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January 31, 2023

The Honorable Xavier Becerra
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

RE: Request for Information: Essential Health Benefits, CMS 9898-NC

Dear Secretary Becerra and Administrator Brooks-LaSure:

Prevent Blindness is the nation's leading nonprofit, voluntary organization committed to protecting and expanding access to sight-saving care for patients of all ages living with a multitude of diseases, conditions, and circumstances that may affect their eye health and sight. As an organization dedicated to protecting and expanding access to sight-saving care, we are pleased to submit comment on the Center for Medicare and Medicaid Services (CMS) Request for Information (RFI) regarding Essential Health Benefits (EHBs) under the Patient Protection and Affordable Care Act (ACA) [RIN 0938-AV14]. We applaud CMS's efforts to revisit EHB policy to ensure that EHBs remain comprehensive and updated to reflect beneficiary and population needs.

Under the ACA, EHBs include pediatric services— notably preventive health care including vision screenings and eye care for children. EHBs also include preventive care and chronic disease management services for adults who live with potentially sight-impacting illness and co-morbid vision impairment. Prevent Blindness urges CMS to adapt the following recommendations with respect to the current gaps in pediatric and adult vision health care services under current EHB policy:

- Further define “vision care” under the category “pediatric services, including oral and vision care” to include visual assistive devices and technologies necessary for use in learning, social engagement, and development by children with permanently reduced vision and expand and “habilitative services” to include rehabilitative vision care services.
- Strengthen EHB benchmarks to reflect Medicaid EPSDT requirements.
- Include adult vision screenings under the “preventive and wellness and chronic disease management” category of services.

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As a leader in children's vision and eye health through our [National Center for Children's Vision and Eye Health](#), Prevent Blindness fundamentally reinforces the role of vision and eye health as an indicator of childhood developmental milestones, academic performance and successful



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learning. We believe that all children—regardless of their visual capabilities—deserve to learn and succeed in school and have access to the services and technologies necessary to realize his or her potential in the classroom. As such, it is necessary for CMS to clarify that the category “pediatric services, including oral and vision care” includes the assistive visual devices and technologies that children with permanently reduced vision need to develop, learn, and engage socially. We also urge CMS to include rehabilitative vision therapy under “habilitative services.”

Assistive devices and technologies can help children with visual impairments quickly adapt to learning alongside their peers, which can complement emotional development and social engagement. Assistive devices extend beyond traditional eyeglasses or contact lenses and are prescribed and customized for specific medical and functional needs of the individual. The need for such devices can stem from visual impairments caused by genetics, developmental issues, injuries to the eye, or diseases that reduce an individual’s visual acuity or field of vision to such an extent that it interferes with their ability to carry out normal activities for daily living.

Assistive devices can range from—but are not limited to— optical devices such as magnifying devices to increase font to non-optical devices such as closed-circuit televisions. Accessing these devices, and receiving the proper training, are often challenging to students for several reasons, including affordability. Another example may include specialized contact lenses for use in certain specified diagnoses, such as keratoconus or myopia.

Currently, the extent of CMS’s definition of “pediatric services, including oral and vision care” is limited. Vision screenings are included under the “preventive care” category of EHBs while eye examinations and provision of refractive error correction with eyeglasses or contact lenses are generally considered “vision care.” Under the “habilitative services” benefit, states can determine what services or devices are included in this category. Our informal review of state benchmark plans from [2014 – 2016](#) points to significant variation across all these categories; however, it appears that visual assistive devices and technology as well as the rehabilitative services are necessary for a person to learn how to use the device and adapt to its daily use are generally not covered or even listed in current plans as a category of benefits.

Limiting the definition of pediatric services or preventive services to only include vision screenings and eye examinations and refractive correction categorically deny children whose visual impairments extend beyond refractive correction of the benefits and services necessary to ensure their full mental, social, emotional, and cognitive development which can keep them from achieving their full academic potential. These deficits, if left unaddressed, can potentially follow a child into his or her adult life by limiting their choice of profession, economic productivity, and financial well-being.

Recommendation: Prevent Blindness urges CMS to close this gap in pediatric health care by expanding on the existing definition of “vision care” under pediatric services to include visual assistive devices and technologies as well as clarify the “habilitative services” definition to include the services necessary for rehabilitative vision care that can provide individuals with proper training in use and adaptation of these devices in daily living activities.

Strengthen EHB benchmarks to reflect Medicaid EPSDT requirements.

The RFI asks the question of stakeholders, “Are there differences between adult and pediatric benefits and those populations’ needs such that further delineation of pediatric benefits is warranted?” As an organization whose founding mission was based on ensuring children have access to eye care starting as soon as birth, our answer is a resounding **yes**.

Currently, EHBs are determined on a state-by-state basis, which has resulted in variation of coverage depending not on a patient’s medical need but rather where the patient lives. This is



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concerning for two reasons: a) The allowance for states to select benchmark plans that reflect “typical” employer-based plans, which are designed primarily for the health needs of adults, has resulted in significant variation across state EHB benchmarks in the coverage of benefits and services for children specifically, and b) The link to social determinants and drivers of health often contribute to health outcomes for individuals. Specifically, people of color, people who live with disabilities and chronic illnesses, or populations in rural and underserved or under-resourced communities may experience higher rates of vision loss, visual impairment, low vision, or blindness because of inadequate care. While this concern can be true for both children and adult health care equity and access, we note that pediatric care often involves parents, guardians, or other family members who may face additional barriers such as cost, inadequate transportation, inability to take time off from work, lack of translation services, lack of awareness of the importance of their child’s vision and eye care needs, how to obtain services where they are available, and the costs they face in accessing their child’s care. Notably, these barriers can be compounded should additional siblings face additional health care needs.

