

VISION CARE FOR KIDS ACT OF 2009

MARCH 23, 2009.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. WAXMAN, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 577]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 577) to establish a grant program to provide vision care to children, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Vision Care for Kids Act of 2009”.

SEC. 2. GRANTS REGARDING VISION CARE FOR CHILDREN.

Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by adding at the end the following:

“SEC. 399Z-1. GRANTS REGARDING VISION CARE FOR CHILDREN.

“(a) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants to States on the basis of an established review process for the purpose of complementing existing State efforts for—

“(1) providing comprehensive eye examinations (as defined in subsection (i)) by a licensed optometrist or ophthalmologist for eligible children (as defined in subsection (b)) who have been previously identified through a vision screening or eye examination by a licensed health care provider or vision screener as needing such services, with priority given to children who are under the age of 9 years;

“(2) providing treatment or services to such children, subsequent to the examinations described in paragraph (1), that are necessary to correct vision problems; and

“(3) developing and disseminating, to parents, teachers, and health care practitioners, educational materials on recognizing signs of visual impairment in children.

“(b) **ELIGIBLE CHILDREN.**—

“(1) **IN GENERAL.**—For purposes of this section, the term ‘eligible child’ means, with respect to an examination described in paragraph (1) of subsection (a) or a treatment or service described in paragraph (2) of such subsection and with respect to a State, a child who is a low-income child (as defined by the State) and who—

“(A) is not eligible for medical assistance under the State plan under title XIX of such Act;

“(B) subject to paragraph (2)(A), is not eligible for child health assistance under the State child health plan under title XXI of the Social Security Act;

“(C) subject to paragraph (2)(B), does not have health insurance coverage (as defined in section 2791) in the group market or in the individual market (as such terms are defined in such section) and is not a beneficiary or participant under a group health plan (as defined in such section); and

“(D) is not receiving assistance under any State health compensation program or under any other Federal or State health benefits program for such examination, treatment, or service, respectively.

“(2) **INCLUSION OF CERTAIN LOW-INCOME CHILDREN WITH HEALTH BENEFITS.**—With respect to an examination described in paragraph (1) of subsection (a) or a treatment or service described in paragraph (2) of such subsection and with respect to a State—

“(A) paragraph (1)(B) shall not apply to a child who is eligible for child health assistance under the State child health plan under title XXI of the Social Security Act (whether or not such child is enrolled under such plan), if such plan does not provide for coverage of such examination, treatment, or service, respectively; and

“(B) paragraph (1)(C) shall not apply to a child described in such paragraph if no amount is payable under the coverage or plan described in such paragraph for such examination, treatment, or service, respectively.

“(c) **CRITERIA.**—The Secretary, in consultation with appropriate professional and patient organizations including individuals with knowledge of age appropriate vision services, shall develop criteria—

“(1) governing the operation of the grant program under subsection (a); and

“(2) for the collection of data related to vision assessment and the utilization of follow-up services.

“(d) **APPLICATION.**—To be eligible to receive a grant under subsection (a), a State shall submit to the Secretary an application in such form, made in such manner, and containing such information as the Secretary may require, including—

“(1) information on existing Federal, Federal-State, or State-funded children’s vision programs;

“(2) a plan for the use of grant funds, including how funds will be used to complement existing State efforts (including possible partnerships with non-profit entities);

“(3) a plan to determine if an eligible child has been identified as provided for in subsection (a);

“(4) an assurance that funds will be used consistent with this section;

“(5) a description of how funds will be used to provide examinations, treatments, and services, consistent with this section; and

“(6) an assurance that, in providing examinations, treatments, and services through use of such grant, the State will give priority to eligible children with the lowest income.

“(e) EVALUATIONS.—To be eligible to receive a grant under subsection (a), a State shall agree that, not later than 1 year after the date on which amounts under the grant are first received by the State, and annually thereafter while receiving amounts under the grant, the State will submit to the Secretary an evaluation of the operations and activities carried out under the grant, including—

“(1) an assessment of the utilization of vision services and the status of children receiving these services as a result of the activities carried out under the grant;

“(2) the collection, analysis, and reporting of children’s vision data according to guidelines prescribed by the Secretary; and

“(3) such other information as the Secretary may require.

“(f) LIMITATIONS IN EXPENDITURE OF GRANT.—A grant may be made under subsection (a) only if the State involved agrees that the State will expend amounts received under such grant as follows:

“(1) The State will expend at least 80 percent of such amounts for the purposes described in paragraphs (1) and (2) of such subsection.

“(2) The State will not expend more than 10 percent of such amounts to carry out the purpose described in paragraph (3) of such subsection.

“(3) The State will not expend more than 10 percent of such amounts for administrative purposes.

“(g) MATCHING FUNDS.—

“(1) IN GENERAL.—With respect to the costs of the activities to be carried out with a grant under subsection (a), a condition for the receipt of the grant is that the State involved agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs.

