

PREVENT BLINDNESS POLICY ROADMAP | 2019 – 2020



Prevent Blindness is dedicated to preventing blindness and preserving sight by advancing the full spectrum of vision care and eye health. Research has shown that the prevalence and associated cost of vision problems are expected to increase dramatically for the foreseeable future. It is the goal of Prevent Blindness to align federal policy to slow the growth of vision problems, saving both sight and dollars for federal and state governments, as well as private individuals and institutions.

Some of the policy items discussed in this document are general goals; others leverage specific opportunities that may be available at a given time. This document is not meant to be prescriptive: it is meant to provide an overview of the current policy and legislative landscape ahead of a new Congress and to guide efforts at the federal level as new and emerging policies are introduced and evaluated. In order to ensure the appropriateness of these recommendations and identify new opportunities for partnership with other organizations or leadership in the vision community, Prevent Blindness will reassess this policy agenda every two years, to coincide with the beginning of a new Congress.

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GENERAL PREVENTION

Many health conditions can lead or contribute to vision problems and poor eye health or co-exist with vision problems. Emphasizing broad chronic disease prevention efforts, promoting general health, and reducing unhealthy behaviors may not only contribute to a reduction in the prevalence of vision problems and eye diseases but allows for the opportunity to integrate vision and eye health into overall health. As the fifth most common chronic condition among those over 65, and one of the leading causes of disability for young children, vision problems merit specific efforts such as early intervention and prevention efforts as a part of proper child development and preparation for school and learning, individual economic productivity through working years, and healthy independent aging.



DISEASE PREVENTION AND HEALTH PROMOTION:

Increasing awareness of the link between vision loss and other unhealthy behaviors can encourage those at high risk to receive eye care and educate them about the various risks associated with modifiable behaviors or diseases. Patient education, provided it is understandable and actionable, is vital to disease prevention and health promotion as it contributes to overall health literacy and

motivates patients to seek appropriate and timely care.

Policy Goal: Reduce unhealthy behaviors and diseases, which contribute to the development of vision problems can ultimately achieve a reduction in the prevalence of vision problems. Employ cross-cutting strategies for practitioners who interact with patients (including pregnant women who engage in drug or alcohol use and pose a risk to the child for neurodevelopmental disorders) in non-clinical settings to confront unhealthy behaviors before they warrant medical attention.

Strategy: Support funding for programs dedicated to fighting the modifiable risk factors that evidence has shown are associated with vision loss, such as smoking, diabetes, UV exposure, and others. Work in concert with providers to develop public education messaging linking vision loss with modifiable behaviors and risk factors that may not be modifiable (i.e. genetics, family history).

Federal Outlook: The Trump Administration has consistently recommended consolidating the programs within the CDC's National Center for Chronic Disease Prevention and Health Promotion, which houses the Vision Health Initiative, into a block grant program called "America's Block Grant." Congress has rejected this policy proposal in the last two fiscal years; however, cuts to the CDC's Prevention Fund, which funds broader prevention and public health interventions at the state and local levels, continue without an appropriation to backfill the CDC's operational funding levels.



PUBLIC HEALTH INTEGRATION: Integrating evidence-based vision health efforts into public health interventions ensures a multilevel response to preventing vision loss and promoting overall eye health. Per the recommendations of the National Academies of Science, Engineering, and Medicine (NASEM), public health agencies and departments should strive to improve community health

and wellness by coordinating responses that address multiple determinants of health and chronic disease, including vision impairment and eye disease, and strive to connect citizens to needed care, community support programs, services specific to vision.

Policy Goal: Public and entities, including state departments of insurance and those in the coverage community, considers vision and eye health, including eye safety, an important aspect of overall health. Funding for efforts that promote vision-related collaboration and integration, including the Center for Vision and Population Health and the Vision Health Initiative (VHI) at the CDC, continually funded at adequate resource levels.

Strategy: Integrate eye health education into programs and other initiatives aimed at addressing other health issues that commonly co-exist with vision and eye health issues, such as diabetes, hypertension, smoking, falls prevention, early childhood development, learning readiness, mental health, and others. Inform Members of Congress of activities conducted in their home states for the benefit of their constituents as a means of securing a champion to increase federal funding and expand these efforts.

Federal Outlook: In addition to the opportunities that exist in the federal appropriations process, securing support from the Surgeon General's office, per the recommendations of the NASEM, will spur momentum and motivate federal resources to help states and local governments to increase public awareness, develop capacity for surveillance, and determine evidence-based guidelines that will ultimately drive clinical best practices, payment policies, and ultimately improve outcomes. A potential future Call to Action regarding community health is currently under development, which may provide some opportunity to elevate vision and eye health.



VISION AND EYE SAFETY: Vision is essential to one's ability to work and engage with the world around them, but it's often an afterthought in work, home, or play settings. With just a few critical steps, injuries to the eye that could damage its structure and potentially contribute to vision impairment can be entirely preventable.

