



May 21, 2026

Submitted Electronically

The Honorable Gus Bilirakis
Congressional Vision Caucus Co-Chair
U.S. House of Representatives
2306 Rayburn House Office Building
Washington, DC 20515

The Honorable Marc Veasey
Congressional Vision Caucus Co-Chair
U.S. House of Representatives
2186 Rayburn House Office Building
Washington, DC 20515

Re: Request for Congressional Support to Rescind the Medicare “Low Vision Aid Exclusion”

Dear Representatives Bilirakis and Veasey:

On behalf of the undersigned members of the Independence Through Enhancement of Medicare and Medicaid (“ITEM”) Coalition, we extend our sincere appreciation for your leadership and continued commitment to improving access to care for individuals with vision impairment. We write to bring to your attention a Medicare regulation—the Medicare “Low Vision Aid Exclusion” at 42 C.F.R. § 411.15(b)—that significantly limits beneficiary access to technologies and devices essential to the treatment of low vision. We respectfully request your support in encouraging the Centers for Medicare and Medicaid Services (“CMS”) to rescind that outdated and overly broad regulation. Specifically, we request that you send a bipartisan Congressional sign-on letter to CMS, as well as a “Dear Colleague” letter to garner co-signers supporting this effort.

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. The ITEM Coalition’s Low Vision Subgroup is comprised of ITEM Coalition members and additional stakeholders representing individuals with blindness and low vision, ophthalmologists, optometrists, low vision device manufacturers, and others dedicated to addressing the lack of coverage of low vision devices in Medicare.

Low vision aids and devices include a broad range of assistive technologies other than traditional eyeglasses and contact lenses and are prescribed and customized to meet the specific needs of individuals with visual impairments resulting from a range of conditions involving sight. Low vision aids can include, but are not limited to, such devices as hand-held monitors, video monitors, magnifiers, minifiers, prisms, head-borne 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.

Access to low vision aids and devices is crucial for many beneficiaries who have a visual impairment. These devices help individuals with vision impairment achieve better health outcomes, live independently, work, care for their loved ones, engage in community activities, and perform activities of daily living. These devices have been shown to improve patients' health-related quality of life, self-esteem, cognition, social engagement, and mental health, while reducing the incidence of falls, injuries, and physical impairment often associated with untreated low vision.¹ The combination of prescribed low vision devices with visual rehabilitation and device training increases users' ability to self-manage medications, read financial and other personal documents, participate in education or employment, and integrate into the community independently.²

Notwithstanding the well-documented benefits of low vision devices, Medicare beneficiaries with vision impairments are currently unable to access these essential assistive technologies due to Medicare's so-called "Low Vision Aid Exclusion" at 42 C.F.R. § 411.15(b). This regulation broadly excludes from Medicare coverage "all devices irrespective of their size, form, or technological features that use one or more lens to aid vision or provide magnification of images for impaired vision," subject to certain exceptions.³ This sweeping exclusion, however, is not grounded in the Medicare statute,⁴ which prohibits payment only 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. This statutory text does not address or bar coverage of the wide array of assistive technologies and devices that support patients with vision impairments.

In promulgating the Low Vision Aid Exclusion, the agency adopted an overly broad and arbitrary interpretation of the statute, providing little or no rationale for this sweeping policy decision. Prior to issuance of the proposed rule, some Administrative Law Judges had, in fact, begun to interpret the Medicare statute to allow coverage of certain low vision devices through beneficiary appeals, but there was certainly no risk of flooding the program with low vision device claims. In its comments to the proposed rule, the ITEM Coalition and many of its member organizations objected strenuously to the broad overreach of this preemptive proposed rule, which affirmatively bars coverage of any device that improves low vision for beneficiaries using a lens of any kind.

In so doing, CMS broadly interpreted the statute to deny access to medically necessary low vision devices and technologies to an entire diagnostic category of Medicare beneficiaries, despite widespread prevalence of this medical condition among the Medicare population. This plenary bar in coverage continues to this day with devastating consequences. Lack of proper supports for individuals with low vision leads to poorer health outcomes and increased strain on

¹ National Academies of Sciences, Engineering, and Medicine, *Making Eye Health a Population Health Imperative: Vision for Tomorrow* (2016), The National Academies Press, 135–154 (2016), <https://doi.org/10.17226/23471>.

² *Id.* at 381-415.

³ 42 CFR 411.15(b)(1). There are three exceptions: (1) post-surgical prosthetic lenses customarily used during convalescence for eye surgery in which the lens of the eye was removed, (2) prosthetic intraocular lenses and one pair of conventional eyeglasses or contact lenses furnished subsequent to each cataract surgery with insertion of an intraocular lens, and (3) prosthetic lenses used by beneficiaries who are lacking the natural lens of the eye and who were not furnished with an intraocular lens. 42 C.F.R. § 411.15(b)(2).