“(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(h) SUPPLEMENT NOT SUPPLANT.—A State that receives a grant under this section shall ensure that amounts received under such grant will be used to supplement, and not supplant, any other Federal, State, or local funds available to carry out activities of the type carried out under the grant.

“(i) DEFINITIONS.—For purposes of this section:

“(1) CHILD.—The term ‘child’ means an individual who—

“(A) has not attained 18 years of age; or

“(B) has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent level of vocational or technical training).

“(2) COMPREHENSIVE EYE EXAMINATION.—The term ‘comprehensive eye examination’ includes an assessment of a patient’s history, general medical observation, external and ophthalmoscopic examination, visual acuity, ocular alignment and motility, refraction, and as appropriate, binocular vision or gross visual fields, performed by an optometrist or an ophthalmologist.

“(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated—

“(1) \$10,000,000 for fiscal year 2010;

“(2) \$13,000,000 for fiscal year 2011; and

“(3) \$14,000,000 for each of the fiscal years 2012 through 2014.”.

PURPOSE AND SUMMARY

The purpose of H.R. 577, the “Vision Care for Kids Act of 2009”, is to establish a grant program to provide care for children with visual impairment. The bill authorizes the Secretary of Health and Human Services to award grants to states to provide comprehensive eye examinations and corrective treatment services to children identified by a vision screening as needing such services. The bill authorizes the appropriation of \$10 million in FY 2010 and \$51 million over the 5-year period FY 2010 through 2014 for this grant

program, which would be administered through the Centers for Disease Control and Prevention.

BACKGROUND AND NEED FOR LEGISLATION

Vision impairment affects approximately 1.2 out of every 1,000 8-year-old children. Vision problems can occur at any point during a lifetime, but tend to be particularly damaging to school-age children because developmental struggles may result in physical, emotional, and social consequences. For instance, a child may miss learning opportunities by failing to explore his or her environment. Additionally, if a child is visually impaired, he or she may be unable to imitate social behavior or understand nonverbal cues.

In addition to the psychological costs, the economic costs for people with impaired vision are very high. It is estimated that the lifetime costs for all people with vision impairment who were born in 2000 will total \$2.5 billion. These costs include both direct and indirect costs. Direct medical costs include doctor visits, prescription drugs, and inpatient hospital stays; direct non-medical expenses can include home modifications and special education. Indirect costs account for the majority of costs, and include the value of lost wages when a person dies early, cannot work, or is limited in the amount or type of work he or she can perform.

The “Health Vision 2010” component of the national Healthy People 2010 initiative to establish national health objectives underscores the need for correcting children’s vision problems at a young age. Healthy Vision 2010 recommends that all children receive a vision-screening exam from their healthcare provider before they reach the age of 5. Early recognition of eye disease results in more effective treatment that can be sight-saving or even life-saving. Yet, in 2002, 36% of children under the age of 5 did not receive any vision screening.

HEARINGS

The Committee on Energy and Commerce did not hold hearings on the legislation.

COMMITTEE CONSIDERATION

The Committee on Energy and Commerce met in open markup session on Wednesday, March 4, 2009, and, pursuant to a motion by Mr. Waxman, agreed by unanimous consent to consider and approve H.R. 577 and several other bills en bloc. H.R. 577 was ordered favorably reported, amended, to the House by a voice vote. An amendment in the nature of a substitute to H.R. 577 offered by Mr. Waxman was adopted by unanimous consent.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no recorded votes taken during consideration or ordering H.R. 577 reported to the House.

COMMITTEE OVERSIGHT FINDINGS

Regarding clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the oversight findings of the Committee are reflected in this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

H.R. 577 would allow the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention (CDC), to award grants to states to: (1) provide comprehensive eye examinations by a licensed optometrist or ophthalmologist for children identified by a licensed healthcare provider or vision screener, with priority to children under age 9; (2) provide treatment or services to correct vision problems of such children; and (3) develop and disseminate educational materials on recognizing signs of visual impairment in children.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 577 would result in no new or increased budget authority, entitlement authority, or tax expenditures.

EARMARKS AND TAX AND TARIFF BENEFITS

In compliance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 577 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 577 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate on H.R. 577 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, March 20, 2009.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 577, the Vision Care for Kids Act of 2009.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Stephanie Cameron.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

H.R. 577—Vision Care for Kids Act of 2009

Summary: H.R. 577 would amend the Public Health Service Act to authorize the Director of the Centers for Disease Control and Prevention (CDC) to administer grants to states to increase examinations of children for vision problems, provide treatment of any problems detected, and develop and disseminate educational materials to promote the detection of vision disorders in children. The bill would authorize the appropriation of \$65 million for those purposes over the 2010–2014 period. CBO estimates that implementing H.R. 577 would cost \$4 million in 2010 and \$54 million over the 2010–2014 period, assuming appropriation of the specified amounts. Enacting H.R. 577 would not affect direct spending or revenues.

