

110TH CONGRESS
1ST SESSION

H. R. 507

AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Vision Care for Kids
3 Act of 2007”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) Millions of children in the United States
7 suffer from vision problems, many of which go unde-
8 tected. Because children with vision problems can
9 struggle developmentally, resulting in physical, emo-
10 tional, and social consequences, good vision is essen-
11 tial for proper physical development and educational
12 progress.

13 (2) Vision problems in children range from
14 common conditions such as refractive errors, ambly-
15 opia, strabismus, ocular trauma, and infections, to
16 rare but potentially life- or sight-threatening prob-
17 lems such as retinoblastoma, infantile cataracts, con-
18 genital glaucoma, and genetic or metabolic diseases
19 of the eye.

20 (3) Since many serious ocular conditions are
21 treatable if identified in the preschool and early
22 school-age years, early detection provides the best
23 opportunity for effective treatment and can have far-
24 reaching implications for vision.

25 (4) Various identification methods, including vi-
26 sion screening and comprehensive eye examinations

1 required by State laws, can be helpful in identifying
2 children needing services. A child identified as need-
3 ing services through vision screening should receive
4 a comprehensive eye examination followed by subse-
5 quent treatment as needed. Any child identified as
6 needing services should have access to subsequent
7 treatment as needed.

8 (5) There is a need to increase public awareness
9 about the prevalence and devastating consequences
10 of vision disorders in children and to educate the
11 public and health care providers about the warning
12 signs and symptoms of ocular and vision disorders
13 and the benefits of early detection, evaluation, and
14 treatment.

15 **SEC. 3. GRANTS REGARDING VISION CARE 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 award grants to
20 States on the basis of an established review process for
21 the purpose of complementing existing State efforts for—

22 (1) providing comprehensive eye examinations
23 by a licensed optometrist or ophthalmologist for chil-
24 dren who have been previously identified through a
25 vision screening or eye examination by a licensed

1 health care provider or vision screener as needing
2 such services, with priority given to children who are
3 under the age of 9 years;

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

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

11 (b) CRITERIA AND COORDINATION.—

12 (1) CRITERIA.—The Secretary, in consultation
13 with appropriate professional and patient organiza-
14 tions including individuals with knowledge of age ap-
15 propriate vision services, shall develop criteria—

16 (A) governing the operation of the grant
17 program under subsection (a); and

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

21 (2) COORDINATION.—The Secretary shall, as
22 appropriate, coordinate the program under sub-
23 section (a) with the program under section 330 of
24 the Public Health Service Act (relating to health
25 centers) (42 U.S.C. 254b), the program under title

1 XIX of the Social Security Act (relating to the Med-
2 icaid program) (42 U.S.C. 1396 et seq.), the pro-
3 gram under title XXI of such Act (relating to the
4 State children's health insurance program) (42
5 U.S.C. 1397aa et seq.), and with other Federal or
6 State programs that provide services to children.

7 (c) APPLICATION.—To be eligible to receive a grant
8 under subsection (a), a State shall submit to the Secretary
9 an application in such form, made in such manner, and
10 containing such information as the Secretary may require,
11 including—

12 (1) information on existing Federal, Federal-
13 State, or State-funded children's vision programs;

14 (2) a plan for the use of grant funds, including
15 how funds will be used to complement existing State
16 efforts (including possible partnerships with non-
17 profit entities);

18 (3) a plan to determine if a grant eligible child
19 has been identified as provided for in subsection (a);
20 and

21 (4) a description of how funds will be used to
22 provide items or services, only as a secondary
23 payer—

24 (A) for an eligible child, to the extent that
25 the child is not covered for the items or services

1 under any State compensation program, under
2 an insurance policy, or under any Federal or
3 State health benefits program; or

4 (B) for an eligible child, to the extent that
5 the child receives the items or services from an
6 entity that provides health services on a prepaid
7 basis.

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

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

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

23 (3) such other information as the Secretary
24 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) MATCHING FUNDS.—

8 (1) IN GENERAL.—With respect to the costs of
9 the activities to be carried out with a grant under
10 subsection (a), a condition for the receipt of the
11 grant is that the State involved agrees to make
12 available (directly or through donations from public
13 or private entities) non-Federal contributions toward
14 such costs in an amount that is not less than 25
15 percent of such costs.

16 (2) DETERMINATION OF AMOUNT CONTRIB-
17 UTED.—Non-Federal contributions required in para-
18 graph (1) may be in cash or in kind, fairly evalu-
19 ated, including plant, equipment, or services.
20 Amounts provided by the Federal Government, or
21 services assisted or subsidized to any significant ex-
22 tent by the Federal Government, may not be in-
23 cluded in determining the amount of such non-Fed-
24 eral contributions.

1 (g) 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 (h) AUTHORIZATION OF APPROPRIATIONS.—For the
9 purpose of carrying out this section, there is authorized
10 to be appropriated \$65,000,000 for the period of fiscal
11 years 2009 through 2013.

Passed the House of Representatives October 15,
2007.

Attest:

Clerk.

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