

Department of Legislative Services
 Maryland General Assembly
 2017 Session

FISCAL AND POLICY NOTE
 First Reader - Revised

House Bill 458 (Delegate Kittleman, *et al.*)
 Ways and Means and Health and
 Government Operations

Visual Impairments - Requirements for Teacher Training, Student Screening,
 and Maryland Medical Assistance Program Coverage

This bill requires the Professional Standards and Teacher Education Board (PSTEB), by July 1, 2018, to require teachers to complete a specified training course regarding understanding and recognizing symptoms of visual impairments as a condition of renewing a teaching certificate. A vision screening conducted by a local board of education or local health department (LHD) must include administration of a specified computerized screening to detect possible symptoms of visual impairments. The Department of Health and Mental Hygiene (DHMH) must provide each LHD with the equipment for the screenings. Beginning January 1, 2018, Medicaid must provide vision rehabilitation and habilitation for all individuals with income below 133% of federal poverty guidelines.

The bill takes effect July 1, 2017.

Fiscal Summary

State Effect: DHMH general fund expenditures increase by \$1.1 million in FY 2018 to provide equipment to LHDs and conduct training; future year costs for ongoing maintenance and replacement of equipment have not been quantified. Medicaid expenditures increase by a significant amount beginning in FY 2018 to provide vision rehabilitation and habilitation; however, these services are not defined by the bill, and the costs have not been quantified below. **This bill increases the cost of an entitlement program beginning in FY 2018.**

| (in dollars) | FY 2018 | FY 2019 | FY 2020 | FY 2021 | FY 2022 |
|----------------|---------------|---------|---------|---------|---------|
| FF Revenue | - | - | - | - | - |
| GF Expenditure | \$1,059,800 | - | - | - | - |
| GF/FF Exp. | - | - | - | - | - |
| Net Effect | (\$1,059,800) | \$0 | \$0 | \$0 | \$0 |

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: Local expenditures increase by an indeterminate but significant amount for local boards of education and LHDs to perform additional screenings and for some local school systems to reimburse teachers for additional required coursework. **This bill imposes a mandate on a unit of local government.**

Small Business Effect: None.

Analysis

Bill Summary:

Teacher Training

PSTEB must approve a teacher training course that (1) is designed for educators; (2) has been in use for at least five years; (3) is taken online and complies with § 508 of the federal Rehabilitation Act of 1973; (4) satisfies professional development requirements; and (5) provides information and training on education and classroom development activities relating to visual processing disorders. PSTEB must adopt regulations to implement the training requirement.

Computerized Screenings for Possible Symptoms of Visual Impairments

A computerized screening for visual impairments must include, at a minimum, (1) interpupillary distance; (2) fixation duration; (3) static visual acuity, monocular and binocular; (4) Von Graefe vertical vergence; (5) Von Graefe horizontal vergence; (6) accommodation AC/A; (7) convergence; (8) divergence; (9) supravergence; (10) infravergence; (11) eye dominance; (12) color deficiency, monocular and binocular; (13) gratings contrast sensitivity, monocular and binocular; and (14) field of view and range recognition, 30 degree.

As is required for vision screenings under current law, unless the student has been tested within the past year, a computerized screening must be given in the year that a student enters a school system, enters the first grade, and enters the eighth or ninth grade. Additionally, a computerized screening must be given *annually* to each student who has an individualized education program (IEP).

As with the results of current vision screenings, the results of the computerized screening for visual impairments must be made part of the permanent record file of each student, given to the parents of any student who fails the screening, and reported to the local board of education or the LHD. Additionally, the results must be provided to parents if a student may have possible symptoms of a visual impairment.

A parent or guardian must report to the local board of education or LHD on the recommended services received by a student who has failed the screenings or who may have possible symptoms of a visual impairment. As with the results of current vision screenings, a student whose parent or guardian objects in writing to a computerized screening for visual impairments on religious grounds may not be required to take the screening. The local board of education or the LHD must report the results of the computerized screenings for visual impairments to DHMH and the number of students receiving the recommended services, if practicable.

Current Law: Each local board of education or LHD must provide hearing and vision screenings for all students in local public schools, and each LHD must provide and fund the screenings for private and nonpublic schools in the jurisdiction. Unless evidence is presented that a student has been tested within the past year, the screenings must take place in the years that a child enters a school system, enters the first grade, and enters the eighth or ninth grade. Further screenings must be done in accordance with the bylaws adopted by the State Board of Education or policies adopted by a local board of education or LHD.

Results of screenings go in each child's permanent record, are given to the parents of any student who fails the screenings, and are reported to the local board of education or LHD. The parent or guardian of a student who does not pass a screening must report on the recommended services received by the student, and the report must be submitted on a form provided by the local board of education or LHD. The local board of education or LHD must report the results of screenings and the number of students receiving recommended services to DHMH. A student whose parent or guardian objects in writing to a hearing or vision screening on religious grounds may not be required to take the screening.

The federal Individuals with Disabilities Education Act requires that a child with disabilities be provided a free appropriate public education in the least restrictive environment from birth through the end of the school year in which the student turns 21 years old, in accordance with an IEP specific to the individual needs of the student.

Code of Maryland Regulations 13A.05.01.03 defines "visual impairment" as impairment in vision which, even with correction, adversely affects a student's educational performance. "Visual impairment" includes partial sight and blindness. "Student with a disability" includes a student age 3 through the end of the school year in which the student turns 21 who has been evaluated as having visual impairment, including blindness, and who, because of the impairment, needs special education and related services. According to the Maryland State Department of Education (MSDE), as of December 2016, 106,847 students in Maryland had IEPs. Based on MSDE's *Maryland Report Card*, in 2016, there were 294,272 students receiving special education services.

