

**2003 REPORT OF THE  
JOINT COMMISSION ON HEALTH CARE**



**REVIEW OF EYE EXAMINATIONS PRIOR TO  
SCHOOL ENROLLMENT**

**(HB 517)**

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HEALTH CARE**

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## Preface

HB 517 would add a comprehensive eye examination by a licensed optometrist or ophthalmologist to the physical examination requirements for a pupil entering a public elementary school for the first time. The rationale for the bill is that current screening requirements do not identify many vision problems (such as near vision and amblyopia) that may affect learning. HB 517 was continued to 2003 in the House Committee on Education and referred to the Joint Commission on Health Care (JCHC) for study.

Students are required to submit a physical examination report prior to entering a public elementary school for the first time. The visual examination only requires testing distance vision at 20 feet. In addition, public schools are required to complete periodic vision screenings in grades 3, 7, 10 related to *Virginia Administrative Code* requirements (8 VAC 20-80-50).

Twelve states have considered legislation that would require a preschool eye exam but only Kentucky has enacted the law (effective in July 2000).

Kentucky officials do not have comprehensive information on eye exam results.

Kentucky Optometric Association data on 5,316 children indicated 13.9% needed glasses, 13.7% required professional follow-up, 3.4% had symptoms of amblyopia, and 2.3% of strabismus.

According to Prevent Blindness America, screening identifies those at high risk or in need of a professional exam; may detect disorders in early, treatable stage; provides public with valuable information and education about eye care; and may result in a referral to an eye professional or PCP. Eye exams are completed to look for eye disorders/diseases; diagnose eye disorders/diseases; and prescribe treatment.

HB 517 would require a comprehensive eye examination by an optometrist or ophthalmologist rather than the screening that is required prior to school enrollment now. A comprehensive eye examination requirement is supported by the American Foundation for Vision

Awareness, American Academy of Optometry, American Optometric Association, College of Optometrists in Vision Development, Eye Care Council, and Optometrists Extension Program Foundation.

The American Academy of Pediatrics, American Association of Pediatric Ophthalmology and Strabismus, and American Academy of Ophthalmology issued this joint statement: "The examination of millions of children [nationwide] to possibly detect the very few who would slip through the system is not cost effective...we believe it is a lamentable waste of resources that should be used to address real preventable health concerns."

In 1998, Congress directed the Maternal and Child Health Bureau and the National Eye Institute (NEI) to develop recommendations regarding preschool vision screening; the work is being continued under two separate initiatives.

- Project Universal School Vision Screening (PUPVS) involves 5 demonstration projects including Prevent Blindness Virginia to test vision screening guidelines and "establish links between vision screening and the medical home and to ensure appropriate follow-up...."
- NEI has a 3-phase project known as Vision in Preschoolers (VIP) which will specifically compare the results of screenings versus examinations in identifying vision problems.

Virginia School Boards Association, VASN, and 6 school divisions contacted by JCHC staff noted concerns including that HB 517 might be burdensome for parents and schools, conflict with compulsory school attendance law, and be difficult in terms of alerting parents some who do not speak English of the requirement.

A number of policy options were offered by the Joint Commission on Health Care regarding a comprehensive eye examination requirement for public comment. The policy options are shown on page 39. A summary of public comments received is included in Appendix C.

### **Actions Taken by JCHC**

JCHC voted to accept Option 1, to take no action.

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# I.

## **Authority for the Study/Organization of Report**

Provisions included in House Bill (HB) 517 of the 2002 General Assembly Session added a “comprehensive eye examination” by a licensed optometrist or ophthalmologist to the physical examination requirements for a pupil entering a public elementary school in Virginia for the first time. The current physical examination includes vision screening which only requires testing distance vision.

HB 517 was continued to 2003 in the House Committee on Education and sent to the Joint Commission on Health Care for study. The letter from the chairman of the House Committee on Education states:

By unanimous vote the House Education Committee, House Bill 517 was carried over to the next session and referred to the Joint Commission on Health Care for study.

The House Education Committee would appreciate receiving your results and recommendations by the early fall of this year so our Committee may review/consider the Joint Commission’s report prior to our considering carry over measures.

On behalf of the House Education Committee, please accept our application for the Joint Commission study of House Bill 517.

A copy of this letter is included in Appendix A. HB 517 is included in Appendix B.

### **Organization of Report**

This report is presented in four major sections. This section discussed the authority for the study. Section II discusses the current statutory regulations for vision testing for students in public schools. Section III considers the need for comprehensive eye examinations prior to school admission. Section IV provides a series of policy options the Joint Commission on Health Care may wish to consider in addressing the issues raised in this study.





## II. Background

### **A Limited Vision Test Is Completed as Part of the Preschool Physical Examination Required of Pupils Entering a Public Elementary School for the First Time**

Pupils who are entering a public elementary school for the first time in Virginia are required in *Code of Virginia* § 22.1-270 to have a “comprehensive physical examination.” Section 22.1-270 reads:

No pupil shall be admitted for the first time to any public kindergarten or elementary school in a school division unless such pupil shall furnish, prior to admission, (i) a report from a qualified licensed physician, or a licensed nurse practitioner or licensed physician assistant acting under the supervision of a licensed physician, of a comprehensive physical examination of a scope prescribed by the State Health Commissioner performed within the twelve months prior to the date such pupil first enters such public kindergarten or elementary school or (ii) records establishing that such pupil furnished such report upon prior admission to another school or school division and providing the information contained in such report.

The scope of the physical examination required in *Code of Virginia* § 22.1-270 is determined by the State Health Commissioner. Currently, a vision test which includes checking distance acuity at 20 feet with and without corrective devices is a required component of the physical examination. In addition, a stereopsis or binocular depth perception screening may be completed at the discretion of the examiner.

Public schools are required in *Code* § 22.1-273 to test the sight and hearing of pupils on a periodic basis. Section 22.1-273 requires the State Superintendent of Public Instruction with the approval of the State Health Commissioner to establish the testing applications for vision and hearing. The Board of Education promulgates regulation to determine when the testing will be completed. Board regulations require testing for students in grades 3, 7, and 10. No vision and hearing tests are required for kindergarten students to fulfill the provisions of *Code* § 22.1-273; however, because the Board determined that the preschool physical examination

already provides for an adequate vision and hearing screening for kindergarten students.

A separate set of regulations requiring screenings addressing language, vision, hearing, and motor functions has been promulgated by the Board of Education. The regulations are contained in *8 VAC 20-80-50 Child Find*, which states in Section A that “[e]ach local school division shall maintain an active and continuing child find program designed to identify, locate and evaluate those children residing in the jurisdiction who are birth to age 21, inclusive who are in need of special education and related services....” Section C of the regulations addresses screening requirements and notes in part:

The screening process for all children enrolled in a local school division in Virginia, including transfers from out of state, is as follows:

...b. All children within 60 business days of initial enrollment [in a public school], shall be screened in the areas of vision and hearing to determine if a referral for an evaluation for special education and related services is indicated. In addition, the vision and hearing of all children in grades three, seven, and 10 shall be screened during the school year.

Children, who are newly enrolled in a public school, are subject to the screening requirements in *8 VAC 20-80-50* unless a physical examination is submitted that was completed within 60 days of the enrollment. Any child who fails the vision screening test must receive a second screening within two weeks. The parents, of any children failing the subsequent screening, are notified by the school of the screening results and advised to consult a medical practitioner.

An exception to the requirements for the initial physical examination and the subsequent school screenings is made for a pupil whose parent or guardian objects on religious grounds. A pupil may be excepted from the physical examination requirement, if he or she “shows no visual evidence of sickness, provided that such parent or guardian shall state in writing that, to the best of his knowledge, such child is in good health and free from any communicable or contagious disease.”

## **Provisions of HB 517 Require a Comprehensive Eye Examination within Twelve Months Prior to Entering a Public Elementary School for the First Time in Virginia**

HB 517 provisions amend *Code of Virginia* § 22.1-270 to require a comprehensive eye examination by an optometrist or ophthalmologist for all pupils entering a public elementary school for the first time in Virginia. HB 517 language states:

For purposes of this [Code] section, “comprehensive eye examination” means a complete and thorough examination of the eye and human vision system that includes, but is not limited to, an evaluation, determination, or diagnosis of (i) visual acuity at various distances; (ii) alignment and ocular motility, including eye tracking; (iii) binocular fusion abnormalities; (iv) actual refractive error, including verification by subjective means; (v) any color vision abnormality or deficiency; (vi) intraocular pressure as may be medically appropriate; and (vii) ocular health, including internal and external assessment, through use of a biomicroscope and ophthalmoscope and other means, of any abnormality or disease.

As noted, these examinations seek to identify a number of eye and disorders and diseases of the eye.

HB 517 links the requirement for a comprehensive eye examination with the existing statutory language for a physical examination. Consequently, a pupil would be required to provide a report from an optometrist or ophthalmologist prior to initial admission to a public elementary school in Virginia. Similarly, the language allowing the eye examination requirement to be waived for any child whose parent objects on religious grounds is amended to allow a waiver for eye examinations provided that the child “shows no visual evidence of...ocular-related disease....”

## **Although 12 States, Including Virginia Have Considered Legislation to Require an Eye Examination Prior to School Admission, Kentucky Is the Only State to Enact a Law to Date**

Twelve states including Florida, Kansas, Kentucky, Massachusetts, Missouri, New Jersey, New York, Ohio, South Carolina, Tennessee, Virginia, and Wisconsin have considered legislation that would require a

preschool eye examination. Kentucky is the only state that has enacted the law to date.

*Kentucky Enacted Legislation to Require an Eye Examination by an Optometrist or Ophthalmologist for All Children Entering a Public School or Preschool or Head Start Program.* In July 2000, Kentucky enacted legislation (HB 706) which included an eye examination for newly enrolled students as one provision of a larger initiative establishing an Early Childhood Development Authority. The Authority was established to set “priorities for programs and the expenditure of funds” related to initiatives in public health, childhood immunizations, child care options, and “[i]ncreased public awareness of the importance of the early childhood years for the well-being of all Kentucky’s citizens.”

HB 706 required the Kentucky Board of Education to establish criteria for the requirements of the vision examination and for documentation that the examination was performed. HB 706 required the documentation to be submitted to the school no later than January 1 of the first year the child was enrolled. Legislation in 2002 (SB 207) clarifies the statutory language to indicate that the examination is only required for children who are attending a public preschool, elementary school, or Head Start program for the first time. A Kentucky official indicated that the legislation is designed to encourage an eye examination for young children so older children (of middle school age and older) attending a public school for the first time are not required in statute to have an eye examination. Figure 1 shows the eye examination form adopted by the Kentucky Board of Education.

An official involved with the Kentucky Office of Early Childhood Development discussed some of the characteristics and actions taken by Kentucky that may help the eye examination program to work well. First, coupling the eye examination requirement with other health care initiatives including public health initiatives, early childhood programs, and home-visiting programs helps to promote the importance of the examinations. Second, a number of funding sources are available to allow children of low-income families to receive an eye examination. Approximately 25 percent of Kentucky’s children receive Medicaid or are enrolled in the Kentucky Children’s Health Insurance Program (KCHIP) both of which pay for comprehensive eye examinations. (In Virginia, approximately 12 percent of children receive Medicaid or are enrolled in FAMIS.) The Kentucky legislature appropriated \$150,000 for children who do not have

health insurance coverage to pay for a professional eye examination and whose family incomes are between 200 and 250 percent of the Federal Poverty Level. (It should be noted that less than \$10,000 of this funding has been used as approximately 100 families have used this funding source to pay for eye examinations.) Third, the optometrists in Kentucky are very supportive of the legislation and many of them extended their hours and established weekend hours to make the eye examinations more convenient for families. In addition, the Kentucky Optometric Association provides for free examinations for children who have no other means of paying for the examination.

