

Good morning and thank you for the opportunity to testify here today.

My name is Ray Wayne, and I represent the National Federation of the Blind of New York State. I am sixty-one years old, and have been blind all of my life. So you could say I am a blind person who is getting older. But I am here today on behalf of older people who are becoming blind.

As the baby boomer generation ages, more and more seniors are losing vision. As most of them are no longer working, they are not eligible to receive vocational rehabilitation services from the New York State Commission for the Blind. So they do not have the tools my colleagues and I rely on every day, such as Braille or large print, accessible technology, and the use of a long white cane or guide dog.

Vision rehabilitation is essential to maximizing the independence, functioning, participation, safety, and overall quality of life of people with chronic vision impairment. Yet there are numerous barriers to high-quality and universally accessible vision rehabilitation services. (Meeting the Challenge of Vision Loss in the United States: Improving Diagnosis, Rehabilitation, and Accessibility, p 1,.)

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Public Health Approaches to Reduce Vision Impairment and Promote Eye Health; Welp A, Woodbury RB, McCoy MA, et al., editors. Making Eye Health a Population Health Imperative: Vision for Tomorrow. Washington (DC): National Academies Press (US); 2016 Sep 15.

Vision impairment can adversely affect an individual's health, functioning, and quality of life in numerous ways. "Low vision adversely affects many daily activities, such as writing a check, telling time, looking for daily items, using a phone, managing medications, and preparing a meal" (Liu et al., 2013, p280.).

Vision impairment may compromise a patient's mobility, as well as his or her ability to read and drive (Brown et al., 2014; Owsley and McGwin, 2010; Swenor et al., 2015). ... Vision impairment is also associated with reduced mental and physical health (Crews et al., 2006, 2016b; Zhang et al., 2013a) and with increased risk of falls, injury, and mortality (Christ et al., 2014; Crews et al., 2016a; Patino et al., 2010). Id, at p22. (Citations in original.)

Lack of funding for rehabilitation services for seniors facing vision loss remains a formidable barrier to accessing such services. The Commission currently receives some funding for non-vocational rehabilitation services for seniors, but it is far from sufficient! Accordingly, most seniors losing vision do not learn how to prepare meals independently, shop, use public transportation, use accessible technology, or manage their finances.

The tragic result is that many end up in nursing homes, at state expense, perhaps facing significantly further physical and emotional adverse consequences, even where vision loss is their only significant disability. These seniors desperately need your help! An annual appropriation of an additional \$5 million to the Commission specifically for non-vocational rehabilitation services to blind seniors would certainly improve access to rehabilitation and help to ameliorate this crisis.

Some of you may ask how we could be requesting an additional \$5 million during the current fiscal crisis. But this appropriation will save New York State money in the long run, because it will keep people out of nursing homes who do not need to be there and could lead healthier and happier lives if provided with adequate rehabilitation services.

Thank you.

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