

Statement for the Record

of the

American Foundation for the Blind

prepared for the

United States Senate Special Committee on Aging

regarding

Assistive Technologies for Independent Living: Opportunities and Challenges

**April 27, 2004 hearing
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The American Foundation for the Blind (AFB) is pleased to have this opportunity to submit this statement for the record of the hearing on “Assistive Technologies for Independent Aging: Opportunities and Challenges.” We applaud the initiative of Senator Larry Craig and the members of this Committee in presenting a forum for this discussion.

Clearly, advances in technology have already brought about remarkable improvement in the quality of life for older people, especially those with disabilities. Unfortunately, important technologies designed to meet specific needs are not reliably covered under the Medicare/Medicaid systems and access for older persons with disabling conditions is not assured in mainstream technologies. As a consequence, technology devices and services available today have yet to be brought into the homes of the 6.5 million Americans over age 55 that experience severe vision loss.

AFB is committed to leveling the playing field for the 10 million blind or visually impaired Americans. A non-profit organization founded in 1921 and recognized as Helen Keller’s cause in the United States, AFB is a leading national resource for people who are blind or visually impaired, the organizations that serve them, and the general public. AFB has worked to address the most important issues facing visually impaired older Americans through our National Aging Program, including our recently launched initiative to create a National Aging Center. In addition, through AFB TECH, our nationally recognized center on technology, we have examined a range of mainstream and assistive technology of importance to older Americans. These efforts have included analyses of the accessibility of health monitoring devices (such as blood glucose meters) and communications devices such as cell phones.

Before outlining the opportunities and challenges, as we see them, we encourage the Committee to consider the following:

- In the rush to embrace exciting new technologies, it is the older individual whose functional ability is at the heart of the matter.
- For older Americans with disabilities, particularly those with severe vision loss, both marketplace and Medicare/Medicaid solutions are uneven to non-existent.

Facts about Older Americans Who Experience Severe Vision Loss

- One in six or 6.5 million Americans age 55 and older experience severe vision loss. This number will double in 2030 as baby boomers age and the older population climbs to 78 million or 20% of the overall population.
- Four of the five major causes of blindness and vision impairment are age-related: macular degeneration, cataracts, glaucoma, and diabetic retinopathy.
- The National Eye Institute points out that the problem is even more severe for African-Americans where glaucoma rates are almost three times higher.
- For the general population, one in every twelve people with diabetes age 40 and older has vision-threatening diabetic retinopathy.

The Importance of Access to Technology for Older Americans with Impaired Vision

Accessible technology is especially important to older Americans with severe vision loss. Assistive technology such as a computer screen reader or video magnifier is often the only way an older individual with impaired vision can read important health-related information. Just as important, essential health monitoring equipment such as blood glucose meters are not generally designed to be accessible for individuals who are blind or visually impaired, this despite the fact that diabetes retinopathy is a leading cause of blindness.

These devices, and others, have further important uses. They can magnify print pages and can be used where access to printed or visually displayed information is critical to independent functioning. For example, utilizing CCTV, essentially a video magnifier which utilizes a TV screen to magnify or change contrast for printed information, a person who is blind can access prescription label information along with the important patient package inserts usually delivered with these medications. These devices can also be used to access information necessary to pay bills. The most popular version of CCTV is a desktop system with a movable table for reading and either a video monitor or connection to a TV screen. These devices are particularly useful for older individuals because they generally feature simple controls. However, none of these devices is routinely reimbursable through Medicare.

Efforts to Expand the Availability of Technology Must Focus on Human Needs

The Committee is quite correct in focusing on the challenges involved in harnessing the potential of assistive technology, bringing it out of the lab, into the marketplace, and into the homes of older Americans. However, it is equally important to work to ensure that technology devices and services actually are accessible and usable. Whatever the device is, however it is hooked up, whatever its marvelous function, it will fail if an individual with a disability cannot operate the device or access the service independently. The key is to develop technology that an older individual with a disability really needs and would find easy to use. An example of this would be technology which would allow independent monitoring of health status or access to health-related information.

We hope the Committee will encourage the development of technology that is designed to be accessible to and usable by people with disabilities, including those who are blind or visually impaired. Standards have already been developed to address access to technology devices and services. In particular, we call the Committee's attention to the work of the United States Access Board which has developed "Electronic and Information Technology Access Standards" to implement Section 508 of the Rehabilitation Act. These standards address input, output and operation of technology devices and we encourage the Committee to explore ways to promote the further inclusion of these accessibility approaches in technologies aimed at the older market.

Furthermore, guidance and training in the use of technology devices and services must be provided. Our experience suggests that training for consumers, especially older consumers, is very often overlooked. It is of particular importance to provide training and information targeted to address the specific needs of older people with disabilities with compromised vision, hearing, or touch.

There are some useful collaborative efforts which should be encouraged:

- It is apparent from our own research and contacts with industry, that assistive technology development is significantly hampered by limited investor interest in a small market. The Committee should encourage the Commerce Department to convene a summit of technology investors and assistive technology manufacturers to develop an investment agenda, including a reinstatement of the National Institute of Standards and Technology advanced technology program.
- Foster collaboration between the National Institute on Aging, National Institute on Disability and Rehabilitation Research, and the initiatives of the Centers for Disease Control to encourage more assistive technology outcomes-based research in aging.
- Work with the Senate Committee on Finance to insure that the Center for Medicare and Medicaid Services begins a review of durable medical equipment reimbursement standards in light of the need to more adequately reflect the needs of older Americans with disabilities to have access to assistive technology equipment and services.

Improvements Are Needed to Cover Technology in Health Care Reimbursement Systems

Unfortunately, neither Medicare nor Medicaid reliably covers the provision of accessible technology devices or services. Many of these devices – screen readers for personal computers, video magnifiers ranging from hand held cameras to those that plug into a television – are not advanced technology. However, they are not covered by Medicare. As a result, older Americans with severe vision loss spend thousands of dollars out of pocket for a screen reader that would allow them to access on line discounts for prescription drugs, or nearly \$1,000 for a partially accessible device which would enable an older American with severe vision loss resulting from diabetes to independently monitor blood glucose levels.

We encourage the Committee to develop policies that would foster coverage of accessible technology devices and services under existing or modified durable medical equipment reimbursement rules.

We very much appreciate the time the Committee has taken to examine this critical need and look forward to working with the Committee to undertake these recommendations.