Policy Goal: Vision and eye safety is a part of public consciousness, both for individual benefit and for the overall increased emphasis on eye health. Families, caregivers, relatives, teachers, and coaches understand how to protect a child's eyes during sports and play and policies are in place to drive behaviors accordingly.

Strategy: Incorporate vision and eye safety messaging into public education and policy. Advocate as needed for regulations that continue to prioritize eye safety in the workplace and consider impacts of athletics on children’s vision health and wellness.

Federal Outlook: The Trump Administration has consistently proposed to consolidate the National Institute of Occupational Safety and Health (NIOSH) at the CDC into the National Institutes of Health, which would remove occupational vision and eye safety research and promotion out of the public health space. Federal appropriation levels to the Department of Labor’s Occupational Safety and Health Administration (OSHA) will need to be monitored to ensure continuity of enforcement and ultimately the protection of those who face potential occupational hazards that pose dangers to their vision and eye health.



VISION AND AGING: 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 aspects of aging with healthy vision and avoiding preventable vision loss and blindness. More can be done, however, to improve policies that address the aging population’s vision and

eye health needs by mobilizing programmatic action right where seniors need it most: in their daily lives, communities, and homes.

Policy Goal: Like-minded stakeholders across the spectrum of aging interests have incorporated vision and eye health into interventions at the local levels. Communities of support for elderly Americans who face vision loss with an emphasis on aging in place and independence.

Strategy: Develop and advocate strategies through legislative opportunities to elevate vision and eye health in home and community-based services, disease prevention and health promotion services, caregiving and support programs, and policies that promote aging and independence. Educate lawmakers of the gaps in vision care services and the link to overall health and wellness to encourage investments in aging policy and programs.

Federal Outlook: The Older Americans Act, which equips state and local agencies and Areas on Aging with the capacity to respond to the needs of their elderly citizens, is due for reauthorization in 2019 and provides a legislative opportunity to address aging independence and chronic disease management for seniors. Congress has also considered legislation to close gaps in Medicare, including vision, dental, and hearing benefits, as a means of curbing expensive procedures related to falls or chronic illness.

PUBLIC HEALTH SCREENING AND SURVEILLANCE

Public health screening is an efficient and cost-effective way to address vision and eye health at a population level. Vision screenings and eye examinations are complementary approaches to assessing eye problems; they are not competing healthcare strategies. Surveillance, which allows for the monitoring of various conditions that could lead to vision loss and proper allocation of resources toward prevention efforts, is an important aspect of a public health screening approach. Further, by utilizing community settings, screenings can help to track and address some of the obstacles to care (including transportation, child care, time off of work, and cost) that are not alleviated by the singular effort of ensuring an adequate number of providers are available in more convenient locations.



COMMUNITY SCREENING: Implementing public health vision and eye health screening programs using methods that are proven to detect vision problems and eye diseases, including teleretinal imaging screening programs for individuals with diabetes in community settings such as pharmacies, senior centers, community health centers, and others create access points for care and promote

early detection in high risk and underserved populations. Vision screening programs that include a verifiable connection to follow-up eye care ensure that individuals across the age spectrum who need further eye care are connected with appropriate eye care providers.

Policy Goal: Continued research into the effectiveness of public health community screening programs. Established evidence base used for guiding policy efforts designed to reach high-risk patients through community eye health and vision care programs.

Strategy: Advocate for strong, consistent funding for programs that develop uniform practices for community screening programs. Demonstrate to Members of Congress and the Administration that community screening approaches are a cost-effective opportunity to detect and prevent disease and promote health and wellness.

Federal Outlook: Federally-coordinated community screening programs are piecemeal with supplemental and block grant funding used to provide for services through a variety of programs, including community health centers, FQHCs, and others at state and local levels. Research efforts to promote effective community screening best practices and build a framework for continuity of care remain active but continue to be subject to Presidential and Congressional scrutiny through the budget and appropriations process.



SURVEILLANCE ACTIVITIES: Surveillance is necessary to assess the number of people affected, determine where the need is, and understand the demographics of the population impacted. Utilizing appropriate data collection methods and instruments can contribute to more efficient means of gathering information necessary for interventions and appropriate resource allocation.

Policy Goal: Surveillance efforts at the CDC’s VHI are continually producing data for preparation to integrate into public health programs and interventions and develop a clearer understanding of where needs exist at state and local levels. Population level data improves care for individuals through cultivated information-sharing across a variety of care settings.

Strategy: Raise the profile of the VHI to Members of Congress, underscoring the need to use existing surveillance mechanisms, such as NHANES, as a means of gathering data as quickly and as efficiently as possible. Include in existing national surveys vision-related measures that assess vision loss, utilization of eye care, and disparities. Include vision screening, eye exam, and outcomes data in state and national integrated health information systems, particularly for children.

Federal Outlook: Congress has doubled the VHI’s funding in the last two fiscal years, raising its budget from \$525,000 (where it has flat-lined since FY2011) to \$1 million; however, funding levels close to \$5 million are needed to achieve the long-term policy goal. Multiple challenges remain in the coming fiscal years, including the need to raise budget caps on discretionary spending after the Bipartisan Budget Act expires and continued cuts to HHS programs to pay for Administration priorities on border security policy, which has impacted the VHI and numerous public health programs.



