

# **SB0573 Favorable Testimony Conni Strittmatter - Ba**

Uploaded by: Conni Strittmatter

Position: FAV



February 24<sup>th</sup>, 2023

**Testimony of Conni Strittmatter, Youth & Family Engagement Manager  
Baltimore County Public Library**

**SB 0573**

**School Health and Vision Services – Screenings and Eye Examinations**

Dear Education, Energy, and the Environment Committee,

My name is Conni Strittmatter – I am the Youth & Family Engagement Manager for Baltimore County Public Library. During my time in this position, I have worked closely with the non-profit organization Vision to Learn to offer eye exams for children throughout our county during the summer so they can enter school in the Fall prepared to learn and succeed. Since 2018, our partnership has allowed us to provide 653 children with an eye exam, and 381 of them with prescription glasses. We know there are far more in our community and throughout Maryland who are in need – we receive calls throughout the school year asking when we will have this service again.

We know that vision is a crucial component to a child's education. Without proper vision care, a child will fall behind quickly at school and develop other behavioral and educational needs because of it.

I, and Baltimore County Public Library, wholeheartedly support SB 0573 *School Health and Vision Services - Screening and Eye Examinations*. This bill would create additional structures to identify the children who need an eye exam and would provide the needed resources for an organization like Vision to Learn to provide that needed exam.

Thank you for taking my views on this bill into consideration.

Sincerely

Conni Strittmatter  
Youth & Family Engagement Manager  
Baltimore County Public Library  
6105 Kenwood Ave  
Rosedale, MD 21237

# **KLY's Testimony Eye Exam SB573.pdf**

Uploaded by: Karen Lewis Young

Position: FAV



THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

February 23, 2023

Chair Senator Brian Feldman  
Education, Energy, and the Environment  
2 West Miller Senate Office Building  
Annapolis, MD 21401

Chairman Feldman, Vice-chair Kagan and Education and Energy, and Environment Committee Members,

**THE PROBLEM** - Many Maryland primary and secondary school children with vision problems never receive the glasses necessary for them to see well enough to learn. This ability is a necessity in order to honor our commitment to the Blueprint for Maryland's Future.

SB573, the work product of a multi-stakeholder groups including ophthalmologists, optometrists representatives of the state school boards, state superintendents, state local public health officers, vision advocates, community service organizations, and other stakeholders who would:

- Establish a process to provide vision exams and prescribed glasses for students who have fallen through the cracks and connect them with local providers and resources for ongoing and long-term follow-up and management;
- Add additional vision screenings for students in public schools;
- Standardize based on local jurisdiction best practices the information shared with families regarding vision screenings, vision exams, and resources available for obtaining indicated exams and glasses;
- Convene a work group of the Maryland Department of Education and the Maryland Department of Health to collaborate in identifying and partnering throughout the state with local resources and to expand the current programs that are successfully filling the gaps in vision care so that every jurisdiction will have what they need to ensure that no child needing glasses can receive them.

Establishing a work group to determine the best plan to roll out the program so that jurisdictions with the greatest need are prioritized earlier and coordinate with local school systems, public health departments, providers, and community resources in customizing the program to local needs is a core component of this legislation.

Additionally, it has been recommended that we create a task force to study children's vision health, similar to the Task Force on Oral Health that was formed as result of legislation passed during the 2021 Regular Session.

Between thirty and seventy percent of students who fail vision screenings fail to either get the vision exams to diagnose the problem or the glasses that they need. This is not isolated to a particular socioeconomic level. The reasons vary, and are not always related to family income, but the result is the same. By ensuring that the students identified as needing glasses actually get them, we make a small upstream investment that can lead to huge downstream benefits for the student, the community and our state, at a much lower cost than waiting until than the costs associated with education failures.

I respectfully request a favorable report.

Sincerely,

A handwritten signature in blue ink that reads "Karen Lewis Young". The signature is written in a cursive, flowing style.

Senator Karen Lewis Young

**2\_24\_23- SB 573- School Vision Services.pdf**

Uploaded by: Nancy Soreng

Position: FAV



## TESTIMONY TO THE EDUCATION, ENERGY AND THE ENVIRONMENT COMMITTEE

### SB0573: School Health and Vision Services- Screenings and Eye Examinations

**POSITION: Support**

**BY: Nancy Soreng, President**

**DATE: February 24, 2023**

The League of Women Voters supports **Senate Bill 573: School Health and Vision Services-Screenings and Eye Examinations**. The League believes that early intervention measures are essential to help children reach their full potential. It supports policies and programs at all levels of the community and government that promote the well-being and encourage the full development of all children.

Per the Journal of School Health<sup>1</sup>:

**-More than 20% of school-aged youth have some kind of vision problem.... When diagnosed with eye care problems, Black youth living in poverty received fewer and less intensive services.** Causal pathways through which vision problems adversely affect academic achievement include sensory perceptions, cognition, and school connectedness. Vision screening is widespread in the nation's schools, but **the educational (and public health) benefits from these efforts are jeopardized by lack of follow-up and coordination of efforts.**

Students with neurodevelopmental disorders such as Down Syndrome, a family history of eye diseases, or those with medical issues such as diabetes or a history of premature birth are particularly at risk for vision problems.

