Email your letter to: [Erin.Walsh@Mahouse.gov](mailto:Erin.Walsh@Mahouse.gov), and [SenateCommittee.Ways&Means@masenate.gov](mailto:SenateCommittee.Ways&Means@masenate.gov)

Date:

**RE: American Rescue Plan Act (ARPA) Funding Request - Accelerated Massachusetts Vision Care Response**

Dear Members of the Joint Committee on Ways and Means and House Committee on Federal Stimulus and Census Oversight: thank you for this opportunity to provide comment on use of ARPA funding to address **children’s health / and / education** in Massachusetts.

On behalf of (your organization) or I am\_\_\_\_\_\_ and a member of [Children's Vision Massachusetts](https://childrensvision.preventblindness.org/history-vision-and-mission/) coalition. My interest in support of children’s vision is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/we respectfully urge you to support allocating a portion of the ARPA funds to fill the gap in critical children’s vision care needs due to the COVID-19 pandemic. I/we strongly support the $1.65 million request to provide an **Accelerated Massachusetts Vision Care Response**, which has been championed by Representative Christine Barber.

Vision disorders are common in children – about 250,000 Massachusetts children will need vision treatment during childhood. Vision screening of public preschool and grade school children usually occur in the school environment and in the medical home (pediatrician, family practitioner) followed by evaluation and treatment by an eye doctor where necessary. As a result of the pandemic:

* school screenings have not occurred since March 2020. As schools reopen, there is a large backlog of children who have not received a vision screening to identify potential vision problems. Many children and adolescents will not have had their vision screened for two or more years, also compounded by the reduced well-child pediatrician visits during this time.
* visual demands have increased due to extensive screen time to meet educational goals. This reliance has worsened existing childhood vision problems, and widened the educational disparity for children with untreated vision disorders.
* reduced visits to the eye doctor and reduced access to vision care services exacerbated the inequities in access to vision care. Children in low income and rural communities, and African American and Hispanic children, who already experienced inequities prior to the pandemic will be most in need of vision services but may continue to have less opportunity to receive them.
* a global increase in both prevalence and rate of increase in childhood myopia has been noted during the pandemic, possibly due to reduced outdoor time. This trend is of concern as high myopia can lead to serious adult vision problems.
* early education programs are facing the challenges of lost ground in education and social-emotional development by students, and will need to re-build their programs after the pandemic. It will be imperative that health screenings are conducted for young children to have the best chance for kindergarten/school readiness.

RESULT: This gap in identification through screening and eye care and treatment inevitably means there are more children with unidentified, undiagnosed and/or untreated vision disorders. Inability to access or receive eye care along with increased reliance on visual learning, has led to significant educational disparities. Federal support is needed to reduce this health barrier to learning.

Attempting to teach children with unaddressed vision disorders places unnecessary strain on both classroom teachers and costs for the education system, and results in poorer educational outcomes.

Child vision research repeatedly shows that when evidence-based early detection methods, eye care, and treatment such as prescription eyeglasses are consistently used, improvement in student academic progress can result. Improvement includes: acquisition of early literacy skills, reading comprehension and mathematics, focus and attention span during lessons, student classroom participation and interaction, and student confidence and behavior.

Apportioning $1.65m of the ARPA one-time federal funds as championed by Representative Barber in the **Accelerated Massachusetts Vision Care Response,** will standardize vision screening procedures in a more equitable manner across the Commonwealth, and lead to earlier identification and treatment by:

* **Updated vision screening kits for all schools in Massachusetts**
* **Updated vision screening training materials, staff training programs** and culturally-appropriate parent and professional resources
* **Facilitating the coordination of referrals to eye care professionals in communities most impacted by COVID-19:** by providing trained, multi-lingual care-coordinators, based regionally
* **Development of an Advisory Council of stakeholders to address children’s vision and disparities in eye care across the Commonwealth:** This council would consult with and advise on the operation and evaluation of children’s vision and eye health, especially addressing gaps in resources and care

I/my organization strongly supports the **Accelerated Massachusetts Vision Care Response** which outlines a plan to address preventable deficits in child vision and eye health and learning created or exacerbated by the pandemic, and works towards vision health equity for all Massachusetts children.

Sincerely,