SURVEILLANCE SYSTEM: A national surveillance system for vision and eye health that incorporates data from multiple sources contributes to a national overview of the burden of vision impairment and eye disease and provides scope and depth needed to determine the burden and need across a number of social, economic, racial, age, and gender groups.

Ultimately, this allows for the interdisciplinary use of information to create targeted approaches for the public and allows the vision and eye health community to be more responsive to the shifting eye health needs.

Policy Goal: Ensure the comprehensive collection of needed data related to eye health on a long-term basis and use it to improve intervention programs. Ensure interoperability of surveillance systems, and efforts to ensure systems swiftly evolve with advances in technology, health care delivery, and financing.

Strategy: Develop and sustain a national multi-stakeholder vision surveillance system linked to ongoing public health interventions. Allow for better use of data from multiple sources for multiple purposes and targeted age groups.

Federal Outlook: Without sustained and prolonged investments to the CDC's Vision Health Initiative, the data collected and used to build the Vision and Eye Health Surveillance System will become increasingly outdated and patched together using the best data available that is not necessarily recent or comprehensive. Integrating data from numerous sources with sustained and reliable funding will close the gap in understanding how to address national vision and eye health needs.

ACCESS TO CARE

Access to care is a multi-faceted issue with numerous avenues, from transportation or technological means to access a care setting to cost of obtaining care from a provider or treatment from a therapy, to understanding care information in one's language or relative to one's culture to having enough providers in enough care settings to treat patients. Access to care could also be related to one's ability to prioritize eye health among other costly and burdensome conditions. It may not be possible to directly address all of these obstacles through the mechanism of federal policy, each of which require a singular and coordinated response with internal and external partners to the vision community, but policies should focus on bringing care to a patient's community and create access where possible.



COST OF CARE: Cost of care can be a significant access barrier, and not one that is only present in vision and eye health. As a result of serious financial burden resulting from the substantial costs of care for other serious conditions or increased cost-sharing related to coverage, patients may have no choice but to defer sight-saving care until it is too late.

Policy Goal: Lessen the burden of out-of-pocket expenses, including cost-sharing for premiums, deductibles, or co-payments for vision and eye care services. Patients are empowered to address their vision and eye health as a matter of patient choice and preference in their overall health and wellbeing, not as a matter of prioritizing affordability and accessibility.

Strategy: Contribute to and develop policies that decrease cost burdens for patients through applicable regulations governing private insurance plans, marketplace plans under the Affordable Care Act, and public coverage options such as Medicaid, and including coverage policies for drugs and therapies. Engage in policy discussions, including those that focus on utilization management and the role of the provider or network, which promote shared responsibility amongst all stakeholders and improve care management processes that emphasize coordination.

Federal Outlook: Policy attempts to lessen the cost burden on patients appear in numerous forms, from lowering cost-sharing on drugs, premiums for health plans, and mitigating medical billing practices to allow patients to understand the costs of their medical care on the front end rather than on the billing end as well as considerations for cutting costs of care during the care delivery process through value-based care policies. Monitoring each of these approaches, which will certainly be a part of the 116th Congressional agenda and among the top priorities for the Administration, and identifying the impacts to patients is necessary to achieve a more accessible vision and eye health system.



COMMUNITY HEALTH CENTERS: Community health centers provide primary care and preventive services to patients regardless of their ability to pay via insurance or private means. Community health centers are located in areas that are underserved, such as rural communities, or where they can provide care to medically underserved populations, making them appropriate access points for patients

seeking vision and eye care.

Policy Goal: Access to eye care for patients in underserved communities using existing care settings and with the use of available technology. Vision care services are a part of community health center practices and supplemented with telemedicine and other technological tools when needed and appropriate.

Strategy: Partner with organizations that can leverage the expertise of vision and eye health providers and provide guidance on the best implementation strategy in the community health setting. Engage with community health advocacy groups or coalitions to advocate for extending financial assistance programs for community health centers.

Federal Outlook: The Bipartisan Budget Act of 2018 provided the Community Health Center Fund, which provides for 70% of Health Center Program funding and is used for a range of services including expanding services at existing health centers, with \$7.8 billion over two fiscal years. However, this funding expires at the end of FY 2019 and will need to be extended.



SCHOOL-BASED CARE: School-based care seeks to ensure that children have direct access to essential health services regardless of race, ethnicity, family status or income, or means of accessing care. Eliminating barriers to care, such as transportation or parental time away from work, promotes early intervention in the setting where children are learning and developing and at age-appropriate intervals.

Policy Goal: Investments to states and communities for use in developing and implementing programs and fostering collaboration with local partners. School nurses, community health workers, and other trained professionals are an indispensable piece of the school-based health care model in ongoing advocacy and policy work to develop and implement school-based models of care.