Maryland law mandates periodic vision screening tests for all students in public schools upon entry to school, in first grade, and in eighth or ninth grade. If a child fails a screening test, the parents are notified and advised to arrange for a comprehensive eye exam with a pediatric optometrist or ophthalmologist who participates in the Pediatric Vision program. Only a comprehensive eye exam with a licensed provider can diagnose a child's visual problem and determine whether glasses or another corrective device is needed.

**Senate Bill 573** will mandate an additional vision screening, for students in third or fourth grade. The Vision for Maryland Program will help ensure that all children who need vision support services receive them. A central repository of information on students' vision needs will help coordinate communication and interventions on behalf of the student between the school, parents, and pediatric optometrists and ophthalmologists.

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<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/21923871/>

The current school vision screening system does not benefit all of the Maryland school children who need vision services. **Too many students fail to receive the help they need in order to succeed in school- even if it's a need as fundamental, and as simple, as a pair of glasses.** Although the Affordable Care Act considers pediatric vision care an essential health benefit, and thus comprehensive pediatric eye exams are covered, full coverage for glasses is not always included as a benefit.

**This is a matter of equity. It is important that all children in our state receive the vision services they need to succeed, and for that reason, the League and its 1,500+ members urge the committee to give a favorable report to Senate Bill 573.**



**SB 573- LWVMD- FAV- School Vision Services.pdf**

Uploaded by: Nora Miller Smith

Position: FAV



## TESTIMONY TO THE EDUCATION, ENERGY AND THE ENVIRONMENT COMMITTEE

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**BY: Nancy Soreng, President**

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**This is a matter of equity. It is important that all children in our state receive the vision services they need to succeed, and for that reason, the League and its 1,500+ members urge the committee to give a favorable report to Senate Bill 573.**

# **Edit Testimony In Support of SB 573 - HB 1054 - EE**

Uploaded by: Rich Ceruolo

Position: FAV



February 22, 2023

Maryland Senate  
11 Bladen St.  
Annapolis, MD. 21401

**In Support of SB 573 / HB 1054: School Health and Vision Services – Screenings and Exams**

Members of the Maryland Senate’s EEE Committee.

Our 1500 plus membership of families support this bill, and the establishment of standardizing Health and vision screenings in preparing children for success in school.

What a great idea to equity and inclusion for families of children that require the wrap around supports and services included within the Blueprint for Maryland’s Future. Offering students health and vision screenings needed to fully access their education. Reducing the gaps in vision screenings so that common vision problems can be caught and treated in time to allow the student fair, full and equal access to their education.

We trust that the results of screenings and health information will be provided to families, and automatically trigger certain health services be enacted on behalf of the student(s) and their family.

After the events of the past 3 years, now more than ever, we all need supports and services to help our children be more successful in life as well as in school. Getting back to normal is going to take all of us acting in concert to support our students that need health related support services.

Please return a favorable report on SB 573/ HB 1054 in order to provide services and supports to families all across the state of Maryland. Thank you for your time, and for considering our testimony here today.

Mr. Richard Ceruolo | [richceruolo@gmail.com](mailto:richceruolo@gmail.com)  
Parent, Lead Advocate and Director of Public Policy  
Parent Advocacy Consortium (Find us on Facebook/Meta)  
<https://www.facebook.com/groups/ParentAdvocacyConsortium>

# **Vision To Learn - HB 1054 Support Letter.pdf**

Uploaded by: Alex Kleynhans

Position: FWA



February 21, 2023

The Honorable Terri L. Hill, M.D.  
Member, Maryland House of Delegates  
SUBMITTED BY E-MAIL

Re: House Bill 1054

Dear Delegate Hill,

Thank you for your continued advocacy for policies and programs that would improve access to vision care for children and young people in Maryland. At Vision To Learn, a non-profit organization working to help students across the country get the glasses they need to succeed in school, our mission aligns closely with this goal. Since 2012, Vision To Learn has provided no-cost vision screenings, eye exams and glasses directly to K-12 students in 14 states and the District of Columbia. Our program utilizes mobile vision clinics that travel to school sites and community organizations, bringing help directly to kids who need it. As the program continues to grow, we are committed to utilizing best practices and evidence-based research to inform our protocols for vision screenings, eye exams, prescribing glasses, and connecting children to local eye care providers for further evaluation, when needed.

Since 2016, Vision To Learn has partnered with Johns Hopkins University, Baltimore City Health Department, Baltimore City Public Schools, and Warby Parker to provide services at City Schools as “Vision for Baltimore.” To-date the program has provided more than 64,000 vision screenings, 16,000 eye exams and 11,800 glasses to K-8 students in Baltimore. This work has been supported by many generous local and national sponsors, including the Abell Foundation, the Annie E. Casey Foundation, and The Aaron and Lillie Straus Foundation. Recognizing the importance of building a sustainable funding stream, beyond philanthropy, to sustain the program, we also bill Medicaid for covered services and receive claims reimbursement, when available.

