

VISION CARE FOR KIDS ACT OF 2007

OCTOBER 15, 2007.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

[To accompany H.R. 507]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 507) 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.

CONTENTS

	Page
Amendment	1
Purpose and Summary	3
Background and Need for Legislation	3
Hearings	4
Committee Consideration	4
Committee Votes	4
Committee Oversight Findings	4
Statement of General Performance Goals and Objectives	4
New Budget Authority, Entitlement Authority, and Tax Expenditures	5
Earmarks and Tax and Tariff Benefits	5
Committee Cost Estimate	5
Congressional Budget Office Estimate	5
Federal Mandates Statement	7
Advisory Committee Statement	7
Constitutional Authority Statement	7
Applicability to Legislative Branch	7
Section-by-Section Analysis of the Legislation	7

AMENDMENT

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 2007”.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Millions of children in the United States suffer from vision problems, many of which go undetected. Because children with vision problems can struggle developmentally, resulting in physical, emotional, and social consequences, good vision is essential for proper physical development and educational progress.

(2) Vision problems in children range from common conditions such as refractive errors, amblyopia, strabismus, ocular trauma, and infections, to rare but potentially life- or sight-threatening problems such as retinoblastoma, infantile cataracts, congenital glaucoma, and genetic or metabolic diseases of the eye.

(3) Since many serious ocular conditions are treatable if identified in the preschool and early school-age years, early detection provides the best opportunity for effective treatment and can have far-reaching implications for vision.

(4) Various identification methods, including vision screening and comprehensive eye examinations required by State laws, can be helpful in identifying children needing services. A child identified as needing services through vision screening should receive a comprehensive eye examination followed by subsequent treatment as needed. Any child identified as needing services should have access to subsequent treatment as needed.

(5) There is a need to increase public awareness about the prevalence and devastating consequences of vision disorders in children and to educate the public and health care providers about the warning signs and symptoms of ocular and vision disorders and the benefits of early detection, evaluation, and treatment.

SEC. 3. GRANTS REGARDING VISION CARE FOR CHILDREN.

(a) **IN GENERAL.**—The Secretary of Health and Human Services (referred to in this section as 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 by a licensed optometrist or ophthalmologist for children 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, subsequent to the examinations described in paragraph (1), 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) **CRITERIA AND COORDINATION.**—

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

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

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

(2) **COORDINATION.**—The Secretary shall, as appropriate, coordinate the program under subsection (a) with the program under section 330 of the Public Health Service Act (relating to health centers) (42 U.S.C. 254b), the program under title XIX of the Social Security Act (relating to the Medicaid program) (42 U.S.C. 1396 et seq.), the program under title XXI of such Act (relating to the State children’s health insurance program) (42 U.S.C. 1397aa et seq.), and with other Federal or State programs that provide services to children.

(c) **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 a grant eligible child has been identified as provided for in subsection (a); and

- (4) a description of how funds will be used to provide items or services, only as a secondary payer—
 - (A) for an eligible child, to the extent that the child is not covered for the items or services under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or
 - (B) for an eligible child, to the extent that the child receives the items or services from an entity that provides health services on a prepaid basis.
- (d) 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.
- (e) LIMITATIONS IN EXPENDITURE OF GRANT.—A grant may be made under subsection (a) only if the State involved agrees that the State will not expend more than 20 percent of the amount received under the grant to carry out the purpose described in paragraph (3) of such subsection.
- (f) 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.
- (g) DEFINITION.—For purposes of this section, 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.
- (h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$65,000,000 for the period of fiscal years 2009 through 2013.

PURPOSE AND SUMMARY

The purpose of H.R. 507, the Vision Care for Kids Act of 2007, is to establish a grant program to provide care for children with visual impairment.

BACKGROUND AND NEED FOR LEGISLATION

Vision impairment affects approximately 1.2 out of every 1,000 children who are 8 years of age. 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.

A component of Healthy People, Healthy Vision 2010 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 effec-

tive treatment that can be sight-saving or even life-saving. Yet, in 2002, 36 percent of children under the age of 5 did not receive any vision screening.

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.

HEARINGS

The Committee on Energy and Commerce has not held hearings on the legislation.

