AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 807
(I-19)

Introduced by: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Subject: Addressing the Need for Low Vision Aid Devices

Referred to: Reference Committee J

Whereas, An estimated 1,082,790 patients in the United States live with a vision of 20/200 or worse, constituting severe visual disability, and the incidence of low vision and blindness is expected to more than double in the next 30 years;[1] and

Whereas, Visual disability and blindness negatively impact patients' educational opportunities, income, and economic prospects;[2] and

Whereas, Visual disability is determined by low vision specialists (optometrist, ophthalmologist, or occupational therapist) based on decreased (relative to age-norms) measures of visual ability, including best corrected visual acuity, contrast sensitivity, and/or visual fields combined with a validated visual functioning questionnaire score (e.g., National Eye Institute Visual Functioning questionnaire or Impact of Visual Impairment Scale); and

Whereas, Vision rehabilitation services provide critical guidance, education, and devices to patients with visual impairment, including low vision aids (LVA) (magnifying lenses, electronic magnifiers, smartphone applications for text reading) that help individuals improve or maximize their remaining vision;[2] and

Whereas, Vision rehabilitation with LVAs has been shown to have a positive impact on visual functioning in up to 45 to 50 percent of patients with low vision;[3]

Whereas, LVAs offered to veterans through the Veterans Affairs hospital system showed significant improvement in all levels of visual function, including reading, mobility, and visual motor skills;[4] and

Whereas, Vision rehabilitation service consultation by trained clinicians are currently covered by Medicare;[5] and

Whereas, Historically, Medicare by statute does not cover LVAs, as the US Center for Medicare and Medicaid Services has interpreted a statute stating that Medicare will not cover eye glasses

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[1] Chan T, Friedman DS, Bradley C, Massof R. Estimates of Incidence and Prevalence of Visual Impairment, Low Vision, and Blindness in the United States. *JAMA Ophthalmol.* 2018;136(1):12–19.
[2] Huber J, Jutai J, Strong G, Plotkin A. The Psychosocial Impact of Closed-Circuit Televisions on Persons with Age-Related Macular Degeneration. *J Vis Impair Blind* 2008;102:690-701.
[3] Judith E. Goldstein, OD; Mary Lou Jackson, MD; Sandra M. Fox, OD; James T. Deremeik, CLVT; Robert W. Massof, PhD; for the Low Vision Research Network Study Group. Clinically Meaningful Rehabilitation Outcomes of Low Vision Patients Served by Outpatient Clinical Centers. *JAMA Ophthalmol*. 2015;133(7):762-769.
[4] Joan A. Stelmack, OD, MPH; X. Charlene Tang, MD, PhD; Domenic J. Reda, PhD; Stephen Rinne, MA; Rickilyn M. Mancil, MA; Robert W. Massof, PhD; for the LOVIT Study Group. Outcomes of the Veterans Affairs Low Vision Intervention Trial (LOVIT). *Arch Ophthalmol.* 2008;126(5):608-617.
[5] The Blind Guide. Medicare for People with Low Vision. Accessed March 13, 2019. Available at: https://www.theblindguide.com/medicare-low-vision.

for beneficiaries, except in the setting of vision correction after cataract surgery, to include LVAs;[6,7] and

Whereas, LVAs have been shown to be more impactful on low vision patients' visual functioning than either power wheelchairs or support canes, which are currently paid for by Medicare under the durable medical equipment benefit;[8] and

Whereas, Visual impairment is more likely to be present in older patients, patients in poverty, and in patients with risk factors such as diabetes, indicating that a large number of patients with visual impairment rely on Medicare and/or Medicaid for health care services coverage;[9] and

Whereas, LVAs can cost hundreds to thousands of dollars if purchased out-of-pocket;[10] and

Whereas, A greater need for services for patients with low vision is expected to rise, necessitating strategic allocation of resources and policy planning;[11] therefore be it

RESOLVED, That our American Medical Association support legislative and regulatory actions promoting insurance coverage and adequate funding for low vision aids for patients with visual disabilities. (Directive to Take Action)

Fiscal Note: not yet determined.

Received: 10/02/19

[6] 42 U.S.C. § 1395y(a)(7), SSA § 1862(a)(7).
[7] 42 U.S.C. § 1395x(s)(3), SSA § 1861(s)(8).
[8] Houston, K. Massachusetts Eye and Ear Outcomes Book: Vision Rehabilitation Service, Psychosocial Impact of Assistive Devices Scale (PIADS), Final Analysis. 2019.
[9] Ko F, Vitale S, Chou CF, Cotch MF, Saaddine J, Friedman DS. Prevalence of nonrefractive visual impairment in US adults and associated risk factors, 1999-2002 and 2005-2008. *JAMA*. 2012;308(22):2361-2368.
[10] Enhanced Vision. DaVinci Pro HD/OCR - Full Page Text-to-Speech. Accessed March 13, 2019. Available at: https://www.enhancedvision.com/shop/davinci-pro-electronic-desktop-magnifier.
[11] Chan T, Friedman DS, Bradley C, Massof R. Estimates of Incidence and Prevalence of Visual Impairment, Low Vision, and Blindness in the United States. *JAMA Ophthalmol.* 2018;136(1):12–19.