



## **HB893: Screenings and Eye Examinations Favorable with Amendments**

My name is Catherine Carter. I am a vision and education advocate who works on policy and legislative change to improve identification and access to vision care. This year, I am honored to be appointed by the Governor's office as the new consumer representative for the Board of Examiners in Optometry. In 2020, I was the Project Manager of the [Howard County "Beyond 20/20" Outreach Program](#). Since 2016, I have been advocating to close the gap to vision care as too many Marylanders of all ages needlessly struggle because they lack access to vision care. I am testifying favorable with amendments for HB893.

**Amendment: Create a Maryland Vision Commission using the language below that follows precedence and in parity to dental to ensure that the at large issue of access to care for eye and vision health issues for underserved and economically challenged Maryland citizens be addressed. The language below for a bill that would make a TRUE difference for citizens most in need of vision and eye health services and would provide guidance for legislators to enact meaningful legislative reform moving forward as was done with dentistry.**

As project manager for the Howard County eye exam clinic, giving 168+ eye exams and 117+ pairs of glasses to children was wonderful, but I can't stop thinking about the single mom who talked about her struggle to make ends meet for her family asking me with her duct taped, broken glasses if I could help her get new glasses, while her child was getting fitted for glasses. With only one clinic in Maryland that provides eye exams, there are too many Marylanders who lack access to vision care and struggle to see clearly.

## **OVERVIEW OF PROPOSED VISION & EYE HEALTH COMMISSION**

### **References**

- [Oral Health Task Force Report](#) (2022)
- [Model Oral Health Task Force Legislation](#)

### **Commission Issues to Address**

- a. Socioeconomic disparity in access to care (Health Enterprise Zones & undocumented residents)
- b. Geographic disparity in access to care (rural areas of State)
- c. State mandated children's vision screening Program failures
- d. Lack of participation by eye care providers in Maryland Medicaid & MCOs & MCO discriminatory practices (Md Physician Care)
- e. Lack of services in Community Health Centers and Federally Qualified Health Centers that provide eye and vision health services
- f. Lack of home care services (mobile and facility-based) for elderly population

- g. Lack of collaboration between State medical homes and community providers and industry (i.e. voucher program/provider incentive - tax deduction) Little coordination between primary health care providers and eye care providers
- h. Decrease in number practicing ophthalmologists (especially in underserved/rural areas) coupled w/disinterest of young ODs to practice in State (losing best/brightest providers)
- i. Lack of preventive eye health awareness outreach

**Commission Purpose** - Improved eye health awareness as part of total health and well being and increased access to eye and vision health services for all Marylanders

### **Commission Objectives**

- a. Analyze current access to eye & vision health services in the State with a focus on the socioeconomic status, race, ethnicity, age, and disability of residents as factors impacting access to eye and vision health services (little to no data exists to date - e.g. Health Professional Shortage Area)
- b. Identify areas of the State where a significant number of residents are not receiving eye and vision health services, distinguishing between pediatric and adult populations
- c. Assess effectiveness of State mandated children's vision screening Program and identify areas of strength and areas for improvement
- d. Identify/Update definition and best practice for eye health examinations
- e. Identify barriers to receiving eye and vision health services for specific populations and areas in need
- f. Analyze the specific impact of such barriers;
- g. Assess options to eliminate such barriers, and make recommendations to increase access to eye and vision health services in the State.

### **Commission Membership**

- 1) the Deputy Secretary for Department of Health, or Deputy Secretary's designee
- 2) the Deputy Secretary for Health Care Financing Public Health, or Deputy Secretary's designee
- 3) the Deputy Secretary of the Maryland Department of Education, or the Secretary's designee
- 4) the President of the Maryland Board of Education, or President's designee
- 5) the Director of Maryland Council on Advancement of School Based Health Centers, or the Director's designee
- 6) the Director of the School Based Health Services Center Program, or the Director's designee
- 7) representative of the Maryland Optometric Association
- 8) representative of the Maryland Society of Eye Physicians & Surgeons
- 9) representative of a Maryland Federally Qualified Health Center
- 10)parent advocate

### **Commission Recommendations**

The Commission shall analyze the specific impact of each barrier identified to eye and health services by patient populations in need; and assess options to eliminate the barriers including but not limited to:

- a. methods to educate primary care physicians of the need to refer their patients for eye and vision health care and coordinate communication between providers;
- b. methods to educate parents of the need for regular eye and vision health care;

- c. methods to facilitate children receiving an eye examination prior to entry to school;
- d. methods to facilitate the delivery of eye care health services to all students in need, especially those residing in underserved areas;
- e. methods to serve elderly patients with limited mobility in need of services
- f. the cost benefit analysis of developing programs and initiatives to facilitate improved referrals and patient access using community vision health coordinators across the State
- g. the inclusion of eye and vision health public education for parents and students in the public school system
- h. financial support/incentives to providers who agree to provide care in underserved areas, work at community, school or federal qualified health centers or who agree to provide lower–cost or pro bono dental services; and (voucher program, tax incentives, loan repayment programs, etc.)
- i. adjustment of provider rates (none since 2010)

**Commission Activity/Findings - Timing:** Recommendations regarding methods to increase access to eye and vision health services in the State will be made on or before May 1, 2025, the Commission shall submit an interim report of its findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, the Senate Finance Committee, and the House Health and Government Operations Committee on or before October 1, 2025.

#### **Other Commission Eye & Vision Health Issues for Consideration**

- a. History of where eye health is excluded by state health initiatives
- b. Percentage of Medicaid pediatric patients using vision care services
- c. Only 2 pair of glasses allowed per year
- d. Quality of glasses for Medicaid patients
- e. Prison population access to eye care
- f. No Department of Vision in Maryland Department of Health
- g. Dept of Health provides mobility services for elderly but not vision services
- h. Identify the stakeholders