With respect to children’s vision and eye care, while the Children’s Health Insurance Plan (CHIP) uses a similar approach to establishing benchmarks, unlike under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit which requires necessary screening, diagnosis, and treatment for vision problems for children at appropriate intervals of care, EHBs do not carry the same requirement for pediatric vision care. While most state plans include coverage for an annual eye exam and a pair of eyeglasses (including frames) for children under age 19, specific pediatric vision care services vary depending on the state’s benchmark plan.

Recommendation: Prevent Blindness urges CMS to use the Medicaid EPSDT requirement as a model for states to emulate for pediatric vision care. Doing so will promote a federal “floor” of EHBs and reduce variation across state plans. Further, we recommend that CMS, at a minimum, use each state’s CHIP as a comparison to a state’s benchmark to ensure that necessary screening, diagnosis, and treatment for vision problems in children are included.

Include adult vision screenings under the “preventive and wellness and chronic disease management” category of services.

Current EHB policy generally does not cover adult vision care as the ACA does not require its provision. The ACA only goes so far to require health plans in the non-group and small-group private health insurance markets to offer a core package of health care services, including “preventive and wellness and chronic disease management.” Currently, with respect to vision and eye health care, this includes falls prevention for adults over age 65 and Type 2 diabetes screening as well as diet counseling for those at risk of chronic disease.

Early detection, treatment, and consistent follow-up care to the aging eye, which is particularly susceptible to disease and conditions that affect the refractive state of the eye or its function and structure, are important for avoiding preventable vision loss and blindness. Often, the individual may be unaware of changes happening in the eye until the impact on vision becomes noticeable. By that point, any damage to vision is permanent and irreversible; thus, making screenings an essential aspect of preventing vision loss in the first place. Therefore, due to the important role that vision plays in helping to maintain our daily lives, social connections, independence, and economic productivity and well-being and due to its intrinsic and often analogous connection to several chronic conditions, we believe adult vision screenings should be included under this category of services.



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Adult vision screenings are already part of the “Welcome to Medicare” benefit for those over age 65. Assessment of vision health should be taken regularly throughout adulthood and then annually after age 65 to prevent common causes of vision loss that have readily available treatments such as diabetic retinopathy, glaucoma, age-related macular degeneration, and cataract. Chronic health conditions such as diabetes and heart disease can lead or contribute to vision problems and poor eye health or exist as a comorbid condition with vision problems. We outline some important examples below:

Diabetes – Diabetes is the leading cause of blindness in adults, with significant disparities in prevalence of Type 2 diabetes across racial and ethnic minorities. Patients who have diabetes may often be unaware of the damage occurring to their eyes, specifically in the early stages, which makes early detection, disease monitoring, and treatment of diabetes-related eye disease incredibly important. Other blinding eye diseases such as cataract, glaucoma, and retinal detachment are also prominent in patients with diabetes.

Glaucoma – According to the [Centers for Disease Control and Prevention](#) (CDC), about three million Americans have glaucoma, the second leading cause of blindness worldwide. There is currently no cure, but if caught early enough, loss of vision can generally be preserved with routine care and treatment adherence. Blacks are more than 6-8 times more likely to get glaucoma than whites, and it impacts people with diabetes more frequently than those without. Hispanic/Latino populations also have an elevated incidence of the disease.

Mental Health – Loss of vision—whether it happens suddenly or over time—can have a major impact on one’s mental and emotional health given its significant role in interpersonal connection, engaging in hobbies or interests, independently managing one’s daily activities, maintaining independence, and remaining physically active. Older adults may face a compounding risk in health status stemming from inability to adapt mentally and emotionally to changes in vision, leading to distress, anxiety, or depression that may cause them to disengage from physical activity (which could lead to chronic illness) and social connection such that it leads to social isolation and loneliness.

Aging Health – The aging eye is particularly susceptible to changes in function and one’s ability to see clearly. Older adults with untreated poor vision are more likely to suffer from increased risk of falls or injury or death related to falls, Alzheimer’s disease, cognitive decline, mental health issues, including depression and social isolation, and dementia. Emphasizing preventive vision and eye care can help aging patients not only retain their sight and quality of life but avoid the serious health risks that come with diminished vision.

Adult vision screenings can be delivered in a variety of settings that meet the patients where they are. Primary care settings offer a front-line opportunity for providers to conduct screenings, ask questions, make referrals, and integrate vision and eye health into a patient’s overall care management plan. Additionally, primary care, which often includes initial screenings to detect eye diseases, is often the entry point for patients into the broader health care system and thus a natural setting for early detection and interventional care in its role as the patient-centered medical home. Community health centers and settings also provide an opportunity for adult patients to access early interventional eye care, including health education and information about progressive vision loss and risk of eye disease, and to receive referrals to specialty eye care for potential identification of eye diseases.



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Recommendation: The ACA requires the Secretary to define the services within the 10 benefit categories that comprise the EHB package. As such, Prevent Blindness urges the Secretary to include adult vision screenings under the “preventive and wellness services and chronic disease management” category of EHBs and explore ways to integrate early detection of vision loss and eye disease into existing services listed under the adult preventative care, wellness services, and chronic disease management category.

Once again, we appreciate the opportunity to submit comment on this important RFI, and we look forward to working with CMS to ensure that Americans continue to have access sight-saving care. Please contact Sara D. Brown at sbrown@preventblindness.org or (312) 363-6031 if you have any questions.

Sincerely,

Jeff Todd
President and CEO
Prevent Blindness