**Vision To Learn supports House Bill 1054 with amendments.** House Bill 1054 would expand data collection, vision screenings, and follow-up eye care for students in need. Seeing clearly at school is critical to student achievement – an estimated 80% of learning is visual. Approximately 1 in 4 students need glasses to clearly see the board or read a book, but in underserved communities a large majority of students in need go without.

Free Glasses for Kids

12100 Wilshire Blvd. Suite 1275, Los Angeles, CA 90025 (800) 485-9196 [VisionToLearn.org](http://VisionToLearn.org)

Vision To Learn is a nonprofit, tax-exempt public charity under Section 501(c)(3) of the Internal Revenue Code.

School-based vision screenings are an important tool for identifying students in need of glasses or more serious vision care, but without additional assistance many families are unable to provide the recommended eye exams and glasses for their children. In the past seven years, Vision for Baltimore has provided a national model for how school-based providers can partner with schools in serving students who have failed vision screenings, ensuring students get the eye exams and glasses they need.

The benefits are clear: a study of the Vision for Baltimore program published last year in the JAMA Ophthalmology journal found that students provided glasses made greater improvements in English Language Arts and mathematics standardized tests, equivalent to adding two to four months of additional learning during the school year. School-based vision programs not only provide health access, but also help to address gaps in academic achievement. A pair of glasses is the most cost-effective educational tool we can provide to our students.

HB 1054 would bring Maryland closer to a comprehensive school vision health policy where no student is left behind. It would add a year of mandated student vision screening in the 3<sup>rd</sup> or 4<sup>th</sup> grade, filling in a 7-year gap in vision screening between the currently mandated 1<sup>st</sup> and 8<sup>th</sup> grade screenings. The bill would gather data to assess whether referred students are receiving necessary eye exams and glasses, and share information with parents about accessible optometrists and ophthalmologists in their community.

HB 1054 would establish a Pediatric Vision Program in the Department of Health, charged with compiling and making accessible data regarding student vision care. It further would establish a Vision for Maryland program, which would expand vision support services for students going without eye care in the state. And, it would allocate funding to support this expansion in annual phases.

Vision To Learn is named in HB 1054 as the proposed administrator of the Vision for Maryland program. We believe that for such a program to succeed, it will take the combined efforts and input of a wide range of stakeholders, including county boards of education, local health departments, the Maryland Optometric Association, the Maryland Society of Eye Physicians and Surgeons, and our partner organizations at Vision for Baltimore. Recognizing that there are different needs, capacity, and resources in the 24 school districts across Maryland, we recommend convening these stakeholders and others to conduct a needs analysis and feasibility study before formally launching a state-wide Vision for Maryland program. The recommendations of this effort could then be used to guide the structure, timing and strategy of expanding vision service access to students across the state.

Vision To Learn recommends that funding and a plan for such a needs analysis be added to HB 1054. This needs analysis should include an understanding of 1) state and local vision screening requirements and practices, 2) local organizations and providers that currently offer screenings, eye exams, or eyeglasses, both in the community and school setting, 3) current efforts by health departments and boards of education to connect students with vision care after a failed vision screening, including data on rates of



successfully receiving an eye exam, 4) barriers that children and their families currently encounter when connecting with eye care, and 5) data on the number of uninsured or underinsured children in the community.

We share your urgency for expanding vision care access in Maryland. Every year that passes with a student unable to see at school holds back their academic progress. Nevertheless, Vision To Learn believes that a statewide planning process is a necessary next step to establish an effective, comprehensive, and sustainable student vision care network in the state. We look forward to working with Maryland stakeholders to help bring the goals in HB 1054 to fruition.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Ann Hollister". The signature is fluid and cursive, with a long horizontal stroke at the end.

Ann Hollister  
President, Vision To Learn

**SB0573-EEE\_MACo\_SWA.pdf**

Uploaded by: Brianna January

Position: FWA



## Senate Bill 573

### *School Health and Vision Services – Screenings and Eye Examinations*

MACo Position: **SUPPORT WITH  
AMENDMENTS**

To: Education, Energy, and the Environment  
Committee

Date: February 24, 2023

From: Brianna January

The Maryland Association of Counties (MACo) **SUPPORTS SB 573 WITH AMENDMENTS**. This bill would establish a statewide Vision for Maryland Program, implement pilot programs in local jurisdictions, increase the required number of vision screenings from 3 to 4, and would ultimately place the onus on school systems to ensure all public school students who fail screenings receive full vision exams and glasses if prescribed.

Counties and local education agencies understand the critical importance of healthy vision in the success of our students. Counties have been engaged on various iterations of this bill for a long time and welcome further collaboration on it.

SB 573 would benefit from amendments to address some county concerns, including uncertainty on the match between state resources and actual costs to implement the abundant goals of the bill.

