



September 1, 2021

The Honorable Ron Wyden  
Chairman  
Senate Finance Committee  
221 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Mike Crapo  
Ranking Member  
Senate Finance Committee  
239 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Richard Neal  
Chairman  
House Ways & Means Committee  
372 Cannon House Office Building  
Washington, DC 20515

The Honorable Kevin Brady  
Ranking Member  
House Ways & Means Committee  
1011 Longworth House Office Building  
Washington, DC 20515

The Honorable Frank Pallone  
Chairman  
House Energy & Commerce Committee  
2107 Rayburn House Office Building  
Washington, DC 20515

The Honorable Cathy McMorris Rodgers  
Ranking Member  
House Energy & Commerce Committee  
1035 Longworth House Office Building  
Washington, DC 20515

Re: **Support for Coverage of Low Vision Aids for Medicare Beneficiaries**

Dear Chairmen Wyden, Neal, and Pallone and Ranking Members Crapo, Brady, and McMorris Rodgers:

On behalf of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition<sup>1</sup>, we thank you for your ongoing work on behalf of individuals with disabilities and chronic conditions, and for the opportunity to provide recommendations on your committee's work to develop legislation pursuant to the Fiscal Year 2022 budget resolution. Our members are encouraged by the policies indicated in the resolution, including the expansion of health care coverage under the Affordable Care Act, addressing gaps in basic health coverage for Medicare beneficiaries, and the enhancement of long-term care and home- and community-based services for seniors and people with disabilities. In addition to these efforts, as you continue to develop the accompanying reconciliation package, we urge you to consider the needs of individuals with low vision and include specific language advancing coverage for important assistive technology to address these conditions.

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<sup>1</sup> The ITEM Coalition is a national consumer- and clinician-led coalition advocating for access to and coverage of assistive devices and technologies for persons with injuries, illnesses, disabilities, and chronic conditions of all ages. Our members represent individuals with a wide range of disabling conditions, as well as the providers who serve them, including such conditions as low vision and visual impairments, hearing and speech impairments, multiple sclerosis, paralysis, spinal cord injury, limb loss, cerebral palsy, brain injury, stroke, spina bifida, myositis, and other life-altering conditions.

People with a range of visual impairments that can be caused by genetics, developmental issues, disease, or injury that reduces visual acuity or visual field are classified as having low vision. These disorders are not responsive to treatment with conventional eyeglasses, contacts, medication, or surgery. Low vision aids encompass a wide range of assistive technology and devices that are prescribed and customized to meet the specific medical and functional needs of individuals with visual impairments. Clinical literature clearly establishes that individuals with uncorrected or unaddressed low vision face significant negative impact on their health and function, including impairment of daily activities, loss of independence, inability to independently manage medication adherence, increased risk of falls, negative mental health impacts, and reduced quality of life and life expectancy.<sup>2</sup> Further, individuals with low vision may benefit from low vision interventions, such as vision rehabilitation services, devices, and assistive technology that can provide magnification, minification, increased contrast, and visual field enhancements.

Unfortunately, many visually impaired Medicare beneficiaries are unable to access appropriately prescribed low vision aids if they cannot afford the devices out of pocket, as Medicare prohibits coverage of low vision aids under the eyeglasses exception to Medicare coverage, which has been interpreted as a “low vision aid exclusion.” Recent analyses of data from the National Health and Nutrition Examination Survey (NHANES) demonstrate the breadth of the impact of low vision in the United States. Among older adults, there were 1.48 million individuals with low vision or worse in 2017. When examining populations of all ages, there were nearly 1.85 million individuals with low vision in 2017.<sup>3</sup> Of course, the visually impaired population is not static; the prevalence of low vision and blindness is growing quickly, with approximately 480,000 new cases of mild low vision or worse and 180,000 cases of moderate low vision or worse each year.<sup>4</sup> By 2030, there are expected to be 2.45 million cases of low vision or worse; this number will continue to grow to nearly 3.3 million by 2050.