H.R. 577 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 577 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2010	2011	2012	2013	2014	2010–2014
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	10	13	14	14	14	65
Estimated Outlays	4	10	12	14	14	54

Basis of estimate: H.R. 577 would authorize the appropriation of \$10 million in 2010 and a total of \$65 million over the 2010–2014 period for the purposes of detecting and treating vision disorders in low-income children. In particular, H.R. 577 would authorize the Director of the CDC to administer grants to states for three purposes: (1) providing comprehensive eye examinations to children with potential eye disorders, as identified by screenings; (2) funding treatment of disorders identified through the comprehensive eye exam; and (3) developing and disseminating educational materials on symptoms of eye disorders to parents, teachers, and health care practitioners.

Children eligible for Medicaid would not be eligible for vision care services provided through CDC grants. Other low-income children with health insurance, including those enrolled in the Children’s Health Insurance Program (CHIP), could be eligible for vision care services provided through CDC grants if the coverage of such examination, treatment, or services is not provided through their health insurance. Provision of those vision care services to children enrolled in CHIP would not affect direct spending because this bill would not change eligibility or benefits provided under CHIP.

Based on historical spending patterns for similar programs at CDC, and assuming appropriation of the authorized amounts, CBO estimates that implementing H.R. 577 would cost \$54 million over the 2010–2014 period.

Intergovernmental and private-sector impact: H.R. 577 contains no intergovernmental or private-sector mandates as defined in UMRA. Public institutions of higher education that provide education and training for health professionals in pain care would benefit from grant funds authorized in the bill.

Estimate prepared by: Federal costs: Stephanie Cameron; Impact on state, local, and tribal governments: Lisa Ramirez-Branum; Impact on the private sector: Kei Nakagawa.

Estimate approved by: Peter H. Fontaine, Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of federal mandates regarding H.R. 577 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by the legislation.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the constitutional authority for H.R. 577 is provided in the provisions of Article I, section 8, clause 1, that relate to expending funds to provide for the general welfare of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act of 1995.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 establishes the short title of the Act as the “Vision Care for Kids Act of 2009”.

Section 2. Grants regarding vision care for children

Section 2 amends Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) to add section 399Z–1.

Section 399Z–1. Grants regarding vision care for children

Section 399Z–1 allows the Secretary of Health and Human Services, acting through the Director for the Centers for Disease Control and Prevention, to award grants to states to: (1) provide comprehensive eye examinations by a licensed optometrist or ophthalmologist for children identified by a licensed health care provider

or vision screener, with priority to children under age 9; (2) provide treatment or services to correct vision problems of such children; and (3) develop and disseminate educational materials on recognizing signs of visual impairment in children. This section prioritizes services for children who are under age 9. It also requires the Secretary to give priority to states that will provide services to the lowest-income eligible children. States are required to ensure that grant funds supplement, and not supplant, any other federal, state, or local funds available to carry out similar activities; and to coordinate grant programs under this bill with existing federal and state programs. States are also required to provide assurances that the state will not eliminate or otherwise reduce vision care services and that grant funds are expended on eligible children.

Section 399Z–1 authorizes \$10 million for FY2010, \$13 million for FY2011, and \$14 million for each of fiscal years 2012 through 2014, and it requires that at least 25% of costs are contributed by the state, directly or through donations.

EXPLANATION OF AMENDMENTS

Mr. Waxman offered an amendment in the nature of a substitute to make certain changes to the bill. These included a clarification of eligibility requirements for children with regard to specific services; the requirement that up to 10% of funds be available for educational materials and up to 10% for administrative costs; and the indication of specific authorization amounts for each of the 5 fiscal years.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italic and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART Q—PROGRAMS TO IMPROVE THE HEALTH OF CHILDREN

* * * * *

SEC. 399Z–1. GRANTS REGARDING VISION CARE FOR CHILDREN.

(a) *IN GENERAL.*—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants to States on the basis of an established review process for the purpose of complementing existing State efforts for—

(1) providing comprehensive eye examinations (as defined in subsection (i)) by a licensed optometrist or ophthalmologist for eligible children (as defined in subsection (b)) who have been previously identified through a vision screening or eye examination by a licensed health care provider or vision screener as needing such services, with priority given to children who are under the age of 9 years;

(2) providing treatment or services to such children, subsequent to the examinations described in paragraph (1), that are necessary to correct vision problems; and

(3) developing and disseminating, to parents, teachers, and health care practitioners, educational materials on recognizing signs of visual impairment in children.