Kentucky does not have comprehensive information regarding the children who have received an examination since schools are not required to submit reports of that data. The Kentucky Optometric Association collected data on 5,316 children aged three to six who were examined by an optometrist between July 15, 2000 and April 1, 2001. The Association reported that 13.9 percent of children required eyeglasses; 13.7 percent required professional follow-up for such conditions as conjunctivitis, blepharitis (inflammation of the eyelid), and one case of a detached retina; 3.4 percent showed symptoms of amblyopia (lazy eye), and 2.3 percent had symptoms of strabismus (eye muscle imbalances that may affect eye alignment).

# Kentucky Eye Examination Form for School Entry

8/2000

KRS 156.160.8 (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a child is enrolled in public school, public preschool, or Head Start program.

**PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS**

**IDENTIFYING INFORMATION**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

**RECORD OF IMMUNIZATION TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230**

**CASE HISTORY**

Date of Exam: \_\_\_\_\_

Ocular History:      Normal      or Positive for: \_\_\_\_\_

Medical History:      Normal      or Positive for: \_\_\_\_\_

Drug Allergies:      NKDA      or Allergic to: \_\_\_\_\_

Family Ocular and Medical History:      Amblyopia      Strabismus      Glaucoma      Diabetes  
 Other: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

Refraction with cycloplegic? (please indicate one)      YES      NO

	OD	OS
Unaided Acuity	20 / _____	20 / _____
Best Corrected Acuity	20 / _____	20 / _____

Normal    Abnormal    Not able to Assess

- External Exam (eye and adnexa)
- Internal Exam (media, lens, fundus, etc)
- Neurological Integrity (pupils)
- Binocular Function (stereopsis)
- Accommodation and convergence
- Color Vision

Diagnosis:      Normal      Myopia      Hyperopia      Astigmatism      Strabismus      Amblyopia  
 Other: \_\_\_\_\_

**Recommendations:**

- 1 Glasses prescribed:      YES      NO
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

- Age appropriate and suggested anticipatory guidance (health assessments):**
- Educate (parents/patients) about eye/vision disorders and needed vision care
  - Counsel (parents/patients) regarding eye safety
  - Stress importance of early, preventative eye care
  - Recommend re-examination, as appropriate

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Optometrist/Ophthalmologist

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

### III.

## Consideration of the Need for Comprehensive Eye Examinations Prior to School Admission

### Two General Types of Assessments of Vision or of the Eye Can Be Differentiated – Screenings and Examinations

Prevent Blindness America differentiates between screenings and examinations as shown in Figure 2. Both screenings and examinations may be designed to include a variety of tests. For example, screenings can be designed to identify a number of different vision problems including acuity deficiencies (such as nearsightedness or farsightedness) as well as some other types of problems such as amblyopia.

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**Figure 2**  
**Differences Between Eye Screening and Examination**

**Screening**

- identifies those at high risk or in need of a professional examination through risk assessment and vision screening tests
- may detect disorders in early, treatable stage
- provides public with valuable information and education about eye care
- results in a referral to an eye care professional or primary care provider

**Examination**

- examines subjects for eye disorders and diseases
- diagnoses eye disorders and diseases
- prescribes treatment

**Source:** 1998 Prevent Blindness America Children's Basic Screening Participant Guide.

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As noted previously, the preschool screening that is required prior to enrolling in a public elementary school in Virginia involves a vision test of distance acuity at 20 feet with and without corrective devices. This test is typically completed within the office of a primary care practitioner or within a local health department clinic. A stereopsis test (which is designed to screen for amblyopia or lazy eye) may be completed at the discretion of the examiner but is not required.

*Examination by Primary Care Practitioner.* The first health care professional to examine a child is usually the child's primary care practitioner. This practitioner is typically a pediatrician, family physician,

physician assistant, or nurse practitioner. The American Academy of Pediatrics (AAP) policy statement from its Committee on Practice and Ambulatory Medicine, Section on Ophthalmology recommends that eye examinations be included during all well baby checks. The policy statement states: "Vision screening should be performed for a child at the earliest age that is practical, because a small child rarely complains that one eye is not seeing properly. Conditions that interfere with vision are of extreme importance, because visual stimuli are critical to the development of normal vision. Normal vision development requires the brain to receive equally clear, focused images from both eyes simultaneously for visual pathways to develop properly."

The AAP policy statement indicates that a child's eye examination should begin with a family history and parents' observation of the child's ability to see and of any perceived problems. In addition, the eye examination should include:

1. External inspection of the eyes;
2. Tests for visual acuity on an age-appropriate basis;
3. Tests for ocular muscle motility and eye muscle imbalances; and
4. Ophthalmoscopic examination.

The importance of the tests for ocular muscle motility and the ophthalmoscopic examination are emphasized in the AAP policy statement. The policy statement indicates that ocular muscle imbalance may be indicative of "serious orbital, intraocular, or intracranial disease" as well as strabismus problems. The ophthalmoscopic examination allows for examining within the eye to identify problems such as early signs of glaucoma or retinal abnormalities. The AAP recommends that "pediatricians and others in the office should become expert at vision testing of young children. Although this is a difficult group to test, there can be very serious sequelae when a problem with visual acuity, ocular alignment, or another abnormality of the eyes is not identified....Every effort should be made to ensure that vision screening is performed using appropriate testing conditions, instruments, and techniques."

*The Federally-Mandated Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program also Provides for Vision Screening for Low-income Children.* EPSDT was originally established by Congress in



1967 to provide preventive health care services for low-income children under age 21. While EPSDT was established initially to benefit children who were eligible for Medicaid coverage, program eligibility was expanded significantly as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89). This expansion required states to include children who are under the age of six whose family income is less than 133 percent of the federal poverty level and children who are six to 20 whose family income is less than 100 percent of the federal poverty level without regard to eligibility for Medicaid coverage.

EPSDT provides for comprehensive preventive health care services which are described by a Department of Medical Assistance Services (DMAS) report as including “health and developmental history screening, immunizations, nutritional status assessments, vision and hearing testing, dental services for children three years and older, and visual treatment including eyeglasses.” EPSDT services were expanded by OBRA 89 to include (according to a DMAS report) “a few new services such as lead testing and parent education, but the most significant change was that treatment for conditions found during a screen must now be provided by Medicaid, *whether or not this treatment is covered by the State Plan*. For example, a child found to have scoliosis...on a regular exam may need a special back brace. [Back b]races are not normally covered by Medicaid but will be in this case because the child is eligible through EPSDT.” A DMAS representative indicated that EPSDT will reimburse for a routine eye examination by an optometrist or ophthalmologist for any eligible child as often as once every 24 months now. Virginia’s 24-month time-period for “periodicity of services” follows the recommendation of the American Academy of Pediatrics.

When Virginia converted from the Children’s Medical Security Insurance Plan (CMSIP) to the Family Access to Medical Insurance Security (FAMIS) program, EPSDT services were eliminated for children whose family income exceeds the federal guidelines. According to a statement by DMAS, it seems that the services provided under EPSDT will be available for children enrolled in FAMIS:

Early Periodic Screening Diagnosis and Treatment (EPSDT) is only available to children covered under Medicaid and to those few FAMIS children living in areas of the state that are not served by Health Maintenance Organizations. In these areas, FAMIS children essentially receive the Medicaid benefit package under a Fee-for-

Service system, including EPSDT services. EPSDT pays for the medically necessary correction or amelioration of defects or conditions.

***Comprehensive Eye Examination by an Optometrist or Ophthalmologist.*** A comprehensive eye examination as required by HB 517 is defined as: “a complete and thorough examination of the eye and human vision system that includes, but is not limited to, an evaluation, determination, or diagnosis of (i) visual acuity at various distances; (ii) alignment and ocular motility, including eye tracking; (iii) binocular fusion abnormalities; (iv) actual refractive error, including verification by subjective means; (v) any color vision abnormality or deficiency; (vi) intraocular pressure as may be medically appropriate; and (vii) ocular health, including internal and external assessment, through use of a biomicroscope and ophthalmoscope and other means, of any abnormality or disease.” In general these tests seek to ensure the health of the eye as well as to determine the presence of vision problems, or conditions such as amblyopia or strabismus. Specialized equipment is needed in order to complete some of these tests.

The requirements for a comprehensive eye examination as defined in HB 517 do not differ based on whether an optometrist or an ophthalmologist completes the examination. Optometrists are required to graduate from a school accredited by the Council on Optometric Education. The practice of optometry is defined in *Code of Virginia* § 54.1-3200 and the regulations for optometrist licensure by examination or by endorsement are promulgated by the Virginia Board of Optometry in 18 VAC 105-20-10 and 18 VAC 105-20-15. According to the Board of Optometry, there are 849 licensed optometrists in Virginia. The practice of ophthalmology is not defined in statute or in regulation in Virginia. An ophthalmologist is a physician (Doctor of Medicine or M.D. or Doctor of Osteopathy or O.D.) and is regulated by the Board of Medicine in Virginia. According to the Virginia Society of Ophthalmologists, an ophthalmologist is “a physician...who specializes in the medical and surgical care of the eyes and visual system and in the prevention of eye disease and injury.” According to the Virginia Health Information database, there are 398 practicing physicians who specialize in ophthalmology in Virginia.

## **The Virginia Optometric Association (VOA) Considers HB 517 to Be Needed to Ensure that Children Entering School Will Not Suffer from Vision Problems that Interfere with their Performance in School**

VOA in its support for HB 517 indicates that a number of studies have shown the importance of good vision to learning. VOA further indicates that a comprehensive eye examination by an optometrist or ophthalmologist is the only way to ensure that a child is not suffering from a serious vision problem or eye condition. Included in the evidence cited by VOA are a number of studies that examined the relationship between vision and learning. Figure 3 summarizes some of the studies that VOA referenced. As shown in Figure 3, the referenced studies maintain that a relationship between vision problems and reading problems contributed to referral to summer school or remedial reading programs, adult illiteracy, and delinquent behavior. Study findings for research completed by Joel Zaba are quoted in Figure 3. Mr. Zaba was interviewed for this study and he emphasized that much of his work was completed in collaboration with Roger A. Johnson, Ph.D., who is an associate professor of education at Old Dominion University. According to Mr. Zaba, it is important to take a multi-disciplinary approach to reading and learning disabilities in children. In terms of reading problems, vision can affect a child's ability to read and the child may not even be aware that he or she has a vision problem. Mr. Zaba states that it is important to find those children as soon as possible rather than to allow them to lag academically and experience the consequences noted in his studies. Mr. Zaba also contends that the costs to society of not addressing vision problems are significant. In a 2001 article published in *Journal of Behavioral Optometry*, Mr. Zaba writes:

When estimating the monetary costs to society of undetected vision problems in children, we have to realize that these children grow up and become part of the total population. According to the Healthy People Twenty Ten Conference, "in 1981, the economic impact of visual disorders and disabilities was approximately \$14.1 billion per year. By 1995 this figure was estimated to have risen to more than \$38.4 billion."

