

July 1, 2019

The Honorable Robert C. Scott  
1201 Longworth House Office Building  
Washington, DC 2015

Dear Chairman Scott:

On behalf of Prevent Blindness, I write to you today to urge you to consider vision and eye health as an integral component of aging health as Congress begins its process of reauthorizing the Older Americans Act (OAA). As the House Education and Labor Committee reviews this important legislation and considers new legislative solutions to address the needs of our nation's elderly and aging population, we stand ready to work with you and your colleagues to advance policies that ensure Americans age in a safe and healthy way.

Prevent Blindness is the nation's leading nonprofit, voluntary organization committed to preventing blindness and preserving sight. Prevent Blindness represents millions of people of all ages across the country who live with, or care for those with, vision-related eye diseases and vision loss. We strive to improve our nation's vision and eye health by enhancing state and community capacities through our core competencies of early detection, patient support, care coordination, public policy, research, public awareness, and health education.

### **Background: Vision and Eye Health**

Attention to vision health is critical at all stages in life, but never more important than early in life as a part of healthy childhood development and for older adults as they seek to maintain independence, their health, and a high quality of life. As we age, our eyes undergo many changes that can impact their function and our ability to see clearly. Changes in vision as we age can lead to difficulty in differentiating between colors, a decrease in visual field (or loss of side vision), contrast sensitivity, depth perception, difficulty focusing on nearby objects, dry eye, and adjusting to glare when entering dark rooms from outdoors. These changes in visual function can be further impaired by vision diseases such as macular degeneration, cataract, glaucoma, and diabetes-related eye disease if not identified and effectively treated in a timely manner.

Taken as a singular issue, losing one's ability to see can have a lasting and damaging effect on overall health and quality of life. However, vision and eye health problems have a strong correlation to many costly chronic health conditions associated with aging including social isolation, loneliness, depression, diabetes, falls, and other chronic conditions and illnesses. As well, untreated poor vision is associated with cognitive decline and a 9.5 times greater risk of Alzheimer's disease, which carries significant cost for caregivers who are often family members.<sup>1</sup> According to the Centers for Disease Control and Prevention's Vision Health Initiative, available prevalence estimates of serious vision impairments, including blindness and

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<sup>1</sup> Global Coalition on Aging: A Life Course of Healthy Vision: A Critical Priority for the 21<sup>st</sup> Century (2019)

severe vision loss, and eye diseases show that **1.02 million people were blind, 3.22 million people had vision impairment, and 8.2 million people had uncorrected refractive error in 2015.**<sup>2</sup> A Robert Wood Johnson Foundation study ranks eye disorders as the 5th leading chronic condition, requiring ongoing treatment and management over one's lifetime, among those aged 65 years and up.

The national cost of vision problems, including private and public payments for medical care, long-term care, patients' out-of-pocket costs, direct and indirect costs, and lost productivity and consequential lost tax revenue is projected to cost \$167 billion in 2019, and is expected to increase to \$274 billion by 2032 just as the baby boomer generation is projected to become Medicare-eligible. National expenditures on vision problems, as a result of an aging population and changes in demographics, are projected to reach \$717 billion by 2050. The proportion of these costs paid by government programs is projected to increase from 32.6% to 41.4% by 2050. In total, costs among persons aged 90 and older are projected to increase nearly 5-fold from 2014 to 2050, and costs among those aged 65-89 will nearly triple. Furthermore, a recent analysis of 24,000 hospitalized patients determined that patients with vision loss experienced longer hospital stays, high readmission rates, and contributed \$500 million in excess costs. The same study indicated that Medicare enrollees with severe vision loss were readmitted at a rate of 23.1% compared to those without vision loss at 18.7%<sup>3</sup>. Numerous trends that point to the rapid aging of our population, the evidence pointing to a connection between health status and poor vision, and associated increasing healthcare costs point to a tremendous opportunity to address vision and eye health as a component of the Older Americans Act.

### **Vision and the Older Americans Act**

The Older Americans Act (OAA) supports a range of community programs and social services for individuals aged 60 years and older. Several provisions of the OAA include support for family caregivers, aging in place, and disease prevention and chronic disease management services, making vision and eye health a natural fit. Below, we have provided the following recommendations to increase vision and eye health efforts into OAA reauthorization efforts.