COMMITTEE CONSIDERATION

On Thursday, July 19, 2007, the Subcommittee on Health met in open markup session and favorably forwarded H.R. 507 to the full Committee, amended, by a voice vote. On Thursday, September 27, 2007, the full Committee met in open markup session and ordered H.R. 507 favorably reported to the House, as amended by the Subcommittee, by a voice vote. No amendments were offered during full Committee consideration.

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 of H.R. 507 or in connection with ordering the bill reported. A motion by Mr. Dingell to order H.R. 507 favorably reported to the House, as amended, was agreed to by a voice vote.

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. 507 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. 507 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. 507 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 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 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, October 10, 2007.

Hon. JOHN D. DINGELL,
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. 507, the Vision Care for Kids Act of 2007.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contacts are Tim Gronniger and Jeanne De Sa.

Sincerely,

ROBERT A. SUNSHINE
(for Peter R. Orszag, Director).

Enclosure.

H.R. 507—Vision Care for Kids Act of 2007

Summary: H.R. 507 would direct the Centers for Disease Control and Prevention (CDC) to administer grants to states to increase examinations of children for vision problems, arrange for treatment of any problems detected, and conduct education to promote detection of vision disorders. For those purposes it would authorize the appropriation of \$65 million over the 2009–2013 period. Based on historical patterns of spending for similar activities, CBO estimates that implementing H.R. 507 would cost \$38 million over the 2009–2012 period and \$65 million over the 2009–2017 period, assuming appropriation of the authorized amount. In addition to those discretionary costs, CBO estimates that the additional eye examinations resulting from H.R. 507 would lead to some additional spending for

Medicaid, which pays for vision services for eligible children. Any such increase in Medicaid spending would depend upon future appropriations for the CDC grant program.

The bill contains no intergovernmental or private-sector mandates, as defined in the Unfunded Mandates Reform Act (UMRA). Any costs to states would be incurred voluntarily.

The estimated budgetary impact of H.R. 507 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—				
	2008	2009	2010	2011	2012
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Estimated Authorization Level	0	10	13	14	14
Estimated Outlays	0	4	9	12	13

Basis of estimate: H.R. 507 would authorize the appropriation of \$65 million to the CDC for the 2009–2013 period for purposes of detecting and treating vision disorders in children. In particular, the CDC would be directed to administer grants to States for three purposes: (1) providing eye examinations of children with potential eye disorders, as identified by screenings; (2) funding treatment of disorders diagnosed during those examinations; and (3) educating parents, teachers, and health care practitioners on symptoms of eye disorders to improve detection of such diseases. States would be required to seek reimbursement from private and other public payors (such as Medicaid and the State Children’s Health Insurance Program) before applying grant funds towards treatment of vision disorders.

Based on historical spending patterns for similar programs at CDC, and assuming appropriation of the authorized amount, CBO estimates that implementing H.R. 507 would cost \$38 million over the 2009–2012 period and \$65 million over the 2009–2017 period. (There would be no budgetary effect in 2008 because the bill would not authorize appropriations until 2009.)

In addition to the above discretionary costs (arising from appropriations), CBO estimates that H.R. 507 would generate some additional direct spending in the Medicaid program (assuming appropriation of the amount authorized for the CDC grant program). That spending would arise under title XIX of the Social Security Act, which guarantees coverage for certain forms of vision benefits for certain children eligible for Medicaid. The vision examinations authorized by H.R. 507 would identify some children with vision disorders who would not otherwise be treated, and a portion of those costs would be paid by the Medicaid program. Such costs, which could be significant, would not be directly attributable to this bill because they would only be triggered by a future appropriation. (Spending by the State Children’s Health Insurance Program would be unaffected because its total budget authority is capped under current law.)

Intergovernmental and private-sector impact: H.R. 507 contains no intergovernmental or private-sector mandates as defined in UMRA. States that provide services to children for screening and treating vision problems would benefit from grant funds authorized

in the bill. Any costs they incur to comply with grant conditions, including matching funds, would be incurred voluntarily.

Estimate prepared by: Federal Costs: Tim Gronniger and Jeanne De Sa; Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum; Impact on the Private Sector: Keisuke 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 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 this 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 this legislation 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.

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 2007.”

Section 2. Findings.

Section 2 sets out the finding of the Act.

Section 3. Grants regarding vision care for children.

Section 3 amends the Public Health Service Act to allow 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 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.