**Figure 3**  
**Description of Studies Cited by the Virginia Optometric Association**

<u>Description of Study</u>	<u>Study Findings</u>
A 2001 study of third graders in Kansas. The study had a special emphasis on examining at-risk students.	Undetected vision problems were found in: <ul style="list-style-type: none"> <li>• 70% of students who were referred for summer school classes; and</li> <li>• 100% of students in a remedial reading program.</li> </ul>
Study by W. C. Maples O.D., M.S. reported in January 2002 of students in three elementary schools in Oklahoma.	<b>“Poor visual skills were found to be more of a factor in poor academic achievement than race and socioeconomic factors.”</b>
Longitudinal study of beginning readers in Texas on 25 measures of “visual efficiency.”	“Binocular function, visual acuity, and discrepancies in acuity, and color deficiencies were all found to be statistically <b>significant in impeding beginning reading</b> ...concluding that <b>visual factors are a primary cause of beginning reading failure</b> and that <b>most current school screenings are inadequate</b> in scope and rigor.”
Study within Wordsworth Academy in Pennsylvania.	“Experimental and control groups when compared, showed that those students, <b>after treatment of vision deficiencies, improved ‘statistically significant’ in reading achievement.</b> ”
Studies by Joel N. Zaba, M.A., O. D. presented in April 2001 at Harvard Graduate School of Education.	<p>“[S]tudy in early 1990s in Norfolk and Virginia Beach...found that <b>74% of an illiterate adult population failed</b> one or more parts of a comprehensive visual screening program....</p> <p>Research done in 1999 indicated that <b>74% of a population of adjudicated adolescents failed at least one of the sub tests</b> utilized to screen vision problems.</p> <p>“Study recommended <b>‘prior to entering kindergarten, or by age five, every child should have a comprehensive eye examination performed by an eye professional.’</b>”</p>

**Source:** Virginia Optometric Association materials.

VOA considers the relationship between undetected vision problems and learning difficulties in some children to be both compelling and important. VOA noted in support of HB 517 the statements of other

organizations that address either the need for an eye examination or the importance of vision to learning, including:

**A comprehensive eye exam before children start school helps address “poor performance of America’s children on standardized tests.”** (American Public Health Assn)

**“Many visual skills are necessary for successful learning in the modern classroom; and skill deficiencies may contribute to poor academic performance.”** (National PTA, June 1999, Resolution on Learning Related Vision Problems Education and Evaluation)

[P]roblems in “gross motor and fine motor development, visual perception, reading readiness, intelligence quotient, reading achievement” are all tied to **vision and if corrected...can be “expected (to produce) reading achievement later in school.”** (APHA)

In children, **visual impairment is associated with development delays and the need for special educational, vocational, and social services** often beyond childhood into adulthood. Source: National Eye Institute, Report of the Task Force on Vision Impairment and its Rehabilitation

Children with impaired vision have greater difficulty learning, playing sports, limited employment, increased morbidity or mortality due to accidents, difficulty with psychological development. Source: American Academy of Pediatrics

VOA pointed to the research showing that children who had received vision screenings were found to have a variety of undetected vision and eye problems. This evidence included the data presented by the Kentucky Optometric Association which was referenced in Section II of this report. The Kentucky data indicated that of 5,316 children aged three to six who were examined by an optometrist, 13.9 percent of children required eyeglasses; 13.7 percent required professional follow-up, and 2.3 percent had symptoms of strabismus. VOA agrees with the position of the American Foundation for Vision Awareness regarding the inadequacy of vision screenings. The American Foundation states with regard to the problems with screenings:

To begin with **screenings are non-diagnostic**. If screenings do not produce a diagnosis, then what do they produce? **Perhaps the most important product of screenings is a false sense of well being.**

When a child 'passes' a screening, it seems reasonable for a parent to assume that eye and vision problems have been ruled out.

With regard to the eye examinations performed by primary care practitioners including pediatricians, VOA states that primary care practitioners often lack both the training and equipment to complete a comprehensive eye examination. This belief is shared by Vision Service Plan (VSP) that in a December 26, 2001 stated:

Pediatricians and family practitioners typically do not possess the proper equipment to provide comprehensive eye examinations. For example, pediatricians and family practitioners generally do not have a slit-lamp biomicroscope or a tonometer, and thus are not able to perform biomicroscopy or tonometry, respectively as part of a visual system health status evaluation. Because they lack the proper equipment and training to provide comprehensive eye examinations, pediatricians and family practitioners typically do not meet the requirements to serve as VSP-participating and credentialed providers.

### **Vision Service Plan Supports the Provisions of HB 517**

Vision Service Plan indicated its support of HB 517 in the December 26, 2001 letter which stated:

VSP is the largest vision care plan in the nation (with more than 36 million members), and in the Commonwealth of Virginia. VSP supports legislation that would ensure that school children receive comprehensive eye examinations from an optometrist or ophthalmologist who is properly-equipped and trained to diagnose and treat eye disease.

A comprehensive eye examination provided to a VSP patient by a participating and credentialed optometrist or ophthalmologist is required to include the following elements:

*Comprehensive Eye Examination: An evaluation of the patient's complete visual system health, including:*

- (1) *Case History;*
- (2) *Visual System Health Status Evaluation;*
- (3) *Refractive Status Evaluation; and*
- (4) *Binocular Function and Diagnosis/Treatment Plan.*

VSP's letter continues by stating that pediatricians, family practitioners, and school nurses typically lack the specific training and equipment to complete a comprehensive eye examination. VSP indicates its position is that school children should receive eye examinations from properly trained and equipped optometrists and ophthalmologists.

### **The Infants' & Children's Vision Coalition Supports Comprehensive Vision Examinations for Preschool Children**

The Infants' and Children's Vision Coalition includes the American Academy of Optometry, American Foundation for Vision Awareness, American Optometric Association, College of Optometrists in Vision Development, Eye Care Council (See to Learn), and Optometrists Extension Program Foundation. Coalition materials state (in part):

Vision disorders are the fourth most common disability in the United States and the leading cause of handicapping conditions in childhood. Despite the economic, social and health care advances that have occurred in our society, many preschoolers and school-age children are not receiving adequate professional eye and vision care.

The earlier a vision problem is diagnosed and treated, the less negative impact it will have on a child's development. Undetected and untreated vision problems can interfere with a child's ability to learn in school and to participate fully in sports and other childhood activities. Visual impairment in children is associated with developmental delays and the need for special educational, vocational and social services, often beyond childhood into adulthood.

Vision screenings are intended to identify those children who have eye or vision problems that threaten their sight or that impair their ability to develop and learn normally. However, vision screenings are a limited procedure and cannot be used to diagnose an eye or vision problem....Vision screenings are only able to detect a small percentage of those children needing professional vision care.

## **The Virginia Society of Ophthalmology, The Medical Society of Virginia, and the Virginia Chapter of the American Academy of Pediatrics Are Opposed to HB 517**

Position statements were received from the Virginia Society of Ophthalmology, The Medical Society of Virginia, and the Virginia Chapter of the American Academy of Pediatrics. The statements from the three associations are noted in the succeeding pages.

*Virginia Society of Ophthalmology (VSO).* VSO in a letter dated April 18, 2002 to the Chairman of JCHC indicated the Society's opposition to HB 517. The letter states, in part:

The VSO strongly recommends timely, standardized ocular screening for detection and early treatment of visual problems in Virginia's children. Screenings conducted during regular well-baby and well-child exams by pediatricians, family physicians, and nurses will identify abnormal visual development. For pre-school and early elementary school students, standardized vision screening programs, as developed and administered by organizations like Prevent Blindness Virginia (PBV), provide broad, effective monitoring of a child's vision. According to policy of the American Academy of Ophthalmology (AAO) and the American Association for Pediatric Ophthalmology and Strabismus (AAPOS): "Routine comprehensive professional eye examination of the normal asymptomatic child has no proven medical benefit". To our knowledge, no completed medical study exists that indicates a significant failure of vision screenings to identify children with abnormal vision.

As the cost of medical care continues to rapidly increase, the VSO is concerned about a mandate that would have a considerable financial impact on not only families but also the state budget and private insurers. Virginia has over 80,000 children entering public schools each year, comprehensive eye examinations can cost between \$60-120. For Virginians with insurance or state assistance that covers such exams, the out-of-pocket expense might be minimal, but for families without insurance coverage, the costs and hassles for mandated eye exams would be significant.



Aside from the excessive cost, HB 517 implies that a child's ability to learn is principally dependent on vision and that a complete eye exam will improve the chances to learn and thus, the chances for excellence in school. This false thesis might lull families with a learning disabled child into a false sense of security, bypassing the special educational process that is needed, because special education is the only proven way to help the learning disabled child. We must remember that while good vision is an important vehicle of information gathering, it is not connected to a child's ability to learn or learning disabilities such as dyslexia.

The VSO and Virginia's medical community urge you to reject this proposal which has emotional appeal but no basis in medical science. If ongoing studies or the findings of the Joint Commission indicate a true need for better vision screenings, the VSO will eagerly and aggressively work to improve the processes used to test child vision. Until then, we recommend that the JCHC promote standardized training for medical and lay screeners rather than endorse a mandate that would burden Virginia's families and inefficiently utilize our health workforce.

VSO presented studies which indicate that there is no statistically significant correlation between vision and the ability of young children to read (Figure 4). It should be noted that studies were submitted by VSO that indicate that dyslexia and vision are not correlated. These studies are not summarized in Figure 4 because no studies stating that there is a correlation between dyslexia and vision are discussed in the report.

*The Medical Society of Virginia.* The Medical Society of Virginia (MSV) indicates its reasons for opposing HB 517 in a letter dated April 19, 2002 to the acting executive director of JCHC. The letter states, in part:

While the presumed intent of HB 517 is to detect a child's vision problems for early treatment, the MSV believes passage of such measures would subject many children to unnecessary, costly exams. Currently, as provided for in the Code of Virginia, child vision and eye health screening is conducted for enrollment in public school and in Grades 3, 7, and 10. The *Virginia School Health Guidelines Manual* details regulations, procedures, protocols, referral and follow-up for abnormal screening results. Standardized vision screenings, as developed by organizations like Prevent Blindness

Virginia, economically and effectively identify the vast majority of vision problems in Virginia's children.

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**Figure 4**  
**Description of Studies Cited by the Virginia Society of Ophthalmology**

<u>Description of Study</u>	<u>Study Findings</u>
Study by Philip S. Hall Ph.D. and Bruce C. Wick O.D. Ph.D. utilizing multivariate correlation between 11 ocular functions and student reading ability (1991).	No single ocular function significantly correlated with composite reading scores of students (in first through sixth grade).
Study in Norway of 718 first through sixth graders (1982).	"Fewer than half of the problem readers failed the vision screening test. All 241 students who failed the vision screening test had a complete ophthalmological examination. There was no statistically significant difference between normal and problems readers in any ocular or visual function tested."
Study by Eugene M. Halveston, M.D., Janet C. Weber, M.D., Kathleen Miller, C.O., Karen Robertson, M.D., George Hohberger, M.D., Robert Estes, M.D., Forrest D. Ellis, M.D., Nina Pick, C.O., and Barbara H. Helveston Ed.S. (1982)	Visual function and academic tests were administered to 1,910 first through third graders in Washington Township in Indiana. "Evaluation of 1,910...students indicated that visual function and academic performance as measured by reading were not positively related."

**Source:** Virginia Society of Ophthalmology materials.

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Upwards of 80,000 children enter kindergarten each year in the Commonwealth. To date, no evidence has been presented that indicates significant failure of standardized vision screening programs. The joint policy statement of the American Academy of Pediatrics and the American Academy of Ophthalmology recommends rigorous vision screening of infants and children by qualified primary care professionals (including pediatricians, family physicians, nurses, and physician assistants). Children that fail vision screenings should be referred to ophthalmologists or optometrists. Additional screenings should be done at school check-

ups or subsequent to the appearance of symptoms but...“routine comprehensive professional eye examination of the normal asymptomatic child has no proven medical benefit.”

In this time of scarce health care dollars, we support preventive measures that can benefit the most people for the most reasonable cost. Until studies show otherwise, HB 517 would address a problem that has not been demonstrated to exist.

*Virginia Chapter, American Academy of Pediatrics.* The position statement of the Virginia Chapter, American Academy of Pediatrics indicates the Chapter’s opposition to requiring comprehensive eye examinations of all children prior to school. The position statement reads:

Eye examination and vision screening is routinely provided to children by pediatricians and family practitioners in the context of preventive health care in the medical home of the child. As part of the Early Prevention Screening and Detection Tests (EPSDT) associated with well child care, pediatric practitioners constantly monitor children for eye conditions that would distort or suppress normal vision.