⁴ See 42 U.S.C. § 1395y(a)(7).

the health care system as a whole. Those with low vision experience a greater prevalence of chronic conditions, comorbidities, cognitive decline, preventative falls, and inability to complete activities of daily living than the general population.⁵ They are also more likely to self-report their health as poor, and experience higher levels of isolation due to their condition.⁶ This has led to an increased dependency on skilled nursing care provided in nursing facilities in the blind and low vision population, and an annual loss of productivity of over \$8 billion.⁷

Therefore, rescinding the Low Vision Aid Exclusion would improve health outcomes, reduce long-term healthcare costs, and promote independence for individuals with vision impairment. To that end, the ITEM Coalition recently engaged with CMS, specifically the Technology, Coding, and Pricing Group (“TCPG”), to discuss the urgent need to rescind the Medicare “Low Vision Aid Exclusion” at 42 C.F.R. § 411.15(b). During our discussion, TCPG expressed interest in the issue and acknowledged the concerns raised by our coalition. However, they ultimately suggested that competing priorities within the agency would make it difficult to pursue regulatory action at this time.

In light of the agency’s response, we respectfully ask for the Congressional Vision Caucus’s assistance in urging CMS to reconsider and rescind the Low Vision Aid Exclusion. Your leadership and engagement would be instrumental in ensuring that Medicare beneficiaries with low vision finally have access to medically necessary low vision technologies and devices. The ITEM Coalition Low Vision Subgroup stands ready to support your efforts to advance this important policy change.

To schedule a meeting to discuss this matter further, please contact Leela Baggett or Peter Thomas (Leela.Baggett@PowersLaw.com or Peter.Thomas@PowersLaw.com), Co- Coordinators of the ITEM Coalition Low Vision Subgroup.

Sincerely,

The Undersigned Members of the ITEM Coalition

American Academy of Ophthalmology
American Council of the Blind
American Foundation for the Blind
American Macular Degeneration Foundation
Assistive Technology Industry Association
Blinded Veterans of America

⁵ VISIONSERVE ALLIANCE, UNITED STATES’ OLD POPULATION AND VISION LOSS: A BRIEFING, 17 (2022), <https://drive.google.com/file/d/1FnyenjMMa4LZNX1gbiaY8klWT-joyZ6D/view> [hereinafter “Vision Loss Briefing”].

⁶ *Id.*

⁷ *Id.* at 9.

Lighthouse Guild
Perkins School for the Blind
Prevent Blindness
The Prevention of Blindness Society of Metropolitan Washington
The Vision Council
VisionServe Alliance
Access Ready, Inc.
ACCSES
AG Bell Association for the Deaf and Hard of Hearing
All Wheels Up
Alliance for NIDILRR Grantees
American Association of People with Disabilities
American Association on Health and Disability
American Congress of Rehabilitation Medicine
American Occupational Therapy Association
Association of Assistive Technology Act Programs
Association of Rehabilitation Nurses
Autistic Women & Nonbinary Network
Center for Medicare Advocacy
Center on Aging and DIS-Ability Policy
Clinician Task Force
Institute for Matching Person and Technology
International Eye Foundation
Lakeshore Foundation
Long Island Center for Independent Living
National Association for the Advancement of Orthotics and Prosthetics
National Disability Rights Network
National Multiple Sclerosis Society
Prevention of Blindness Society of Metropolitan Washington
RESNA
Rifton Equipment
*Spina Bifida Association**
The Viscardi Center
The Vision Council
*United Spinal Association**

**Indicates ITEM Steering Committee Member*

Additional Supporting Organizations

Academy for Certification of Vision Rehabilitation & Education Professionals
Alphapointe
American Council of the Blind of Virginia
American Printing House for the Blind
Association for Education and Rehabilitation of the Blind and Visually Impaired
Center of Vision Enhancements

Cincinnati Association for the Blind and Visually Impaired
The Eyesight Foundation of Alabama
Helen Keller Services
Lighthouse for the Blind and Visually Impaired
Lighthouse for the Visually Impaired and Blind
NewView Oklahoma
Success Beyond Sight
Ocutech
The Lighthouse of Houston
Valley Center for the Blind
Vermont Association for the Blind and Visually Impaired
VisAbility
Vision Forward Association, Inc.
Vision Interventions and Parental Support
VISIONS Services for the Blind and Visually Impaired
Vispero
Vista Center for the Blind and Visually Impaired
Wayfinder Family Services
World Services for the Blind