Medicare Beneficiary Access to Low Vision Assistive Technology

The Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition recognizes the critical need for low vision aids and devices for Medicare beneficiaries with low vision and requests that the Centers for Medicare and Medicaid Services (CMS) rescind its existing “low vision aid exclusion.” Access to low vision aids and devices is crucial for many beneficiaries who have a visual impairment to achieve better health outcomes, live independently, work, care for their loved ones, engage in civic functions, and perform everyday activities.

Low vision aids and devices entail a broad range of assistive technology other than traditional eyeglasses and contact lenses. Low vision aids are prescribed and customized to meet the specific medical and functional needs of individuals with low vision resulting from a variety of medical eye conditions. However, due to CMS’s overly restrictive regulatory interpretation of the “eyeglass exemption” in the Medicare statute, Medicare beneficiaries are often unable to access these critical technologies and devices. The current policy interpretation amounts to a preemptive coverage denial of any technology that uses “one or more lenses for the primary purpose of aiding vision,” and represents an indiscriminate denial of benefits for an entire subpopulation of people with medical needs and disabilities.

Low vision refers to a range of visual impairments that can be caused by genetics, developmental issues, disease, or injury that reduces an individual’s visual acuity or field of vision to such extent that it interferes with their ability to carry out normal activities. Individuals with low vision face significant negative impact on their health and function, including impairment of daily activities, loss of independence, increased risk of falls, and reduced quality of life and life expectancy. Further, low vision differs from “blindness” in that individuals with low vision may benefit from low vision aid interventions, including vision rehabilitation services (which are covered under Medicare) and assistive technology that can provide magnification, minification, increased contrast, and enhanced visual fields.

Low vision aids may include, but are not limited to, such devices as hand-held monitors, video monitors, magnifiers, minifiers, prisms, head-borne devices, and other items, as well as emerging technologies that may alter the image size, contrast, brightness, color, or directionality of an object to enhance its visibility to the user. These tools are often essential for individuals with low vision who, without the aid of assistive technology, cannot read prescriptions, financial documents, mail, recipes, and other important materials. In short, these devices allow individuals with low vision to live independently, productively, and safely. Unfortunately, current CMS policy constitutes a significant regulatory overreach that limits beneficiaries’ access to these medically necessary aids.

The ITEM Coalition urges CMS to rescind the existing low vision aid exclusion and instead evaluate the medical/functional purpose of each individual assistive device and technology at issue. For more information, please contact Peter Thomas or Joe Nahra, coordinators for the ITEM Coalition, at Peter.Thomas@PowersLaw.com and Joseph.Nahra@PowersLaw.com, or by phone at 202-466-6550.
The Undersigned Members of the ITEM Coalition

American Academy of Ophthalmology
American Council of the Blind
American Macular Degeneration Foundation
Association for Education and Rehabilitation of the Blind and Visually Impaired
Assistive Technology Industry Association
Blinded Veterans Association
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