Strategy: Educate Members of Congress of the immediate return on investment through school-based care, including vision screenings. Partner with like-minded organizations to include vision screenings, referral, and follow-up to care, including tracking through a registry to ensure the continuum of care is complete, to needed eye care in school-based health approaches.

Federal Outlook: The 115th Congress introduced legislation to extend the School-Based Health Centers program under the Health Resources and Services Administration, which expired in 2014, and may do so again in the 116th Congress. Additional policy movements in Congress have sought to enhance mobile health clinic funding for children who need eye care.



TELEMEDICINE: Telemedicine provides the opportunity to expand access to eye care in communities where it is unlikely that the appropriate and necessary eye care provider(s) will be physically present. Telemedicine is not meant to substitute the benefits of an in-person eye examination; however, if executed correctly, programmatic efforts to drive provision of initial screenings via telemedical technology can be a

valuable access point for the detection of serious eye diseases and ultimately preventing vision loss.

Policy Goal: Adoption of policies that remove barriers, including adequate coding and reimbursement policies, for providers to use telemedicine. Ensure that policies that offer reimbursement for “virtual check-in’s” do not result in increased patient cost-sharing or drive up utilization, thus making it more difficult for patients to access their providers.

Strategy: Support research to develop a strong evidence base for use of telemedicine and ensure that the use of telemedicine tools is guided by the best evidence available. Monitor policy developments in Congress and at the Department of Health and Human Services and engage as needed to inform policymakers of the opportunities and challenges of telemedicine, ensuring patient impact is a factor for consideration in all policy conversations.

Federal Outlook: Numerous approaches to expanding telemedicine in areas such as provider reimbursement and closing gaps in care in the Medicare program, as well as increasing broadband capacity for rural areas, will likely be a major theme in the 116th Congress. As well, prior efforts concerning telehealth access established in the 21st Century Cures Act and Chronic Care Act will continue to build through regulatory and programmatic channels.



VISION SERVICES IN PRIMARY CARE: Primary care settings offer a front-line opportunity to educate patients of potential eye diseases or vision disorders and for providers to integrate vision and eye health into an overall care management plan. Interventions in the primary care space can result in referrals to specialty eye care, thus improving provider-to-provider consultation and breaking down siloes of care

between vision and eye health and overall health.

Policy Goal: Encourage primary care providers to provide evidence-based vision screenings conducted by trained screening staff in the primary care setting, or in health care settings most frequently visited by patients, and to incorporate that data in the electronic health record so that information is made available to all providers involved in a patient's care (including providing results of vision screenings to school nurses, if age-appropriate, to encourage referral to the next step in a child's eye care).

Strategy: Engage in policy developments that promote the primary care setting as an opportune link in the vision and eye health continuum, including reimbursement for screenings and models of care delivery that promote care coordination and health information technology. Lead education efforts and provide resources to primary care professionals of the link between vision and health, including the importance of vision screenings as a first point of access to care.

Federal Outlook: Federal funding for vital community health programs and primary care workforce support will need to be reauthorized before the end of Fiscal Year 2019. Additional legislative opportunities may exist to bolster the use of telemedicine and other medical technology in primary care, secure a more robust primary care workforce through loan repayment and programs targeting underserved populations, and reduce high costs and system-wide expenditures on chronic disease intervention and reduction.



PAYMENT AND CARE DELIVERY MODELS:

Payment and care delivery models, such as those in the Medicare Shared Savings Program for Accountable Care Organizations and others under the scope of the Centers for Medicare and Medicaid Innovation, provide an opportunity for providers, hospitals, and medical groups to coordinate care for patients with multiple and/or complex chronic illnesses.

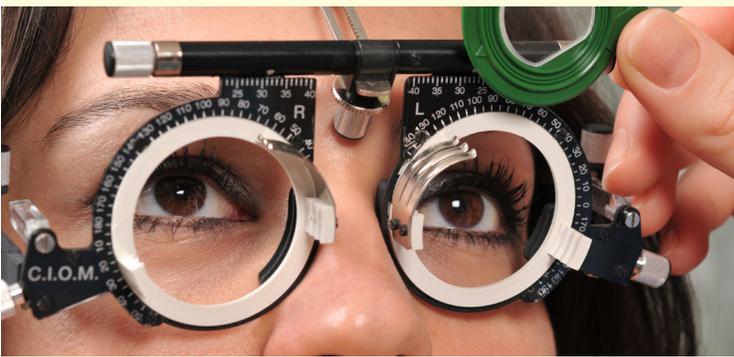
No one model has been demonstrated as absolutely successful, appropriate, or scalable to the national healthcare system as a whole; however, numerous concepts show promise in improved care coordination processes that include vision and eye health and chronic illness.

Policy Goal: Support the development of care delivery and payment models that emphasize whole-person care coordination through accepted patient-centered practices, use of interoperable health information technology and electronic health records, and comprehensive care that breaks down siloes between the eyes and the rest of the body. Support policies that reimburse providers for services related to care coordination (particularly for low vision patient care).