**Changing the code to require comprehensive eye examinations of children, rather than screenings, before entering school is medically unnecessary and financially burdensome. Please oppose HB 170 (Delegate Hargrove) and HB 517 (Delegate Devolites).**

- In a period when we are seeking solutions to providing basic medical health care to over 80,000 uninsured children in the Commonwealth, an additional unfunded mandate for extensive eye exams for preschool children is medically inappropriate and will place an unnecessary financial burden on families with young children.
- Vision screening for preschool children, a requirement for school entry in the Commonwealth, is already provided in the pediatric medical home of the child through Early Prevention Screening and Detection Tests (EPSDT).

- Eye examination and vision screening for preschool children is completed in pediatric medical offices by methods promoted by the American Academy of Pediatrics and Prevent Blindness Virginia. Continued screening in public schools is accomplished by school nursing staff and volunteers through programs promoted by Prevent Blindness Virginia.
- There is no reliable statistical evidence to indicate that current screenings are not working. However, there are studies being conducted right now that will yield substantial helpful data to improve the system if necessary. The National Eye Institute is completing a five-year study of vision screening. The American Academy of Pediatrics (AAP) has received funding from the Maternal and Child Health Bureau to implement “Project Universal Preschool Vision Screening” to enhance the system of vision screening and appropriate referral. Prevent Blindness Virginia in Richmond, VA is one of the pilot sites.

**At the National Level, a Joint Statement Regarding Learning Disabilities, Dyslexia and Vision was Issued by the American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, and American Academy of Ophthalmology**

The statement asserted:

Learning disabilities are common conditions in pediatric patients. The etiology of these difficulties is multifactorial, reflecting genetic influences and abnormalities of the brain structure and function. Early recognition and referral to qualified educational professionals are critical for the best possible outcome. Visual perceptions are rarely responsible for learning disabilities. No scientific evidence exists for the efficacy of eye exercises (“vision therapy”) or the use of special tinted lenses in the remediation of these complex pediatric neurological conditions.

Learning disabilities have become an increasingly personal and public concern. Among the spectrum of issues of concern in learning disabilities is the inability to read and comprehend which is a major obstacle in learning and may have long-term educational, social, and economic implications. Family concern for the welfare of children with dyslexia and learning disabilities has led to a

proliferation of diagnostic and remedial treatment procedures, many of which are controversial or without clear scientific evidence of efficacy. Many educators, psychologists, and medical specialists concur that individuals who have learning disabilities should:

- receive early comprehensive educational, psychological, and medical assessment
- receive educational remediation combined with appropriate psychological and medical treatment
- avoid remedies involving eye exercises, filters, tinted lenses, or other optical devices that have no known scientific proof of efficacy.

The Chair-elect of the AAP Section on Ophthalmology in a letter to the Editor of the *Wall Street Journal* wrote:

The American Academy of Ophthalmology, the American Association of Pediatric Ophthalmology and Strabismus, and the American Academy of Pediatrics are entirely in favor of making sure our nation's children are screened for vision problems and receive appropriate care....What we oppose is mandating by law that all children entering the public school system undergo a completed dilated examination. If children have passed the recommended screenings for eye problems during their well child care, the likelihood of finding significant defects on a full examination is very low....The law that was passed in Kentucky, and is being pushed heavily in many more states, will not show a dramatic difference in the detection of children who have poor ocular health, or developmental and learning problems related to vision. The examination of millions of children to possibly detect the very few who would slip through the system is not cost effective. Even though pediatric ophthalmologists could benefit financially from this mandate, we believe it is a lamentable waste of resources that should be used to address real preventive health concerns.

### **The Question of What Type of Screening or Examination Should Be Required Prior to School Admission Is Being Examined at the National Level**

In 1998, Congress directed the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA) to work with

the National Eye Institute to develop recommendations regarding preschool vision screening. According to HRSA, although “vision screening for school-aged children has been standard practice for at least a century,...lawmakers felt there were still many unanswered questions about preschool vision screening and a lack of agreement about its importance.” Specific concerns were noted regarding such vision conditions as amblyopia which is best addressed when a child is young. Congress specifically requested formulation of recommendations regarding “useful screens to efficiently detect amblyopia risk factors and other significant problems...in order to provide and evaluate the practicality and effectiveness of ocular screening devices for young children including photoscreening technology.” An expert panel which included “researchers studying early visual development, pediatricians, pediatric ophthalmologists, optometrists, professionals with direct experience in vision screening in the United States and other countries, biostatisticians, epidemiologists, and health care economists” was formed to develop recommendations regarding vision screening.

A report summarizing the findings of the expert panel was published in the November 2000 edition of *Pediatrics*. The panel’s report indicated:

...concern about the lack of scientific data addressing the validity of currently available screening methodologies, the effectiveness of the programs that are being used to implement these methodologies and the adequacy of follow-up and treatment of children identified by screening programs. [Panel members] acknowledged an urgent need for large-scale, generalizable studies aimed at answering basic questions about the reliability and validity of commonly used screening methods, as well as new technologies such as photoscreening. The panel also emphasized the importance of monitoring both the costs and benefits of a screening program, compared with the cost of leaving visual impairments undetected, and recommended that research be conducted to provide objective data on the functional implications of amblyopia.

The expert panel determined that definitive recommendations regarding preschool vision screening could not be agreed upon without further research. “Although a variety of recommendations have been published by various organizations, the panel believed that the recommendations are inconsistent and, therefore, confusing...[D]ifferent

tests are recommended by different agencies with little guidance for the selection and implementation of the test. The panel, therefore, constructed a set of interim recommendations to detect amblyopia and amblyopiogenic factors using assessment of visual acuity and stereopsis....However, it should be emphasized that these recommendations are conditional and not based on adequate validation data, since such data are not yet available." The work of the expert panel is being continued under two separate initiatives under the direction of the Maternal and Child Health Bureau and the National Eye Institute.

*Project Universal Preschool Vision Screening (PUPVS) Is Being Funded by the Maternal and Child Health Bureau and Administered by the American Academy of Pediatrics.* The Maternal and Child Health Bureau describes the primary goal of PUPVS as being "to pilot test the [expert panel] guidelines in children between the ages of 36 and 59 months. In addition, it hopes to encourage collaboration among the different professionals involved in vision screening, to establish links between vision screening and the medical home and to ensure appropriate follow-up for children requiring further evaluation. Pilot sites will hold training sessions for health professionals and medical home clinicians, which will include appropriate referral and follow-up."

Prevent Blindness Virginia was one of five PUPVS pilot demonstration sites selected in the United States. Prevent Blindness Virginia (PBV) is working with two pediatric practices in Richmond and the pediatric practice within the Medical College of Virginia Commonwealth University to test the effectiveness of the vision screening certification that was developed by Prevent Blindness America. PBV will be submitting data (as will the other four pilot projects) this fall to the American Academy of Pediatrics. The other four demonstration projects include:

- Prime Care Pediatrics/Ohio Chapter of the AAP which is providing training and certification in vision screening to health care staff within primary care settings as well as in community settings within two counties within the Appalachian area of southeast Ohio;
- The Cumberland Pediatric Foundation, a pediatric practice with 330 pediatricians which serve 17 counties in Tennessee, which is

evaluating the results of traditional vision screening methods as compared with two different types of automated photoscreening;

- The Vision Screening Program at West Virginia University in collaboration with the Prevent Blindness America, West Virginia Division which has initiated an extensive vision-screening training program for preschool children in eight counties in West Virginia; and
- The Ratner Children's Eye Center at the University of California, San Diego which is working with a Head Start program in San Diego to screen 6,000 children. A second focus of the program is to study attitudes about vision screening that are held by parents and teachers and to develop and test an educational presentation about vision screening.

The data submitted by the five pilot projects will be evaluated in 2003 and will be forwarded to the U.S. House of Representatives Appropriations Committee for the Committee's review.

*The National Eye Institute (NEI) Is Funding Extensive Research to Examine the Reliability of Vision Screening Approaches.* As noted, NEI is funding research projects as a complement to the demonstration projects being funded by the Maternal and Child Health Bureau. While the role of the Maternal and Child Health Bureau involves "the development of health care policy and programs" NEI seeks to support research to determine best practices related to eye and vision care.

NEI's project is known as the Vision in Preschoolers (VIP) study. The VIP study will be a three-phase project which will compare the effectiveness of different types of vision screening techniques with eye examinations in identifying eye and vision problems. Figure 5 summarizes the research that is planned for each of VIP's three phases. Each phase is expected to take about a year to complete once it is underway. Phase 1 is currently underway and analysis of the data is expected to be completed in time for Phase 2 to begin during the fall of 2002. NEI expects the entire study to be completed and reported within the next three years. It is expected that this study will be very useful in determining the effectiveness of different types of screenings in identifying eye and vision problems as compared with an eye examination by an optometrist or ophthalmologist.



## **Individuals and Associations Representing the Interests of Elementary Schools Commented Regarding the Impact of HB 517 on Schools**

Individuals and associations were interviewed during the study concerning the impact of HB 517 on public elementary schools and the parents of elementary school students. A number of the interviewed representatives wanted to emphasize that they are not opposed to requiring eye examinations if the need for such examinations is demonstrated. It was generally believed however, that the current screenings completed by primary care practitioners and school personnel are effective in identifying children who suffer from vision disorders.

Neither the National Education Association nor the Virginia Education Association (VEA) had a position on the concept of requiring comprehensive eye examinations prior to elementary school enrollment. The VEA indicated that the cost of the eye examinations for parents who did not have insurance coverage for such examinations is a concern to the Association.

The Virginia Congress of Parents and Teachers did not have a specific position on HB 517 but indicated a general position to support health screening for school children.

*The Virginia School Boards Association (VSBA) Expressed Concerns about HB 517 Provisions.* A representative of the VSBA indicated that while the Association is very supportive of initiatives to improve the health care of students, VSBA has concerns about HB 517. VSBA believes that the provisions of HB 517 could be burdensome on parents and school divisions even though there is no proven need for adding the eye examination requirement. In addition, VSBA objects to the idea of keeping children out of school until an examination is performed. Questions regarding potential conflict with Virginia's compulsory school attendance law were noted. *Code of Virginia* § 22.1-254 requires, with few exceptions, all parents to send their school-age children to school or to provide instruction in the home with a tutor or teacher who meets qualifications determined by the Board of Education and approved by the local school superintendent. In summary, the VSBA representative indicated that the provisions of HB 517 seem to be a large step to take considering that it is unclear that the need for an eye examination has been demonstrated.

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**Figure 5**  
**National Eye Institute's Vision in Preschoolers (VIP) Study**

**Description of Research**

- Phase 1** Six vision screening tests are being conducted for 1,000 three- and four-year olds enrolled in Head Start programs in Chicago (who are known as having or being at high risk for vision problems). The screening tests are being conducted by optometrists and ophthalmologists. The results of the screening tests will be compared with the results of eye examinations conducted by a different group of optometrists and ophthalmologists who will not be informed of the screening results for the children.
- Phase 2** Planning is underway now and it is expected that pediatric nurses and laypersons will be trained to conduct the six vision screening tests used in Phase 1. (This research will be conducted in Chicago.) Phase 2 will again involve screening approximately 1,000 three- and four-year olds in Head Start who are known as having or being at high risk for vision problems. The results of these screening tests will be compared with the results of eye examinations conducted by optometrists and ophthalmologists who will not be informed of the screening results for the children.
- Phase 3** Depending on the results of the research completed in Phases 1 and 2, screening tests will be conducted by either optometrists and ophthalmologists or by pediatric nurses and laypersons of approximately 6,400 three- and four-year olds in Head Start. In Phase 3, a general population of Head Start students will be screened and examined (not just those who are known to have or be at risk of having vision problems). Phase 3 will again compare the results of the screening tests with the results of eye examinations conducted by optometrists and ophthalmologists who will not be informed of the screening results for the children.

