



May 29, 2024

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: ITEM Coalition’s Response to the Request for Information on Medicare Advantage Data (CMS-4207-NC)

Dear Administrator Brooks-LaSure:

The undersigned members of the Independence Through Enhancement of Medicare and Medicaid (“ITEM”) Coalition appreciate the opportunity to provide input to the Centers for Medicare and Medicaid Services (“CMS”) in response to the request for information regarding Medicare Advantage (“MA”) data.¹ The ITEM Coalition is concerned about the lack of transparency regarding MA plans’ supplemental benefits offered to beneficiaries. In a 2023 Government Accountability Office (“GAO”) report, GAO noted that CMS has limited information on supplemental benefits offered by MA plans and enrollee use of supplemental benefits because MA plans do not uniformly submit data on supplemental benefits.²

We applaud CMS’s interest in addressing this lack of transparency. **To assist individuals with vision impairment select MA plans and better understand MA plan benefits, we request that MA plans collect data on coverage of low vision devices and vision impairment services provided by Optometrists and Ophthalmologists, as well as Low Vision Therapists, Orientation and Mobility Specialists, Vision Rehabilitation Therapists (collectively, “Vision Impairment Specialists”). More broadly, the ITEM Coalition urges MA plans to cover low vision devices and vision rehabilitation services for the growing population of enrollees with visual impairments.**

The ITEM Coalition is a national consumer- and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services for persons with injuries, illnesses, disabilities, and chronic conditions of all ages. Our members represent individuals with a wide range of disabling conditions, as well as the providers who serve them, including limb loss and limb difference, multiple sclerosis, spinal cord injury, brain injury, stroke, paralysis,

¹ Medicare Program; Request for Information on Medicare Advantage Data, 89 Fed. Reg. 5,907 (published Jan. 30, 2024) available at <https://www.federalregister.gov/documents/2024/01/30/2024-01832/medicare-program-request-for-information-on-medicare-advantage-data>

² U.S. Government Accountability Office, GAO-23-105527, *Report to Congressional Committees. Medicare Advantage: Plans Generally Offered Some Supplemental Benefits, but CMS Has Limited Data on Utilization*, (2023) <https://www.gao.gov/assets/d23105527.pdf>.

cerebral palsy, spina bifida, hearing, speech, and visual impairments, myositis, and other life-altering conditions.

Approximately 4 million people aged 65 and older experience blindness or low vision.³ Low vision is a condition where an individual has significant visual impairment that cannot be fully corrected with standard eyeglasses, contact lenses, medication, or surgery, and affects a person's ability to perform daily activities. Low vision is often a result of conditions like glaucoma, diabetic retinopathy, macular degeneration, cataracts, multiple sclerosis, and stroke. The number of individuals who experience blindness and low vision is expected to increase to more than 9 million by 2030, with African American and Hispanic individuals experiencing the highest prevalence among racial minority populations.⁴

Individuals with low vision face significant negative impact on their health and function, including increased risk and incidence of falls, limited mobility, reduced participation in activities of daily living, diminished ability to manage medications and live independently, and new or worsening mental and physical health conditions.⁵ Accordingly, the ability of individuals to access low vision devices and vision rehabilitation services is crucial to avoid serious complications associated with low vision and vision impairment.

Low Vision Devices and Rehabilitation Services

Low vision devices include a broad range of assistive technology other than standard eyeglasses and contact lenses and are prescribed and customized to meet the specific needs of individuals with visual impairments resulting from a range of medical eye conditions. Low vision devices can include, but are not limited to, hand-held monitors, video monitors, magnifiers, minifiers, prisms, head-borne and telescopic devices, and other items, including emerging technologies that may alter the image size, contrast, brightness, color, or directionality of an object to enhance its visibility to the user. Prescribed use of appropriate low vision aids, combined with low vision rehabilitation services, leads to:

- Reduced incidence of falls and injuries;
- Improved independence, productivity, and safety while performing essential tasks and activities of daily living;
- Increased mobility; and

³ Varma, R., Vajaranant, T. S., Burkemper, B., Wu, S., Torres, M., Hsu, C., Choudhury, F., & McKean-Cowdin, R. (2016). Visual Impairment and Blindness in Adults in the United States: Demographic and Geographic Variations From 2015 to 2050. *JAMA ophthalmology*, 134(7), 802–809. <https://doi.org/10.1001/jamaophthalmol.2016.1284>

⁴ *Id.*

⁵ Crews JE, Chou C, Stevens JA, Saaddine JB. Falls Among Persons Aged ≥65 Years with and Without Severe Vision Impairment — United States, 2014. *MMWR Morb Mortal Wkly Rep* 2016;65:433–437; Keay Lisa, Saich Freya, Clemson Lindy, Feasibility and Acceptability of Orientation and Mobility Instructors Delivering the LiFE Falls Prevention Program to Older People with Vision Impairment. *International Journal of Orientation & Mobility*, VL 7 DO - 10.21307/ijom-2017-053; Dean A. VanNasdale, OD, PhD, FAAO,1 Lisa A. Jones-Jordan, PhD, FAAO,1 Megan S. Hurley, OD,1 Erica R. Shelton, OD, MS,1 Matthew L. Robich, MPH,1 and John E. Crews, DPA2, Association between Vision Impairment and Physical Quality of Life Assessed Using National Surveillance Data, *Optum Vision Science* 2021;98:1063–1069; Aging With Vision Loss: A Framework for Assessing the Impact of Visual Impairment on Older Adults Bonnielin K. Swenor, MPH, PhD,1, Moon J. Lee, BS,1 Varshini Varadaraj, MD,1, Heather E. Whitson, MD,2–5 and Pradeep Y. Ramulu, MD1 *Gerontologist*, 2020, Vol. 60, No. 6; National Academies of Sciences, Engineering, and Medicine. 2016. *Making Eye Health a Population Health Imperative: Vision for Tomorrow*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/23471>.

