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**SUMMARY OF FINDINGS OF THE  
SENATE STUDY COMMITTEE ON RULES AND REGULATIONS FOR EYE  
SCREENINGS AND EXAMINATIONS OF STUDENTS ENTERING THE STATE  
FUNDED PRE-KINDERGARTEN PROGRAMS AND FIRST GRADE IN THE PUBLIC  
SCHOOLS**

**MEMBERS**

Honorable Gloria S. Butler  
Senator 55<sup>th</sup> District  
Chairperson

Honorable Nadine Thomas  
Senator 10<sup>th</sup> District

Honorable Michael Moore  
Senator 18<sup>th</sup> District

## **INTRODUCTION**

The Senate Study Committee on Rules and Regulations for Eye Screenings and Examinations of Students Entering the State Funded Pre-Kindergarten and Kindergarten Programs and First Grade in the Public Schools was created by Lieutenant Governor Mark Taylor by the authority conferred to him by Senate Resolution 677, during the 2002 Legislative Session of the Georgia General Assembly. The Committee was charged with undertaking a study of the propriety, impact, costs and benefits of requiring eye screenings and examinations of students entering state funded pre-kindergarten, kindergarten and first grade in public schools to be performed by ophthalmologists or optometrists.

The Senate Resolution provided that the Lieutenant Governor appoint the Committee's chairperson and members. Senator Gloria S. Butler was appointed as Chairperson. Legislative members included Senator Nadine Thomas and Senator Michael Moore.

The Study Committee listened to testimony from representatives of a variety of groups, including the Professional Association of Georgia Educators, the Georgia Academy of Family Physicians, Georgia School Kids Vision and Hearing LLC, the American Optometric Association, the Georgia Association of School Nurses, Vision Research (Alabama), Georgia League of Women Voters, Georgia Society of Ophthalmology, Georgia Chapter of the Academy of Pediatrics, Prevent Blindness Georgia, Roswell Optical Center, the School Health Program of DeKalb County, the Family Health Branch of the Office of Infant and Child Health Services of the Georgia Department of Human Resources, the Taskforce on Early Childhood Development (Kentucky), Gottlieb Vision Group (Georgia), several concerned parents, and others.

The Committee held three meetings. The meetings were held on August 29, 2003; October 24, 2003; and November 14, 2003.

## **BACKGROUND**

Every speaker who made a presentation to the Study Committee agreed that good vision for all Georgia children is vitally important to a child's success in school. What is at issue is what process should be used to examine children for vision defects: the current requirement of eye screening; or a more comprehensive eye examination by an ophthalmologist or an optometrist.

The National Association of School Nurses, in an Issue Brief (2001), reported that vision problems among school-aged children have been linked with behavioral risks, reduced academic performance and low self-esteem.<sup>1</sup> The National Parents and Teachers Association (PTA) has estimated that more than 10 million children from birth to age 10 years have vision problems that may cause them to fail in school.<sup>2</sup>

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<sup>1</sup> Guide to Clinical Preventive Services, 2001.

<sup>2</sup> Press 2000.

### Current Georgia Laws and Regulations

Private practitioners or qualified representatives of a local health department, including school nurses, public health staff and trained volunteers are allowed to conduct the eye screenings for school-aged children. In Georgia, public health nurses, including Georgia school nurses, public health officials and trained lay screeners are the sources for eye screening of children. Screening is also done by family physicians and pediatricians. Representatives from Prevent Blindness Georgia are also trained as eye screeners.

Currently, the law does not exclusively require that an ophthalmologist or an optometrist solely conduct comprehensive eye examinations.

O.C.G.A. 20-2-770 authorizes the Georgia Department of Human Resources (DHR), in connection with the State Board of Education, to promulgate rules and regulations for nutritional screening and eye, ear, and dental examinations for students entering the first grade in public schools.

The Official Compilation of Rules and Regulations of the State of Georgia, Department of Human Resources, Chapter 290-5-31, provides procedures for local boards of health to provide for the screenings and examinations and for the issuance of a certificate to the parent(s) of children entering the first grade indicating that the screenings and examinations have taken place. These certificates are required to be turned into school officials at the time of enrollment. When a vision examination is performed by a qualified representative of a local health department, the examiner may certify the child for the specific screening examination performed according to standards set by the department. Parents are notified and advised to seek further professional attention for the child when indicated by the examination.