Amendments that could address some of these concerns include the following:

- **Shifting the Vision for Maryland Program and accompanying \$2.5 million in state funding to a statewide pilot program with a required study** to see if the programming and its funding are sufficient to address statewide need, with special emphasis on estimating the impact on the local school systems and potential costs of providing eye exams and glasses. Additionally, the study amendments should include **evaluating options for how the State can leverage its economy of scale to buy glasses and other vision accessories at potentially reduced cost**.
- **Clarifying that the Vision for Maryland Program and accompanying \$2.5 million in state funding is supporting operational and fiscal needs of the existing (and under SB 573, expanded) vision screening requirements for all public school students in the state.**

Counties welcome the opportunity to work with the Committee on these suggested amendments to better align the bill's goals with the realities and needs of the local jurisdictions and school systems who would be bound to carry out the bill's charges. For those reasons, MACo **SUPPORTS SB 573 WITH AMENDMENTS**.

# **SB573\_Screenings and Eye Examinations\_Catherine Ca**

Uploaded by: Catherine Carter

Position: FWA



**SB573: Screenings and Eye Examinations**  
**Creating a more cost-efficient vision screening system**

My name is Catherine Carter. I am a vision and student behavioral health advocate who works on policy and legislative change to improve identification of behavioral health needs and access to healthcare. I am also Project Manager of the [Howard County "Beyond 20/20" Program](#). Since 2017, I have been advocating to fix the screening system that failed to identify my son Atticus' double vision and allows too many Maryland students to needlessly struggle because they lack access to vision care. I am favorable with amendments for SB573.

**Amendment:** Create the Taskforce and Feasibility Report **before** the establishment of the Vision for Maryland Program to ensure we are addressing the barriers to continuance of care. Require local, state, medical, educational, and advocacy stakeholders to develop a **sustainable** model to service all 24 school districts, similar to the Task Force on Oral Health that was formed as a result of legislation passed during the 2021 regular Session ([SB 100/HB 368 - Chapter 600](#)).

A majority of the bill fully addresses many of the gaps in our current vision screenings systems that have been failing students like my son Atticus. I have concerns about the sustainability of a School Based Vision Program if the barriers to annual continuance of care that a child with a vision disability requires are not addressed. I found this problem talking with parents, nurses, advocates, and doctors as Program Manager for Howard County Eye Exam Clinic as did the Vision for Baltimore study (referenced in my testimony).

As parent, this bill modernizes a very inefficient, costly school vision screening where on average **only 34% of students** who fail a vision screening report getting an eye exam.

School year	Vision Data					Hearing Data				
	#Screened	#Referred	%	#followup	%	#Screened	#Referred	%	#followup	%
2016-2017	289,666	42,812	14.8%	13,196	30.8%	268,402	8,862	3.3%	1,902	21.5%
2015-2016	301,933	38,764	12.8%	13,488	34.8%	294,306	8,717	3.0%	2,145	24.6%
2014-2015	284,727	29,477	10.4%	12,039	40.8%	277,551	6,253	2.3%	2,388	38.2%
2013-2014	280,103	35,829	12.8%	13,951	38.9%	246,128	8,270	3.4%	2,997	36.2%
2012-2013	268,858	35,361	13.2%	14,674	41.5%	264,583	7,549	2.9%	3,258	43.2%
2011-2012	272,898	35,495	13.0%	14,700	41.4%	262,430	7,803	3.0%	3,167	40.6%
2010-2011	229,459	29,643	12.9%	11,930	40.2%	217,321	6,944	3.2%	3,000	43.2%

**Establishes the Pediatric Vision Program**

- Computerize the vision screening process and follow up reporting which will reduce duplicative screening and increase actual care with follow-up eye exams
- Already have state protocol and database systems ([MVA Online Vision Certification Service](#) and [Immunet](#)) in place easing a level of effort toward expansion to include pediatric vision care data.
- Parents can follow up electronically vs paper forms
- Provides parents and schools a list of local eye doctor providers participates
- Repository system will reduce immediate and future county health department and nurse administrative cost because nurses look up follow vs the more administratively costly process of tracking paper forms and calling parents
- Only screen students who have not had an eye exam in the past 12 months ([Atticus Act 2018](#))

**Refers students with neurodevelopment disorders to an eye exam**

- Atticus had an IEP for ADHA, a neurodevelopmental disorder. As an at-risk group, he should have been referred to an eye exam to rule out vision impairment as Massachusetts and Ohio requires.

Misdiagnosed, Atticus spent years getting the wrong accommodations and services. He passed all his school screenings.

- **Prevent Blindness strongly believes that some children should be directly referred to an eye care specialist for a comprehensive eye examination rather than undergo a vision screening:** *Children with known neurodevelopmental disorders in any area (e.g., hearing impairment, motor abnormalities such as cerebral palsy, cognitive impairment, autism spectrum disorders, speech delay). These children have a higher rate of vision problems than those without neurodevelopmental abnormalities.*
- **Ohio study** found that *“out of the 179 that required treatment, 124 (69%) of the children with IEPs would have passed the school vision screening test. That is to say, nearly 70% of those children with an IEP were identified with treatable vision problems and yet would pass the vision screening because their vision problem did not affect their distant eyesight”*
- **Massachusetts legislation:** *For children who fail to pass the vision screening and **for children diagnosed with neurodevelopmental delay**, proof of a comprehensive eye examination performed by a licensed optometrist or ophthalmologist chosen by the child's parent or guardian indicating any pertinent diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary, shall be provided.*
- **Ohio special ed vision legislation:** *Within three months after a student identified with disabilities begins receiving services for the first time under an individualized education program, the school district in which that student is enrolled shall require the student to undergo a comprehensive eye examination.*

**Amendment:** Create the Taskforce and Feasibility Report **before** the establishment of the Vision for Maryland Program to ensure we are addressing the barriers to continuance of care.

