

Prevent Blindness
Testimony to the Senate Appropriations Committee
Labor, Health and Human Services, Education, and Related Agencies Subcommittee
Submitted by: Jeff Todd, President & CEO, Prevent Blindness
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As the nation's leading nonprofit, voluntary organization committed to preventing blindness and preserving sight, Prevent Blindness appreciates the opportunity to submit testimony to the Subcommittee. We are pleased that the year 2020 represents a unique opportunity to draw attention to vision and eye health. As such, we respectfully request the following allocations in Fiscal Year (FY) 2021 to the **Department of Health and Human Services Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion**, to promote eye health and prevent eye disease and vision loss:

- **\$5,000,000 for the CDC's Vision and Eye Health program** to update national prevalence estimates on vision impairment and eye disease using the National Health Nutrition Examination Survey (NHANES) and improve state and community-level interventions to help prevent avoidable vision loss; and
- **\$4,000,000 to allow the CDC's Glaucoma program** to continue to improve glaucoma screening, referral, and treatment by reaching populations that experience the greatest disparity in access to glaucoma care.

Vision and Eye Health and COVID-19

As our nation continues to respond to the current novel coronavirus pandemic, there is an increasing understanding of the need for sustained investments in public health surveillance to stay ahead of major disease outbreaks or crises. As we start to understand the long-term impacts of COVID-19, we are concerned our national vision and eye health problem will only become worse if patients cannot access eye care treatments due to a loss or lack of comprehensive healthcare coverage or if patients do not feel safe to seek treatment.

Additionally, as the majority of the United States is working from home or learning in a virtual environment, Americans face increased demands on their vision and eye health from prolonged, close exposure to electronic devices such as smart phones, laptop computers, and tablets. Additional research is needed to understand the long-term impacts that these devices may have on our eyes—such as increasing rates of myopia, dry eye, and eye strain—particularly as we may need to extend these virtual work and learning circumstances into the fall and winter.

We are still learning about this serious disease; however, we do know there is an intersection between those at high risk for complications of COVID-19 and those who live with eye disease or vision loss—including the elderly and people with underlying conditions like diabetes. Until we have assurance that a safe and affordable vaccination for COVID-19 is readily available and can safeguard our personal and public health, our only available proactive response to this disease is preparation.

With updated data from the CDC's Vision and Eye Health program that illustrates who currently lives with vision loss and eye disease, and who is most at risk for potentially blinding conditions, we can develop strategies to ensure that patients can safely seek eye care treatment without potentially exposing themselves, their loved ones, their caregivers, and front-line providers to this disease. We can ensure patients understand how to manage their eye care treatment should social distancing guidelines continue in the future. We can work with state and

community leaders to develop cross-sector, multilevel collaborations and interventions on vision and eye health that ensure individuals living with vision loss can continue to safely function in their own communities while taking necessary precautions. We can also address the consequences of vision loss that overlap with COVID-19, including social isolation, inability to self-care and manage disease, improve telehealth and accessibility, improve access to COVID-19 services including screening, testing, and treatment, and ensure access to support services necessary for those with disability for which social distancing requirements effectively cuts off critical transportation.

Ultimately, we can develop guidelines based on evidence, experience, and foresight to ensure that patients do not have to make the choice between interruptions in their care (which, in some cases, could lead to irreversible vision loss) or exposing themselves and others to the serious risks of COVID-19.

Our National Vision and Eye Health Problem

Vision and eye health enables many aspects of daily living no matter your age, racial and ethnic background, or socio-economic circumstances. With healthy vision, we can engage with the world around us, learn in school, earn a living, and age independently with a high quality of life. Public opinion polls conducted over the last 40 years indicate that Americans consistently fear losing their vision second only to fear of cancer. Yet, vision and eye health is often an afterthought until changes to eyesight become noticeable and lost vision is gone forever. Vision impairments and eye disease are chronic conditions: they require ongoing treatment and management over the course of one's lifetime.

According to the Robert Wood Johnson Foundation, eye disorders are the fifth leading chronic condition among those aged 65 years and older and seventh across all age groups.¹ Recent estimates from the CDC indicate that, in 2017, 93 million Americans over the age of 18 (roughly 4 in 10) are at high risk for vision loss. Of this population, 37.2 million (40%) did not see an eye doctor or receive an eye exam in the last year. The CDC also found that 8 million adults (roughly 1 in 11) needed eyeglasses but could not afford them.² The reality is that 75% of vision loss is preventable with early detection and treatment; yet, patients continue to face significant barriers such as costs of treatment, coverage, lack of awareness of the importance of prevention, and gaps in the health care system. The programs we are here to discuss today are a critical first step in addressing these very preventable problems.

The Costs of Vision Loss and Eye Disease

Vision problems are also incredibly costly, not just to the individual but to our national health care system. Accounting for private and public payments for medical care, long-term care, patients' out-of-pocket costs, direct and indirect costs, lost productivity and consequential lost tax revenue, our national costs on vision and eye health amounted to \$167 billion in 2019.

According to national forecasts, total expenditures on vision problems, due to an aging population and changes in demographics, will reach \$385 billion by 2032 and \$717 billion

¹ "Chronic Care: Making the Case for Ongoing Care" Robert Wood Johnson Foundation, 2010.