**Source:** JCHC staff telephone interview with research director involved in Vision for Preschoolers study.

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*The Virginia Association of School Nurses (VASN) Does Not Endorse HB 517.* The legislative chairman of VASN, who is also employed as a school nurse practitioner and the coordinator of health services in the school division in which she works, discussed the concerns of school nurses regarding HB 517.

A primary reason that VASN does not endorse HB 517 is the financial burden it would place on parents. The VASN representative noted that considering the cost of the required physical examination is \$100 to \$150 now, an additional cost of \$75 to \$100 for a comprehensive eye

examination “may severely burden many of our parents.” The representative stated that for students who are found to need an eye examination through the school screening now, it is often difficult for school nurses to find providers who will accept Medicaid or FAMIS to fit a child with glasses. The representative noted in written comments: “We haven’t even looked for providers who will do a comprehensive visual examination including reading and visual comprehension. How will parents find providers in the numbers we are talking about, when we are talking about the entire kindergarten class?” In addition, the VASN representative noted that the eye examination requirement would be burdensome and expensive for parents whose private insurance does not include coverage for routine examinations.

The representative of VASN indicated that many school nurses complete more extensive screening than is required by the Commonwealth. These tests often include a test for accommodation and close vision to determine problems that might affect being able to see to read. Moreover, a number of school districts have added a 5th-grade screening because that is when significant growth in the students’ head and eyes often occurs and as a result the need for glasses often occurs.

*Representatives of Six School Divisions Noted Concerns about HB 517.* A representative who spoke on behalf of a Hampton Roads school division indicated that many school divisions would see the provisions of HB 517 as an unfunded mandate as it would be burdensome to ensure that all students have the required eye examination. It was noted that required eye examinations would increase the paperwork for school nurses who are already overburdened. The school representative also indicated being very concerned about keeping children who may not be well prepared to start school out of school because an eye examination has not been completed. In addition, school divisions would be very concerned about the cost of the examination for children who did not qualify for Medicaid or other governmental programs but were from low-income families. Significant concerns regarding how the schools would be able to inform parents of this new requirement were also raised.

A representative of the Fairfax County school division discussed the impact of HB 517 on a very large school division. Fairfax County enrolled approximately 12,000 kindergarten students last year. The representative indicated that the primary concern of the school division is the idea of keeping children, many of whom would pass the eye examination, out of

school until an examination could be submitted. It was noted that keeping children out of school would have a very negative effect on the children and set up negative interactions between the school and the parents. In addition, keeping children out of school would seem to be in conflict with the compulsory attendance law. The school representative stated that in Fairfax County, 35 percent of children are considered to be impoverished and a large percentage does not speak English. Thus, the fact that the local health department does not have optometrists or ophthalmologists on staff and Medicaid providers may also be unable to handle the demand for examinations is a significant concern. The Fairfax County representative asked that if eye examinations are going to be required, to allow the schools to have several years notice so that community connections to provide the examinations can be established and so that parents can be informed of the requirement and the resources that are available.

A school superintendent of a small school system was also interviewed. The small, rural school division this superintendent represents admits 150 to 200 kindergarten children per year. The superintendent indicated that in his community there are no ophthalmologists and only two optometrists. The superintendent was very concerned about the ability of the two optometrists to absorb the increased workload. The superintendent also questioned whether the need for the examinations had been demonstrated as rigorous screenings are completed in his division after children enter school. The schools have an agreement with the local Lions Club to complete a more extensive screening than the Department of Education requires. The superintendent also asserts that a child who is having trouble reading will be identified and physical examinations (including vision screenings) would be required. Another significant concern for the superintendent related to the ability of low-income parents to pay for eye examinations. Since these parents typically use the local health department to receive the required physical examination, it is unclear how the eye examinations would be obtained by these low-income parents.

A representative of three rural school divisions indicated that the three divisions currently have a difficult time ensuring that students have the required preschool physical and immunizations prior to being admitted into school. It is not unheard of for a child to be out of school for two weeks in order to complete the physical and the first set of required immunizations. Adding an eye examination as a new requirement was expected to present an even greater challenge for the schools. The cost of

the eye examination for low-income parents who do not have medical insurance was also noted to be a significant concern. The representative indicated that children who are having difficulty reading will be referred to the school's child study team which investigates possible problems the child may be suffering including vision problems that warrant further attention.

### **The Financial Impact of HB 517 on the Virginia Department of Health (VDH), Local Health Departments, and DMAS Is Unclear**

HB 170 had specifically added eye examinations as a responsibility of the local health departments by amending the language in *Code of Virginia* § 22.1-270.E to require local health departments to "conduct...physical *and eye* examinations for medically indigent children...." (The language added in HB 170 is shown in italics.) Local health departments are currently required to provide "physical examinations for medically indigent children without charge upon request...." By contrast however, no language was added in HB 517 to expand the statutory responsibilities of the local health departments beyond completing physical examinations. It is possible that responsibility for providing eye examinations would need to be assumed by the local health departments if efforts to obtain the examinations elsewhere prove to be unsuccessful.

The fiscal statement developed by the Department of Planning and Budget for HB 170 included an estimate of the cost to the Commonwealth and to localities if eye examinations were added to the responsibilities of local health departments. (Eye examinations, like physical examinations for children, were expected to be a service that may be provided under the state-local cooperative agreement.) The fiscal impact statement indicated that an estimated 4,411 preschool physicals were provided by local health departments in 2000. Because VDH does not employ optometrists or ophthalmologists, the department indicated that it would contract for the eye examinations. The fiscal impact statement included the following estimates and assumptions:

Average charge for optometrists – \$64 completing 2/3<sup>rd</sup>s of examinations

Average charge for ophthalmologists – \$105 completing 1/3<sup>rd</sup> of examinations

VDH estimated that 27 percent of the children seen for preschool physicals are eligible for Medicaid. VDH would be reimbursed \$45 by DMAS for

each Medicaid-eligible child receiving an eye examination. The DPB fiscal impact statement estimated the following annual expenditures for fiscal years 2003 and 2004:

VDH	\$197,096 GFs
Localities (matching funds)	\$131,397 NGFs
DMAS in Medicaid reimbursement	\$25,827 GFs
	\$27,768 NGFs

Thus, the annual expenditure in state general funds if the medically indigent children who receive preschool physicals from local health departments also received eye examinations through those local departments is estimated to be \$222,923; and the annual expenditure by localities is estimated to be \$131,397.

DMAS also developed an estimated cost to Medicaid and FAMIS for children to receive comprehensive eye examinations from an optometrist or ophthalmologist in the community, given that there is little utilization of those services now. (These costs are in addition to the reimbursement VDH would receive from DMAS for children seen in the local health department clinics.) DMAS provided the following estimates assuming a 70 percent utilization rate:

	<u>FY 2003</u>	<u>FY 2004</u>
DMAS in Medicaid reimbursement	\$428,607	\$443,652 GFs
	\$440,694	\$451,729 NGFs
DMAS in FAMIS reimbursement	\$20,407	\$21,116 GFs
	\$38,794	\$39,861 NGFs

As these DMAS estimates indicate, the greater impact on the state budget would be from paying for comprehensive eye examinations for children through Medicaid and FAMIS. While VOA indicates that the impact could be lessened by adjusting the frequency with which the examinations are allowed, that does not seem to be the case. According to DMAS staff, Medicaid and FAMIS currently reimburse for very few comprehensive eye examinations so reducing the frequency with which the examinations could be provided would have little impact.

## **The Fiscal Impact of HB 517 on the Virginia Department of Education and Local School Divisions Was Not Expected by to Be Substantial**

The fiscal impact statement prepared by DPB for HB 170 also addressed the expected impact on the Department of Education and local school divisions. The impact statement states:

This bill has no fiscal impact on the Department of Education. It is possible that local school divisions may choose to fund part or all the costs associated with the student eye examinations. If any local costs are incurred as the result of this legislation, then these costs could be included in a school division's Annual School Report (ASR), which is used as the basis for calculating prevailing costs used in funding the Standards of Quality (SOQ) model. Such additional expenditures could increase SOQ prevailing costs in future biennia. (Please note that the *Code* currently requires that the sight and hearing of students in grades K, 3, 7, and 10 be screened within 60 administrative working days of the opening of school.)

## **Virginia Association of Health Plans (VAHP) Could Not Give a Precise Estimate of the Impact of HB 517 on its Managed Care Plan Licensees or their Customers; VAHP Noted the Issue Is Whether a Comprehensive Eye Examination Is Medically Necessary**

VAHP "represents 25 managed care health plan licensees in the Commonwealth which together provide health care coverage to approximately 3.6 million Virginians." VAHP did not take a position on HB 517 but surveyed its membership to ask about the impact the bill provisions might have on Virginians who have private insurance coverage. VAHP's letter regarding HB 517 indicated:

In summary, the impact is difficult to assess due to the various benefit structures of each plan. However, plans' survey responses lend some insight into the potential impact of such a requirement. A few of their comments are listed below:

- One plan has a vision rider, (which not all groups will purchase), which covers a comprehensive vision exam, but not glasses.

- One member company assessed that they have approximately 7,500 four-year-olds enrolled in both their HMO and non-HMO plans, and that the increased utilization as a result of this requirement could create \$375,000 in costs that would ultimately be passed on to customers.
- Another plan commented that they cover “routine vision tests,” but was not sure that such coverage met the standard set forth in HB 517.
- One plan estimated there would be about 3,000 preschool exams done each year among their Northern Virginia enrollees, at a cost of approximately \$210,000.

Most plans contain a vision benefit; some plans offer more extensive coverage in the form of a vision rider that group members may purchase in addition to their primary health plan. A family’s coverage level will depend on the product they choose to purchase. In addition to the anecdotal responses listed above, plans also offered general comments about the need for HB 517:

- Medical necessity is currently being met by the pediatric screening already taking place; plans questioned the necessity of a comprehensive eye exam for every child, even if there has been no indication of eye problems;
- Should an enrollee have vision coverage that does not meet the standard set forth in HB 517, privately insured working families may be shouldered with unnecessary out-of-pocket expenses, in addition to those costs already encountered in preparing a child to enter school;
- Plans expressed concern as to how the uninsured population would comply with the requirement.

Based upon the responses of our membership, it is extremely complicated to determine the impact that HB 517, if enacted, would have upon the privately insured population. Unquestionably, there are increased costs associated with such a requirement. The issue at question is whether or not a comprehensive eye exam as defined in HB 517 for all pre-kindergarten students is medically appropriate.



**The Virginia Optometric Association Asserts that the Cost of Eye Examinations Will Be Minimal for Parents and that There Will Be No Fiscal Impact on the State Budget; VOA Indicates Comprehensive Eye Examinations Will Result in Savings in the Form of Reduced Expenditures Over Time**

VOA submitted information regarding the general cost of eye examinations and the specific cost to parents within Virginia to pay for those examinations. It should be noted that VOA does not “engage in collection or discussion of fee information on the cost of a comprehensive eye exam, noting that the U. S. Justice Department may consider collection of such information by a professional membership association to be price fixing.” The information submitted from VOA stated:

Based on limited review of publicly available information, especially that which is available from third party insurance plans (including Medicare), cost of a comprehensive eye exam in Virginia is as follows:

\$20 - \$150 Overall range in Virginia

\$20 - \$100 Range of eye exam fees by Virginia doctors of optometry

\$80 - \$160 Range of eye exam fees by Virginia ophthalmologists

\$ 64 Average fee for an eye exam by a Virginia optometrists\*

\$105 Average fee for an eye exam by a Virginia ophthalmologist\*

*\*Source: Virginia Department of Health in review of 2002 legislation, HB 517, noting that no reference for determining such averages was provided.*

\$45 Reimbursement rate by DMAS for a Medicaid covered comprehensive, routine eye examination.

