Children’s vision problems are very common, affecting nearly 15 million children, or approximately one in 20 preschoolers and one in four school-age children. Early screening and detection are essential in treating eye disorders in children. In addition to timely initial screening, effective interventions must also include access and follow-up to treatment. Comprehensive eye exams for children are highly cost-effective. One study found that 41 percent of children would be successfully treated for amblyopia if all children received comprehensive eye exams. However, nearly 40 percent of children who fail an initial vision screening do not receive the appropriate follow up care.

Poor vision and eye health in children severely affect their ability to learn and place them at a disadvantage in education and in life. According to the Centers for Disease Control and Prevention (CDC), if the conditions that lead to visual impairment are left untreated, they “can have substantial long-term implications for the quality of life of the child and family and can place a burden on public health resources.” In addition, the CDC estimates 25 of 1000 children have visual impairment and blindness.

While prevalence rates vary between demographic groups, there is an increasing need for eye care among children:

- 5-10% have undetected vision problems;
- 79% have not visited an eye care provider in the past year;
- 35% have never seen an eye care professional, and
- 40% who fail initial vision screening do not receive the appropriate follow up care.

Younger children entering school are even less prone to receive vision services than teenagers. One out of 13 children less than six years of age visited an eye care provider, compared with about one third of adolescents aged 12-17.

Although most vision impairments are treatable if detected early, there is evidence that vision care is not readily accessible, particularly for low income and minority children:

- Nearly 54% of all children without health insurance did not have a “well child” visit, which includes vision screening;
- Children without vision insurance coverage are about three times more likely than children who are insured for vision care to go without eyeglasses when needed;
- Children from families with incomes below the poverty level were less likely to see an eye care provider than children from families with incomes equal to or over 200% FPL (17% vs. 23%), and
- Children without insurance have significantly more severe unmet needs than children with insurance (see figure below).

More than 28 million children are enrolled in Medicaid and an additional six million are enrolled in SCHIP, which accounts for one in four of the country’s children. However, varying state coverage rules under Medicaid and SCHIP result in a considerable percent of children who do not have access to eye care professionals for comprehensive eye exams and treatment.
Vision services are generally classified as optional benefits in Medicaid and SCHIP, and access to vision care services may vary due to lack of uniform coverage and benefit design across states. Although children enrolled in Medicaid are generally able to obtain access to vision care services through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, states that operate separate SCHIP programs are not mandated to cover EPSDT benefits.\textsuperscript{14,15} A GAO report found that states tend to place more limits on vision benefits in SCHIP than in Medicaid and in ten states limit the number of exams and corrective lenses covered during a year.\textsuperscript{16} Because of varying screening requirements, approximately two out of three children are not screened prior to enrollment.\textsuperscript{17} Limited access could prevent children from low-income families from obtaining proper diagnosis and treatment for vision problems.

**Commission Recommendation**

Because access to comprehensive vision care services through SCHIP would help to decrease the number of children with undetected vision problems and help ensure that every child is able to succeed in life and in school, the National Commission on Vision and Health highly recommends that SCHIP provides every child with timely and appropriate access to comprehensive vision care services.

**About the National Commission on Vision and Health**

The National Commission on Vision and Health strives to improve the nation’s visual health by collaborating with science and health policy experts to ensure informed analysis and policy recommendations in order to prevent blindness, improve vision, and eliminate vision health disparities. The Commission aims to provide unbiased and authoritative information and advice concerning health policy to decision-makers, health professionals, and the public at large and to integrate vision care into public health programs at the national, state and local levels.


\textsuperscript{5} The Vision Care Institute. Americans’ Attitudes and Perceptions about Vision Care. Conducted by Harris Interactive on behalf of The Vision Care Institute\textsuperscript{TM} of Johnson & Johnson Vision Care, Inc., 2006.


\textsuperscript{12} Baumrucker EP. Coverage of Vision Services under the State Children’s Health Insurance Program (SCHIP). CRS Report for Congress, RL32628.