Strategy: Encourage CMS and CMMI to integrate vision and eye health data into patient-centered quality measures, including patient-reported outcomes measures. Encourage the Physician Technical Advisory Committee to consider and recommend proposals for models that aim to improve vision and eye health.

Federal Outlook: Innovative payment and care delivery models will continue to be introduced in both public programs like Medicare and Medicaid, as well as models

that seek to coordinate care and reduce costs in private plans, in an attempt to provide “value-based” care. It remains to be seen how providers, hospitals, and medical groups will respond to and participate in models at the federal level and if those models will be successful.



ADHERENCE TO CARE: Access and adherence to eye care are not mutually exclusive: Providers must be able to effectively communicate to patients that maintaining a routine, consistent care plan is essential in protecting their vision as most conditions require timely intervention and ongoing management. Patients must be able to understand this information in a manner that

is relative to their needs and preferences, including financial concerns, support system and caregiving, cultural beliefs, and personal professional choices, in order to maintain compliance. These preferences must be communicated, understood, and considered as a part of a patient’s care plan.

Policy Goal: Reduced patient failure rates for adherence to eye care treatment resulting from a failure to understand treatment regimen. Patients feel invested to communicate with their providers during the care delivery process so they understand their own role in their care management.

Strategy: Improve the accessibility of health information regarding the importance of compliance with eye care treatment by making it culturally sensitive for all populations, as well as accessible for the visually impaired. Advocate for policies that mirror respect for patient preferences in their care management plans as a key component of the provider-patient relationship, such as developing adherence measures in ongoing healthcare quality and value-based payment initiatives.

Federal Outlook: Quality measures based on patient outcomes in value-based payment policy under Medicare and other programs, as well as the reauthorization of the Patient-Centered Outcomes Research Institute, may provide an opportunity to promote adherence to care. Continued and increased annual appropriations to the CDC’s Vision Health Initiative ensures patient education, health promotion, and disease awareness will continue to motivate patients to seek care and advocate for their wishes in their care plans.



NETWORK ADEQUACY: The breadth of a provider network is often a decision factor for patients seeking care, particularly from specialists. Patients must seek care from providers within a network; however, if that network is inadequate, patients could face additional cost-sharing burdens from seeking out-of-network care or forgo care altogether.

Policy Goal: Patients with insurance coverage can find an in-network eye care provider to treat them through their selected insurance provider. Consumer protections against the risk of narrow networks, including protections for patients who are left with no choice but to seek out-of-network care from specialists.

Strategy: Work with Congress and the Administration to ensure network adequacy with regard to eye care providers, particularly in qualified health plans and Medicare Advantage. Respond as appropriate to state or federal regulatory action that seeks to tailor networks and place burden on eye care consumers.

Federal Outlook: The Affordable Care Act sought to establish a national standard of network adequacy to ensure broad coverage. However, changes from the current Administration provide states with the authority to set standards for their own provider networks while maintaining the qualitative standard of “all services will be accessible without unreasonable delay,” which should be monitored as it may impact the manner in which eye care patients seek treatment and their choice of provider in doing so.

be provided with services needed to achieve optimal vision and eye health while adults generally receive services, including corrective devices, as determined by the state.

Policy Goal: Protect Medicaid expansion and, where possible, encourage states to expand eligibility for the program to ensure adults and children have access to the vision care (including both eye examinations and treatment, including eye glasses) they need. Discourage policies that weaken federal match formularies and place cost burden on states that would have no choice but to cut benefits and services or enrollments.

Strategy: Advocate for policies that protect Medicaid expansion and that vision and eye health services are not eliminated to cut costs to states, particularly as Medicaid requires the provision of eyeglasses to children. Work to strengthen Medicaid as an access point for adults with chronic illness and the elderly who face significant disabling conditions.

Federal Outlook: Recent policy attempts have sought to devolve federal management to the states and eliminate Medicaid expansion, including the current federal match, and create a “per capita” system with capped spending; however, under increased Medicaid costs and decreased federal funding, states would likely cut eligibility or sight-saving benefits and services. As was seen in the 2018 mid-term elections, states may continue to expand Medicaid through ballot initiatives, which may spur federal attention to waivers and benefit designs.



CHILDREN'S HEALTH INSURANCE PROGRAM

(CHIP): CHIP is a vital pathway to coverage for common childhood conditions that impact vision and the eye that, left undetected and untreated, could cause a permanent vision impairment and/or impact a child's motor, cognitive, social, and emotional development. Five to ten percent of all preschoolers have a vision disorder and nearly 1 in 4 school-aged

children have a vision condition which requires treatment.

Policy Goal: Protect CHIP as a vital access point for children to receive sight-saving care. Move CHIP out of the discretionary federal budget, remove caps, and create built-in growth and dedicated revenue through budget process conversations to ensure CHIP's long-term viability and shield it from future partisan attacks.

Strategy: Advocate for policies that contribute to the continued long-term vitality of CHIP, including the protection of its contingency fund. Discourage efforts on the state level to cut vision care services as a means of achieving short-term budgetary goals.