...Depending on the region, anywhere from 45% to 100% of the optometrists participate in Medicaid.

While there is no readily available information to ascertain the number of Virginia families with routine vision care benefit/coverage, the **inclusion of these benefits throughout Virginia’s third party insurance plans indicates that most children in Virginia have some type of vision care benefits available.**

Out of pocket cost to parents for an eye exam for their child, prior to entering kindergarten, will depend on their geographic area, whether the eye exam is provided by an optometrist or ophthalmologist, and vision care benefits available through the parent's health insurance plan.

As examples, most children of families covered by Trigon may have their kindergartner's eyes examined for \$10 to \$15 if they go to a participating provider. If they obtain an exam from a non-participating provider, many Trigon policies will provide a \$30 allowance.

Based on the number of health insurance plans which offer or automatically include a vision care benefit, it is reasonable to expect (for most Virginia parents) that out of pocket expense for a child's eye exam will be \$10 to \$40. That amount could go as high as \$160 if the parent had no vision care insurance and chose to obtain care from an eye doctor charging higher fees.

VOA indicates that free or reduced cost services are available for children of low-income families who do not qualify for Medicaid or FAMIS through "Save Your Vision" programs. Historically during the month of March, many optometrists volunteer their time to provide free eye examinations. Beginning in January 2003, those examinations will be available year-round for families that qualify based on low income and lack of insurance coverage. In addition, VOA indicates the Lions Clubs provide assistance in paying for examinations, and VSP has a national program to provide free care.

VOA asserts that there will be no fiscal impact on the budget for state government in saying:

HB 517 reaffirms DMAS' ability to adjust utilization factors so that DMAS would not experience any increased costs (due to increased utilization) in Medicaid or FAMIS should all children be required to have a comprehensive eye exam before entering kindergarten....[The] Department of Education has indicated no fiscal impact on them from this legislation.

The Virginia Health Department has indicated some fiscal impact though their publicly released fiscal impact figures are based NOT on HB 517 but on similar legislation by Delegate Hargrove which was subsequently stricken. Unlike [Delegate] Hargrove's' legislation, HB 517 would not require the Department of Health to

fund any eye exams through local health department clinics. Their only cost may be to revise a now in use vision report form, noting HB 517 establishes a provision to reduce that cost by making it available through the internet.

VOA indicates that savings will accrue from requiring comprehensive eye examinations in the form of reduced expenditures over time. The American Optometric Association agrees in saying:

Early eye exams can help *prevent long-term medical expenditures arising from undiagnosed eye disorders, can reduce unnecessary placement of children in special education programs, and could also reduce social welfare spending* by improving children's ability to learn and succeed in life.

The American Foundation for Vision Awareness reiterates the point in writing:

According to a [1998] report by the National Eye Institute, "In children, visual impairment is associated with developmental delays and the need for special educational, vocational, and social services, often beyond childhood into adulthood."



## IV. Policy Options

The following Policy Options are offered for consideration by the Joint Commission on Health Care. They do not represent the entire range of actions that the Joint Commission may wish to recommend with regard to requiring eye examinations.

- Option I:**                **Recommend to the House Education Committee that HB 517 not be reported.**
- Option II:**            **Recommend to the House Education Committee that HB 517 be reported with one or more of the following amendments:**
- A.     Require pupils to furnish results of a comprehensive eye examination within 40 school days of being admitted to a public elementary school for the first time.**
  - B.     Require that the comprehensive eye examination must have been completed within 24 months prior to the date the pupil first enters a public elementary school.**
  - C.     Add a reenactment clause that provides for delayed implementation until January 1, 2004 to allow the Department of Health, the Department of Education, public elementary schools, and community resources to prepare for the new eye examination requirements.**
  - D.     Add a reenactment clause that provides for delayed implementation until January 1, 2006 to allow for changes to be made in the legislation to incorporate the findings of the demonstration projects being conducted by the Maternal and Child Health Bureau and of the research being conducted by the National Eye Institute regarding vision screening/ examination of children.**
- Option III:**            **Introduce a joint resolution directing the Board of Education to revise its administrative requirements in 8 VAC 20-80-50 Child Find to incorporate requirements for vision screening of kindergarten students to include tests of near vision and for symptoms of amblyopia. The effective date for the new requirements should be no earlier than July 1, 2004.**



**Appendix A:**

**Letter from the Chairman of the House Education Committee**







COMMONWEALTH OF VIRGINIA  
HOUSE OF DELEGATES  
RICHMOND

JAMES H. DILLARD, II  
4709 BRIAR PATCH LANE  
FAIRFAX, VIRGINIA 22032  
FOURTY-FIRST DISTRICT

February 26, 2002

COMMITTEE ASSIGNMENTS:  
EDUCATION (CO-CHAIR)  
PRIVILEGES AND ELECTIONS  
APPROPRIATIONS  
CHESAPEAKE AND ITS TRIBUTARIES  
RULES

E. Kim Snead, Acting Executive Director  
Joint Commission on Health Care  
Old City Hall, Suite 115  
1001 East Broad Street  
Richmond, VA 23219

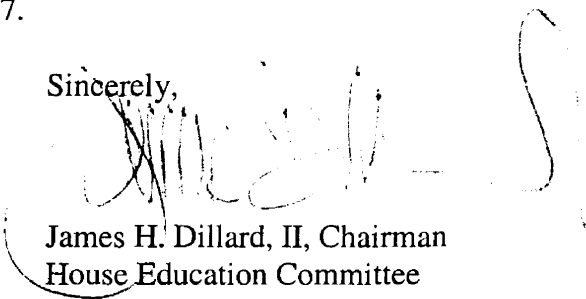
Dear Kim:

By unanimous vote of the House Education Committee, House Bill 517 was carried over to the next session and referred to the Joint Commission on Health Care for study.

The House Education Committee would appreciate receiving your results and recommendations by the early fall of this year so our Committee may review/consider the Joint Commission's report prior to our considering carry over measures.

On behalf of the House Education Committee, please accept our application for the Joint Commission study of House Bill 517.

Sincerely,



James H. Dillard, II, Chairman  
House Education Committee

JHD/sg

cc: The Honorable William T. Bolling, Chm.  
Joint Commission on Health Care  
General Assembly Building, Room 317

The Honorable Jeannemarie A. Devolites  
Patron, House Bill 517  
General Assembly Building, Room 515

Bruce B. Keeney, Sr., Executive Director  
Virginia Optometric Association  
118 North Eighth Street  
Richmond, VA 23219



**Appendix B:**

**HB 517 of the 2002 General Assembly Session**



2002 SESSION

022292720

HOUSE BILL NO. 517

Offered January 9, 2002

Prefiled January 8, 2002

A BILL to amend and reenact §§ 22.1-270 and 22.1-273 of the Code of Virginia, relating to preschool eye examinations.

Patrons—Devolites, Baskerville, Bolvin, Callahan, Christian, Councill, Crittenden, Hamilton, Hargrove, Ingram, Jones, S.C., Kilgore, Landes, McDonnell, McQuigg, Petersen, Plum, Reid, Spruill, Stump, Van Yahres, Welch and Wright; Senators: Edwards, Lambert, Saslaw, Wagner and Watkins

Referred to Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That §§ 22.1-270 and 22.1-273 of the Code of Virginia are amended and reenacted as follows:

§ 22.1-270. Preschool physical examinations.

A. No pupil shall be admitted for the first time to any public kindergarten or elementary school in a school division unless such pupil shall furnish, prior to admission, (i) a report from a qualified licensed physician, or a licensed nurse practitioner or licensed physician assistant acting under the supervision of a licensed physician, of a comprehensive physical examination of a scope prescribed by the State Health Commissioner performed within the twelve months prior to the date such pupil first enters such public kindergarten or elementary school or; and (ii) a report from a qualified optometrist or ophthalmologist licensed by the Commonwealth pursuant to Chapter 32 (§ 54.1-3200 et seq.) or Article 3 (§ 54.1-2929 et seq.) of Chapter 29 of Title 54.1, as the case may be, of a comprehensive eye examination performed within the twelve months prior to the date such pupil first enters such public kindergarten or elementary school; or (iii) records establishing that such pupil furnished such report reports upon prior admission to another school or school division and providing the information contained in such report reports.

For the purposes of this section, "comprehensive eye examination" means a complete and thorough examination of the eye and human vision system that includes, but is not limited to, an evaluation, determination, or diagnosis of (i) visual acuity at various distances; (ii) alignment and ocular motility, including eye tracking; (iii) binocular fusion abnormalities; (iv) actual refractive error, including verification by subjective means; (v) any color vision abnormality or deficiency; (vi) intraocular pressure as may be medically appropriate; and (vii) ocular health, including internal and external assessment, through use of a biomicroscope and ophthalmoscope and other means, of any abnormality or disease. "Comprehensive eye examination" shall not mean the testing of sight or vision screening as set forth in § 22.1-273.

If the pupil has no fixed, regular, and adequate nighttime residence, and has a primary nighttime residence as described in subdivision 6 of § 22.1-3, and for that reason cannot furnish the report reports or records required by (i) or (ii) of this subsection, and the person seeking to enroll the pupil furnishes to the school division an affidavit so stating, the school division shall refer the student for (i) physical examination by the county or city health department and (ii) a comprehensive eye examination by a qualified optometrist or ophthalmologist licensed by the Commonwealth pursuant to Title 54.1. The school division shall admit the pupil to school pending receipt of the report reports from such physical examination examinations.

No school division or school board employee shall discriminate in making referrals for the comprehensive eye examination required by this section. The student's parent may seek the licensed optometrist or ophthalmologist of his choice. Referrals shall include the names of licensed optometrists and ophthalmologists participating in the Virginia Medicaid Program or the Family Access to Medical Insurance Society (FAMIS) Plan.

B. The physician, or licensed nurse practitioner or licensed physician assistant acting under the supervision of a licensed physician, health care professional making a report of a physical or comprehensive eye examination required by this section shall, at the end of such report, summarize the abnormal physical or vision-related findings, if any, and shall specifically state what, if any,

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51 conditions are found that would identify the child as handicapped.

52 C. Such physical *and comprehensive eye* examination ~~report~~ reports shall be placed in the child's  
53 health record at the school and shall be made available for review by any employee or official of the  
54 State Department of Health or any local health department at the request of such employee or official.

55 D. Such physical ~~examination~~ *and comprehensive eye examinations* shall not be required of any  
56 child whose parent ~~or guardian~~ shall object on religious grounds and who shows no visual evidence of  
57 sickness *or ocular-related disease*, provided that such parent ~~or guardian~~ shall state in writing that, to  
58 the best of his knowledge, such child is in good health and free from any communicable or  
59 contagious disease.

60 E. The health departments of all of the counties and cities of the Commonwealth shall conduct  
61 such physical examinations for medically indigent children without charge upon request and may  
62 provide such examinations to others on such uniform basis as such departments may establish.

63 F., G., H. [Repealed.]

64 I. Parents ~~or guardians~~ of entering students shall complete a health information form which shall  
65 be distributed by the local school divisions. Such forms shall be developed and provided jointly by  
66 the Department of Education and Department of Health, or developed and provided by the school  
67 division and approved by the Superintendent of Public Instruction.

