

109TH CONGRESS
2^D SESSION

H. R. 6227

To establish a grant program to provide vision care to children.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 28, 2006

Mr. FOSSELLA (for himself, Mr. GENE GREEN of Texas, Mr. ENGEL, and Mr. SULLIVAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish a grant program to provide vision care to children.

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 “Kids Vision Care Act
5 of 2006”.

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) Various identification methods, whether vi-
9 sion screening or comprehensive eye exams required
10 by State laws, will identify children needing services.
11 A child identified through vision screening should re-
12 ceive a comprehensive eye exam followed by subse-
13 quent treatment as needed. A child identified
14 through a comprehensive eye exam should receive
15 subsequent treatment as needed. All children identi-
16 fied as needing services should have access to subse-
17 quent treatment as needed.

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

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

1 (1) providing comprehensive eye examinations
2 by a licensed optometrist or ophthalmologist for chil-
3 dren who have been previously identified through a
4 vision screening or eye examination by a licensed
5 health care provider or vision screener as needing
6 such services, with priority given to children who are
7 under the age of 9 years;

8 (2) providing treatment or services, subsequent
9 to the examinations described in paragraph (1), nec-
10 essary 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 under subsection (a); and

22 (B) for the collection of data related to vi-
23 sion assessment and the utilization of follow up
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) (42 U.S.C. 254b), the program under title
6 XIX of the Social Security Act (relating to the Med-
7 icaid program) (42 U.S.C. 1396 et seq.), the pro-
8 gram under title XXI of such Act (relating to the
9 State children’s health insurance program) (42
10 U.S.C. 1397aa et seq.), and with other Federal or
11 State programs that provide services to children.

12 (c) APPLICATION.—To be eligible to receive a grant
13 under subsection (a), a State shall submit to the Secretary
14 an application in such form, made in such manner, and
15 containing such information as the Secretary may require,
16 including—

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

19 (2) a plan for the use of grant funds, including
20 how funds will be used to complement existing State
21 efforts (including possible partnerships with non-
22 profit entities);

23 (3) a plan to determine if a grant eligible child
24 has been identified as provided for in section 3(a);
25 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.—To be eligible to receive a grant
10 under subsection (a), a State shall agree that, not later
11 than 1 year after the date on which amounts under the
12 grant are first received by the State, and annually there-
13 after while receiving amounts under the grant, the State
14 will submit to the Secretary an evaluation of the oper-
15 ations and activities carried out under the grant, includ-
16 ing—

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) LIMITATIONS IN EXPENDITURE OF GRANT.—A
2 grant may be made under subsection (a) only if the State
3 involved agrees that the State will not expend more than
4 20 percent of the amount received under the grant to
5 carry out the purpose described in paragraph (3) of such
6 subsection.

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

14 (g) AUTHORIZATION OF APPROPRIATIONS.—For the
15 purpose of carrying out this section, there are authorized
16 to be appropriated such sums as may be necessary for
17 each of fiscal years 2007 through 2011.

○