‘Visionary’ Solution to Low-Income Adults’ Need for Eyeglasses
PARTNER WITH THE PRIVATE SECTOR TO PROVIDE GLASSES

SUMMARY

Most low-income adults do not have the financial resources to pay for eyeglasses out of pocket. Without help, most will be forced to go without. Poor vision can make it difficult to hold down or perform a job. On the other hand, quality vision care reduces the risk of suffering a work-related injury, developing a permanent disability, or becoming a public safety hazard. For all of these reasons, the return on Medicaid funding for eyeglasses will be substantial.

A VISIONARY PUBLIC-PRIVATE PARTNERSHIP

Standard Optical has offered to reduce the cost of the program even further by managing the benefit and providing the eyeglasses at a much reduced rate. This approach would take the form of a monthly capitation rate. The benefit could be covered under two scenarios:

1. Plan 1 $10 exam co-pay, no co-pay for eyeglasses. Cost: $205,200 in state funds (matched by 846,000 in Federal funds); or

Advocates recommend option 1 above (a $20 co-pay would be prohibitive).

KEY FACTS

- Most entry-level workers today must be able to read, drive, use a computer or cash register, and so on.
- National statistics show that non-elderly adults (18 to 64 years old) with uncorrected vision problems are about half as likely to be employed as those with good vision. Moreover, even when they are employed, people with visual impairments have much lower incomes than those with good vision.¹
- After coverage for glasses was eliminated in 2003, Healthy U. found that of those enrollees who missed a routine eye exam in 2004, 48% did not know they had the benefit or were confused about it. This is worrisome because problems like glaucoma and other diseases can only be detected and treated through regular screenings. For this reason, we are recommending that Standard Optical provide the exam along with the eyeglasses.

FREQUENTLY ASKED QUESTIONS

Aren’t Eye Exams Already Covered by Medicaid?

Yes. Due to a change in the way the Centers for Medicare and Medicaid Services interprets the rules, eye exams are now considered a mandatory service. However, we should continue to consider ways to reduce the cost of the program even further. For example, we could provide new glasses every two years instead of every year.

Should We Make Medicaid More Like the Private Sector?

Yes. A significant share of those with private insurance have vision coverage available or have other subsidies for vision care. In fact, a recent survey found that about half of all employers offer insurance coverage that includes vision services; moreover, vision services are often included as part of managed care plans.²

Won’t the Funding for Vision Services Be Difficult to Sustain in Future Years?

Possibly, but the good news is that there are enough cost containment tools in the toolbox, such as continued development of the preferred drug list, bulk purchasing of pharmaceuticals, disease management, and community-based long-term care services, to be able to sustain Utah’s and well managed Medicaid program along with cost-effective services like vision and dental care. As difficult as it may be to sustain our investments in Medicaid, Utah still ranks 48th in spending per low-income resident.

¹ Center on an Aging Society, Visual Impairments, Georgetown University, May 2002

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