Federal Outlook: While Congress recently extended funding to CHIP through 2023, CHIP's contingency funding (which is reserved for use in times of unplanned public health crises and unplanned enrollment inflation) has often been considered for use to achieve federal budgetary and fiscal goals.



ESSENTIAL HEALTH BENEFITS: The Affordable Care Act established a base level of care for patients by requiring insurers to cover services related to 10 established categories of care. These categories, called “essential health benefits,” emphasize prevention and ongoing care management and includes vision and eye health for children and chronic disease management for adults with potentially sight-impacting illness and co-morbid vision impairment.

Policy Goal: Protect essential vision and eye health services for children and chronic disease management services for adults. Promote the inclusion of adult vision and eye health care, including examinations and appropriate treatment, in EHBs at frequencies and/or periods determined by available evidence base.

Strategy: Partner where appropriate to determine best course of action at federal and state levels to protect EHBs through applicable regulatory channels. Raise awareness to states, where appropriate, to encourage the inclusion of EHBs in benchmark plans.

Federal Outlook: Recent policy trends have implicated EHBs as potential areas to save immediate costs to healthcare consumers (i.e. with lowered premiums or deductibles) through the introduction of association health plans (AHP) and short-term limited duration health plans (STLDHP). It remains to be seen how these plans will be designed and how consumers will respond to available plans, including their scope, design, and costs.



PRIVATE INSURANCE: Vision insurance policies typically cover the cost of eye examinations as well as eyeglasses or contact lenses to correct refractive errors, and can facilitate referral and follow-up specialty care if symptoms of serious eye diseases are noticed during an eye exam. However, not every working adult has access to employee-sponsored vision insurance or has the option or financial capability to obtain a

stand-alone plan.

Policy Goal: Ensure that more adults have access to care by incorporating adult vision benefits, including regular eye exams and coverage of eyeglasses, into medical plans, which can increase their day-to-day function and improve their chances of catching medical eye problems early. Increase the number of children with insurance coverage, including coverage of eyeglasses, to improve access to care. Increase percentage of population that receives appropriate regular eye care and maintains good eye health.

Strategy: Review insurance reform efforts to ensure adult and child’s vision and eye health remains part of the overall health conversation. Ensure that policy developments

that affect payers or plan design are balanced with the aggregate impact on patients and families and receive due and equal consideration.

Federal Outlook: Secretary Azar has indicated intention to focus on insurance reform during his tenure as Secretary of Health and Human Services. While specifics remain to be seen, engaging in conversations will help break down the siloes of care between health insurance and vision insurance and curb costs for long-term chronic care conditions.



REFERRAL AND FOLLOW-UP FOR CHILDREN:

Medicaid and CHIP are required to provide eligible child enrollees with an Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit, which is designed to screen, diagnose, and treat children at early and appropriate intervals of care. However, a 2010 report from the Office of the Inspector General at the Department of Health and Human

Services found that children are not only not receiving EPSDT benefits, but that the follow-up results of EPSDT care were going unaddressed.

Policy Goal: Increase the percentage of children in Medicaid and CHIP who receive a vision screening and any necessary follow-up eye care through available policy mechanisms, including but not limited to provider reimbursement and other accountability measures. Develop a national program or system, with appropriate input from the National Center for Children’s Vision and Eye Health’s expert panel and network of stakeholders, to accurately track whether children are receiving needed eye care and the outcomes of that care.

Strategy: Require Medicaid and CHIP providers to report vision screening results and completion of possible referral from a failed vision screening, as recommended by the HHS Office of the Inspector General. Educate Congress of the gaps that exist as outlined by the HHS OIG report. Inform Members of Congress with interest in Medicaid and CHIP that these gaps in care to children impede their ability to receive eye care, but that the benefits granted to enrollees by law to do so are not occurring as a matter of Congressional oversight.

Federal Outlook: Creating a program within the Maternal and Child Health Bureau (MCHB) at the Health Resources and Services Administration (HRSA) is a major policy goal for Prevent Blindness as there is currently no such program to track referral, follow-up, and outcome for children seeking vision and eye healthcare. Recent funding increases to the HRSA, as afforded under the Bipartisan Budget Act, may provide an opportunity to address this need in future federal appropriations legislation.

LOW VISION

For people who have low vision, particularly those who are visually impaired or blind, policies must align to ensure that they can live safely, fully, and independently. People with low vision experience a range of greater needs than individuals with healthy vision and vision impairment. They must have access to the tools and services they require to meet their unique needs.



MEDICARE AND LOW VISION: Low vision devices, specifically those containing a lens, are not covered under the Medicare program. Additionally, only specific professionals can legally bill Medicare for rehabilitative services related to use of low vision devices and adaptation to a low vision lifestyle.

Policy Goal: Coverage for low vision devices is included in Medicare plans. Improve functional

vision for people with low vision as a matter of healthful, independent living and aging.