- Decreased incidence of mental and physical comorbidities.

Vision rehabilitation services similarly help individuals with low vision retain their independence and quality of life by learning techniques to perform daily tasks such as reading, driving, mobility, and facial recognition.⁶ These services can also help individuals cope with the emotional distress associated with with low vision.⁷ Vision rehabilitation services teaches skills to navigate the environment safely and more independently. Both low vision devices and vision rehabilitation services are critical for individuals with low vision to maintain and improve their quality of life, health, and independence.

Current Lack of Access to Low Vision Devices and Vision Rehabilitation Services

Unfortunately, Medicare fee-for-service (“Traditional Medicare”) does not cover low vision devices because CMS has prohibited all coverage for low vision aids under a restrictive regulatory interpretation known as the “lens exclusion.” The 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. CMS takes an overly expansive view of this exclusion and bars coverage of nearly any device with a lens, including low vision devices that use “one or more lens to aid vision or provide magnification of images for impaired vision.”⁸

In addition, only four percent of older adults with vision loss receive vision rehabilitation services.⁹ Currently, Medicare does not cover vision rehabilitation services provided by Vision Impairment Specialists. Under current Medicare coverage rules, only physicians, non-physician practitioners, and therapists can bill for outpatient low vision therapy services. However, there is a dearth of these providers currently rendering these services. Therefore, there is a lack of access to vision rehabilitation services.

Need for Data on MA Plans Offering Low Vision Coverage

The ITEM Coalition urges MA plans to cover low vision devices and comprehensive vision rehabilitation services. Nearly all MA plans offer vision services which includes routine eye examinations and coverage of contact lenses and eyeglasses. Vision supplemental benefits often do not include coverage of low vision devices or comprehensive vision rehabilitation services. Another difficulty for beneficiaries is access to information about low vision rehabilitation providers, network coverage, and network adequacy.

The ITEM Coalition recommends that CMS require MA plans to provide publicly available and accessible information about plan coverage of low vision devices and vision rehabilitation services. In addition to coverage details, we recommend CMS require MA plans to be transparent and publicly report on provider networks, covered providers, and coverage areas for low vision coverage. Finally, we recommend that CMS requires MA plans to publish this data on

⁶ Parth Shah *et al.* (2018) Low Vision Services: A Practical Guide for the Clinician, *Therapeutic Advances in Ophthalmology*. DOI: 10.1177/2515841418776264.

⁷ *Id.*

⁸ 42 C.F.R. § 411.15(b).

⁹ Centers for Disease Control and Prevention, National Health Interview Survey (NHIS), *Healthy People 2030 Vision Objectives*, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/sensory-or-communication-disorders/increase-use-vision-rehab-services-people-vision-loss-v-08/data>.

supplemental benefits on plan websites in an accessible format to allow beneficiaries greater access to essential benefits.

We appreciate your consideration of our comments. For additional information about the ITEM Coalition, please contact the ITEM Coalition co-coordinators, Peter Thomas at Peter.Thomas@PowersLaw.com, Leela Baggett at Leela.Baggett@PowersLaw.com, and Michael Barnett at Michael.Barnett@PowersLaw.com.

Sincerely,

The Undersigned Members of the ITEM Coalition

Access Ready, Inc.
Alexander Graham Bell Association for the Deaf and Hard of Hearing
All Wheels Up
American Association on Health and Disability
American Cochlear Implant Alliance
American Council of the Blind
American Macular Degeneration Foundation
Association for Education and Rehabilitation of the Blind and Visually Impaired
Association of University Centers on Disabilities
Autistic Women & Nonbinary Network
Blinded Veterans Association
Center for Medicare Advocacy
Institute for Matching Person and Technology
Lakeshore Foundation
Lighthouse Guild International
Long Island Center for Independent Living, Inc.
Medicare Rights Center
National Disability Rights Network (NDRN)
Prevent Blindness
Prevention of Blindness Society of Metropolitan Washington
RESNA
Spina Bifida Association*
The Viscardi Center
The Vision Council
VisionServe Alliance

****Member of the ITEM Coalition Steering Committee***

Additional Supporting Organizations:

Alphapointe
Association for the Blind and Visually Impaired South Carolina
Blind & Vision Rehabilitation Services of Pittsburgh
Goodwill Vision Enterprises

Lighthouse Works
St. Louis Society for the Blind and Visually Impaired
The New York Institute for Special Education
Vermont Association for the Blind and Visually Impaired
Vision Forward Association
Vision Loss Alliance of New Jersey
Visually Impaired Advancement (VIA)
Wayfinder Family Services