

119TH CONGRESS
1ST SESSION

H. R. 2527

To amend the Public Health Service Act to improve children’s vision and eye health through grants to States, territories, and Tribal organizations, and the provision of technical assistance to support those efforts.

IN THE HOUSE OF REPRESENTATIVES

MARCH 31, 2025

Mr. VEASEY (for himself and Mr. BILIRAKIS) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to improve children’s vision and eye health through grants to States, territories, and Tribal organizations, and the provision of technical assistance to support those efforts.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Early Detection of Vi-
5 sion Impairments for Children Act of 2025”.

1 **SEC. 2. STATEWIDE EARLY VISION DETECTION AND INTER-**
 2 **VENTION PROGRAMS AND SYSTEMS RELATED**
 3 **TO CHILDREN'S VISION AND EYE HEALTH.**

4 Part Q of title III of the Public Health Service Act
 5 (42 U.S.C. 280h et seq.) is amended by adding at the end
 6 the following:

7 **“SEC. 399Z-3. STATEWIDE EARLY VISION DETECTION AND**
 8 **INTERVENTION PROGRAMS AND SYSTEMS**
 9 **RELATED TO CHILDREN'S VISION AND EYE**
 10 **HEALTH.**

11 “(a) GRANTS OR COOPERATIVE AGREEMENTS.—

12 “(1) IN GENERAL.—The Secretary, acting
 13 through the Administrator of the Health Resources
 14 and Services Administration, shall make awards of
 15 grants or cooperative agreements to eligible entities
 16 to develop and implement statewide early detection
 17 and intervention programs and systems related to
 18 children's vision and eye health.

19 “(2) ELIGIBILITY.—To be eligible to receive a
 20 grant or cooperative agreement under paragraph (1),
 21 an entity shall—

22 “(A) be a State, territory, Indian Tribe or
 23 Tribal organization, or Urban Indian organiza-
 24 tion, including a State or community depart-
 25 ment of children and families, health, or public
 26 health, or a State educational agency; and

1 “(B) submit to the Secretary an applica-
2 tion at such time, in such manner, and con-
3 taining such information as the Secretary may
4 require.

5 “(3) USE OF AWARDS.—Amounts provided
6 under a grant or cooperative agreement under para-
7 graph (1) shall be used for three or more of the fol-
8 lowing activities:

9 “(A) Implementing early detection prac-
10 tices (such as vision screening) and intervention
11 initiatives for the purpose of identifying vision
12 concerns in children as they engage in the med-
13 ical, home, public educational, or early learning
14 setting, promoting referrals to eye care, and
15 promoting the use of evidence-based and age-
16 appropriate standards guided by nationally rec-
17 ognized and uniform guidelines.

18 “(B) Developing an integrated approach to
19 State-level data collection and management to
20 advance State-based performance improvement
21 systems and uniform children’s vision and eye
22 health guidelines across relevant and appro-
23 priate State-level jurisdictions.

24 “(C) Identifying strategies to improve eye
25 health outcomes, expand access to care, and re-

1 duce health disparities for the detection, diag-
2 nosis, and treatment of ocular disease and eye
3 conditions in children who experience barriers
4 to eye care from rural and underserved popu-
5 lations.

6 “(D) Raising awareness by providing the
7 public, including families, guardians (perma-
8 nent, legal, or temporary), family or community
9 caregivers, and early learning settings with chil-
10 dren’s vision and eye health information that is
11 accurate, accessible, culturally and linguistically
12 competent, comprehensive, up-to-date, and evi-
13 dence-based or evidence-informed.

14 “(E) Establishing a coordinated public
15 health system for vision care and eye health, in-
16 cluding early detection, referral to eye care, di-
17 agnosis and intervention, and follow-up for chil-
18 dren.

19 “(F) Providing referrals to wrap-around
20 vision services, as necessary, for a future of
21 independent living.

22 “(4) COLLABORATION WITH NECESSARY COM-
23 MUNITY AND STATE PARTNERS.—In carrying out ac-
24 tivities under this subsection, the recipient of a
25 grant or cooperative agreement shall consult with

1 necessary community and State partners, including
2 State agencies responsible for the administration of
3 title V of Social Security Act (the Maternal and
4 Child Health Block Grant Program), title XIX of
5 such Act (the Medicaid Early Periodic Screening,
6 Diagnosis, and Treatment Program), title XXI of
7 such Act (the State Children’s Health Insurance
8 Program), and parts B and C of the Individuals
9 with Disabilities Education Act, the Indian Health
10 Service, and consumer groups for the purposes of
11 program and policy development, collaboration, and
12 improvement.

