

110TH CONGRESS
1ST SESSION

S. 1117

To establish a grant program to provide vision care to children, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 16, 2007

Mr. BOND (for himself and Mr. DODD) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a grant program to provide vision care 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 “Vision Care for Kids
5 Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Millions of children in the United States
9 suffer from vision problems, many of which go unde-
10 tected. Because children with vision problems can

1 struggle developmentally, resulting in physical, emo-
2 tional, and social consequences, good vision is essen-
3 tial for proper physical development and educational
4 progress.

5 (2) Vision problems in children range from
6 common conditions such as refractive errors, ambly-
7 opia, strabismus, ocular trauma, and infections, to
8 rare but potentially life- or sight-threatening prob-
9 lems such as retinoblastoma, infantile cataracts, con-
10 genital glaucoma, and genetic or metabolic diseases
11 of the eye.

12 (3) Since many serious ocular conditions are
13 treatable if identified in the preschool and early
14 school-aged years, early detection provides the best
15 opportunity for effective treatment and can have far-
16 reaching implications for vision.

17 (4) Various identification methods, including vi-
18 sion screening and comprehensive eye examinations
19 required by State laws, can be helpful in identifying
20 children needing services. A child identified as need-
21 ing services through vision screening should receive
22 a comprehensive eye examination followed by subse-
23 quent treatment as needed. Any child identified as
24 needing services should have access to subsequent
25 treatment as needed.

1 (5) There is a need to increase public awareness
2 about the prevalence and devastating consequences
3 of vision disorders in children and to educate the
4 public and health care providers about the warning
5 signs and symptoms of ocular and vision disorders
6 and the benefits of early detection, evaluation, and
7 treatment.

8 **SEC. 3. GRANTS REGARDING VISION CARE FOR CHILDREN.**

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services (referred to in this section as the “Sec-
11 retary”), acting through the Director of the Centers for
12 Disease Control and Prevention, may award grants to
13 States on the basis of an established review process for
14 the purpose of complementing existing State efforts for—

15 (1) providing comprehensive eye examinations
16 by a licensed optometrist or ophthalmologist for chil-
17 dren who have been previously identified through a
18 vision screening or eye examination by a licensed
19 health care provider or vision screener as needing
20 such services, with priority given to children who are
21 under the age of 9 years;

22 (2) providing treatment or services, subsequent
23 to the examinations described in paragraph (1), nec-
24 essary to correct vision problems; and

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

5 (b) CRITERIA AND COORDINATION.—

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

10 (A) governing the operation of the grant
11 program under subsection (a); and

12 (B) for the collection of data related to vi-
13 sion assessment and the utilization of follow up
14 services.

15 (2) COORDINATION.—The Secretary shall, as
16 appropriate, coordinate the program under sub-
17 section (a) with the program under section 330 of
18 the Public Health Service Act (relating to health
19 centers) (42 U.S.C. 254b), the program under title
20 XIX of the Social Security Act (relating to the Med-
21 icaid program) (42 U.S.C. 1396 et seq.), the pro-
22 gram under title XXI of such Act (relating to the
23 State children’s health insurance program) (42
24 U.S.C. 1397aa et seq.), and with other Federal or
25 State programs that provide services to children.

1 (c) APPLICATION.—To be eligible to receive a grant
2 under subsection (a), a State shall submit to the Secretary
3 an application in such form, made in such manner, and
4 containing such information as the Secretary may require,
5 including—

6 (1) information on existing Federal, Federal-
7 State, or State-funded children’s vision programs;

8 (2) a plan for the use of grant funds, including
9 how funds will be used to complement existing State
10 efforts (including possible partnerships with non-
11 profit entities);

12 (3) a plan to determine if a grant eligible child
13 has been identified as provided for in subsection (a);
14 and

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

18 (A) for an eligible child, to the extent that
19 the child is not covered for the items or services
20 under any State compensation program, under
21 an insurance policy, or under any Federal or
22 State health benefits program; or

23 (B) for an eligible child, to the extent that
24 the child receives the items or services from an

1 entity that provides health services on a prepaid
2 basis.

3 (d) EVALUATIONS.—To be eligible to receive a grant
4 under subsection (a), a State shall agree that, not later
5 than 1 year after the date on which amounts under the
6 grant are first received by the State, and annually there-
7 after while receiving amounts under the grant, the State
8 will submit to the Secretary an evaluation of the oper-
9 ations and activities carried out under the grant, includ-
10 ing—

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

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

18 (3) such other information as the Secretary
19 may require.

20 (e) LIMITATIONS IN EXPENDITURE OF GRANT.—A
21 grant may be made under subsection (a) only if the State
22 involved agrees that the State will not expend more than
23 20 percent of the amount received under the grant to
24 carry out the purpose described in paragraph (3) of such
25 subsection.

1 (f) DEFINITION.—For purposes of this section, the
2 term “comprehensive eye examination” includes an assess-
3 ment of a patient’s history, general medical observation,
4 external and ophthalmoscopic examination, visual acuity,
5 ocular alignment and motility, refraction, and as appro-
6 priate, binocular vision or gross visual fields, performed
7 by an optometrist or an ophthalmologist.

8 (g) AUTHORIZATION OF APPROPRIATIONS.—For the
9 purpose of carrying out this section, there are authorized
10 to be appropriated such sums as may be necessary for
11 each of fiscal years 2008 through 2012.

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