

[We Call Upon Congress to Fund Programs That Prevent Blindness and Preserve Sight](#)

Vision impairments will cost the United States **\$172 billion in 2020**¹. Vision impairments and eye disease often contribute to or are complicated by other serious and chronic health conditions, including diabetes, stroke, depression, social isolation, cognitive decline, and injuries related to falls. Lack of mobility, independence, access to care, and self-management of health conditions are all equally serious consequences of vision problems. *Despite these serious trends, for every \$18,600 that vision problems cost our country, only a single dollar is allocated to programs at the Centers for Disease Control and Prevention and National Eye Institute.* Absent investments in vision and eye health as a public health priority, **these costs will increase to \$717 billion by 2050.** With an aging population and a working adult population who faces a rise in chronic diseases, **now is the time to invest in our collective eye health.**

In Fiscal Year 2021, Prevent Blindness urges Members of Congress to:

[Direct \\$5 million to the CDC's Vision and Eye Health program for needed surveillance.](#)

The CDC conducts national surveillance of vision loss and eye diseases such as diabetic retinopathy, glaucoma, and age-related eye diseases that can lead to vision loss. The data is essential to developing evidence-based, strategic public health interventions that states and communities can use to improve their population's vision and eye health. However, due to consistently low resources allocated through federal appropriations from FY 2011 through FY 2020, **the CDC has not been able to collect reliable prevalence data of vision impairment and eye disease since 2005 – 2008. Consequently, our best available data on our national vision loss and eye disease burden is over a decade old.** With an aging population and rise in chronic disease, we need updated data to get ahead of these serious trends.

With at least **\$5 million** appropriated to the CDC's Vision and Eye Health program in FY2021, the CDC can update 12-year old prevalence estimates of vision loss and eye disease as well as determine rates of vision and eye examinations and measurements of visual acuity, screening tests, and visual functioning assessment. This information can help identify gaps in access and barriers to care, address inequalities in eye health. Additionally, this funding will strengthen states' capacity to improve public awareness of vision conditions, develop collaborative partnerships, programmatic interventions, and targeted strategies to improve vision and eye health at the state, local, or systems level.

[Maintain \\$4 million for the CDC's Glaucoma detection and prevention efforts.](#)

Glaucoma is a leading cause of blindness for people aged 60 years and older. Today, our nation spends more than \$6 billion annually on the disease **with costs projected to rise to \$12 billion per year by 2032 at which time nearly 4.3 million people will face the disease.** In the early stages, glaucoma has no symptoms or noticeable vision loss; however, by the time symptoms or vision loss appears, permanent damage to the eye may have already occurred and vision lost cannot be restored. Early detection and treatment are cost-effective and fundamental approaches to slowing disease progression and preserving remaining vision. **\$4 million** in FY 2021 will allow the CDC to continue glaucoma detection, referral, and sustained treatment through cooperative and cost-effective public-private partnerships and innovative outreach and service delivery projects that have successfully reached high-risk and underserved populations.

[Support continued investments to the National Eye Institute \(NEI\).](#)

The U.S. is currently spending \$2.30 per person, per year on vision research while the annual cost of treating low vision or blindness is \$6,680 per person. Our nation needs coordinated interventions that support key stakeholders and state-based public health systems to lessen the burden on our nation's public health infrastructure. We applaud Congress for the recent trend of investments to the NEI, and encourage reasonable and continued investments in FY2021 that will enhance the scope of research to support public health objectives of early detection, prevention, and population health.

¹ ["The Future of Vision: Forecasting the Prevalence and Costs of Vision Problems:"](#) NORC University of Chicago (2014)