As Congress considers the potential expansion of Medicare to include vision benefits, along with dental and hearing, it is critical that the population of individuals with low vision not be excluded. **Therefore, we strongly support the low vision language included in H.R. 4187, the Medicare Vision Act of 2021 and encourage you to replicate this language in any legislation creating a Medicare vision benefit or otherwise expanding the Medicare program.**

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<sup>2</sup> See, e.g., Court H., McLean G., et al. (2014). Visual Impairment is associated with Physical and Mental Comorbidities in Older Adults: A Cross-Sectional Study. *BMC Med.* 12:181. Doi: 10.1186/s12916-014-0181-7; Wood. J., Lacherez, P., et al. (2011) Risk of Falls, Injurious Falls, and Other Injuries Resulting from Visual Impairment among Older Adults with Age-Related Macular Degeneration. *Investigative Ophthalmology & Visual Science* 52 (5088-5092). Doi: 10.1167/iops.10-6644; Hong T., Mitchell P., Burlutsky G., et al. Visual Impairment and Subsequent Use of Support Services Among Older People: Longitudinal Findings from the Blue Mountains Eye Study. *Am. J. Ophthalmol* 2013;156:393-9.43; West S.K., Munoz B., Rubin G.S., et al. Function and Visual Impairment in a Population-Based Study of Older Adults. *The SEE Project*. Salisbury Eye Evaluation. *Invest Ophthalmol Vis Sci* 1997;38:72-82.44; Weih L.M., Hassell J.B., Keeffe J. Assessment of the Impact of Vision Impairment. *Invest Ophthalmol Vis Sci* 2002;43:927-35.28.

<sup>3</sup> Chan T; Friedman S; Bradley C; Massof R. Estimates of Visual Impairment, Low Vision, and Blindness in the United States. *JAMA Ophthalmol*. Doi:10.1001/jamaophthalmol.2017.4655. Published online Nov 2, 2017.

<sup>4</sup> Ibid.

This legislation, introduced in June by Reps. Kim Schrier (D-WA), Tom O’Halloran (D-AZ), Suzan DelBene (D-WA), and Elissa Slotkin (D-MI), would lift the low vision aid exclusion by repealing the statutory ban on Medicare coverage for eyeglasses. Further, it would direct the Secretary of Health and Human Services (HHS), working through the Centers of Medicare and Medicaid Services (CMS), to undergo a “review and analysis” of low vision aids that are appropriate for Medicare coverage and advance coverage for devices identified by the Secretary. The relevant language is excerpted below:

**§ 2(h):** *“Repeal of Ground for Exclusion. – Section 1862(a)(1) of the Social Security Act is amended by striking ‘, eyeglasses (other than eyewear described in section 1861(s)(8)) or eye examinations for the purpose of prescribing, fitting, or changing eyeglasses, procedures performed (during the course of any eye examination) to determine the refractive state of the eyes.’”*

**§ 2(i):** *“Low Vision Aids. – Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services shall, in consultation with relevant stakeholders –*

- (1) undergo a review and analysis of clinically indicated magnifiers, spectacles, and other similar vision enhancement devices used to assist individuals with low vision and visual impairments;*
- (2) based on such review identify such specific devices that are not, but which pursuant to administrative action could be, covered under the Medicare program under title XVIII of the Social Security Act coverage; and*
- (3) take such administrative actions as are necessary to provide for such coverage of such devices so identified as the Secretary determines appropriate.”*

It is important to recognize that there are numerous low vision aids currently available, that address a wide range of functional needs and some with varying degrees of evidence supporting their use. Therefore, **this language does not provide a blanket mandate of coverage for this entire product category**; rather, it directs CMS to work with relevant stakeholders to review existing clinical evidence, beneficiary needs, and provider perspectives to determine which devices are most appropriate for Medicare coverage. Thus, we do not expect that this language will substantially contribute to the fiscal impact of a Medicare expansion bill – though it will have a major impact for individuals who need access to these devices to live healthy, independent lives.