68 *Forms for reporting comprehensive eye examinations shall include a statement that such*  
69 *examination may be provided by a qualified optometrist or ophthalmologist licensed by the*  
70 *Commonwealth of the parent's choosing. Such forms shall be available to the public through*  
71 *electronic mail or websites maintained by the Departments of Education and Health and shall be used*  
72 *by the examining optometrist or ophthalmologist to report the results of the comprehensive eye*  
73 *examination required by this section.*

74 Such forms shall be returnable within fifteen days of receipt unless reasonable extensions have  
75 been granted by the superintendent or his designee. Upon failure of the parent ~~or guardian~~ to  
76 complete such form within the extended time, the superintendent may send to the parent ~~or guardian~~  
77 written notice of the date he intends to exclude the child from school.

78 § 22.1-273. Sight and hearing of pupil to be tested.

79 The Superintendent of Public Instruction shall prepare or cause to be prepared, with the advice and  
80 approval of the State Health Commissioner, suitable test cards, blanks, record books, and other  
81 appliances for testing the sight and hearing of the pupils in the public schools and necessary  
82 instructions for the use thereof. The State Department of Education shall furnish the same free of  
83 expense to all schools in a school division upon request of the school board of such division  
84 accompanied by a resolution of the school board directing the use of such test cards, blanks, record  
85 books and other appliances in the schools of the school division.

86 Within the time periods and at the grades provided in regulations promulgated by the Board of  
87 Education, the principal of each such school shall cause the sight and hearing of the relevant pupils in  
88 the school to be tested, unless such students are pupils admitted for the first time to a public  
89 kindergarten or elementary school who have been so tested as part of the comprehensive physical  
90 ~~examination~~ *and comprehensive eye examinations* required by § 22.1-270 or the parents or guardians  
91 of such students object on religious grounds and the students show no obvious evidence of any defect  
92 or disease of the eyes or ears. The principal shall keep a record of such examinations in accordance  
93 with instructions furnished. Whenever a pupil is found to have any defect of vision or hearing or a  
94 disease of the eyes or ears, the principal shall forthwith notify the parent ~~or guardian~~, in writing, of  
95 such defect or disease. Copies of the report shall be preserved for the use of the Superintendent of  
96 Public Instruction as he may require.

97 **2. That the Department of Medical Assistance Services, within both the Medicaid program and**  
98 **FAMIS Plan, shall continue to provide coverage for comprehensive eye examinations, including,**  
99 **but not limited to, children of kindergarten age. The Department of Medical Assistance Services**  
100 **shall revise its regulations to offset any proportional increase in costs resulting from any**  
101 **increased utilization of covered vision care services by amending the period of time and**  
102 **frequency for which comprehensive eye examinations are available as a covered service for**  
103 **children of preschool age.**

104 **3. That the Departments of Education and Health shall seek advice from the Virginia**

**105** Optometric Association and the Virginia Society of Ophthalmology in the development of the  
**106** form for reporting of a comprehensive eye examination.

Official Use By Clerks	
<b>Passed By</b> <b>The House of Delegates</b>	<b>Passed By The Senate</b>
with amendment <input type="checkbox"/>	with amendment <input type="checkbox"/>
substitute <input type="checkbox"/>	substitute <input type="checkbox"/>
substitute w/amdt <input type="checkbox"/>	substitute w/amdt <input type="checkbox"/>
Date: _____	Date: _____
_____ Clerk of the House of Delegates	_____ Clerk of the Senate

*Commission on Local Government*

**Estimate of Local Fiscal Impact**  
2002 General Assembly Session

**Bill:** HB 517      **Patron:**      Del. Devolites      **Date:** January 21, 2002

In accordance with the provisions of §§ 30–19.03 through 30–19.03:1.1 of the Code of Virginia, the staff of the Commission on Local Government offers the following analysis of the above-referenced bill:

**I. Bill Summary**

HB 517 adds an eye examination conducted by an optometrist or ophthalmologist to the preschool health enrollment requirements for kindergarten or elementary school. Local health departments are required to offer such examinations at no charge for indigent children. Currently, only a physical examination is required for enrollment in kindergarten or elementary school, and local health departments must conduct the physical examination at no cost for indigent children. This bill is similar to HB 170 - Hargrove.

**II. Fiscal Impact Analysis**

According to the Virginia Department of Health, the provision of preschool physical examinations to indigent children by local health departments is one component of the required services that qualify for cost sharing under the State-local cooperative program. At the present time, if eye problems are discovered as part of the preschool physical examination, then the local health department refers the child to a specialist for further testing.

While the Commission on Local Government received only a limited number of fiscal impact estimates from local governments, State officials estimate that the local share for the cost of adding preschool eye exams for indigent children could average between \$120,000 and \$200,000 for all counties and cities. For example, both Rappahannock and Bath Counties estimated that they each would incur increased annual operating costs in the range of \$5,000 or less.

**III. Conclusion**

HB 517 is expected to have a minimal fiscal impact for most local governments in the Commonwealth.



**Appendix C:**

**Summary of Public Comments**





## JOINT COMMISSION ON HEALTH CARE

### SUMMARY OF PUBLIC COMMENTS: Eye Examinations Prior to School Enrollment Study

#### Organizations/Individuals Submitting Comments

Twenty-three persons/organizations submitted comments in response to the eye examinations prior to school enrollment study:

- Battlefield Optometric Society
- Blue Ridge Optometric Society
- Chesapeake Bay Optometric Society
- Fairfax County Public Schools
- Hampton City Schools
- Lonesome Pine Optometric Society (LPOS)
- The Medical Society of Virginia
- Northern Virginia Optometric Society
- Piedmont Optometric Society
- Richmond Optometric Society
- Shenandoah Valley Optometric Society (SVOS)
- Southwest Virginia Optometric Society (SWVOS)
- Tidewater Optometric Society
- Virginia Association of Counties (VACO)
- Virginia Association of School Nurses (VASN)
- Virginia Chapter of the American Academy of Pediatrics (VA-AAP)
- Virginia Council of Nurse Practitioners
- Virginia Department of Health (VDH)
- Virginia Nurses Association (VNA)
- Virginia Optometric Association (VOA)
- Virginia Paraoptometric Association
- Virginia Society of Ophthalmology (VSO)
- John D. Wright, Jr., M.D.

**Policy Options Included in the  
Eye Examinations Prior to School Enrollment Issue Brief**

The following Policy Options are offered for consideration by the Joint Commission on Health Care. They do not represent the entire range of actions that the Joint Commission may wish to recommend with regard to requiring eye examinations.

- Option I:**            **Recommend to the House Education Committee that HB 517 not be reported.**
- Option II:**        **Recommend to the House Education Committee that HB 517 be reported with one or more of the following amendments:**
- A. Require pupils to furnish results of a comprehensive eye examination within 40 school days of being admitted to a public elementary school for the first time.**
  - B. Require that the comprehensive eye examination must have been completed within 24 months prior to the date the pupil first enters a public elementary school.**
  - C. Add a reenactment clause that provides for delayed implementation until January 1, 2004 to allow the Department of Health, the Department of Education, public elementary schools, and community resources to prepare for the new eye examination requirements.**
  - D. Add a reenactment clause that provides for delayed implementation until January 1, 2006 to allow for changes to be made in the legislation to incorporate the findings of the demonstration projects being conducted by the Maternal and Child Health Bureau and of the research being conducted by the National Eye Institute regarding vision screening/examination of children.**

**Option III:** Introduce a joint resolution directing the Board of Education to revise its administrative requirements in 8 VAC 20-80-50 *Child Find* to incorporate requirements for vision screening of kindergarten students to include tests of near vision and for symptoms of amblyopia. The effective date for the new requirements should be no earlier than July 1, 2004.

---

### Overall Summary of Comments

Eleven commenters (Fairfax County Public Schools, Hampton City Schools, The Medical Society of Virginia, Virginia Association of Counties, Virginia Association of School Nurses, Virginia Chapter of the American Academy of Pediatrics, Virginia Council of Nurse Practitioners, Virginia Department of Health, Virginia Nurses Association, Virginia Society of Ophthalmology and John D. Wright, Jr., M.D.) supported Option I.

Twelve commenters (Battlefield, Blue Ridge, Chesapeake Bay, Lonesome Pine, Northern Virginia, Piedmont, Richmond, Shenandoah Valley, Southwest Virginia, Tidewater, Virginia Optometric Societies and the Virginia Paraoptometric Association) supported Option II with various comments regarding items A-C. Three commenters (Blue Ridge O.S., Richmond O.S. and VOA) preferred four months rather than 40 school days in Option II A. Eight commenters (Blue Ridge O.S., Chesapeake O.S., Lonesome Pine O.S., Northern Virginia O.S., Richmond O.S., Shenandoah O.S., Southwest Virginia O.S., and the VOA) supported the concept behind Option II B which would allow comprehensive eye exams to be completed with 24 months prior to the date the pupil first enters a public elementary school. Four commenters (Blue Ridge O.S., Richmond O.S., Southwest Virginia O.S. and VOA) supported Option II C although VOA preferred a delayed effective date rather than a reenactment clause.

Three commenters (Chesapeake O.S., Tidewater O.S., and Virginia Optometric Association) opposed Option II D.

One commenter (Virginia Optometric Association) opposed Option III.

## Summary of Individual Comments

### **Battlefield Optometric Society**

Myron E. Wasiuta, O.D., President, commented in support of HB 517 and urged that Virginia follow recommendations of the American Public Health Association.

### **Blue Ridge Optometric Society**

Bruce J. Keenan, O.D., President, commented in support for HB 517. Dr. Keenan stated support for “each student entering the public school system for the first time be granted up to four months time to have a complete eye exam” (rather than 40 days as stated in Option II A). Dr. Keenan also expressed support for Options II B and II C.

### **Chesapeake Bay Optometric Society**

Floyd L. Griffith, O.D., President, expressed strong support for HB 517. Further, he stated that “while some reasonable changes may be appropriate regarding the period of time a child may obtain a comprehensive eye exam, the initiative should not be delayed.”

### **Fairfax County Public Schools**

Daniel A. Domenech, Ph.D., Division Superintendent, commented in support of Option I for the following reasons: (1) “We vigorously oppose exclusion from school as the enforcement mechanism for a compulsory comprehensive eye examination....[2] We are not satisfied that there are sufficient providers throughout the state to supply these examinations, particularly in the compressed time frame around opening of school....[3] We question whether such exams are covered...[by health care plans] and are concerned about the financial stress obtaining such expensive examinations would place on many of our families....[4] We do not believe the necessity for universal preschool comprehensive eye examinations has been documented.”

Dr. Domenech requested that the Joint Commission on Health Care “direct the Virginia Board of Education to review and revise its public school vision screening requirements for adequacy.”

### **Hampton City Schools**

The Hampton City Schools comments indicated opposition to HB 517 by stating, “Hampton City Schools remains opposed to HB 517, largely due to the

unfair and unnecessary burden eye exams would place on families within the division. High costs, so significant proof of improving readiness or increasing intelligence, delayed enrollment, and problematic parental notification all are reasons we oppose the legislation. Careful consideration must be given to this issue so as not to burden the families of Virginia. We therefore respectfully implore the Commission to perform the necessary due diligence on the matter, seeking widespread input and detailed information.”

### **Lonesome Pine Optometric Society (LPOS)**

Henry B. Ford, O.D., President, commented in support of HB 517 and indicated: “The Lonesome Pine Optometric Society represents that part of Virginia generally found in the 9<sup>th</sup> Congressional District. Due to the more rural nature of our area and constant economic challenges, education is one of our area’s top priorities. With the limitations of vision screenings and their ability to detect many vision abnormalities, it is critically important that Virginia’s children have a comprehensive eye examination before entering kindergarten.” Addressing concerns raised by some regarding services available to those less fortunate, Dr. Ford stated that in “addition to programs such as Medicaid...it is the norm that optometrists make special arrangements or waive their professional fees for patients with no insurance and in financial need.” Dr. Ford commented in support of the idea of allowing “a reasonable increase in the period of time a child can obtain a complete eye exam prior to entering school” (similar to Option II B).