As project manager for the [Howard County “Beyond 20/20” Program](#), giving 117+ pairs of glasses was wonderful, but I worry about the barriers these parents, nurses, nonprofits, and doctors told me be about with getting the annually continuance of care a child with a vision disability requires:

- Parents struggled to find an eye doctor who accepted Medicaid.
- Working parents struggled to find one that had hours they could take their children.
- Other parents lacked transportation, insurance, and money for the copay.
- A grandmother of special needs child said the cheap Medicaid glasses were constantly breaking, they only got two per year, and she couldn't afford the more durable glasses or replacements.
- The school nurses didn't have a list of eye doctors who accepted their eye exam vouchers.
- Nurses said none of the health clinics had eye exams resources.
- Lions Club said they have a limited number of funds for their vouchers.
- Eye doctors said they can't afford to see Medicaid patient because 3<sup>rd</sup> party administrators take a most of the reimbursement, leaving doctors only \$40 per eye exam vs \$110 for private insurance
- Medicaid eye doctor practices are leaving Maryland

Barriers to continuance of care impacting School Based Vision Programs like Vision for Baltimore

#### [Vision for Baltimore Study 2021](#) - Dr. Collins

*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,<sup>16</sup> as has decreased use of eyeglasses with time.<sup>32</sup> **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.**<sup>33</sup>*

#### [Referral to community care from school-based eye care programs in the United States 2019](#) - Dr. Collins

*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.**

**Significant cost for current system that reports on average only 34% eye exam follow up:**

- Special education teams are using outdated, limited vision screenings when identifying disabilities
- Cost burden for county health departments = **\$5,019,079**
  - Currently school nurses can't verify which students have had an eye exam within the last year, and in many cases refer all students even
  - **\$250,000** = Baltimore City Health Dept. three screeners and office staff for three grades ([Politico](#))
  - **\$300,000 (\$17 per student)** = [Vision for Baltimore](#) screen all students up to 8<sup>th</sup> grade (#17,614)
  - **\$17 x 289,666 = \$5,019,079 cost burden annually**
- Cost burden for school nurses follow up calls = **\$1,943,667**
  - School nurses call 2x parents/guardians to check for follow up with eye exam
  - HCPSS budget on the cost for nurses to make phone calls
    - \$69,972 per nurse who works 7 hrs per day for 180 school days = \$55.53 per hour
    - 2 phone calls take 30 minutes total to call parent = \$27.78.
    - Annually over 35,000 students fail a screening = 70,000 phone calls.
    - Annual cost = \$1,943,667 per year just in administrative cost

Screening Cost	Eye exam & glasses	# of students get actual vision care
\$250,000 Baltimore City Health Dept.	\$117-150	#2,136 - 1,666
\$1,943,667 nurses	\$117-150	#16,612 - 12,958
\$5,019,079 state-wide	\$117-150	#43,898 - 33,461

Maryland's children are not receiving the quality vision care they need due to lack of managed care. Maryland can fix a vision screening system that is allowing too many students to fall through the cracks. I am asking you as lawmakers to fix a system so there will be no more Atticus's or students sitting in classrooms struggling to learn because they can't see.

**SB0573\_FWA\_MSEPS\_School Health & Vision Services -**

Uploaded by: Danna Kauffman

Position: FWA





TO: The Honorable Brian J. Feldman, Chair  
Members, Senate Education, Energy, and the Environment Committee  
The Honorable Karen Lewis Young  
The Honorable Jim Rosapepe

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer  
J. Steven Wise  
410-244-7000

DATE: February 24, 2023

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 573 – *School Health and Vision Services – Screenings and Eye Examinations*

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The Maryland Society of Eye Physicians and Surgeons (MSEPS) is the professional organization of medical doctors who practice ophthalmology in the State of Maryland. Maryland is a world-renowned center for the training of ophthalmologists including the Wilmer Eye Institute at Johns Hopkins University. MSEPS **support with amendment** Senate Bill 573 with the amendments offered by the sponsors. However, in our support, we do believe that there are policy issues that should be carefully considered as the General Assembly balances needs against the availability of resources.

MSEPS supports the expansion of vision screening to an additional grade above and beyond the current state mandate of first entry to school, first grade and eighth or ninth grade. Conducting vision screenings in an interim year of 3<sup>rd</sup> or 4<sup>th</sup> grade is important to close the seven-year gap between vision screenings in the present law (page 3). MSEPS also supports the utilization of a student health form that includes a place to describe any health issue, including vision issues, that may adversely affect academic performance (page 3) as a method for identifying issues early and assisting in taking appropriate steps.