Strategy: Advocate for policies that adequately reimburse low vision professionals and/or rehabilitation specialists for services provided to individuals who are blind, have recently lost vision, or live with low vision. Encourage Congress to legislate coverage for low vision devices under Medicare.

Federal Outlook: As noted previously in this document, Medicare coverage for devices “with a lens” and examinations to detect, diagnose, and treat low vision conditions and reimburse providers who do so (including certified providers to help those who must adjust to a new lifestyle with low vision) is prohibited. Potential legislative opportunities may arise in the 116th Congress to ensure low vision is adequately covered and integrated into medical care.



PROVIDER EDUCATION: Educating health professionals, primary care providers, and others who serve the health needs of people with low vision, about low vision, both what it is, why a low vision exam is important, and how they can best serve their patients, will improve overall health for people with low vision. Ensuring that providers can refer their patients who face a condition with low vision to

a certified low vision rehabilitation specialist or provider who can care for their condition will improve the system for patients as well as integrate low vision as an important aspect of vision and eye health and overall health and long-term quality of life.

Policy Goal: Support the development of evidence-based guidelines to inform specific policies that impact providers. Ensure that patients receive coverage for their low vision needs, whether through a private plan or a public plan.

Strategy: Partner with professional groups, providers, and public groups to ensure their membership understand the vision and eye care landscape, including available avenues for referral and treatment. Identify legislative opportunities to promote the role of low vision professionals as important experts in their fields and critical partners to their medical colleagues who treat patients with low vision.

Federal Outlook: While there may not be an exact federal mechanism or policy in place to specifically address the goal and strategy outlined above, there may be opportunities to enhance the low vision provider's role in programs associated with the Older Americans Act, for example, and others that seek to close gaps in care or coverage or reduce costs. Working with stakeholders who understand the low vision space and the providers in it will be essential to identifying where opportunities exist to achieve them.

PHARMACEUTICAL TREATMENT DEVELOPMENT, DISTRIBUTION, AND ACCESSIBILITY AND EMERGING INNOVATIONS

Pharmaceuticals are a key part of the treatment plan for many eye diseases and their ongoing availability requires long-term planning. Federal policy has a number of powerful mechanisms in this area, from investment in biomedical research, to regulation, to coverage in insurance programs. Additionally, patient assistance programs provide a much-needed safety net in both commercial and publicly-funded health plans cannot afford the burgeoning costs of their treatments. As well, treatment decisions should be made the patient and their eye care provider, and treatment options must be accessible, affordable, and safe for patients. While the drug access and reimbursement system is complex and built on an underlying system that is equally complex and difficult to navigate, and while patients should have some “skin in the game” when it comes to their health and treatment, the total cost of care and aggregate impact on all patients, families, payers, and caregivers should remain at the center of the conversation to ensure the burden doesn’t fall disproportionately on one entity within the system.



ACCESSIBILITY AND AFFORDABILITY OF DRUGS AND TREATMENTS:

The rising costs of prescription drugs and treatments, including the amount patients pay out of pocket, can be an access barrier and undue burden to someone who needs sight-saving care in addition to an array of other medical needs. Additionally, patients need understandable and actionable information about their treatment

options, including cost-sharing, to not only access their treatment but adhere to it.

Policy Goal: Ensure policies that seek to disclose prices do so in a manner that creates a true, meaningful picture of the drug price including other cost-saving options, cost-sharing, and comparable appropriate treatments. Protect the safety net that allows patients of all backgrounds and conditions to have access to treatments and therapies regardless of their ability to pay.

Strategy: Advocate for policies that do not seek to reduce national system costs by limiting patient access or onerously increase patient cost-sharing. Work with policymakers to encourage a healthy balance of policies designed to promote consumer empowerment and choice, while mitigating over-utilization and over-consumption, and provider behavior with appropriate oversight mechanisms on purchasers, payers, manufacturers, and other players in the marketplace to ensure the responsibility to lower cost and improve access falls on all stakeholders.

Federal Outlook: Lowering drug prices and consumer costs on drugs is a major area of focus for the Trump Administration and Secretary Azar. New and ongoing policy developments and proposals related to the President’s “Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs,” including increasing competition by introducing more

generic drugs to the market, reduce patient expenses by establishing caps on out-of-pocket spending and utilizing rebates at the point of sale, and disclosing costs to patients as a manner of achieving market transparency and empowering patient decision-making among many other proposals, will continue into the initial months of the 116th Congress and remaining two years of the President's first term and certainly ahead of a likely bid and campaign for a second term.



STEP THERAPY: Recent policy efforts to decrease national health spending and patients' drug costs have spurred the allowance of "step therapy" in Medicare Advantage plans including proposals that impact "protected classes," which may pave the way for other managed care plans to do so. For patients facing progressive sight loss, this could mean that further and irreversible damage is done

to vision before patients can access the sight-saving treatment they need to save their vision sooner.

Policy Goal: Re-establish the policy that disallows step therapy. Advocate for patient protections and policies that allow the provider-patient relationship to prevail in the selection and administration of medications for the 2019 patient plan year.

