

Early Detection of Vision Impairments for Children Act Frequently Asked Questions



This resource has been prepared to address any questions from stakeholders, legislators, advocates, and the media about the goals and intent of the EDVI Act.

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What is the goal of the EDVI Act?

The goal of the EDVI Act is to ensure that every child with a possible vision problem is identified and connected to appropriate eye care, to support early childhood professionals, health care providers, and families with updated and evidence-based vision screening methods and established referrals to care, and advance follow-up protocols to ensure that children who need eye care treatment receive it before a vision problem leads to potential vision loss.

What will the EDVI Act do?

The EDVI Act creates grants for states and communities to use when implementing, developing, and improving systems of care for children's vision and eye health. The EDVI Act also provides grant funding to establish national technical assistance center that will provide states, communities, and the public with information on children's vision and eye health, conduct research to advance population health research priorities in children's vision, promote surveillance of children's vision and eye health, and best practices to develop coordinated systems of care for children's vision and eye health. The EDVI Act also fosters collaboration with key federal agencies at the U.S. Departments of Health and Human Services and Education to reach children in settings such as early childcare or community health settings, early learning centers, and educational settings, and to facilitate research on children's vision and eye health access challenges and barriers, outcomes, and treatments.

Why is the EDVI Act needed?

Our nation has many long-standing public health programs that address many facets of children's physical, mental and behavioral health, sensory health (such as hearing and oral health), development, and well-being. Many of these programs are broadly supported by the public and periodically reauthorized in Congress to equip states and communities with the resources necessary to improve the health and well-being of their youngest constituents. Yet *no such federally funded or national-level program exists to address children's vision and eye health.* Unlike other programs that provide resources to address children's health and development, states and communities are largely left on their own to address children's vision and eye health and are thus more likely to use ineffective or outdated approaches to early detection and intervention of children's vision problems. The EDVI Act seeks to equip states and communities with the necessary resources to implement evidence-based public health guidelines for detecting and referring children with potential vision problems to an eye care provider and following up to ensure that the child received necessary eye care.



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If there are already other public health programs that address other aspects of children's health and development, why create a new program to address just one aspect of children's health?

Good vision is not just about the ability to see. Vision and eye health are connected to many physiological and psychological processes that can affect how a child develops, such as cognition, hand-eye coordination, motor skill development, and social-emotional development. In addition, children with special health care needs may experience higher rates of vision loss or visual impairment that may go unaddressed. For that reason, children's vision and eye health is not a "singular" aspect of children's health but deserves to be addressed as an aspect of overall health.

From a public health perspective, many public health programs are facing significant need and inadequate resources, which means that states and communities often need to make difficult decisions about directing limited resources to areas where there is greatest need. These difficult decisions mean that other important aspects of children's health and wellbeing may go unaddressed and continue to be left out of important existing interventions.

However, unaddressed problems in the short term will eventually result in problems in the long term. Children will eventually become adults whose childhood vision problems follow them into adulthood and may affect their earning potential and quality of life. Not only is the individual impact of an unaddressed vision problem affected, but there are consequences for the national economy including lost productivity, direct and indirect medical costs, and insurance costs.

The EDVI Act would establish the first program on children's vision. It would not create a redundant program that overlaps other public health programs because it is the first of its kind to be charged with specifically addressing children's vision and eye health. The intent of the EDVI Act is to equip states and communities with resources to specifically address children's vision and eye health to ensure that every child with a possible vision problem is identified and connected to appropriate eye care before vision problems progress to permanent vision loss.

What approaches to children's vision and eye health does the EDVI Act promote?

The EDVI Act promotes uniform methods of early detection and intervention. The intent of the EDVI Act is not to create a mandate for vision screening or eye exams. Rather, the goal is to ensure that states and communities are utilizing uniform, systems-based methods of early detection, referral to care, and follow-up to care and to provide resources for states and communities to address children's vision and eye health through systems of care. For more information, please visit the [National Center for Children's Vision and Eye Health](#) website and the "[12 Components of a Strong Vision Health System of Care](#)."

What will the EDVI program be funded at?

The EDVI Act authorizes an initial funding level of \$10 million per year for 5 federal fiscal years:

- \$5 million for grants to states and communities and
- \$5 million for technical assistance, surveillance, and research.

It is important to note that passing the EDVI Act may not necessarily mean the program is automatically funded. Once the EDVI Act passes both chambers of Congress and is signed into law, Congress will need to enact separate legislation through the federal budget and appropriations process to fund the EDVI Act. Because the funding authorization expires after 5 years, Congress will need to reauthorize the EDVI program by passing legislation to

reauthorize EDVI, and then pass legislation to appropriate its funding through the annual federal budget and appropriations process.

How will states and communities receive this funding?

Funding will be awarded to states and communities through a competitive grant process to improve systems of care for children's vision and eye health. Funding for a technical assistance center will also be awarded to an eligible entity through a competitive grant process.

What federal agency will have jurisdiction over the EDVI program?