One area that we believe needs to be amended is on page 6 of the bill in subsection (g). This subsection refers to “eye exams.” It is unclear if this “eye exam” is for those who fail the screening and/or have a neurodevelopmental delay or if it is intended to be across all students. MSEPS does not support comprehensive eye exams for all children before school entry. Rather, efforts should be focused on those children who have failed the vision screening and on increasing the frequency of vision screenings throughout childhood. The bill needs to clarify the reference to “eye exam” in this subsection. If the intent is to require comprehensive eye exams for all students, then MSEPS would not support and would request removal of this provision.

However, we do want to point out the inconsistency contained on page 5 of the bill and page 7 of

the bill regarding the Pediatric Vision Program. First, it is unclear why this needs to be designated as a “program,” given that it is only creating a central repository to allow optometrists and ophthalmologists to report results of eye exams after a failed screening. On that note, on page 5, it references optometrists and ophthalmologists who “participate” in the Pediatric Vision Program. However, the bill does not have a trigger for “participating” and, given that it is only the creation of a central repository for reporting, there really is no program for participation. We believe it creates confusion in the bill.

Regarding the Vision for Maryland program, MSEPS strongly supports addressing unmet needs for pediatric eye care in Maryland. However, the creation of a Vision for Maryland program would likely apply vast resources to areas of the State where these needs may not exist as critically as in other areas. Instead, the State should support work to properly assess the areas of the State with the greatest needs and shortfalls in services rather than applying the program Statewide. We recognize that the bill does allow for a phase-in of five counties at a time; however, it is still predicated on the program being Statewide. Without this initial assessment, it is difficult to determine if \$2.5 million (budget appropriation) would be adequate or whether it would become an unfunded mandate.

Therefore, MSEPS supports Senate Bill 57; however, we urge the Committee to consider the issues raised above. Thank you.

**SB 573\_mgoldstein\_amend.pdf**

Uploaded by: Mathew Goldstein

Position: FWA



Secular Maryland

secularmaryland@tutanota.com

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February 24, 2023

**SB 5/3 - SUPPORT WITH AMENDMENT I**

School Health and Vision Services - Screenings and Eye Examinations

Dear Chair Feldman, Vice -Chair Kagan, and members of the Education, Health, and Environmental Affairs Committee,

Secular Maryland supports the changes to the law proposed by this bill that will help to ensure all children with vision problems that interfere with their ability to fully participate in school classes will be diagnosed and treated. We request that this bill be amended to remove the counter-productive religious belief exemption from Education §7-401

Maryland provides hearing and vision screening for all students in the first year of public school entry, first grade, and eighth or ninth grade. However, Education §7-401(g) declares that parents can deny their children a vision and hearing screening by claiming there is a conflict with their religious beliefs. The main goal of vision screening is to identify children who have or are at risk of developing strabismus (crossed eye) and/or amblyopia (lazy eye), which can lead to permanent visual impairment unless treated in early childhood. Between 2 and 5% of the population in western countries have strabismus and/or amblyopia. Additional problems that can be detected by vision screening include strabismus (eye misalignment), cataracts, glaucoma, ptosis (drooping eyelid), refractive errors such as myopia ("nearsightedness"), hyperopia ("farsightedness") and astigmatism, and other more serious conditions such as tumors or neurological diseases. Other states, including our immediate neighbors Pennsylvania and West Virginia, do not have such a religious exemption.

Respectfully,  
Mathew Goldstein  
3838 Early Glow Ln  
Bowie, MD

# **SB 573\_ School Health and Vision Services – Screen**

Uploaded by: Alexa Thomas

Position: UNF



**PSSAM**  
Public School Superintendents' Association  
OF MARYLAND

**Mary Pat Fannon, Executive Director**  
1217 S. Potomac Street  
Baltimore, MD 21224  
410-935-7281  
marypat.fannon@pssam.org

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**BILL:** SB 573  
**TITLE:** School Health and Vision Services – Screenings and Eye Examinations  
**DATE:** February 24, 2023  
**POSITION:** Oppose  
**COMMITTEE:** Education, Energy, and the Environment  
**CONTACT:** Mary Pat Fannon, Executive Director, PSSAM

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The Public School Superintendents' Association of Maryland (PSSAM), on behalf of all twenty-four public school superintendents, **opposes** Senate Bill 573.

Senate Bill 573 requires local boards of education or local health departments to provide vision screenings to specified students and to ensure students who fail a vision screening receive an eye examination and, if recommended, eyeglasses. The bill further requires that, before a student may enroll in public school, the student must return a completed eye examination form to the local board or LHD. Further, the bill establishes a Pediatric Vision Program, to facilitate communication between pediatric optometrists and ophthalmologists and school health professionals, and the Vision for Maryland Program, to expand the services provided by Vision to Learn (VTL) to every county in the State.

PSSAM's primary concern with Senate Bill 573 is the significantly expanded scope of mandated school-based vision screenings, as well as prescriptive procedures and vision services. Any mandated expansion of the annual vision screenings impacts both local school systems and county health departments, both of which are required to provide vision screenings to students as specified in existing law.