Strategy: Partner where appropriate with groups to elevate the dangers of a "fail first" policy in coverage plans and the ramifications of a patient's vision if treatment is delayed. Inform Members of Congress of the harmful impacts of this policy that their constituents face under this policy change through appropriate advocacy campaigns and coalition channels.

Federal Outlook: In the final months of the 115th Congress, step therapy failed to gain the widespread attention necessary in Congress to negate its inclusion in the 2019 plan year; however, it may gain some attention in the drug pricing conversation in the 116th Congress. The Administration is also considering a proposal to codify an August 2018 memo that now allows use of step therapy in Medicare Advantage plans while considering a balance of patient protections with plan oversight.



RESEARCH AND DEVELOPMENT: Recent increases in federal spending for Fiscal Years 2018 and 2019, as a result of increased Congressional interest and the lifting of federal budget caps on non-defense discretionary spending, have and will continue to restore some of the National Institutes of Health's purchasing power. Ensuring that programs designed to address prevention, surveillance,

and access will strengthen these increases and ensure that patients ultimately benefit from promising innovations.

Policy Goal: Improve the vision and eye health of the population by making screening methods more evidence-based, treatments more available and effective, and doing so as efficiently and safely as possible. Establish a robust and continuous pool of researchers and research data to both further discoveries in vision screening methods, eye health and vision and the treatment of disease and to improve the vision and eye health of the population.

Strategy: Continue funding increases for basic and clinical research at the National Eye Institute (NEI), and the Department of Defense (DoD) and including the National Science Foundation (NSF) to continue the research pipeline and to ensure continued work opportunities for young researchers with an emphasis on taking innovative screening tools, improved techniques, and treatments from bench to bedside. Encourage policies designed to address translational research incorporated into a public health strategy, including access and surveillance, for effective implementation and ensuring patients who can best benefit have access.

Federal Outlook: The recent funding increases to the NEI and NIH have meant basic research dollars will not come at the expense of operational costs. However, to ensure the continuity of the long-term research spectrum and advance a multipronged approach to public health and access, which includes surveillance and prevention, Congress will need to continue this trend of spending increases for the NIH and promote federal coordination where appropriate.



ARTIFICIAL INTELLIGENCE: Rapid innovations in artificial intelligence provide the opportunity to benefit patients seeking vision and eye care from basic screening and detection to advanced procedures for treatment. Artificial intelligence has recently been shown to accurately detect diabetic retinopathy and signs of macular degeneration.

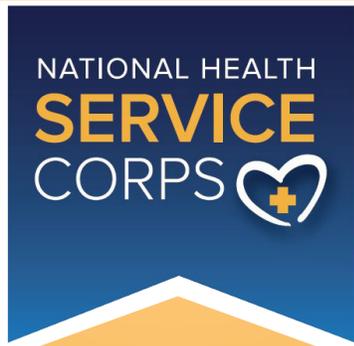
Policy Goal: Discover and promote the usefulness of AI in vision and eye health while ensuring the public understands when the provider-patient relationship remains the most appropriate avenue of care. Strive to lead in the area of artificial intelligence and vision and eye health by initiating conversation and engaging leaders in the field and leveraging their expertise.

Strategy: Advise Congress of the rapid advancement of artificial intelligence in the eye care space to inform policies to establish a national framework of the use of artificial intelligence. Identify creative opportunities to partner with stakeholders and potentially the newly-formed Congressional Artificial Intelligence Caucus.

Federal Outlook: Like many new and emerging trends, a federal-level or defining policy framework for artificial intelligence in healthcare and other sectors is non-existent, even as policy conversations are beginning to permeate across disciplines. Notably, the Centers for Medicare and Medicaid Innovation recently announced a potential new care transformation project called the Artificial Intelligence Health Outcomes Challenge with details forthcoming in 2019.

WORKFORCE

In order to offer needed eye care to individuals and populations, the necessary eye care providers and ancillary staffing must be in the right places and willing to see those who need care. Currently, concerns remain about the distribution of providers and the willingness of providers to participate with private or public insurers that provide insufficient reimbursement.



NATIONAL HEALTH SERVICE CORPS (NHSC):

The NHSC offers school loan debt relief opportunities to physicians who both specialize in an eligible field of primary care medicine and practice in an area designated as a health professional shortage area. Currently, providers and practitioners who provide eye health care are not eligible to participate in the NHSC.

Policy Goal: Ensure Americans have access to an eye care provider where they live and when they need it. Develop an evidence base showing the effectiveness of other health professionals and lay health workers in expanding the reach of eye care providers in order to guide future policy decisions.

Strategy: Educate Members of Congress on the importance of eye care to the primary health field and advocate that optometrists and general practice ophthalmologists participate in the National Health Service Corps and other loan repayment programs. Increase the number of primary eye care providers working in underserved areas and with underserved populations.

Federal Outlook: Congress recently extended funding for the NHSC, along with other expiring public health programs, for two years under the Bipartisan Budget Act. This funding will need to be reauthorized and expanded during the FY2020 appropriations process.