<https://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf54583>

² Four in 10 US Adults Are At High Risk for Vision Loss, CDC Vision Health Initiative, March 2020.

<https://www.cdc.gov/visionhealth/resources/publications/high-risk-vision-loss.html>

by 2050. With this, the proportion of these costs paid by government programs will increase from 32.6% to 41.14% by 2050.

Vision impairment and eye disease often contributes to several costly and chronic conditions, including: diabetes, injuries and death related to falling, stroke, depression and social isolation, cognitive decline, lack of mobility, and need for long-term care. Barriers in access to care resulting from high costs, lack of transportation, inability to prioritize eye care with other conditions, and poor health outcomes exacerbate vision problems. Patients with vision loss experienced longer hospital stays and high readmission rates, resulting in \$500 million in excess costs.³ With an aging population and a working adult population who faces a rise in chronic diseases that affect their vision and ability to maintain their own economic independence through sustained employment, now is the time to invest in our collective eye health.

Vision and Eye Health at the CDC: Saving Sight and Dollars

The CDC addresses our national vision impairment and eye disease burden by conducting public health surveillance, research, and evidence-based public health interventions designed to complement state and community health efforts. From 1999 – 2008, NHANES included visual examinations and from 2005 – 2008, it included ophthalmology examinations to measure rates of eye disease that led to vision loss. However, the 2005 – 2008 data set is the last collection of reliable prevalence estimates of vision impairment and eye disease⁴ due to a consistent lack of resources allocated to the CDC's vision and eye health programs from FY 2011 through FY 2020. **This means that our best available data on our national vision loss and eye disease burden is over a decade old with current state and community interventions based on 12-15 year-old data.** Without updated and reliable data, we cannot begin to solve our burgeoning vision and eye health crisis.

With \$5 million appropriated to vision and eye health in FY2021, the CDC can:

- Resume use of the NHANES to collect data on prevalence of diabetic retinopathy, glaucoma, and vision loss,
- Determine rates of vision and eye examinations, measure rates of visual acuity, screening tests, and visual functioning assessment to determine gaps in access and patient education, and
- Use this information to bolster state capacity to respond to the needs of their communities with collaborative interventions and targeted strategies to improve vision and eye health at the state, local, or systems level.

We urge the Committee to direct \$5 million to the CDC's Vision and Eye Health program to resume use of this gold standard surveillance instrument, and help ensure that we are doing everything we can to protect Americans' eye health and sight.

Glaucoma at the CDC

³ Morse AR, et al. *JAMA Ophthalmology*. 2019;doi:10.1001/jamaophthalmol.2019.0446. Accessed 20/01/23 from: <https://www.ncbi.nlm.nih.gov/pubmed/30946451>

⁴ Vision Health Initiative, CDC. National Health and Nutrition Examination Survey <https://www.cdc.gov/visionhealth/vehss/data/national-surveys/national-health-and-nutrition-examination-survey.html>

As well, we ask the Committee to maintain the CDC's work in improving glaucoma screening, referral, and treatment particularly for populations that face disparity in access to glaucoma care. The CDC conducts glaucoma detection programs designed to reach populations that are at highest risk for getting glaucoma. Two particular programs have proven essential in providing direct glaucoma detection, referral, and sustained eye care services through innovative service models that can be spread to other areas with high-risk populations.¹

1. **University of Alabama (UAB) EQUALITY (Eye care Quality and Accessibility Improvement in the Community):** The UAB coordinated with local optometrists to provide comprehensive eye exams and send high-resolution retinal images to glaucoma specialists at the Department of Ophthalmology for review, diagnosis, and a developed treatment plan. Educational components included brochures, short consumer-oriented videos, and posters placed in the vision centers. This program successfully reached 651 participants with optometrists making 750 diagnoses by eye and 19% new detected cases of glaucoma. 88% of program participants were older than 40 years and 64% were African-American.
2. **Willis Eye Hospital:** Willis Eye Hospital transported eye care equipment to community sites (such as senior centers, residential housing for seniors, faith-based organizations, health fairs, and public health clinics) where a team of 4-7 technicians and a glaucoma specialist provided free eye examinations and laser treatment. Services were provided in 43 communities in Philadelphia with 1,649 people were screened for glaucoma and 1,709 glaucoma diagnoses were made by eye. This outreach also resulted in diagnosis of eye-related diseases in 1,462 eyes (1,140 of which were cataracts).

By maintaining the CDC's funding at \$4 million in FY2021, Congress will ensure that this essential work will continue for Americans who need essential glaucoma care.

Conclusion

Earlier this year, over 83 organizations including Prevent Blindness sent a letter to this Committee with our collective endorsement of these critical investments to the CDC's vision and eye health programs. There is strong consensus among providers, researchers, public health practitioners, community organizations, and consumer and patient groups in the vision and eye health community that these investments are important for safeguarding our ability to see clearly, learn in school, engage with our communities, earn a productive living, and maintain our independence through the aging process.

On behalf of Prevent Blindness, our Board of Directors, and the millions of people whom we represent at risk for vision loss and eye disease, we stand ready to work with the Subcommittee and other Members of Congress to advance these and other policies that will prevent blindness and preserve sight.