of followup
24 services.

1 (2) COORDINATION.—The Secretary shall, as
2 appropriate, coordinate the program under sub-
3 section (a) with the program under section 330 of
4 the Public Health Service Act (relating to health
5 centers), the program under title XIX of the Social
6 Security Act (relating to the Medicaid program), the
7 program under title XXI of such Act (relating to the
8 State children’s health insurance program), and with
9 other Federal or State program that provide services
10 to children.

11 (c) APPLICATION.—A grant may be made under sub-
12 section (a) only if an application for the grant is submitted
13 to the Secretary and the application is in such form, is
14 made in such manner, and contains such information as
15 the Secretary may require, including—

16 (1) information on existing Federal, Federal-
17 State, or State-funded children’s vision screening
18 programs;

19 (2) a plan for the use of grant funds, including
20 how funds will be used to complement existing State
21 efforts;

22 (3) a plan to determine if a grant eligible child
23 has received an age appropriate vision screening;
24 and

1 (4) a description of how funds will be used to
2 provide items or services only as a secondary payer
3 to—

4 (A) any State compensation program,
5 under an insurance policy, or under any Fed-
6 eral or State health benefits program; or

7 (B) by any entity that provides health
8 services on a prepaid basis.

9 (d) EVALUATIONS.—A grant may be made under
10 subsection (a) only if the State involved agrees that, not
11 later than 1 year after the date on which amounts under
12 the grant are first received by the State, and annually
13 thereafter while receiving amounts under the grant, the
14 State will submit to the Secretary an evaluation of the
15 operations and activities carried out under the grant, in-
16 cluding—

17 (1) an assessment of the utilization of vision
18 services and the status of children receiving these
19 services as a result of the activities carried out
20 under the grant;

21 (2) the collection, analysis, and reporting of
22 children's vision data according to guidelines pre-
23 scribed by the Secretary; and

24 (3) such other information as the Secretary
25 may require.

1 (e) CERTAIN PROVISIONS REGARDING EXPENDITURE
2 OF GRANT.—

3 (1) USES OTHER THAN COMPREHENSIVE EYE
4 EXAMINATIONS.—A grant under subsection (a) may
5 be expended for the purposes described in para-
6 graphs (2) and (3) of such subsection without re-
7 gard to whether under paragraph (1) of such sub-
8 section the State involved expends the grant to pro-
9 vide comprehensive eye examinations. The Secretary
10 may not disapprove an application under subsection
11 (c), or reduce the amount of the grant, solely on the
12 basis that the State will not expend the grant to pro-
13 vide such examinations.

14 (2) LIMITATION ON GRANT EXPENDITURES.—A
15 grant may be made under subsection (a) only if the
16 State involved agrees that the State will not expend
17 more than 20 percent of the grant to carry out the
18 purpose described in paragraph (3) of such sub-
19 section.

20 (f) DEFINITIONS.—For purposes of this section, the
21 term “comprehensive eye examination” includes an assess-
22 ment of a patient’s history, general medical observation,
23 external and ophthalmoscopic examination, visual acuity,
24 ocular alignment and motility, refraction, and as appro-

1 priate, binocular vision or gross visual fields, performed
2 by an optometrist or an ophthalmologist.

3 (g) AUTHORIZATION OF APPROPRIATIONS.—For the
4 purpose of carrying out this section, there are authorized
5 to be appropriated \$75,000,000 for fiscal year 2006, and
6 such sums as may be necessary for each of fiscal years
7 2007 through 2009.

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