# Union Calendar No. 233

110TH CONGRESS 1ST SESSION

# H. R. 507

[Report No. 110-376]

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

## IN THE HOUSE OF REPRESENTATIVES

January 17, 2007

Mr. Gene Green of Texas (for himself, Mr. Fossella, Mr. Engel, Mr. Sullivan, Mr. Pascrell, and Ms. Ros-Lehtinen) introduced the following bill; which was referred to the Committee on Energy and Commerce

# OCTOBER 15, 2007

Additional sponsors: Ms. Jackson-Lee of Texas, Ms. Castor, Mr. Stark, Mr. Boozman, Mr. Wexler, Mr. Crowley, Mr. McIntyre, Mr. GRIJALVA, Mr. HINOJOSA, Ms. SHEA-PORTER, Mr. MACK, Mr. BLUMENAUER, Mr. LATHAM, Mr. PRICE of North Carolina, Mr. WYNN, Mr. Al Green of Texas, Mr. Murphy of Connecticut, Ms. Schakowsky, Mr. Payne, Mr. Cuellar, Mrs. Napolitano, Mr. TIBERI, Ms. WOOLSEY, Ms. DEGETTE, Mr. TIERNEY, Mr. McCotter, Mr. Lewis of Georgia, Mr. Space, Mr. Ross, Mr. Reyes, Mr. CUMMINGS, Mr. CLAY, Mr. ETHERIDGE, Mr. CONYERS, Mr. BRALEY of Iowa, Mr. Kagen, Mr. Cleaver, Ms. Pryce of Ohio, Ms. Baldwin, Mr. BUTTERFIELD, Mr. LATOURETTE, Mr. EMANUEL, Mr. ALLEN, Mrs. CAPPS, Mr. Scott of Virginia, Mr. Scott of Georgia, Mr. Perlmutter, Mr. Wu, Ms. Matsui, Mr. Hinchey, Mr. Graves, Ms. Hirono, Mr. LINCOLN DIAZ-BALART of Florida, Mr. MICHAUD, Mr. SIRES, Mr. Hastings of Florida, Mr. Boucher, Mrs. Maloney of New York, Ms. ZOE LOFGREN of California, Mr. CAPUANO, Mr. TERRY, Mr. BOREN, Mr. DEFAZIO, Mr. SIMPSON, Mr. SHAYS, Mr. ABERCROMBIE, Mr. RODRIGUEZ, Mr. Lucas, Mr. Davis of Alabama, Mr. Oberstar, Mr. OLVER, Mr. PICKERING, Mr. ALEXANDER, Mr. GERLACH, Mr. BISHOP of Georgia, Mr. McNulty, Mr. Skelton, Ms. Kaptur, Mrs. Capito, Mr. PORTER, Mr. HALL of New York, Mr. PLATTS, Mr. ALTMIRE, Mr. WAX-MAN, Mr. WALSH of New York, Mr. LARSEN of Washington, Mr. CHAN-

DLER, Mr. FILNER, Mr. DAVIS of Kentucky, Mr. LANGEVIN, Mr. KUHL of New York, Mr. Fortuño, Mrs. Boyda of Kansas, Mr. Courtney, Mr. Boswell, Mr. Smith of New Jersey, Mr. Rehberg, Mr. Miller of North Carolina, Mr. Peterson of Minnesota, Mr. Patrick J. Mur-PHY of Pennsylvania, Ms. NORTON, Mr. WAMP, Mr. CONAWAY, Mr. GON-ZALEZ, Mr. BERMAN, Mr. BARTLETT of Maryland, Mr. CARNAHAN, Mr. Jefferson, Ms. Herseth Sandlin, Mr. Gillmor, Mr. Snyder, Mr. LoBiondo, Mr. Arcuri, Mr. Rothman, Ms. Slaughter, Mr. McGov-ERN, Mr. Lewis of Kentucky, Mr. Fattah, Mr. Wilson of Ohio, Mr. JINDAL, Ms. McCollum of Minnesota, Mr. Ryan of Ohio, Mr. Holt, Ms. Kilpatrick, Ms. Waters, Ms. Solis, Ms. Eshoo, Mr. Moran of Kansas, Mr. Hare, Mr. Larson of Connecticut, Mr. Johnson of Georgia, Mr. Ellison, Mr. Cohen, Mr. Jackson of Illinois, Ms. Berkley, Mr. Gordon of Tennessee, Mr. Inslee, Mrs. Lowey, Mr. Gilchrest, Mr. Moore of Kansas, Mr. Kennedy, Ms. Clarke, Mr. Clyburn, Mrs. Jones of Ohio, Ms. Moore of Wisconsin, Mr. Israel, and Mr. An-DREWS

### OCTOBER 15, 2007

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic] [For text of introduced bill, see copy of bill as introduced on January 17, 2007]

