



## **HB1054: 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 HB1054, as does the Free State PTA.

**Amendment: Create the Taskforce and Feasibility Report before the establishment of the Vision for Maryland Program to ensure we are addressing barriers to continuance of care. Require local, state, medical, educational, and advocacy stakeholders to develop a sustainable model and improve access to community vision care 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, a computerized screening reporting system and referring students with neurological delays to an eye exam just as they refer student with speech delays to a hearing exam. 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. Improving community access to vision care will reduce the burden to school screening and vision programs, making them more effective and sustainable.

As project manager for the Howard County eye exam clinic, giving 168+ eye exams and 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 for the glasses.
- 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 \$140 reimbursement, leaving doctors only \$30-40 per eye exam vs \$110 for private insurance
- Medicaid eye doctor practices are leaving Maryland

Barriers to continuance of care impacts 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.**

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 Computerized 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
- 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
- Screenings cost counties \$5 million annually and follow up costs schools \$1.9 million annually
- 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
- 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 and autism, neurodevelopmental disorders. 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.

**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.