Follow-up exams for identified problems are required to be done by qualified eye professionals, such as optometrists and ophthalmologists, who will recommend appropriate treatment. These exams are designed to confirm whether a child has a vision problem identified through eye screening.

### Eye Screening vs. Comprehensive Eye Examinations

Opponents to changing the current law so that only ophthalmologists and optometrists may conduct comprehensive eye examinations of school-aged children argue that:

- ▶ The current vision screening system is sufficient.
- ▶ There is little to no evidence that current eye screenings performed by pediatricians, health care officials, and Georgia's school nurses are failing Georgia's families.
- ▶ The economic impact of requiring eye exams will be significant and cause hardship for many Georgia families.
- ▶ The current problems with Medicaid reimbursements may cause physicians to drop out of providing services.
- ▶ Children and families may be made to go through unnecessarily extensive eye exams for minor problems.
- ▶ There is a concern about the cost and consequences to third party payors, beyond Medicaid expenses.

- ▶ A change in the law would be exclusionary because the primary care provider will be excluded because he/she is not a specialist.
- ▶ The current law of eye screening is effective and referrals to professionals are used when needed.
- ▶ Standardization of the eye screenings should be the consideration, not requiring full exams.
- ▶ Screening with Georgia's school nurses is the most cost effective approach.
- ▶ There will be a significant economic impact on Georgia's families with the extra burden of a requirement of an additional exam.

Proponents of a change in the current law to require ophthalmologists and optometrists to conduct comprehensive eye examinations for school-aged children argue that:

- ▶ The extensive training and specialized equipment of an optometrist and ophthalmologist enable her/him to make definitive diagnosis of eye problems and prescribe necessary treatment.
- ▶ Monies to provide comprehensive eye exams are available in Georgia through Medicaid, PeachCare for Kids, private pay insurance, Sight for Students, and VISION USA.
- ▶ Amblyopia, and other eye conditions that may impact a child's ability to see are often missed during screenings.
- ▶ There are no state standards for eye screenings.
- ▶ A comprehensive eye exam finds more problems than a vision screening.
- ▶ Vision screening gives parents a false sense of security. Some students have received eye screenings, but are later diagnosed with amblyopia and other serious vision problems.
- ▶ In some cases, parents whose children fail an eye screening do not take their children for follow-up eye examinations.
- ▶ There is a great deal of inconsistency with eye screenings.

#### State of Kentucky Program

Dr. Joe Ellis, and Ms. Nikki Patton<sup>3</sup> presented findings to the Study Committee that indicated that the Kentucky program is successful for both children and families. In Kentucky, children entering public schools, including Headstart, pre-kindergarten, kindergarten and first grade, must have a comprehensive eye exam performed by an optometrist or an ophthalmologist<sup>4</sup>. Parents are required to have the eye exams performed by January 1<sup>st</sup> of the school year. Dr. Ellis reported that Kentucky families are not overburdened by the costs of comprehensive eye exams because the current sources of funding, which include the Kentucky Medicaid Program, Kentucky Children's Health Insurance Program(K-CHIP), private insurance plans, private charitable programs, the Sight for Students program and the Kentucky Vision Project are sufficient.

The Kentucky General Assembly allocated \$150,000 for preschool eye exams to assist parents with income levels between 200-250 percent of federal poverty guidelines. The funds are administered through local Family Resource and Youth Services Centers throughout the state.

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<sup>3</sup> Dr. Joe Ellis is a moderator for the Infant's and Children's Vision Coalition, American Optometric Association. Ms. Nikki Patton is the Chairperson for the Task Force on Early Childhood Development, Kentucky.

<sup>4</sup> See Kentucky General Assembly House Bill 706, the Early Childhood Development law (2001).

To qualify for the Kentucky Vision Project, a family's income must be no more than 100 percent of the federal poverty guidelines. The Kentucky Vision Project, funded solely by private donations, offers free eye exams and glasses to low income families. Participating doctors of optometry throughout the state donate their examinations to determine the need for glasses. If the doctor determines that glasses are required, a \$20 donation is requested for each family member receiving glasses. The fee offsets the costs of the lenses and mailing costs. Applications are screened by area Salvation Army and Community Action Centers to determine eligibility. To qualify for the Sight for Students program, the family income can be no more than 200 percent of the federal poverty guidelines.

