

SIXTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
First Regular Session)



Senate
Office of the Secretary

'13 JUL 29 P2:28

SENATE
S. No. 1141

RECEIVED BY: *ju*

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

Vision loss can, especially without appropriate rehabilitation and skills training, significantly impact an individual's ability to conduct activities of daily living, as well as developmental learning, communicating, working, health, and quality of life. While it is believed that half of all blindness can be prevented, the number of Filipinos who are blind or visually impaired is expected to double by 2030. One in twenty preschoolers experience visual impairment which, if unaddressed, can affect learning ability, personality, and adjustment in school.

Vision rehabilitation helps people with vision loss to live safely and independently at home and in the community, reduce medication errors, cook and perform other daily activities reliably, and avoid accidents which may lead to injury or even the onset of additional disabilities, especially among older persons living with vision loss.

Greater efforts must be made at the national and local levels to increase awareness of vision loss and its causes, its impact, the importance of early diagnosis, treatment, and rehabilitation, and effective prevention strategies.

This Act intends to establish a full-scale integrated public health strategy to comprehensively address vision loss and its causes that, at a minimum, includes the following: communication and education, surveillance, epidemiology, and prevention research, and programs, policies, and systems change.*

Miriam Defensor Santiago
MIRIAM DEFENSOR SANTIAGO

act

* This bill was originally filed in the Fourteenth Congress, Second Regular Session.



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1 AN ACT
2 MANDATING THE DEPARTMENT OF HEALTH TO ESTABLISH HEALTH PROGRAMS
3 TO PREVENT VISION LOSS

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

4 SECTION 1. *Short Title.* – This Act shall be known as the “Vision Preservation Act.”

5 SECTION 2. *Preventive Health Measures with Respect to Vision Loss.* –

6 A. Communication and Education–

7 1. In General – The Secretary of Health shall expand and intensify programs to
8 increase awareness of vision problems, including awareness of the following:

9 a. the impact of vision problems; and

10 b. the importance of early diagnosis, management, and effective prevention and
11 rehabilitation strategies.

12 2. Activities – In carrying out this subsection, the Secretary may—

13 a. conduct public service announcements and education campaigns;

14 b. enter into partnerships with eye–health professional organizations and other
15 vision–related organizations;

16 c. conduct community disease prevention campaigns;

17 d. conduct testing, evaluation, and model training for vision screeners based on
18 scientific studies; and

19 e. evaluate strategies to reduce barriers to access to treatment by optometrists
20 and ophthalmologists.

21 3. Evaluation – In carrying out this subsection, the Secretary shall –

- 1 a. establish appropriate measurements for public awareness of vision problems;
- 2 b. establish appropriate measurements to determine the effectiveness of existing
- 3 campaigns to increase awareness of vision problems;
- 4 c. establish quantitative benchmarks for determining the effectiveness of
- 5 activities carried out under this subsection; and
- 6 d. not later than twelve (12) months after the date of the enactment of this Act,
- 7 submit a report to the Congress on the results achieved through such activities.

8 B. Surveillance, Epidemiology, and Health Services Research –

9 1. In General – The Secretary shall expand and intensify activities to establish a solid
10 scientific base of knowledge on the prevention, control, and rehabilitation of
11 vision problems and related disabilities.

12 2. Activities – In carrying out this subsection, the Secretary may—

- 13 a. create a national ongoing surveillance system;
- 14 b. identify and test screening modalities;
- 15 c. evaluate strategies to reduce barriers to access to treatment by optometrists,
- 16 ophthalmologists, and other vision rehabilitation professionals;
- 17 d. evaluate the efficacy and cost-effectiveness of current and future
- 18 interventions and community strategies; and
- 19 e. update and improve knowledge about the true costs of vision problems and
- 20 related disabilities.

21 C. Programs, Policies, and Systems–

22 1. In General – The Secretary shall expand and intensify research on the prevention
23 and management of vision loss.

24 2. Activities – In carrying out this subsection, the Secretary may—

- 25 a. build partnerships with voluntary health organizations, nonprofit vision
- 26 rehabilitation agencies, and local public health agencies, eye-health
- 27 professional organizations, and organizations with an interest in vision issues;
- 28 b. work with health care systems to better address vision problems and
- 29 associated disabilities; and

- 1 c. award grants for community outreach regarding vision loss to health care
2 institutions and national vision organizations with broad community presence.

