

NOT FOR DISTRIBUTION--MDR Draft: 3/11/22

Annotated Outline of Teddie-Joy's Law

Sec. 1—Short Title: This section designates the legislation as “Teddie-Joy’s Law” in honor of the late Teddie-Joy Remhild, a vision loss consumer, advocate and professional in the aging field who was a forceful champion on behalf of the rights, needs and capabilities of older people who are blind or visually impaired.

Sec. 2—Table of Contents: This section is the official statutory map for all major sections of Teddie-Joy’s Law.

Sec. 3—Findings and Purposes: Subsection (a) of this section includes between ten and twelve brief paragraphs of findings describing the size, characteristics and expected growth of the populations who are the legislation’s intended beneficiaries and the current gaps in existing structures and funding that must be addressed through federal policy. Subsection (b) identifies three to four primary overarching purposes for the legislation, effectively serving as the bill’s mission and vision statements and summary expression of congressional intent.

TITLE I—Coordination and Promotion of National Aging and Vision Loss Programs and Services.

Sections 101 et seq provide the following:

OAVL: An Office on Aging and Vision Loss (OAVL) will be established within the US Department of Health and Human Services (HHS). Reporting directly to the HHS Assistant Secretary on Aging, the OAVL will coordinate and oversee the programs and activities described below.

Federal Sector Cross-Fertilization: The OAVL will regularly convene a formally and permanently established Federal Advisory Committee (on which RSA would be required to be represented and to participate) to make recommendations to the OAVL and the Secretary of HHS for policymaking and cross-fertilization of federal program scope and activities. The Advisory Committee will also have statutory authority to adopt formal recommendations to other federal government agencies beyond HHS; while such agencies would continue to have discretion to follow, modify or decline such recommendations, such agencies will be required to report back to the Advisory Committee on the disposition of such recommendations and the rationale for action or inaction taken. Advisory Committee representatives will also include the Administration on Aging (AOA), NIDILRR, CMS, the Office of the U.S.

Surgeon General, CDC, the U.S. Department of Transportation (DOT), NEI, and other federal partners along with consumer, private agency, and additional stakeholders.

Navigating and Coordinating Services: The OAVL will administer a nationwide program to be known as the Aging with Vision Loss Orientation and Navigation Initiative (hereinafter the Avalon Initiative). The primary purpose of the Avalon Initiative will be to connect older individuals with vision loss and their families to a qualified and culturally appropriate personal Navigator to provide overall orientation to vision-loss-specific information and referral, to facilitate communication between clients and service providers and resources as appropriate, and to broadly match clients' identified life goals with local, state and national options meeting their unique needs and quality of life expectations. All assistance provided to a given client via the Avalon Initiative will be documented in an Individualized Coordination Plan for Aging with Vision Loss Services (ICP, data from which will be made available to the OAVL and appropriate state-level agencies for monitoring and evaluation purposes (with all necessary client privacy protections honored) to identify national trends in overall satisfactory and unsatisfactory service delivery.

Filling Gaps in Provision of Low Vision and Other Assistive Technologies: The OAVL will oversee a new national program providing older individuals experiencing vision loss with access to low vision devices and other assistive technologies on a means tested basis when such devices and technologies are not provided by any federally supported program other than the OIB program. This new program will be funded on a mandatory basis with regular increases for cost of living and begin with a threshold allocation of \$25 million. The OIB statute will be amended to provide that clients provided with low vision devices or other assistive technologies will need to first demonstrate their ineligibility for devices and technologies under this new targeted technology program. The OAVL will enter into a multi-year contract, cooperative agreement or similar mechanism with a qualified nonprofit (or consortium of such nonprofits) to serve as the fiscal agent for and primary administrator of the program.

Increasing Available Personnel: The OAVL will administer a personnel preparation funding stream, annually appropriated by Congress, to increase availability of qualified direct service personnel, including increased numbers of ACVREP-certifiable professionals as well as other allied health professionals who would not otherwise possess vision-loss-specific expertise.

Public Awareness: The OAVL will utilize annually appropriated funds to engage with public and private entities in ongoing nationwide public awareness campaigns and targeted initiatives to increase national knowledge of available services and resources supporting aging with vision loss.

Pilot Projects and Innovation: The OAVL will administer grants, cooperative agreements and related mechanisms, open to qualified community-based nonprofit organizations with a primary mission to offer direct services to older individuals experiencing vision loss, for the purpose of expanding and

enhancing the delivery of services to such consumers and to promote and sustain partnerships between such organizations (including state and local entities and/or nonprofits working with the aging population that may not have a primary mission to directly serve older individuals experiencing vision loss).

TITLE II—Strengthening Existing Older Blind Services.

Sections 201 et seq provide the following:

Structure: The OIB program will remain administratively housed within RSA but will be formally linked with the Office on Aging and Vision Loss (OAVL) as described below.

Annual Federal Spending: Title VII, Chapter 2, of the Rehabilitation Act will be rewritten to:

- Set an increased federal minimum for the entire program, at least \$50 million;
- Convert the federal budgetary status of the program's funding from discretionary to mandatory;
- Add to the overall minimum an amount equal to at least \$1 million per jurisdiction currently classified as a so-called minimum allotment jurisdiction;
- Index all mandatory spending for the program to annual increases in cost of living; and
- Eliminate the requirement for jurisdictions to contribute matching funds.

State Plans: The statute will be amended to require each jurisdiction to develop and submit to RSA a plan, to be updated no less frequently than every three years, describing how the jurisdiction intends to provide services equitably throughout the jurisdiction and how the jurisdiction's OIB program outreaches to, connects with, and maximizes resources among, the jurisdiction's aging network and other public and private agency resources within the jurisdiction.

Services Prioritized: The OIB statute will be amended to prioritize the services funded under the program to maximize the provision of vision rehabilitation services. Information & referral, surgical procedures, etc. would have secondary priority.

Technology: A separate and distinct funding stream, modeled on the FCC-administered National deafblind equipment distribution program and established by Teddie-Joy's Law as described above, will target increased provision of low vision devices and other assistive technologies to older individuals with vision loss; while OIB funds would still be allowable for such technologies, use of the alternative funding streams would be structured to prioritize the use of the alternative streams to maximize OIB funds for direct services, and the OIB statute would be amended to bring it in conformity with these requirements.

TITLE III—Recognizing and Serving Older Americans with Vision Loss.

Sections 301 et seq provide for targeted amendments to the Older Americans Act (OAA) to more effectively recognize “aging and vision loss” as a distinct and sizeable population of older Americans with unique and specialized needs that must be better and more explicitly addressed through the nation’s aging networks and state and local public and private structures supported by significant federal investment. Such amendments will also ensure greater coordination with existing programs (e.g., the OIB program) and recognize and promote the HHS OAVL pursuant to Title I of Teddie-Joy’s Law. Finally, provisions of this Title will ensure that all relevant assessments of older individuals will include appropriate questions/instruments to more effectively locate those older individuals who are experiencing vision loss (e.g., those who may have “trouble seeing even with eyeglasses or contact lenses”.)

TITLE IV—Medicare Coverage for Vision Rehabilitation Services.

Sections 401 et seq amend federal law where appropriate to provide for reimbursement to qualified Medicare billers for the services of nationally certified vision rehabilitation professionals at the same rates and to the same extent as is currently afforded for the services of state licensed allied health professionals. Such amendments also create incentives for such allied health professionals to obtain such national vision rehabilitation certification.