13 “(5) EVALUATION AND REPORT.—

14 “(A) IN GENERAL.—An entity that re-
15 ceives a grant or cooperative agreement under
16 this subsection shall annually submit to the
17 Secretary a report that describes the activities
18 carried out under the grant or agreement, in-
19 cluding a description of the period of perform-
20 ance covered under the report, the scope of ac-
21 tivities carried out during such period, the out-
22 comes of such activities, and a demonstration of
23 whether funding recipients have met project
24 goals for the designated time period outlined in
25 the initial application under paragraph (2).

1 “(B) AVAILABILITY OF REPORTS.—The
2 Secretary shall make available to the general
3 public the annual reports under subparagraph
4 (A).

5 “(b) TECHNICAL ASSISTANCE.—

6 “(1) IN GENERAL.—The Secretary shall provide
7 eligible entities under subsection (a) with technical
8 support in the development, implementation, and en-
9 hancement of activities described in such subsection.

10 “(2) GRANTS.—The Secretary, acting through
11 the Director of the Centers for Disease Control and
12 Prevention, shall award grants or cooperative agree-
13 ments to provide technical assistance to eligible enti-
14 ties to—

15 “(A) develop, maintain, and improve data
16 collection systems related to children’s vision
17 screening, evaluation, diagnosis, and interven-
18 tion services;

19 “(B) disseminate information for stake-
20 holders, including States and local governments,
21 Indian Tribes, Tribal organizations, Urban In-
22 dian organizations, public health departments,
23 and nonprofit organizations, to launch effective
24 strategies and interventions in preventing and
25 treating childhood vision disorders;

1 “(C) conduct applied research related to
2 early vision screening and intervention pro-
3 grams and outcomes;

4 “(D) ensure quality monitoring of vision
5 screening, evaluation, and intervention pro-
6 grams and systems; and

7 “(E) assist eligible entities in coordinating
8 on best practices and maintaining national
9 goals related to vision and eye health.

10 “(3) EVALUATION.—

11 “(A) IN GENERAL.—Not later than 4 years
12 after the date of enactment of this section, the
13 recipient of a grant or cooperative agreement
14 under this subsection shall evaluate the activi-
15 ties conducted with funds received under this
16 section and submit a report to the Secretary on
17 the outcomes, costs, and program effectiveness
18 of such activities.

19 “(B) CONTENTS.—A report under sub-
20 paragraph (A) shall be in such form and con-
21 tain such information as the Secretary deter-
22 mines appropriate.

23 “(C) SUBMISSION.—Upon determination
24 by the Secretary that a report under subpara-
25 graph (A) meets the requirements of this para-

1 graph, the recipient shall submit the report to
2 Congress.

3 “(4) ELIGIBILITY.—To be eligible to receive a
4 grant or cooperative agreement under this sub-
5 section, an entity shall be a public or nonprofit pri-
6 vate organization or institution, with expertise, or
7 demonstrated proficiency, in developing systems-
8 based approaches to children’s vision and eye health
9 for the purpose of providing technical assistance in
10 relation to one or more of the activities described in
11 subsection (a).

12 “(c) COORDINATION AND CONSULTATION.—The Sec-
13 retary shall coordinate and consult with the Health Re-
14 sources and Services Administration, the Centers for Dis-
15 ease Control and Prevention, the Centers for Medicare &
16 Medicaid Services, the Administration for Communities
17 and Families, the Indian Health Service, and the Depart-
18 ment of Education on recommendations for policy develop-
19 ment at the Federal, State, and Tribal levels with the pri-
20 vate sector, including consumer, medical, and other health
21 and education child serving not-for-profit organizations
22 with respect to early detection and intervention programs
23 and systems.

24 “(d) DEFINITIONS.—In this section:

1 “(1) INDIAN TRIBE.—The term ‘Indian Tribe’
2 has the meaning given to the term ‘Indian tribe’ in
3 section 102 of the Federally Recognized Indian
4 Tribe List Act of 1994.

5 “(2) STATE EDUCATIONAL AGENCY.—The term
6 ‘State educational agency’ has the meaning given
7 such term in section 8101 of the Elementary and
8 Secondary Education Act of 1965.

9 “(3) TRIBAL ORGANIZATION.—The term ‘Tribal
10 organization’ has the meaning given such term in
11 section 4 of the Indian Self-Determination and Edu-
12 cation Assistance Act.

13 “(4) URBAN INDIAN ORGANIZATION.—The term
14 ‘Urban Indian organization’ has the meaning given
15 such term in section 4 of the Indian Health Care
16 Improvement Act.

17 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated—

19 “(1) to carry out this section, other than sub-
20 section (a)(5), \$5,000,000 for each of fiscal years
21 2026 through 2030; and

22 “(2) to carry out subsection (a)(5), \$5,000,000
23 for each of fiscal years 2026 through 2030.”.

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