

February 24, 2023

The Honorable Brian Feldman, Chairman
Education, Energy & the Environment Committee
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

Re: Testimony in Opposition to Senate Bill 573 “School Health and Vision Services – Screenings and Eye Examinations”

Dear Chairman & Members of the Committee:

MOA is a 501 (c) 6 non-profit trade association representing hundreds of member optometrists practicing in almost every jurisdiction in the State. As Maryland’s family eye doctors, doctors of optometry know the importance of ensuring all children receive proper eye and vision care. Children are at risk for a wide range of eye and vision disorders, but clear continuity of care coupled with regular comprehensive eye examinations conducted by an eye care provider (optometrist or ophthalmologist) both annually and at key developmental milestones in a child’s life can improve detection, diagnosis, and early prevention or treatment of eye conditions. Failure to address significant eye and vision conditions early may have long-term consequences not only on eye health but also on educational attainment, professional opportunities and quality of life.

A growing number of states have enacted laws in recent years that require children to have a comprehensive eye exam before entering the school system. The MOA strongly supports these efforts, which not only ensure children begin their academic experience with healthy eyes and good vision, but also save the State considerable human and financial resources. MOA applauds the bill Sponsor’s inclusion of this provision and the addition of third or fourth grade to the current vision screening population, which would greatly help to identify children living and learning with an undetected vision condition. MOA opposition of SB 573 is the establishment of the Vision for Maryland Program under Section 7-404.3 of the Education Article. The reason for this is twofold:

1. The Program, which is to be modeled after the Vision for Baltimore Program does not provide a comprehensive exam. As a result of this diminished standard of care, many vision and eye health conditions can be missed, causing more harm than good.
2. The Program lacks any continuity of care for children receiving one-time services. This concern is evidenced by comments made by Vision for Baltimore Program administrator, pediatric ophthalmologist Megan Collins, M.D. in a September 9, 2021 JAMA Ophthalmology article entitled, “Effect of a Randomized Interventional School-Based Vision Program on Academic Performance of Students in Grades 3 to 7 - A Cluster Randomized Clinical Trial.” In the article, Dr. Collins states the following:

“Our study showed benefit at 1 year that was not sustained after 2 years. The reasons for this may be that students may wear eyeglasses less over time or that the refractive correction may no longer be sufficient. A similar decrease in impact over time has been reported previously, as has decreased use of eyeglasses with time. Collectively, these findings underscore that for SBVPs to maximize

impact, they must not only provide eyeglasses but also ensure mechanisms for monitoring wear, replacement, and connection to community eye care clinicians for long-term care.”

<https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2783867>

In another journal article published on April 9, 2019 by the Survey of Ophthalmology entitled, “Referral to community care from school-based eye care programs in the United States 2019,” Dr. Collins stated the following about her experience with the Vision for Baltimore Program and other school-based eye care programs:

“Approximately 25% of school-aged children in the United States have vision abnormalities, most commonly refractive error that can be corrected with spectacles. Limited follow-up adherence after failed school-based vision screening led to an increase in school-based eye care programs that provide screening, eye examinations, and spectacle prescription at the school. These programs address the access barrier and often provide the first point of contact between children and eye care. Nevertheless, several lower prevalence conditions, such as amblyopia, strabismus, and glaucoma, cannot be adequately treated in the school setting, and some require frequent and long-term follow-up, necessitating referral to eye care providers in the community. We conducted a literature review and identified 10 programs that provided school-based screening, examinations, and spectacle prescription and reviewed their referral rates, criteria, mechanisms, adherence, ocular findings at referral, and long-term care plans. Most programs referred 1% to 5% of screened children. Most communicated with parents or guardians through referral letters and used various strategies to incentivize adherence. Referral adherence was 20-50% in the four programs that reported these data. ***School-based eye care programs rarely referred children for long-term follow-up care needs, such as updating spectacle prescriptions annually.***”

[https://www.surveyophthalmol.com/article/S0039-6257\(18\)30224-8/fulltext](https://www.surveyophthalmol.com/article/S0039-6257(18)30224-8/fulltext)

There are many visual conditions that can impact a child’s ability to read, write, spell or perform math computations. Approximately 80% of learning comes through the visual system. When assessing a child’s overall health for learning difficulties, it is critical that the student receive a comprehensive eye exam by an eye care provider (optometrist or ophthalmologist) and timely, regular follow up when the child is diagnosed with a vision disorder or refractive error. As Dr. Collins correctly points out, the Vision to Learn, and likeminded programs, provide a valuable service to children in need, but they cannot not address follow up issues that arise for most patients, leaving them without a provider to care for them in the future.

MOA commends the house bill sponsor for bringing together a well-rounded stakeholder group of healthcare professionals, educators, administrators and child advocates to improve both the identification and assessment process for children with vision conditions impacting their ability to learn to ensure these children receive needed vision care. We strongly encourage the Committee to call for a Task Force (similar to the Task Force on Oral Health established in 2021 (HB 368 / SB 100) to conduct a comprehensive study on barriers to eye care for children in the State that will thoughtfully determine the best way to address the children’s vision crisis that currently exists. For the reasons stated herein, the Maryland Optometric Association urges this Committee to vote unfavorably on SB 573.

Sincerely,

Whitney Fahrman, O.D.

Whitney Fahrman, O.D., MOA President