PSSAM supports maintaining the current law, under §7-404 of the Education Article, which directs existing protocols for hearing and vision screenings. Under current law, vision screenings are mandated upon entering school, in grade one, and grades eight or nine. If, as proposed in this bill, the mandated annual vision screenings are expanded to include either third or fourth grade, the costs for doing so would be imposed on local school systems or local health departments, creating an unfunded mandate.

Maryland's superintendents champion a statewide approach to vision screening that ensures the timely assessment of each student's hearing and vision health condition. PSSAM appreciates the bill's proposal to mandate state funding for the new and expanded "Vision for Maryland" programs. However, there is no state funding identified for the costs of administering expanded vision screenings that will fall under the responsibility of school systems and local governments. In addition to the expanded number of mandated vision screenings, the bill further requires school systems to "ensure" that a student receives the recommended eyeglasses. As laudable as this goal is, it must be supported by state resources to ensure equity for each student and family.

For these reasons, PSSAM **opposes** Senate Bill 573 and urges an unfavorable report.

**SB 573\_UNF\_MOA.pdf**

Uploaded by: brian quinn

Position: UNF



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., MOA President

# **SB 573.State Vision Program and Expanded Screening**

Uploaded by: John Woolums

Position: UNF

**BILL:** Senate Bill 573  
**TITLE:** School Health and Vision Services - Screenings and Eye Examinations  
**DATE:** February 24, 2023  
**POSITION:** OPPOSE  
**COMMITTEE:** Education, Energy, and the Environment  
**CONTACT:** John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) opposes Senate Bill 573 which would establishment the Vision for Maryland Program, significantly expand the scope of mandated school-based vision screenings, and dictate very prescriptive procedures and vision services in response to student behaviors. MABE notes that any mandated expansion of the annual vision screening impacts both local school systems and county health departments, both of which are required to provide vision screenings to students as specified in the law. MABE also notes that a prior version of this bill would have placed the Vision for Maryland Program within the Maryland Department of Health (MDH) rather than the Maryland State Department of Education (MSDE).

Under this bill, MSDE would be required to administer the Vision for Maryland Program Pediatric Vision Program to provide eye examinations to students who fail the required vision screening and eyeglasses if determined necessary by the examination. MABE supports maintaining the current law, under §7-404 of the Education Article, which requires student hearing and vision screenings. For many years the requirements were for grades four, five, or six and grade nine. More recently these requirements were updated to require vision screenings upon entering school, in grade one, and grade eight or nine. If, as proposed in this bill, the mandated annual vision screenings are expanded to include either third or fourth grade, the costs for doing so would be imposed on local school systems or local health departments, depending on the locally developed program.

MABE supports a statewide approach to vision screening that ensures the timely assessment of each student's hearing and vision health condition. Therefore, MABE appreciates the bill's proposal to mandate state funding to ensure that the administration and costs to support the new state programs proposed under this bill. However, given that the costs of administering the required vision screenings are the responsibility of school systems and local governments, MABE must also highlight the equity issues arising from expanding the scope of the mandated services without sufficient state funding. This bill would not only expand the number of mandated vision screenings, but would also require school systems to "ensure" that a student receives the recommended eyeglasses. As laudable as this goal is, it must be supported by state resources to ensure equity for each student and family.

For these reasons, MABE requests an unfavorable report on Senate Bill 573.

**2b - SB 573 - EEE - MACHO - LOC.docx.pdf**

Uploaded by: Maryland State of

Position: UNF



**2023 SESSION  
POSITION PAPER**

**BILL:** SB 573 - School Health and Vision Services – Screenings and Eye Examinations  
**COMMITTEE:** Senate Education, Energy, and the Environment Committee  
**POSITION:** Letter of Concern  
**BILL ANALYSIS:** SB 573 would alter the duties of the State Department of Education’s and the Maryland Department of Health’s primary contact employees for school-based health centers to include implementation and oversight of the Vision for Maryland Program; alter the requirements for vision screenings for students; require a county board of education to determine whether certain students should receive an eye examination and eyeglasses; and establish the Pediatric Vision Program and the Vision for Maryland Program to expand vision support services; among other aspects.

**POSITION RATIONALE:** The Maryland Association of County Health Officer’s (MACHO) concern with SB 573 is primarily related to unfunded mandates. Health Officers agree with the effort to improve vision services to students, but without an accompanying financial commitment, the additional requirements in SB 573 would force local health departments (LHDs) to strip funding from other critical programs such as maternal-child and disease surveillance services.

The two areas of greatest concern for LHDs are:

- The requirement to expand vision screening services to all third of fourth graders. This *increases the provision of services by LHDs by 50% without any funding mechanism*. Funding will be needed to pay for a significant increase in staffing and for additional medical equipment. In addition to the lack of financial backing, staffing would need to be dramatically and simultaneously increased across the state in a sector with an insufficient workforce.
- The requirement for LHDs to track completion of diagnostic eye exams performed by private optometrists and ophthalmologists (page 5, lines 28-31). *There are no practical means available to LHDs to satisfy this condition*.

