Preserving the Rehab Act’s Title VII, Chapter 2 Program: Why Congress Can’t Afford to Cut Services for Older Blind Americans

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An Overlooked Population
According to the 2015 National Health Interview Survey, for the population ages 65 and older, 6.9 million people (14.9%) have trouble seeing, and this group of overlooked older Americans is likely to grow. This is due to projected demographics showing more Americans working longer, living longer, and experiencing vision loss at ever-growing rates especially among the large “Baby Boomer” generation of persons born between 1946 and 1964. For many, growing old comes with a loss of purpose and meaning, independence, depression, loneliness, and isolation. However, with access to quality vision rehabilitation services and devices, hope can be restored, a sense of purpose regained, and, not uncommonly, renewed productivity and community engagement achieved.

Nowhere Else to Turn
Neither Medicare nor Medicaid, nor private insurers pay for vision rehabilitation services and devices offered by highly qualified providers. While rehabilitation is widely available for orthopedic and many other conditions, vision-related rehabilitation leading to safe and independent living is not integral to America’s public or private health care systems.

Only One National Resource
Costing less than $33.4 million in federal appropriations per year, a federal, state, and private partnership known as the Independent Living Services for Older Individuals who are Blind program (Title VII, Chapter 2, of the Rehabilitation Act of 1973, as amended) is the single national resource intended to make comprehensive and coordinated vision rehabilitation services and devices available to this sizeable and growing population of older blind Americans. However, at present, less than 60,000 individuals (less than 2% of the eligible population likely to benefit) are currently receiving such services and devices.
What the Older Blind Program Specifically Provides

- **Independent living skills** using specialized adaptive devices and techniques for personal and household management.
- **Communication skills** using large print, writing guides, and time-telling devices, and using braille for reading or labeling and making notes.
- **Mobility skills** using specific orientation and mobility techniques, long canes, and other mobility tools for safe and independent travel.
- **Low-vision therapy** using special low-vision optical and adaptive devices to make the most of remaining vision.
- **Adjustment to vision loss** through connecting with and learning from others with vision loss to accept and effectively live with visual impairment.

How the Older Blind Program Works

With less than $33.4 million in annual federal assistance made available to the entire country, each state contributes a match to allow vocational rehabilitation agencies (on their own or in partnership with private community-based nonprofits) to offer special instruction and devices to clients. Services are offered by professionals specially trained in vision-related rehabilitation and are offered either on the provider’s premises or right in the individual’s home.

Why Cuts to the Older Blind Program Would be Devastating

With less than 2% of potential clients currently being served nationally, cuts to the Older Blind Program would leave even more older Americans living with vision loss without the services and devices that they must have to be safe and independent and that are not available anywhere else.

According to the CDC, age, vision loss, and less movement are the biggest risk factors for falls and injuries, which result in higher ER, hospitalization, long-term care, and related costs, as well as the onset of other disabling conditions. Not infrequently, the failure to provide appropriate vision-related rehabilitation can lead to institutionalization. The Older Blind Program enables access to critical services that can delay or eliminate the need for institutionalization for many individuals, increasing their independence and quality of life while decreasing the tremendous burden currently being carried by our public health systems.

Challenges the Older Blind Program is Already Facing

Federal support through the Older Blind program is allotted to states based on population. Rural states and other states with relatively smaller populations of older blind Americans currently receive federal support through a formula that ensures a threshold level of assistance despite a very small population size. However, operation of this formula means that only exponential increases in federal spending on the Older Blind program as a whole.
would yield appreciable capacity-building for small and rural states. Conversely, any cut to the Older Blind program would penalize those states with proportionately larger populations, thereby magnifying the pain of such cuts among states with the greatest numbers. Moreover, in 2016, the U.S. Department of Education's regulations were amended to disallow states from using federal vocational rehabilitation dollars to provide vision-related rehabilitation services to older working-age adults for whom compensated work outside the home is not immediately achievable or sought. This means that the Older Blind program bears an even bigger responsibility today than it has had to carry in the past.

**What Congress Must Do**

While the Older Blind program is technically a discretionary program, it is an indispensable resource for the tens of thousands of Americans who turn to it each year for the vision-related services and devices that only the Older Blind program currently provides. Congress must recognize that safety and independence are absolutely essential to the health and wellbeing of older Americans living with vision loss. Congress must protect and increase our current national investment in this singularly effective resource.