

September 25, 2017

The Honorable Orrin Hatch  
Chairman, Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member, Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

Prevent Blindness is the nation's leading nonprofit, voluntary organization committed to preventing blindness and preserving sight. Prevent Blindness represents millions of people of all ages across the country who live with low vision and vision-related eye diseases. We appreciate the opportunity to submit a Statement for the Record in response to the Senate Finance Committee's September 25<sup>th</sup> hearing to consider the "Graham-Cassidy-Heller-Johnson" proposal.

After reviewing the "Graham-Cassidy-Heller-Johnson" amendment to H.R.1628, the American Healthcare Act (AHCA) as introduced by U.S. Senators Lindsay Graham, Bill Cassidy, Dean Heller, and Ron Johnson (deemed "Graham-Cassidy"), we have very serious concerns with the precedent that this legislation establishes for patients seeking vision and eye healthcare services. Understanding that the Congressional Budget Office (CBO) has not released a complete economic impact statement and score for this proposal, we are nonetheless troubled by consistent estimates of significant loss of healthcare coverage for millions of Americans starting in just over 2 years not just for those who rely on Medicaid but for the uncertainty these proposals would create in the health insurance market for individuals purchasing non-group policies. We outline our additional concerns below.

#### *Impacts of a Block Grant Medicaid Program*

Prevent Blindness is deeply concerned with projections that Medicaid spending will be reduced by \$1 trillion over the coming decade. The proposals set forth to convert federal funding into a block grant program will force states to cut eligibility for vulnerable patients. In some states, Medicaid is often the only source of vision and eye care for many adults and children. Facing an uncertain and underfunded future of the Medicaid program, states will likely have no choice but to cut vision screenings and eye health services that can potentially curb the progression of and, in some cases, prevent altogether incidents of vision loss for children, aging Americans, and patients with chronic diseases.

#### *Protections for Patients with Pre-Existing Conditions*

We have serious reservations that the legislation does not go far enough to ensure, without question, that patients with a pre-existing condition will be able to acquire affordable insurance plans. Under such financial constraints, patients will not be empowered to prioritize their vision and eye health and will likely forgo cost-effective, sight-saving preventive care.

#### *Essential Health Benefits*

As written, we believe this bill will have a particularly detrimental impact on people with chronic conditions, such as diabetes, as the legislation would significantly weaken EHBs for both adults and children.

- **Chronic Disease Management:** Eye disorders rank 5<sup>th</sup> among the top 8 chronic conditions in the United States, with the overall cost of vision problems calculated at \$145 billion annually. Eye health problems have a strong correlation to many chronic health conditions such as smoking, depression, and falls. Diabetes, one of the most common chronic diseases among adults, can lead to vision loss through diabetic retinopathy, diabetic macular edema, cataracts, and glaucoma.
- **Children's Vision and Eye Exams:** Vision impairments and eye disorders are the 3rd leading chronic condition among children with costs for direct medical care, vision aids and devices, and caregivers



amounting to \$10 billion per year. Our nation's families are already shouldering 45% of these costs. Common childhood eye disorders and vision impairments are easily treatable if caught early; however, as written, the Graham-Cassidy legislation jeopardizes early detection and cost-effective treatments that could prevent lifelong vision impairment or permanent loss of vision.

We know that prevention works. Ensuring that Americans of all ages have access to the most basic and preventive services will only contribute to healthy development in young children, successful school performance, and the long-term health of our nation.

*Proposal to implement a "Per Capita Cap" Medicaid formula*

The proposal to tie federal funding to a state program's enrollment places an untenable burden on states to maintain enrollment using their own resources. As the difference between federal funding and the cost of Medicaid programs increase, states will have no choice but to decide between increasing their contributions or cutting them by restricting access and benefits, including services for vision and eye health, or cutting off enrollment altogether. Both options place vulnerable patients in a situation in which their access to care is severed as a result of ineligibility or a lack of available services.

Prevent Blindness strongly urges the Senate to reconsider many of the problematic provisions of the Graham-Cassidy legislation that would jeopardize cost-effective, preventive interventions to avoidable vision loss. We stand ready to assist the Committee as needed, and urge you to work in a bipartisan manner to confront our nation's healthcare challenges. If you should have any questions, please reach out to Sara D. Brown, Director of Government Affairs at (312) 363-6031 or [sbrown@preventblindness.org](mailto:sbrown@preventblindness.org).

Sincerely,

A handwritten signature in black ink that reads "Hugh R. Parry". The signature is fluid and cursive.

Hugh R. Parry  
President and Chief Executive Officer