(b) *ELIGIBLE CHILDREN.*—

(1) *IN GENERAL.*—For purposes of this section, the term “eligible child” means, with respect to an examination described in paragraph (1) of subsection (a) or a treatment or service described in paragraph (2) of such subsection and with respect to a State, a child who is a low-income child (as defined by the State) and who—

(A) is not eligible for medical assistance under the State plan under title XIX of such Act;

(B) subject to paragraph (2)(A), is not eligible for child health assistance under the State child health plan under title XXI of the Social Security Act;

(C) subject to paragraph (2)(B), does not have health insurance coverage (as defined in section 2791) in the group market or in the individual market (as such terms are defined in such section) and is not a beneficiary or participant under a group health plan (as defined in such section); and

(D) is not receiving assistance under any State health compensation program or under any other Federal or State health benefits program for such examination, treatment, or service, respectively.

(2) *INCLUSION OF CERTAIN LOW-INCOME CHILDREN WITH HEALTH BENEFITS.*—With respect to an examination described in paragraph (1) of subsection (a) or a treatment or service described in paragraph (2) of such subsection and with respect to a State—

(A) paragraph (1)(B) shall not apply to a child who is eligible for child health assistance under the State child health plan under title XXI of the Social Security Act (whether or not such child is enrolled under such plan), if such plan does not provide for coverage of such examination, treatment, or service, respectively; and

(B) paragraph (1)(C) shall not apply to a child described in such paragraph if no amount is payable under the coverage or plan described in such paragraph for such examination, treatment, or service, respectively.

(c) *CRITERIA.*—The Secretary, in consultation with appropriate professional and patient organizations including individuals with knowledge of age appropriate vision services, shall develop criteria—

(1) governing the operation of the grant program under subsection (a); and

(2) for the collection of data related to vision assessment and the utilization of follow-up services.

(d) *APPLICATION.*—To be eligible to receive a grant under subsection (a), a State shall submit to the Secretary an application in such form, made in such manner, and containing such information as the Secretary may require, including—

(1) information on existing Federal, Federal-State, or State-funded children's vision programs;

(2) a plan for the use of grant funds, including how funds will be used to complement existing State efforts (including possible partnerships with non-profit entities);

(3) a plan to determine if an eligible child has been identified as provided for in subsection (a);

(4) an assurance that funds will be used consistent with this section;

(5) a description of how funds will be used to provide examinations, treatments, and services, consistent with this section; and

(6) an assurance that, in providing examinations, treatments, and services through use of such grant, the State will give priority to eligible children with the lowest income.

(e) *EVALUATIONS.*—To be eligible to receive a grant under subsection (a), a State shall agree that, not later than 1 year after the date on which amounts under the grant are first received by the State, and annually thereafter while receiving amounts under the grant, the State will submit to the Secretary an evaluation of the operations and activities carried out under the grant, including—

(1) an assessment of the utilization of vision services and the status of children receiving these services as a result of the activities carried out under the grant;

(2) the collection, analysis, and reporting of children's vision data according to guidelines prescribed by the Secretary; and

(3) such other information as the Secretary may require.

(f) *LIMITATIONS IN EXPENDITURE OF GRANT.*—A grant may be made under subsection (a) only if the State involved agrees that the State will expend amounts received under such grant as follows:

(1) The State will expend at least 80 percent of such amounts for the purposes described in paragraphs (1) and (2) of such subsection.

(2) The State will not expend more than 10 percent of such amounts to carry out the purpose described in paragraph (3) of such subsection.

(3) The State will not expend more than 10 percent of such amounts for administrative purposes.

(g) *MATCHING FUNDS.*—

(1) *IN GENERAL.*—With respect to the costs of the activities to be carried out with a grant under subsection (a), a condition for the receipt of the grant is that the State involved agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs.

(2) *DETERMINATION OF AMOUNT CONTRIBUTED.*—Non-Federal contributions required in paragraph (1) may be in cash or in

kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(h) SUPPLEMENT NOT SUPPLANT.—A State that receives a grant under this section shall ensure that amounts received under such grant will be used to supplement, and not supplant, any other Federal, State, or local funds available to carry out activities of the type carried out under the grant.

(i) DEFINITIONS.—For purposes of this section:

(1) CHILD.—The term “child” means an individual who—

(A) has not attained 18 years of age; or

(B) has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent level of vocational or technical training).

(2) COMPREHENSIVE EYE EXAMINATION.—The term “comprehensive eye examination” includes an assessment of a patient’s history, general medical observation, external and ophthalmoscopic examination, visual acuity, ocular alignment and motility, refraction, and as appropriate, binocular vision or gross visual fields, performed by an optometrist or an ophthalmologist.

(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated—

(1) \$10,000,000 for fiscal year 2010;

(2) \$13,000,000 for fiscal year 2011; and

(3) \$14,000,000 for each of the fiscal years 2012 through 2014.

* * * * *