

December 15, 2009

The Honorable Robert C. Byrd
311 Hart Senate Office Building
Washington, DC 20510

Dear Senator Byrd:

We are writing to express our strong concerns about Senate Amendment (SA) 2982 to H.R. 3590, which would mandate comprehensive eye exams for children between 6 months and 1 year. While we applaud efforts to promote early detection of eye problems in young children, vision screenings, rather than comprehensive examinations, are a more practical and cost-effective method.

The amendment calls for “infant eye and vision assessments,” which is not a medically defined term. Based on the description of an “eye and vision assessment” that we have seen, it is the equivalent of a comprehensive eye examination which includes the dilation of the pupils of the eye. It is important to remember that there is a risk in almost any kind of medical procedure; our organizations are therefore extremely cautious about what we recommend, especially for populations of children. Performing a dilated eye examination on an infant carries a risk, which is why the American Association for Pediatric Ophthalmology and Strabismus, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Academy of Ophthalmology, and the American Association of Certified Orthoptists all recommend early vision screenings but do not advocate routine dilation of the pupils.

SA 2982 runs contrary to the medical home model of providing comprehensive primary care for children, youth and adults in a health care setting that facilitates partnerships between patients and their physicians. Pediatricians and family physicians routinely check infants’ eyes at birth and during well child office visits. The use of screenings to identify children in need of vision treatment is an efficient use of limited health dollars. Full examinations should be used for the follow-up care, glasses and medical ophthalmologic care required by patients after concerns are identified through screenings.

A better approach to addressing the vision care needs of children would be to enact the Vision Care for Kids Act (S. 259). This bill is fiscally responsible and would help bridge an important gap in vision care. Despite the effective vision screening programs currently in place, families with uninsured children often do not have the financial resources to take the next steps: diagnosis and follow-up treatment. The Vision Care for Kids Act would complement existing state efforts to identify vision problems in preschoolers by providing \$65 million in funding for eye examinations and follow-up treatment through state grants for these children. The Vision Care for Kids Act has broad support among the vision community and passed the House of Representatives earlier this year by a vote of 404 to 17.

We urge you to forego offering SA 2982 and instead include the Vision Care for Kids Act (S. 259) in the health care reform legislation currently under consideration. If we may be of further assistance, please contact Cindy Pellegrini at the American Academy of Pediatrics at 202/724-3307.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Ophthalmology
American Association for Pediatric Ophthalmology and Strabismus
American Association of Certified Orthoptists
American Osteopathic Association