



UTAH HEALTH POLICY PROJECT

Quality Health Care Coverage for All Utahns

Let Medicaid Provide Eyeglasses with Allocated Funds for the Rest of FY08

Summary

In 2007 the Legislature appropriated \$174,000 to provide eyeglasses to low income adults. The intent was for the Department of Health to require a \$10 co-pay and use a sole source provider, Standard Optical. Unfortunately the Centers for Medicare & Medicaid Services denied Utah’s plan because the copay exceeded the maximum \$3 co-pay permitted by law. As a result, the Department of Health has been able to provide eyeglasses.

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



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FREQUENTLY ASKED QUESTIONS

Why has Medicaid Not Been Able to Implement the Program?

Utah’s plan for a \$10 copay was rejected because Federal rules set the maximum copay at \$3. This is the level deemed affordable for low-income adults.

What needs to be done to provide Eyeglasses this fiscal year?

The legislature has already allocated sufficient money to the Department of Health to provide eyeglasses for the rest of FY 2008; however, to use these funds, the Legislature must do two things:

1. Rescind the requirement for the \$10 copay.
2. Remove the requirement that a sole source provider be used. An RFP required for sole source provider will take several months to complete. Because the program has already been delayed so long, to implement the program this fiscal year requires that the sole source provision be dropped.

Is this a long-term solution?

No. The 2007 appropriation was one-time money. Because bad vision is a large barrier to low income individuals’ ability to find and retain employment, ongoing money for eyeglasses should be provided this session.

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

² R. Steere, “Vision Care: A Compensation Cornerstone,” *Employee Benefits Journal*, March 2001