**As you shape the Medicare provisions in the Fiscal Year 2022 budget reconciliation package, we urge you to include language lifting the low vision aid exclusion and mandating a review of low vision devices eligible for Medicare coverage.** This language will help ensure that Medicare beneficiaries with visual impairment will have an opportunity to access the low vision devices and vision rehabilitation services they require. Improving coverage of these critical devices will help Medicare beneficiaries more fully participate in their medical care, achieve better health outcomes, live more independently, work, care for their loved ones, engage in civic functions, and perform everyday activities.

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We greatly appreciate your leadership in developing this important legislation, and we look forward to working with you and your committee members during this process. Should you have any further questions regarding our recommendations, please contact the ITEM Coalition coordinators by email at [Peter.Thomas@PowersLaw.com](mailto:Peter.Thomas@PowersLaw.com) or [Joseph.Nahra@PowersLaw.com](mailto:Joseph.Nahra@PowersLaw.com), or call 202-349-4243.

Sincerely,

**The Undersigned Members of the ITEM Coalition**

ACCSES  
American Academy of Ophthalmology  
American Association on Health and Disability  
American Cochlear Implant Alliance  
American Congress of Rehabilitation Medicine  
American Council of the Blind  
American Macular Degeneration Foundation  
American Medical Rehabilitation Providers Association  
American Music Therapy Association  
American Network of Community Options and Resources  
American Occupational Therapy Association  
American Optometric Association  
American Therapeutic Recreation Association  
The Arc of the United States  
Assistive Technology Industry Association  
Association of Assistive Technology Act Programs  
Association for Education and Rehabilitation of the Blind and Visually Impaired  
Blinded Veterans Association  
Brain Injury Association of America  
Caregiver Action Network  
Center for Medicare Advocacy  
Easterseals  
Epilepsy Foundation  
Institute for Matching Person and Technology  
Lakeshore Foundation  
Lighthouse Guild International  
Long Island Center for Independent Living, Inc.  
National Association for the Advancement of Orthotics and Prosthetics  
National Association of Councils on Developmental Disabilities  
National Association of Rehabilitation Research and Training Centers  
National Coalition for Assistive and Rehab Technology  
National Disability Rights Network  
Paralyzed Veterans of America

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Prevent Blindness  
Rehabilitation Engineering and Assistive Technology Society of North America  
Support Sight Foundation  
United Cerebral Palsy  
The Viscardi Center  
The Vision Council  
VisionServe Alliance

**Additional Supporting Organizations**

Academy for Certification of Vision Rehabilitation & Education Professionals  
Alliance on Aging and Vision Loss  
American Council of the Blind Families  
American Council of the Blind of Connecticut  
American Council of the Blind Government Employees  
American Council of the Blind of Minnesota  
American Council of the Blind of Ohio  
Association for the Blind and Visually Impaired South Carolina  
Blind & Vision Rehabilitation Services of Pittsburgh  
California Council of the Blind  
EyeSight Foundation of Alabama  
Florida Agencies Serving the Blind  
Florida Council of the Blind  
Georgia Guide Dog Users  
Guide Dog Users, Inc.  
Hawaii Association of the Blind  
Illinois Assistive Technology Program  
Illinois Council of the Blind  
Independent Visually Impaired Entrepreneurs  
Kansas Association for the Blind and Visually Impaired  
Kentucky Council of Citizens with Low Vision  
Lighthouse Louisiana  
Lighthouse for the Blind and Visually Impaired, San Francisco  
Louisiana Association for the Blind  
Michigan Council of the Blind and Visually Impaired  
Mississippi Council of the Blind  
National Association for the Employment of People who are Blind  
National Industries for the Blind  
Nevada Council of the Blind  
New York Institute for Special Education  
New York Vision Rehabilitation Association  
NewView Oklahoma  
North Carolina Council of the Blind  
Northern Kentucky Council of the Blind

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Pennsylvania Council of the Blind  
Perkins School for the Blind  
San Antonio Lighthouse for the Blind and Visually Impaired  
Society for the Blind, Sacramento, California  
South Dakota Association of the Blind  
Success Beyond Sight  
Tampa Lighthouse for the Blind  
Vision Forward  
Wayfinder Family Services