MACHO acknowledges that expanded student vision services is a laudable goal. However, without reliable, sustainable funding, LHDs cannot realistically carry out the bill’s mandates. Health Officers suggest that the Blueprint For Maryland’s Future contain a comprehensive student health plan. This plan should **prioritize and fund** initiatives such as improved vision and hearing services, behavioral health services, student nutrition and exercise, asthma control, etc. By taking a more holistic and coordinated approach, student health needs can be more effectively matched with the funding necessary to produce meaningful gains. These improvements will result in students more capable of achieving inside and outside of the classroom.

For these reasons MACHO expresses concerns with SB 573. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433.

**2a - SB 573 - EEE - MDH - LOC.docx.pdf**

Uploaded by: State of Maryland (MD)

Position: UNF





## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 24, 2023

The Honorable Brian Feldman  
Chair, Education, Energy, and the Environment  
2 West, Miller Senate Office Building  
Annapolis, Maryland 21401

### **RE: SB 573 – School Health and Vision Services – Screenings and Eye Examinations – Letter of Concern**

Dear Chair Feldman and Committee Members:

The Maryland Department of Health (MDH) is submitting this letter of concern for Senate Bill (SB) 573 - School Health and Vision Services - Screenings and Eye Examinations. SB 573 requires the School-Based Health Center (SBHC) Program to implement and oversee the Vision for Maryland Program that will expand the “Vision to Learn” vision support services to all counties in the State. SB 573 further requires MDH and the Maryland State Department of Education (MSDE) to develop a Pediatric Vision Program including a “central repository” to allow exchange of health information between optometrists and ophthalmologists, and school health staff. The bill mandates an eye examination for children prior to school enrollment and vision screening for students in 3rd or 4th grade, and authorizes county boards of education to determine whether certain students should receive an eye examination or glasses.

SB 573 will create a new requirement for children to provide documentation of an eye examination prior to school enrollment. However, there is no evidence to support this requirement. As such, the bill will place an undue burden on families and the health care system and may prevent children from school enrollment. The American Academy of Pediatrics recommends that pediatric health care providers conduct visual acuity screening at ages 4 and 5 years as well as in cooperative 3 year olds.<sup>1</sup> Children will be referred for a comprehensive eye examination by their pediatric health care provider if they fail screening or there are other concerns.

Furthermore, SB 573 will require county boards of education to decide whether students who fail a vision screening or have signs or symptoms of concern should receive (1) an eye examination, and (2) if recommended by an examining ophthalmologist or optometrist, receive eyeglasses. Currently, if a student fails a school vision screening or has signs or symptoms of concern, the SHS guidelines state that the student should be referred for a comprehensive eye examination by an ophthalmologist or optometrist. These comprehensive eye examinations, completed by licensed medical professionals, are important to ensure the child receives the appropriate eye care

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<sup>1</sup> Bright Futures and American Academy of Pediatrics. (2022). *Recommendations for Preventive Pediatric Health Care*. [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf?\\_ga=2.152119417.1783973960.1676044506-730577136.1663587180](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.152119417.1783973960.1676044506-730577136.1663587180)



to meet their needs. County boards of education include a variety of members who may not be knowledgeable on eye health and care and should not be involved in this decision-making. In addition, county boards of education should not decide on if glasses are necessary, as this health care decision should be made by the student's parent/guardian.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov) or (410) 260-3190.

Sincerely,



Laura Herrera Scott M.D., M.P.H  
Secretary

# **SB0573\_LOI\_MACHC\_School Health & Vision Services -**

Uploaded by: Pam Kasemeyer

Position: INFO



TO: The Honorable Brian J. Feldman, Chair  
Members, Senate Education, Energy, and the Environment Committee  
The Honorable Karen Lewis Young

FROM: Pamela Metz Kasemeyer  
Danna L. Kauffman  
Christine K. Krone  
410-244-7000

DATE: February 24, 2023

RE: **LETTER OF INFORMATION** – Senate Bill 573 – *School Health and Vision Services – Screenings and Eye Examinations*

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The Mid-Atlantic Association of Community Health Centers (MACHC) is the federally designated Primary Care Association for Delaware and Maryland Community Health Centers. As the backbone of the primary care safety net, Federally Qualified Health Centers (FQHCs) are united by a shared mission to ensure access to high-quality health care to all individuals, regardless of ability to pay. FQHCs are non-profit organizations providing comprehensive primary care to the medically underserved and uninsured. MACHC supports its members in the delivery of accessible, affordable, cost effective, and quality primary health care to those most in need. To this end, MACHC submits this **letter of information** for Senate Bill 573.

MACHC appreciates the intent of the legislation and provides this letter of information solely as a matter of clarification and to ensure that if the bill moves forward, it is appropriately amended to ensure the program is under the purview of the school health program. Several MACHC members operate school based-based health centers. As such, school-based health centers are not located in every school and have a regulatory structure and service organization that differs dramatically from the school health program of each individual school. The bill, as drafted, places the vision screening program under the school-based health center program at MSDE instead of the school health program where it would apply to all schools.