119TH CONGRESS
2D SESSION

H. RES. 1090

Expressing support for the designation of February 2026 as ''Low Vision and Vision Impairment Awareness Month''.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 26, 2026

Mr. VEASEY (for himself and Mr. BILIRAKIS) submitted the following resolution; which was referred to the Committee on Energy and Commerce

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RESOLUTION

Expressing support for the designation of February 2026 as ''Low Vision and Vision Impairment Awareness Month''.

Whereas, according to the International Agency for the Prevention of Blindness (IAPB), 90 percent of vision or sight loss is preventable or treatable and yet the global economy loses an estimated $411 billion to unaddressed vision problems each year;

Whereas, according to the IAPB, over 2 billion people globally live with vision impairment and yet approximately 1 billion people live with vision loss that could have been avoided or treated;

Whereas, according to the Centers for Disease Control and Prevention (CDC), approximately 12 million people over the age of 40 in the United States have vision impairment, including 1 million people with blindness and an

estimated 4.2 million people over age 40 have an uncorrectable vision impairment;

Whereas, according to Prevent Blindness, vision problems will cost the U.S. nearly $206 billion in 2026 in medical costs, productivity losses, long-term care costs, and government program costs, placing significant strain on families, employers, and public programs;

Whereas, according to Prevent Blindness, by 2050, the impaired and blind populations are projected to reach 7.3 million and 3.1 million, respectively, and, by 2050, the number of Americans with advanced-stage, age-related macular degeneration will double to 4.4 million, glaucoma prevalence will increase to 5.5 million, cataract will grow to 45.6 million, and the prevalence of diabetic retinopathy will increase to 13.2 million;

Whereas, according to the CDC, diabetes is the leading cause of blindness in adults and patients who have diabetes may often be unaware of the damage occurring to their eyes, specifically in the early stages, which makes early detection, disease monitoring, and treatment of diabetes-related eye disease a significant public health priority that can reduce the risk of blindness by 90 percent;

Whereas, according to the National Center for Children's Vision and Eye Health (NCCVEH), one out of every 122 children in the U.S., including one out of every 137 children aged 0–11 and one out of every 102 children aged 12–17 have uncorrectable vision loss, non-Hispanic Black children have the highest rates of vision loss and blindness, one out of every 89 Black children have vision loss, one out of every 1,000 are permanently blind, and approximately 760,000 children enrolled in Medicaid and State Children's Health Insurance Programs (CHIP) in-

surance coverage were diagnosed in 2019 with either amblyopia (360,000 children) or strabismus (486,000 children);

Whereas, according to the NCCVEH, a child's vision develops and changes from birth through childhood; thus, necessitating that a child should be screened regularly, referred to eye care, and receive any needed treatment and follow-up to care to ensure vision problems are caught early and permanent vision loss is avoided;

Whereas, according to the NCCVEH, while early detection and intervention for vision disorders in children are part of national goals and health care standards, there is currently no existing program in the United States that specifically addresses children's vision and eye health despite investments in other aspects of child health such as hearing and oral health;

Whereas, according to the National Academies of Sciences, Engineering, and Medicine (NASEM), the average age for myopia onset is 11 years with a range of onset from 7 to 16 years with potentially lifelong consequences including retinal detachment, age-related macular degeneration, glaucoma, and other potentially blinding eye conditions;

Whereas, according to the NASEM, the U.S. Department of Health and Human Services, in collaboration with departments of education at the State level, should take measures to ensure that children receive a vision screening before first grade and a comprehensive eye exam when needed, and that an integrated, national data surveillance system is needed for collecting State-level data on vision screening, referrals to eye care providers,

sociodemographic (age, race/ethnicity, sex, and geographic location), and outcomes of referrals;

Whereas, according to the NASEM, vision screenings held at community health centers and Federally qualified health centers are promising ways to connect underserved populations to vision care and that vision screenings programs should include a follow-up component to ensure eye care was received, which can be successfully executed with the partnership of eye care providers, public health units, public insurance plans (such as Medicaid and CHIP), early intervention, and school-based services;