# 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:

- 1 (1) Millions of children in the United States suf2 fer from vision problems, many of which go unde3 tected. Because children with vision problems can
  4 struggle developmentally, resulting in physical, emo5 tional, and social consequences, good vision is essen6 tial for proper physical development and educational
  7 progress.
  - (2) Vision problems in children range from common conditions such as refractive errors, amblyopia, strabismus, ocular trauma, and infections, to rare but potentially life- or sight-threatening problems such as retinoblastoma, infantile cataracts, congenital glaucoma, and genetic or metabolic diseases of the eye.
  - (3) Since many serious ocular conditions are treatable if identified in the preschool and early school-age years, early detection provides the best opportunity for effective treatment and can have farreaching implications for vision.
  - (4) Various identification methods, including vision screening and comprehensive eye examinations required by State laws, can be helpful in identifying children needing services. A child identified as needing services through vision screening should receive a comprehensive eye examination followed by subsequent treatment as needed. Any child identified as

- needing services should have access to subsequent
   treatment as needed.
- 3 (5) There is a need to increase public awareness 4 about the prevalence and devastating consequences of 5 vision disorders in children and to educate the public 6 and health care providers about the warning signs 7 and symptoms of ocular and vision disorders and the 8 benefits of early detection, evaluation, and treatment.

### 9 SEC. 3. GRANTS REGARDING VISION CARE FOR CHILDREN.

- 10 (a) In General.—The Secretary of Health and
  11 Human Services (referred to in this section as the "Sec12 retary"), acting through the Director of the Centers for Dis13 ease Control and Prevention, may award grants to States
  14 on the basis of an established review process for the purpose
  15 of complementing existing State efforts for—
  - (1) providing comprehensive eye examinations by a licensed optometrist or ophthalmologist for children who have been previously identified through a vision screening or eye examination by a licensed health care provider or vision screener as needing such services, with priority given to children who are under the age of 9 years;
    - (2) providing treatment or services, subsequent to the examinations described in paragraph (1), necessary to correct vision problems; and

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1 (3) developing and disseminating, to parents, 2 teachers, and health care practitioners, educational materials on recognizing signs of visual impairment 3 in children. 5

## (b) Criteria and Coordination.—

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- (1) Criteria.—The Secretary, in consultation with appropriate professional and patient organizations including individuals with knowledge of age appropriate vision services, shall develop criteria—
  - (A) governing the operation of the grant program under subsection (a); and
  - (B) for the collection of data related to vision assessment and the utilization of follow-up services.
- (2) Coordination.—The Secretary shall, as appropriate, coordinate the program under subsection (a) with the program under section 330 of the Public Health Service Act (relating to health centers) (42) U.S.C. 254b), the program under title XIX of the Social Security Act (relating to the Medicaid program) (42 U.S.C. 1396 et seq.), the program under title XXI of such Act (relating to the State children's health insurance program) (42 U.S.C. 1397aa et seq.), and with other Federal or 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-prof-
11	it 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 than
5	1 year after the date on which amounts under the grant
6	are first received by the State, and annually thereafter
7	while receiving amounts under the grant, the State will sub-
8	mit to the Secretary an evaluation of the operations and
9	activities carried out under the grant, including—
10	(1) an assessment of the utilization of vision
11	services and the status of children receiving these serv-
12	ices as a result of the activities carried out under the
13	grant;
14	(2) the collection, analysis, and reporting of chil-
15	dren's vision data according to guidelines prescribed
16	by the Secretary; and
17	(3) such other information as the Secretary may
18	require.
19	(e) Limitations in Expenditure of Grant.—A
20	grant may be made under subsection (a) only if the State
21	involved agrees that the State will not expend more than
22	20 percent of the amount received under the grant to carry
23	out the purpose described in paragraph (3) of such sub-
24	section.
25	(f) Matching Funds.—

- 1 (1) In GENERAL.—With respect to the costs of the
  2 activities to be carried out with a grant under sub3 section (a), a condition for the receipt of the grant is
  4 that the State involved agrees to make available (di5 rectly or through donations from public or private en6 tities) non-Federal contributions toward such costs in
  7 an amount that is not less than 25 percent of such
  8 costs.
- 9 (2)Determination of AMOUNTCONTRIB-UTED.—Non-Federal contributions required in para-10 11 graph (1) may be in cash or in kind, fairly evaluated, 12 including plant, equipment, or services. Amounts pro-13 vided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal 14 15 Government, may not be included in determining the amount of such non-Federal contributions. 16
- 17 (g) DEFINITION.—For purposes of this section, the 18 term "comprehensive eye examination" includes an assess-19 ment of a patient's history, general medical observation, ex-20 ternal and ophthalmoscopic examination, visual acuity, oc-21 ular alignment and motility, refraction, and as appro-22 priate, binocular vision or gross visual fields, performed by 23 an optometrist or an ophthalmologist.
- 24 (h) AUTHORIZATION OF APPROPRIATIONS.—For the 25 purpose of carrying out this section, there is authorized to

- $1\ \ be\ appropriated\ \$65{,}000{,}000\ for\ the\ period\ of\ fiscal\ years$
- 2 2009 through 2013.

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