3 SECTION 3. *Prevention and Treatment of Underserved, Minority, and other*
4 *Populations.* – The Secretary of Health shall likewise institute the following:

5 A. Expansion and Intensification of Vision Programs – The Secretary shall expand and
6 intensify programs targeted to prevent vision loss, treat eye and vision conditions, and
7 rehabilitate people of all ages who are blind or partially sighted in underserved and
8 minority communities, including the following:

- 9 1. Vision care services at community health centers receiving assistance
10 2. Vision rehabilitation programs at vision rehabilitation agencies, eye clinics, and
11 hospitals.

12 B. Voluntary Guidelines for Vision Screening– The Secretary, in consultation with eye–
13 health professional organizations and other vision–related organizations, shall
14 develop voluntary guidelines to ensure the quality of vision screening and appropriate
15 referral for comprehensive eye examinations and subsequent vision rehabilitation
16 services.

17 SECTION 4. *Vision Rehabilitation Professional Development Grants.* – The Secretary of
18 Health may make grants to eligible institutions of higher education or nonprofit organizations for
19 the purpose of activities described in Section (2) (C) (2) (a) relating to vision rehabilitation
20 professional development.

21 A. Use of Funds – The Secretary may not make a grant to an institution of higher
22 education or a nonprofit organization under this section unless the institution or
23 organization agrees to use the grant for the following:

- 24 1. Developing and offering preparatory and continuing education training
25 opportunities (incorporating state-of-the-art approaches, technologies, and
26 therapies to meet the unique needs of older adults with vision loss) in –

1 a. geriatrics among vision rehabilitation professionals, including professionals in
2 the vision rehabilitation therapy, orientation and mobility, and low vision
3 therapy fields; and

4 b. vision rehabilitation among occupational therapists and others in related
5 rehabilitation and health disciplines.

6 2. Conducting, and disseminating the findings and conclusions of, research on the
7 effectiveness of preparatory and continuing education training under paragraph
8 (1).

9 3. Developing and disseminating interdisciplinary course curricula for use in the
10 preparation of new professionals in vision rehabilitation, occupational therapy,
11 and related rehabilitation and health disciplines.

12 4. Educating physicians, nurses, and other health care providers about the value of
13 vision rehabilitation, to increase appropriate referral by such professionals for the
14 full range of vision rehabilitation services available to older individuals with
15 vision loss.

16 B. Eligibility – To be eligible to receive a grant under this section, an entity shall be a
17 university, academic medical center, national or regional nonprofit organization,
18 community rehabilitation provider, or allied health education program, or a
19 consortium of such entities, that –

20 1. offers or coordinates education or training activities among professionals
21 described in subsection (A)(1); or

22 2. agrees to use the grant to expand its capacity to coordinate such activities.

23 C. Distribution of Grants – In awarding grants under this section, the Secretary shall
24 ensure that grantees offer or coordinate training for current and emerging
25 professionals –

26 1. from a variety of geographic regions and a range of different types and sizes of
27 settings and facilities, including settings and facilities located in rural, urban, and
28 suburban areas; and

1 2. serving a variety of populations of older individuals with vision loss, including
2 racial and ethnic minorities, low-income individuals, and other underserved
3 populations.

4 D. Application – To seek a grant under this section, an entity shall submit to the Secretary
5 an application at such time, in such manner, and containing such information as the
6 Secretary may require.

7 SECTION 5. *Separability Clause.* – If any provision or part thereof is held invalid or
8 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
9 valid and subsisting.

10 SECTION 6. *Repealing Clause.* – All laws, presidential decrees or issuances, executive
11 orders, letters of instruction, administrative orders, rules, and regulations contrary to or
12 inconsistent with the provisions of this Act are hereby repealed, modified, or amended
13 accordingly.

14 SECTION 7. *Effectivity Clause.* – This Act shall take effect fifteen (15) days following
15 its publication in at least two (2) newspapers of general circulation.

Approved,