

Congress of the United States
House of Representatives
Washington, DC 20515

August 15, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

We write today to request that the Centers for Medicare and Medicaid Services (CMS) initiate a notice-and-comment rulemaking process to rescind Medicare’s current “Low Vision Aid Exclusion.” CMS action on low vision aid exclusion would allow for a long-needed dialogue around removing a serious barrier to medically necessary low vision aids and devices that impacts an entire subset of Medicare beneficiaries with visual impairments.

The ability for patients to access low vision aids and devices is crucial to avoiding serious complications associated with uncorrected low vision. Low vision can impair daily activities and create a loss of independence. Lack of low vision aids makes it harder to manage medication and increases risk of falls. There are also negative impacts on social, emotional, and mental health as well as cognitive function, and reduced quality of life and life expectancy.¹

Currently, under the Low Vision Aid Exclusion promulgated by regulation in 2008, CMS policy preemptively bars coverage for any low vision aid or device that uses “one or more lens for the primary purpose of aiding vision.” Medicare statute prohibits payment for eyeglasses, eye examinations for the purpose of prescribing, fitting, or changing eyeglasses, and procedures performed during the course of such examination to determine the refractive state of the eyes, but the statutory text does not address other vision-related items and services. This creates an unnecessary barrier to care for those who need vision assistance the most.

We understand that Medicare does currently provide coverage for low vision rehabilitation services. But the lack of coverage for low vision aids and devices used in such rehabilitation

¹ See, e.g., Court H., McLean G., et al. (2014). Visual Impairment is associated with Physical and Mental Comorbidities in Older Adults: A Cross-Sectional Study. *BMC Med.* 12:181. Doi: 10.1186/s12916-014-0181-7; Wood. J., Lacherez, P., et al. (2011) Risk of Falls, Injurious Falls, and Other Injuries Resulting from Visual Impairment among Older Adults with Age-Related Macular Degeneration. *Investigative Ophthalmology & Visual Science* 52 (5088-5092). Doi: 10.1167/iovs.10-6644; Hong T., Mitchell P., Burlutsky G., et al. Visual Impairment and Subsequent Use of Support Services Among Older People: Longitudinal Findings from the Blue Mountains Eye Study. *Am. J. Ophthalmol* 2013;156:393-9.43; West S.K., Munoz B., Rubin G.S., et al. Function and Visual Impairment in a Population-Based Study of Older Adults. *The SEE Project*. Salisbury Eye Evaluation. *Invest Ophthalmol Vis Sci* 1997;38:72-82.44; Weih L.M., Hassell J.B., Keeffe J. Assessment of the Impact of Vision Impairment. *Invest Ophthalmol Vis Sci* 2002;43:927-35.28.

prevents beneficiaries from receiving the full benefit of this care. In the absence of broader statutory revisions to create a Medicare vision benefit, CMS has the opportunity to lift this particular barrier to equitable access for a category of vision-related devices that are critical for maximizing the physical and mental health of beneficiaries with low vision.

Lifting this exclusion is in line with the Biden Administration’s goals for advancing health equity for people with disabilities and other underserved populations. Studies have demonstrated that significant racial and ethnic disparities exist in the use of low vision aids, but not low vision rehabilitation, underscoring the discrepancy caused by this inequitable Medicare coverage policy.² In fact, the Department of Health and Human Services’ Healthy People 2030 includes a stated goal to “Increase the Use of Assistive and Adaptive Devices by People with Vision Loss.”³ Lifting the Low Vision Aid Exclusion would be an important step towards reaching this goal for Medicare beneficiaries and individuals covered by private plans, which often follow Medicare coverage policies.

Taking a step forward to rescind Medicare’s current “Low Vision Aid Exclusion” would benefit seniors and constituents with disabilities in our districts. Eliminating this blanket regulatory exclusion of coverage would help Medicare beneficiaries to individually appeal for coverage of various aids and devices that are medically necessary to serve their individual low vision needs. We look forward to working with you on this topic.

Sincerely,



Kim Schrier, M.D.
MEMBER OF CONGRESS



Tom O’Halleran
MEMBER OF CONGRESS



Elissa Slotkin
MEMBER OF CONGRESS



Suzan K. DelBene
MEMBER OF CONGRESS

² Choi, Stephanie et al. “Disparities in Low-Vision Device Use Among Older US Medicare Recipients.” *JAMA ophthalmology* vol. 136,12 (2018): 1399-1403. doi:10.1001/jamaophthalmol.2018.3892

³ <https://health.gov/healthypeople/about/workgroups/vision-workgroup>