Whereas, according to the National Alliance for Eye and Vision Research (NAEVR), vision researchers are at the forefront of groundbreaking advancements in gene therapies, imaging technologies, artificial intelligence, big data, and regenerative medicine;

Whereas, according to the NAEVR, the U.S. is spending over $587 per American on the treatment of vision disorders this year, while only spending $2.64 per American on research, highlighting an opportunity to strengthen prevention and innovation efforts;

Whereas, according to the National Eye Institute (NEI), our national investment in vision research has led to major advances in the prevention and treatment of eye diseases and visual disorders through pioneering research and technologies;

Whereas, according to the CDC, vision disability is one of the top 10 disabilities among adults 18 years and older, and the prevalence of vision impairments increases with age;

Whereas, according to the Centers for Medicare and Medicaid Services (CMS), Medicare does not usually cover routine

vision services such as eyeglasses, eye exams, or contact lenses neither does it cover low vision devices or assistive technologies for loss of functional vision, but glaucoma and diabetes-related eye disease screenings and exams, and certain diagnostic tests and treatments for patients with age-related macular degeneration, are covered benefits;

Whereas those suffering from vision impairments or blindness are more likely to develop dementia and have trouble with reading, cooking, and driving, trouble in dim light, fading or other changes in color perception, and difficulty recognizing familiar faces, which can increase reliance on caregivers and public services;

Whereas, due to medical innovation, a variety of effective treatments across the spectrum of vision impairments and blindness are available, can help preserve or improve vision, and may one day reverse the effects of retinal diseases and vision loss; and

Whereas many blinding eye conditions across the age spectrum that result in vision loss or blindness are highly preventable and treatable when met with timely prevention, health promotion, early detection, intervention, and access to care; given the cost-effectiveness of preventing vision loss, visual impairment, and blinding eye diseases before they happen compared to the high cost of treating and managing vision loss, visual impairments, and blinding eye diseases after they have occurred; in consideration of a rapidly aging population who face changes to the structure and function of the eye as a result of the aging process; and with the promise of significant advancements in treatment, access, and innovation on the

horizon as a result of opportunities in vision research: Now, therefore, be it

Resolved, That the House of Representatives—

(1) expresses support for raising awareness about low vision and vision impairment;

(2) recognizes the impact of preventable vision impairment and blindness on Americans, including effects on personal independence, quality of life, workforce participation, community health, national productivity, and health care costs;

(3) supports access to appropriate and relevant health information about risk for eye disease and vision impairments in working age adults and aging Americans—particularly as they relate to chronic disease—and supports access to appropriate health information regarding access to vision care and eye health services at the appropriate practice level (such as optometrists, ophthalmologists, or retina specialists) and community level (such as in community health centers or federally qualified health centers);

(4) promotes access to appropriate and relevant information including access to eye care, support services, and assistive devices to parents, caregivers, families, providers, and communities about the importance of optimal vision to a child's cognitive func-

tioning and motor skill development, social engagement and emotional connection, learning and academic success, and long-term personal and occupational opportunity; and

(5) affirms the commitment of Congress to encourage the Secretary of Health and Human Services to—

(A) provide information to patients and health care providers with respect to age-related macular degeneration, including geographic atrophy, neurological causes of vision loss, cataracts, glaucoma, diabetic retinopathy, refractive errors, dry eye, amblyopia, color blindness, and other eye diseases, including available screening tools and treatment options, with a goal of improving quality of life and health outcomes;

(B) prioritize and conduct essential surveillance of vision loss, eye disease, and eye conditions that lead to vision loss, visual impairment, low vision, and blindness through the Vision and Eye Health Surveillance System (VEHSS);

(C) conduct additional research on the aforementioned eye diseases and others, including appropriate support services and treatments; and

(D) convene patients, caregivers, and eye care providers and researchers to develop and disseminate evidence-based information, tools, and studies to help Americans experiencing the aforementioned eye diseases and others related to vision impairment and blindness preserve, protect, and support their vision health.

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