*Title III, Grants for States and Community Programs on Aging:* Part B of this title appropriates funding for supportive services, including health, education and training, chronic condition self-management, information concerning prevention, diagnosis or treatment, and rehabilitation of age-related disease or disabling conditions, or falls prevention services. Additionally, funding can also be used for services designed to provide health screening to detect or prevent illness and injury common in older adult populations. As well, funding under Part B can be used for the provision of services and assistive devices designed to meet the needs of older adults with disability. Vision and eye health fall naturally into a number of these designations; however, the

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<sup>2</sup> Centers for Disease Control and Prevention Vision Health Initiative: "The Burden of Vision Loss" (2017). <https://www.cdc.gov/visionhealth/risk/burden.htm>

<sup>3</sup> Morse AR, et al. *JAMA Ophthalmol.* 2019;doi:10.1001/jamaophthalmol.2019.0446; Accessed from "[Hospital costs higher in those with vision loss](#);" Healio, 22 May 2019

role of this important aspect of health ought to be strengthened. As such, we recommend you consider the following:

- Title III funding increases for programs that will improve independence and daily living activities through low vision rehabilitation and assistive devices with an emphasis on low-income older adults, low-income minority older adults, and older adults living in rural areas.
- Amend Section 321 (a)(8) language to include low vision or reduced visual functioning assistive devices.
  - As amended: “services designed to provide health screening (including mental and behavioral health screening and falls prevention services screening, including *visual function*) to detect or prevent (or both) illness *including those related to decreased visual function* and injuries that occur most frequently in older individuals.”
- Amend Section 321 (a)(11) language to include low vision devices as part of assistive technology devices.
  - As amended: “provision of services and assistive devices (including provision of services and assistive devices (including provision of assistive technology services and assistive technology devices *including devices for low visual functioning individuals*) which are designed to meet the unique needs of older individuals who are disabled...”

*Title III-D: Disease Prevention and Health Promotion:* Part D (Title III-D) outlines the provision of grants to states to carry out evidence-based disease prevention and health promotion services and information. Programs and activities can be funded with Title III-D funds if the program or activities are considered to be an “evidence-based program” by any of the 11 operating divisions of HHS (including CDC), or a number of federal registries of appropriate evidence-based programs. Currently, Title III-D “disease prevention and health promotion services” includes routine health screening which may include glaucoma, vision, diabetes, and nutrition screening. Additionally, given the increasing link between cognitive decline, social isolation, and depression, vision and eye health makes sense to include as part of efforts related to mental and behavioral health and other neurodegenerative provisions. As such, we recommend the following:

- Support efforts to add authorization level for Chronic Disease Self-Management Program (currently financed out of the Affordable Care Act and Prevention and Public Fund grants) to ensure opportunities in educating patients to communicate needs and concerns to providers, particularly for diabetes patients who face diabetic eye disease.
- Add age-related vision loss to the list of targeted populations services to ensure the unique needs of those facing age-related vision loss are met. Many people with age-related vision loss do not identify themselves as being blind or visually

impaired, so the system that is geared toward meeting the needs of older people with vision loss is not equipped nor properly networked to serve them.

- Amend Section 102(14)(b) language defining “disease prevention and health promotion” to include eye disease.
  - As amended (*emphasis added*): “ The term “disease prevention and health promotion services means – (A) health risk assessments; (B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision and *age-related eye disease*, hearing, diabetes and *diabetes-related eye disease*, bone density, oral health, and nutrition screening.”
- Amend Section 102(14)(d) language to expand definition of “evidence-based health promotion” to include eye disease.
  - As amended: ““evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes and *diabetes-related eye disease*, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition.”
- Amend Section 102(14)(j) to include eye disease.
  - As amended: “information concerning diagnosis, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular disease, diabetes, *eye disease*, and Alzheimer’s disease, and related disorders with neurological and organic brain dysfunction.”

*Title IV: Activities for Health, Independence, and Longevity:* Strong collaboration is needed between the aging network and low vision rehabilitation network. Since this part of the Act was written, the Rehabilitation Services Administration has chosen Mississippi State University National Research Training Center on Blindness and Low Vision to be the Technical Assistance Center for older blind programs throughout the country. Known as the OIB-TAC, this center could be a logical intersection point for facilitating necessary conversations.

*General Recommendations:* Generally, there lacks an awareness among the aging network about the prevalence of vision loss and how to assist those who face it. Being aware of signals that may indicate vision problems, how to find vision rehabilitation services that they need, how to make programs accessible to those with no or low vision, and how to help older people new to vision loss to deal with a condition that affects every part of their lives, from cooking to reading to driving, to working. We recommend:

- Significant outreach to low vision stakeholders and low vision patients to understand this new and often distressing, life-altering experience.
- Emphasis on provider education and public awareness that vision and visual function may deteriorate slowly as age progresses to empower patients to adapt to their new

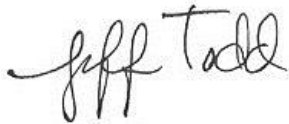
changes and understand that even gradual loss or degrees of vision loss could pose new risks to their well-being.

- Expanded federal agency collaboration between HHS agencies such as the Centers for Disease Control and Prevention, Administration for Community Living, Administration on Aging, and the National Institute on Aging to create a resource page on the ACL website dedicated to vision and eye health and low vision.

**Contact Information:**

Prevent Blindness appreciates the opportunity to address the Committee with our recommendations for including vision and eye health as a part of an aging policy national strategy. If you should have any questions, please reach out to Sara D. Brown, Director of Government Affairs at (312) 363-6031 or [sbrown@preventblindness.org](mailto:sbrown@preventblindness.org).

Sincerely,



Jeff Todd  
President and Chief Executive Officer  
Prevent Blindness