The U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) will administer grants to states and communities. The Centers for Disease Control and Prevention (CDC) will facilitate the grant-making process to establish a national-level technical assistance center and promote surveillance of children's vision problems. This approach is the same as the current [Early Hearing Detection and Intervention](#) program model.

Why is early detection and intervention so important?

In short, early detection leads to diagnosis which leads to treatments. Any early intervention or short pathway to diagnosis is useful for the long term, particularly as many vision problems that are prevalent in the adult population—such as glaucoma and diabetes—are starting to trend younger and show up in children. Furthermore, increasing rates of myopia in children may result in eye diseases such as retinal detachment, macular degeneration, and others.

Does the EDVI Act only promote vision screenings?

The EDVI Act promotes a public health systems-based approach to children's vision and eye care. A 2016 National Academy of Sciences, Engineering, and Medicine report titled [Making Eye Health a Population Health Imperative: Vision for Tomorrow](#) recommended a system that includes vision screening as a method of identifying children most at risk for vision disorders, along with other elements of a strong system of care. These elements include eye health education for parents and children, observation of signs of possible vision disorders, vision screening, referral to eye care, receipt of eye care, communication between the eye care provider, primary care provider, and early childhood program or school to ensure a treatment plan is followed, data collection, and surveillance.

EDVI program grants will allow states and communities to identify needs, develop new systems of care, and document interventions and data systems—all essential for early identification and detection of vision disorders. It is expected that public health departments, education agencies (state or local), primary care associations, eye care associations, early childhood education and care programs, and schools will all be involved in implementing improvements for early detection of vision disorders.

What level of public health surveillance exists to determine the need to address children's vision and eye health?

The National Survey of Children's Health (NSCH), which is conducted annually, includes questions that are meant to determine rates of vision screening, access to eye care, and follow-up to eye care. This data is used to analyze yearly rates of vision screening by age,

race, and ethnicity to determine disparities in access to care and pinpoint where actions are necessary.

One limitation of the NSCH is that the data included on it is self-reported by parents. A stronger system for capturing data on children's vision and eye health is necessary and will be addressed by the EDVI program as states and communities can use grant funding to build or improve data collection. Nonetheless, the NSCH remains an important monitor of the state of children's vision and eye health in the United States.

Have there been any similar programs or demonstration projects for children's vision and eye health that can indicate a program of this nature will be successful?

In 2009, MCHB-HRSA recognized that children's vision and eye health was largely absent from many programs that focus on children's health and development. A small investment of \$300,000 per year helped create the grant that would eventually fund the [National Center for Children's Vision and Eye Health](#) (NCCVEH) at Prevent Blindness. At the NCCVEH's inception, professional and public health policies and protocols around early detection and intervention of children's vision problems varied widely and often created gaps in access to the right eye care for pre-school and school-aged children. Many states and communities did not have evidence-based guidelines to develop or improve state-based requirements on vision screening.

Among its many accomplishments, the NCCVEH convened a broad stakeholder community to develop evidence-based guidelines and protocols for detecting vision problems in children between the ages of 3 and 5 years old—a critical age window to detect and treat serious vision problems like amblyopia or strabismus. These guidelines were the first consensus-based approach to developing a system of eye care for young children and have since formed the basis of the NCCVEH's primary role in providing technical assistance to states and communities looking to develop or improve their own policies around children's vision and eye health.

Due to federal budget restraints and the need to resolve major public health crises (such as the COVID-19 pandemic and others), MCHB-HRSA has not allocated funding for children's vision and eye health—including the grant that funded the NCCVEH and its work—since 2021. Unfortunately, at the time, this was the only funding that the federal government specifically dedicated to address children's vision and eye health. Without it, there is no federal funding going toward children's vision and eye health.

Nonetheless, Prevent Blindness continues to be a leader in children's vision and eye health through the important work of the NCCVEH as the need for technical assistance and evidence-based guidelines and protocols only continues to grow. A national-level, concerted approach to children's vision and eye health is necessary to maintain pace with rising epidemics such as the prevalence of myopia and other threats to children's vision and eye health.

Furthermore, the EDVI Act models the success of the Early Hearing Detection and Intervention (EHDI) program that, [according to MCHB-HRSA which also oversees this program](#), has drastically increased rates of screening for infant hearing loss from 10% of newborns screened in 1999 to over 97% in 2018 and 70% of infants receiving early interventive hearing care before reaching 6 months of age. In other words, the EHDI model that has been proven to work for increasing rates of hearing screening in young children and establishing coordinated

systems of care at state and community levels for hearing loss detection and intervention in infants is the same model of care that the EDVI Act promotes for early detection and intervention of vision loss in children.

The legislation emphasizes the role of early detection and intervention. What does this mean for older children and adolescents?

In short, early detection and intervention does not necessarily pertain to one's age. The earlier that a vision problem is detected, diagnosed, and treated, the better the outcome for the child or adolescent in academics, social and emotional development, athletics, and other aspects of recreational and professional life. Any early intervention or short pathway to diagnosis is useful for the long term. The National Center for Children's Vision and Eye Health has excellent

[Vision Screening Guidelines By Age.](#)

How would states use EDVI funding?