### **The Medical Society of Virginia (MSV)**

William A. Hazel, Jr., MD, President, commented in favor of Option I on “behalf of the over 8,200 physician, resident and student members of the Medical Society of Virginia.” Dr. Hazel indicated that MSV “continues to have significant reservations about the proposal [HB 517] with regard to cost, access to care and necessity....In Virginia, the number of uninsured citizens numbers about one million. Accordingly, the Medical Society of Virginia remains concerned about the potential adverse economic effect such a mandate would have on Virginia’s uninsured and under-insured families. Furthermore, even if a citizen of the Commonwealth does have health insurance, not all health plans offer vision care benefits. Of the health plans that do offer a vision rider, the size and scope of such benefits vary greatly. Second, the Medical Society of Virginia also has concerns with regard to access to care if HB 517 were adopted. Currently in Virginia, multiple members of the health care team such as pediatricians, family physicians, nurse practitioners, physician assistants, school nurses and trained lay people (Prevent Blindness Virginia) perform vision screenings. With an average of 85,000 children entering public school each year in the Commonwealth, it makes little sense to limit the number of providers who are

statutorily permitted to perform a 'comprehensive eye exam.'...In this time of scarce health care dollars and exponentially rising health insurance premiums, we support preventive measures that can benefit the most people for the most reasonable cost. Until studies show otherwise, HB 517 would address a problem that has not been demonstrated to exist. Therefore, the Medical Society of Virginia supports Policy Option 1, which recommends that HB 517 not be reported by the House Committee on Education."

### **Northern Virginia Optometric Society**

Kathleen B. Moore, O.D., President, commented in support of HB 517. Dr. Moore stated: "With so much emphasis on SOL's, all children reading by third grade, and improving our school systems, HB 517 is common sense legislation....We have no objection to revising the legislation so it provides a greater period of time for children to have their eyes examined properly....This will provide additional time for our organization to work with Northern Virginia school divisions to ensure all children receive a comprehensive eye examination. We can also assure the Joint Commission that there is a sufficient number of licensed optometrists in the Northern Virginia area to provide this much needed care of the children of our area."

### **Piedmont Optometric Society**

Michael D. Gupton, O.D., President commented in support HB 517. Dr. Gupton stated: "with approximately 80,000 children entering kindergarten per year, with presumably 100% passing a vision screening, up to 16,000 enter school with an undetected vision problem. Because of the favorable and important impact upon our children and their school achievement, we urge the Joint Commission to strongly support passage of HB 517."

### **Richmond Optometric Society**

Shawn H. Hobbs, O.D., President, commented in support of Options II B and II C and in support of a variant of Option II A. Dr. Hobbs stated: "We do appreciate the administrative concerns related to implementing a new program. Thus we would suggest that a child should have a comprehensive eye examination within two years before they enter kindergarten. If necessary, so as to make sure a child is not kept from entering school, an additional grace period of four months after entering public school should be considered. Additionally, it may be appropriate to amend the legislation so it becomes effective January 1, 2004, giving school systems adequate time to prepare for the program.... We respectfully request the Joint Commission recommend passage of HB 517."



### **Shenandoah Valley Optometric Society (SVOS)**

Marc A. Hudson, O.D., President, commented in support of HB 517. Dr. Hudson stated that “the Joint Commission may wish to consider some changes in the period of time (prior to school) that an exam is required. However, due to the great benefit of our children, this legislation should move forward without further delay.”

### **Southwest Virginia Optometric Society (SWVOS)**

Mac Scothorn, O.D., President, commented in support of Options II B and II C. Dr. Scothorn stated further: “Even with the best intentioned vision screening, up to 20% of the children who pass that screening have an undetected vision problem. Unfortunately for those children, those problems often interfere with reaching their full potential in school. Noting that screenings always give a false sense of security, we agree with positions of Prevent Blindness America and the American Public Health Association ...screenings cannot take the place of a comprehensive eye exam, which should be provided by the time the child reaches age 4 or 5. A favorable recommendation for passage of HB 517 is most justified”

### **Tidewater Optometric Society**

Pamela D. Lundberg, O.D., President, commented in support of HB 517. Dr. Lundberg stated: “We recognize that some adjustments may need to be considered to make it easier for parents and school administrators to implement this much needed program. However, the benefits to our child demand we proceed as soon as possible.”

### **Virginia Association of School Nurses (VASN)**

Elizabeth Morse, Legislative Chair, commented in opposition to HB 517 stating that they cannot support creating mandatory comprehensive eye exams without data to support the measure. Specifically, Ms. Morse stated: “Currently, the state requires schools to test for distance vision; in school divisions that have nurses many test for close, distance, and binocular vision....Prevent Blindness Virginia offers a certification as a Children’s Vision Screener, many of the school nurses have already participated in the program....VASN feels that this is a useful and cost effective way to screen for more serious conditions. Although Medicaid and FAMIS will cover comprehensive eye exams, it is difficult to find a provider willing to take these forms of insurance. The true hardship will be on ‘working class’ families. These families often have private or employer provided insurance, but insurance coverage for eye health is very limited or non-existent. On average, children from age birth to 1 year visit a pediatrician six to eight

times, and children from age 1 to 5 have approximately seven visits. During the total of 13 to 15 visits to the family practitioner or pediatrician, the child has his eyes examined at every visit. There are many opportunities to catch problems and to refer the child to an optometrist or ophthalmologist. VASN feels the current vision screenings are appropriate to identify vision problems.”

### **Virginia Chapter of the American Academy of Pediatrics (VA-AAP)**

Leslie Ellwood, MD, FAAP, Secretary-Treasurer, expressed opposition to HB517 and in support of Option I. Dr. Ellwood stated: “There is no scientific evidence, data or statistics indicating that there is a problem with the current vision screening mechanisms in place. Without any data demonstrating the medical need to require eye examinations for preschool children, it is inappropriate to impose such a costly burden on families and the Commonwealth....Although the report includes exhaustive information provided by the Virginia Optometric Association (VOA) regarding the alleged link between learning disabilities and visual skills, those claims are not relevant to the discussion of HB 517. Health care professionals agree that vision care is a vital part of overall health care – the reasons are immaterial. The salient issues are that of medical necessity and cost-effective, reliable care....We would ask the Joint Commission to consider the following information during their deliberations regarding HB 517: Vision screenings are necessary and reliable....The pediatric medical home provides adequate vision monitoring....Mandatory eye examinations for all preschool children are medically unnecessary....Mandatory eye examinations for all preschool children are financially burdensome.”

### **Virginia Council of Nurse Practitioners**

Elaine Ferrary, President, expressed support for Option I. Ms. Ferrary stated: “Comprehensive examination of each and every child is neither necessary nor cost effective. And, depending on how the proposal is drafted, this requirement will cost – parents, the Commonwealth, health care plan premium payors, or local school divisions....”The Virginia Council of Nurse Practitioners submits that the best and most cost-effective way to identify potential health and related problems in school students is to ensure that each school has a school nurse.”

### **Virginia Department of Health (VDH)**

Robert B. Stroube, MD, MPH, commented in opposition to HB 517 and in support of Policy Option I. Dr. Stroube stated, “The *Code of Virginia* requires VDH to provide preschool physicals for indigent children. This eye exam checks for distance vision. Children who fail this screening are referred to a provider of

their parents' choice. The fiscal impact on VDH to provide an optometrist or ophthalmologist to perform the type of exam for each indigent preschool child required by the bill would be significant. VDH does not employ these health care providers, so would have to contract with them to provide this service."

#### **Virginia Nurses Association (VNA)**

Florence Jones-Clarke, President, commented in support of Option I. Ms. Clarke stated: "We believe the law would provide minimal benefit at an excessive cost to individuals and society. Also, we note that there is a lack of support for this bill from organizations involved in eye care. Currently, there are no data to support the contention that screening misses vision problems in a significant number of children that would have been discovered by a comprehensive preschool eye exam. The National Eye Institute's (NEI) study mentioned in the JCHC Draft Issue Brief may provide more comprehensive information about the effectiveness of screenings, but until the study is completed, and unless it indicates a comprehensive eye exam is significantly better than the current screening, no change should be made to the current requirement."

#### **Virginia Optometric Association (VOA)**

Roxann L. Robinson, O.D., Chairman commented on behalf of the Virginia Optometric Association, noting that VOA "represents approximately 85% of all doctors of optometry practicing in Virginia." Dr. Robinson stated that VOA supports Option II "with some modifications" including: (1) Option II (A) but four months rather than 40 days; (2) Option II (B); and (3) Option II (C) but a delayed effective date rather than a reenactment clause.

Dr. Robinson expressed opposition to Option III and Option II (D). Dr. Robinson stated: "Using vision screenings in lieu of comprehensive eye exams is contrary to sound medical judgment, is not cost effective and will not address the problem of undiagnosed vision problems as children enter school....Delay of passage of this legislation is contrary to Virginia's commitment to enhance our public education system and a goal to have all children reading by third grade."

Dr. Robinson also indicated that HB 517 "will have no adverse fiscal impact on the State Budget" and it may "provide a savings to Virginia's public education system by removing some reasons a child may not perform well in school." In conclusion, the VOA noted: "Passage of HB 517 represents Virginia's commitment to improving educational opportunities for children in the Commonwealth's public school system."

## **Virginia Paraoptometric Association**

Teresa Stokes, CPOA, President, commented in support of HB 517. Ms. Stokes stated: "Contrary to unsubstantiated claims, the norm is that pediatricians and family practitioners rely on a visual screening that involves little more than reading an eye chart at 20 feet....Many of our members have families and are thus especially interested in Virginia providing the best educational opportunity for our children. No matter how comprehensive a screening may be it is still limited by the training and experience of the screener. By experience, we know that a comprehensive eye exam by your family optometrist is the only way to make sure your child has no vision problems. To help our children and to allow them to make the best use of Virginia's public school system, support of HB 517 is strongly encouraged."

## **Virginia Society of Ophthalmology (VSO)**

Craig Hensle, MD, President, commented on behalf of VSO in opposition to HB 517. Specifically, Dr. Hensle stated, "Option I, which recommends that HB 517 not be reported, is the most prudent choice until a significant need for mandatory child eye examinations is demonstrated. Option II should be rejected because none of the proposals correct an existing problem or address visual development in a meaningful, effective manner. Option III is laudable and recognizes a need for standardized vision screenings. However, VSO would recommend that this approach would be most effective by identifying a medically-endorsed screening program, such as Prevent Blindness Virginia, that could serve as the Commonwealth's standard."

## **John D. Wright, Jr., M.D.**

John D. Wright, Jr., M.D., commented in opposition to HB 517 as a citizen of the Commonwealth and as a member of the faculty in the Department of Ophthalmology at Virginia Commonwealth University. Dr. Wright stated, "I am opposed to this bill because of its lack of merit. Advocates of House Bill No. 517 argue that current vision screenings miss important eye disease and that eye problems in school children interfere with their ability to learn. They argue that mandating a complete eye exam within the year prior to starting kindergarten or first grade will discover eye disease and vision problems leading to treatment of the problems and to the child's improved ability to learn. These arguments are, for the most part, wrong, and there is no legitimate basis for asking the citizens of the Commonwealth to incur the expense of this legislation....I oppose House Bill No. 517 because it is a bad bill. It mandates unnecessary exams at great expense, doing nothing to enhance children's learning experience, and obfuscating the importance of discovering problems that interfere with normal

visual development early enough in the infant's or child's life to treat them effectively. Please vote this bill down."



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# **JOINT COMMISSION ON HEALTH CARE**

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**Executive Director**

Kim Snead

**Senior Health Policy Analyst**

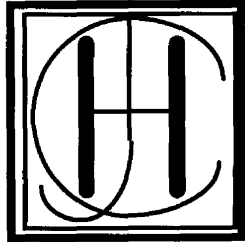
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