According to MSDE, in 2016, approximately 18,822 teachers renewed their certificates. To renew a teaching certificate, a teacher must submit six semester hours of coursework or its equivalent for each five-year renewal period. The cost of any coursework is the teacher's responsibility; however, some local school systems have reimbursement policies, with the percentage of reimbursement and the number of credits reimbursed per year varying among jurisdictions.

Background: Vision screenings are provided by either the local school board or LHD, depending on the jurisdiction. In one jurisdiction, the local school system contracts with a local hospital to perform the screenings. Vision screenings are predominately an eyesight test to determine if the child has visual acuity of 20/40 or greater. These routine screenings do not test all visual skills.

Visual processing disorders can hinder an individual's ability to make sense of information taken in through the eyes. Difficulties with visual processing affect how visual information is interpreted by the brain. Visual processing disorders may result in difficulty with spatial relations, visual discrimination, visual closure, object recognition, relationships between objects, and visual motor integration. Binocular processing disorders are visual impairments in which binocular visual skills, such as tracking, depth perception, and convergence (the ability of the eyes to move and work as a team) are not adequately developed. These disorders are not identified through routine vision screenings and may be inadvertently misdiagnosed as other conditions such as attention deficit hyperactivity disorder or autism, leading to inappropriate interventions.

A 2012 report conducted at The Ohio State University concluded that children with IEPs are likely to have a greater prevalence of nearly all vision-related problems compared to the general pediatric population. Because students with IEPs are likely to experience vision-related problems more often than the general population, the report recommended that these children undergo comprehensive vision examinations to identify and treat these conditions.

Medicaid currently provides comprehensive vision benefits to children younger than age 19 as part of the Early and Periodic Screening, Diagnostic, and Treatment benefit. Vision benefits are not mandated for adults; however, all managed care organizations offer a limited vision benefit.

State Expenditures:

Computerized Screening Equipment for All Local Health Departments

DHMH general fund expenditures increase by \$1.1 million in fiscal 2018 only, which reflects the bill's July 1, 2017 effective date. This estimate reflects the cost of purchasing

equipment for computerized screenings and hiring one full-time contractual staff specialist to conduct training on how to use the vision screening equipment at each LHD. It includes a salary, fringe benefits, and one-time start-up costs. The information and assumptions used in calculating the estimate are stated below:

- The bill requires DHMH to fund and provide to *each LHD* the equipment for the computerized screenings, even though not all vision screenings are provided by LHDs.
- A minimum of 125 machines (an average of 5 machines for each of the 24 LHDs, plus 5 backup machines) are required at an estimated unit cost of \$8,000.

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|---|--------------------|
| Contractual Position | 1 |
| Salary and Fringe Benefits | \$54,555 |
| Computerized Equipment for Screenings | 1,000,000 |
| One-time Start-up Operating Expenses | <u>5,265</u> |
| Total FY 2018 State Expenditures | \$1,059,820 |

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

The estimate also does not reflect the cost of maintenance or replacement of the machines, which will increase DHMH general fund expenditures in future years.

Medicaid Coverage of Visual Rehabilitation and Habilitation

Medicaid expenditures increase by a significant amount beginning in fiscal 2018 to provide visual rehabilitation and habilitation, effective January 1, 2018. As the bill does not define visual rehabilitation and habilitation, it is unclear the scope of services required to be provided. For purposes of this estimate, DHMH interprets the bill as requiring Medicaid to provide coverage for the costs of an annual vision exam and eyeglasses for all eligible adults (such benefits are already provided to children up to age 19).

Under this assumption, DHMH general fund expenditures increase by as much as \$36.8 million in fiscal 2018 (\$13.5 million in general funds, \$23.3 million in federal funds), which reflects six months of coverage for the second half of fiscal 2018 only. On an annualized basis, Medicaid expenditures increase by as much as \$73.7 million (\$27.1 million in general funds, \$46.6 million in federal funds).

On an annual basis, this estimate reflects the cost of providing one annual vision exam (at a cost of \$101) to 363,588 individuals and one pair of glasses (at a cost of \$153) to 241,649 individuals. A federal matching rate of 60% is assumed for individuals aged 19 to

64 years, while a federal match of 65% is assumed for individuals age 65 and older. To the extent the scope of services required to be covered is different than this assumption, Medicaid expenditures vary significantly.

Local Fiscal Effect: DHMH advises that local governments will be required to hire additional staff to administer the computerized screenings, in particular to handle additional screenings of students with IEPs (106,847 statewide) that must now be conducted annually. According to the Maryland Association of County Health Officers, for a small LHD that provides vision screenings, an additional 0.5 full-time equivalent position is required at an estimated cost of \$30,000 to \$35,000 per year, as well as training, travel, and other associated administrative costs. The Department of Legislative Services assumes that similar additional costs will be incurred by local boards of education that provide vision screenings. Expansion of vision screening requirements will likely have significant operational impact on local school systems. In addition, local school systems that reimburse teachers for coursework likely incur additional costs.

Additional Comments: To the extent computerized screening identifies students with visual impairments and results in appropriate diagnosis and treatment, savings may occur in other areas, such as special education costs and unnecessary medical or behavioral health treatments.

Additional Information

Prior Introductions: None.

Cross File: SB 604 (Senator Bates, *et al.*) - Education, Health, and Environmental Affairs and Finance.

Information Source(s): Maryland Association of County Health Officers; Maryland State Department of Education; Department of Health and Mental Hygiene; Department of Legislative Services

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