

SENATE
S. No. 2927

11-20-14

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

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1 AN ACT
2 MANDATING THE DEPARTMENT OF HEALTH TO ESTABLISH HEALTH
3 PROGRAMS TO PREVENT VISION LOSS
4

5 *Be it enacted by the Senate and the House of Representatives of the Philippines in*
6 *Congress assembled:*
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8 SECTION 1. *Short Title.* This Act shall be known as the "Vision Preservation Act
9 of 2008".

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

11 A. Communication and Education-

12 1. In General - The Secretary of Health acting through the National Center for
13 Disease Prevention and Control and the Degenerative Disease Office, shall
14 expand and intensify programs to increase awareness of vision problems,
15 including awareness of the following:

- 16 a. the impact of vision problems; and
17 b. the importance of early diagnosis, management, and effective
18 prevention and rehabilitation strategies.

19 2. Activities - In carrying out this subsection, the Secretary may--

- 20 a. conduct public service announcements and education campaigns;
21 b. enter into partnerships with eye-health professional organizations and
22 other vision-related organizations;
23 c. conduct community disease prevention campaigns;
24 d. conduct testing, evaluation, and model training for vision screeners
25 based on scientific studies; and

1 e.evaluate strategies to reduce barriers to access to treatment by
2 optometrists and ophthalmologists.

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

4 a.establish appropriate measurements for public awareness of vision
5 problems;

6 b.establish appropriate measurements to determine the effectiveness of
7 existing campaigns to increase awareness of vision problems;

8 c.establish quantitative benchmarks for determining the effectiveness of
9 activities carried out under this subsection; and

10 d. not later than 12 months after the date of the enactment of this section,
11 submit a report to the Congress on the results achieved through such
12 activities.

13 **B. Surveillance, Epidemiology, and Health Services Research -**

14 1. In General - The Secretary shall expand and intensify activities to
15 establish a solid scientific base of knowledge on the prevention, control, and
16 rehabilitation of vision problems and related disabilities.

17 2. Activities - In carrying out this subsection, the Secretary may--

18 a. create a national ongoing surveillance system;

19 b. identify and test screening modalities;

20 c. evaluate strategies to reduce barriers to access to treatment by
21 optometrists, ophthalmologists, and other vision rehabilitation
22 professionals;

23 d. evaluate the efficacy and cost-effectiveness of current and future
24 interventions and community strategies; and

25 e. update and improve knowledge about the true costs of vision problems
26 and related disabilities.

27 **C. Programs, Policies, and Systems-**

1 1. In General - The Secretary shall expand and intensify research within the
2 Center for Disease Prevention and Control on the prevention and
3 management of vision loss.

4 2. Activities - In carrying out this subsection, the Secretary may--

5 a. build partnerships with voluntary health organizations, nonprofit vision
6 rehabilitation agencies, and local public health agencies, eye-health
7 professional organizations, and organizations with an interest in vision
8 issues;

9 b. work with health care systems to better address vision problems and
10 associated disabilities; and

11 c. award grants for community outreach regarding vision loss to health
12 care institutions and national vision organizations with broad community
13 presence.

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

16 A. *Expansion and Intensification of Vision Programs* - The Secretary shall expand
17 and intensify programs targeted to prevent vision loss, treat eye and vision
18 conditions, and rehabilitate people of all ages who are blind or partially sighted in
19 underserved and minority communities, including the following:

20 1. Vision care services at community health centers receiving assistance

21 2. Vision rehabilitation programs at vision rehabilitation agencies, eye
22 clinics, and hospitals.

23 B. *Voluntary Guidelines for Vision Screening*- The Secretary, in consultation with
24 eye-health professional organizations and other vision-related organizations, shall
25 develop voluntary guidelines to ensure the quality of vision screening and
26 appropriate referral for comprehensive eye examinations and subsequent vision
27 rehabilitation services.

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

5 A. Use of Funds - - The Secretary may not make a grant to an institution of higher
6 education or a nonprofit organization under this section unless the institution or
7 organization agrees to use the grant for the following:

- 8 1. Developing and offering preparatory and continuing education training
9 opportunities (incorporating state-of-the-art approaches, technologies, and
10 therapies to meet the unique needs of older adults with vision loss) in -
 - 11 a. geriatrics among vision rehabilitation professionals, including
12 professionals in the vision rehabilitation therapy, orientation and
13 mobility, and low vision therapy fields; and
 - 14 b. vision rehabilitation among occupational therapists and others in
15 related rehabilitation and health disciplines.
- 16 2. Conducting, and disseminating the findings and conclusions of, research
17 on the effectiveness of preparatory and continuing education training
18 under paragraph (1).
- 19 3. Developing and disseminating interdisciplinary course curricula for use in
20 the preparation of new professionals in vision rehabilitation, occupational
21 therapy, and related rehabilitation and health disciplines.
- 22 4. Educating physicians, nurses, and other health care providers about the
23 value of vision rehabilitation, to increase appropriate referral by such
24 professionals for the full range of vision rehabilitation services available to
25 older individuals with vision loss.

26 B. Eligibility- To be eligible to receive a grant under this section, an entity shall
27 be a university, academic medical center, national or regional nonprofit
28 organization, community rehabilitation provider, or allied health education
29 program, or a consortium of such entities, that -

- 1 1. offers or coordinates education or training activities among professionals
- 2 described in subsection (A)(1); or
- 3 2. agrees to use the grant to expand its capacity to coordinate such activities.

4 C. Distribution of Grants- In awarding grants under this section, the Secretary
5 shall ensure that grantees offer or coordinate training for current and emerging
6 professionals -

- 7 1. from a variety of geographic regions and a range of different types and
- 8 sizes of settings and facilities, including settings and facilities located in
- 9 rural, urban, and suburban areas; and
- 10 2. serving a variety of populations of older individuals with vision loss,
- 11 including racial and ethnic minorities, low-income individuals, and other
- 12 underserved populations.

13 D. Application- To seek a grant under this section, an entity shall submit to the
14 Secretary an application at such time, in such manner, and containing such
15 information as the Secretary may require.

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

19 SECTION 6. *Repealing Clause.* – All laws, presidential decree or issuance,
20 executive orders, letter of instruction, administrative order, rule and regulation contrary
21 to, or inconsistent with the provisions of this Act are hereby repealed, modified, or
22 amended accordingly.

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

25 Approved,

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