### Georgia Optometric Association

Ms. Georgianne Bearden of the Georgia Optometric Association proposed a change in the law to require comprehensive eye examinations instead of eye screenings.<sup>5</sup> Her report reads in part: "Looking at the statistics of undiagnosed conditions such as amblyopia, binocular vision abnormalities, accommodation dysfunction and certain medical pathologies, such as retinal disease, demonstrates that many serious vision problems are being missed in screenings. Though existing state statutes require vision examinations prior to entry into Georgia public schools, screenings are being done rather than examinations and there is no standard for those screenings. They can vary depending on how they are designed and who is administering them. Some screenings are aimed at finding reduced visual acuity only (using the Snellen chart to gauge distance vision) does not adequately detect vision problems. Use of the Snellen chart alone only identifies 5% of the vision problems in children according to the American Foundation for the Blind. A child may be able to see 20 feet away but they may not be able to see 12 inches away. Critics of these types of screenings contend that the public may actually be harmed because many people conclude that they do not need professional eye care since they just received a "checkup" that revealed no obvious problems."

Ms. Bearden's report concluded that early eye exams by optometrists or ophthalmologists also can help prevent long-term medical expenditures arising from undiagnosed eye disorders, and 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. Ms. Bearden argues that the lost human potential of the affected child cannot be measured in dollars and cents. She stated that "it is sad to think that many parents spend more on one pair of their kid's tennis shoes for school than they do for one eye exam that could impact their school success for years to come." Monies to provide comprehensive eye exams are available in Georgia through Medicaid, PeachCare for Kids, private pay insurance, Sight for Students, and VISION USA.

### Office of Infant and Child Health Services, Family Health Branch

In a report submitted by Ms. Barbara Wallace, Team Leader for the Office of Infant and Child Health Services, Family Health Branch, DHR eye screening is currently offered at no cost to the client by Prevent Blindness Georgia, school districts, and many public health departments. According to the report, Medicaid reimburses providers for vision screening as a part of the Health Check program at \$5 per screening.

If screenings were replaced by full eye examinations, it would cost an estimated

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<sup>5</sup> *The Case for Preschool Eye Examinations in Georgia*, Georgianne Bearden, Executive Director, Georgia Optometric Association.

minimum of \$45 (Walmart) to \$56 (Medicaid) to up to \$150 (private ophthalmologist office in Atlanta) per child. Assuming 45 percent of the school-entry population of approximately 115,000 is Medicaid/PeachCare eligible, and 8 percent do not have health care insurance, estimated annual costs for requiring full eye exams for every child at school entry are:

\$2,898,000 Medicaid/PeachCare eligible children;

\$414,000 (children whose parents do not have health insurance); and

\$2,432,250 (children whose parents have health insurance)

It should be noted that the state employee health insurance plan and many other health insurance plans in the state do not cover the costs of full vision exams, so these costs would be borne by parents unless they have vision care insurance.<sup>6</sup>

#### The American Academy of Family Physicians

In a presentation before the Study Committee, D. Ann Travis, Board Member, Georgia Academy of Family Physicians stated that the role of family physicians is pivotal in the eye screening process because of the frequency of the physicians' contact with young children during periodic health evaluations. The American Academy of Family Physicians, the American Academy of Pediatrics and the American Association for Pediatric Ophthalmology and Strabismus endorse the role of the primary care physician in screening children for eye disorders.<sup>7</sup> According to her testimony, it might be more common for children in Atlanta to visit a pediatrician. However, a family physician sees one out of four children who visit a doctor. Ms. Travis noted that this number is even higher in rural areas.

#### Role of the School Nurse

Sabra H. Priester, State Director of the Georgia Association of School Nurses and Wayne County School Health Coordinator presented information to the Study Committee about the role Georgia's school nurses play in the eye screening of school-aged children. Her presentation, in part, concludes the following:

“Screening in schools under the direction of the school nurse is the most cost-effective approach and can best promote continuity in services for all of Georgia’s students. Eye care professional dollars are most needed for students who are identified in the screening process to need further exam and treatment. Medicaid and PeachCare students we refer with identified problems are often on a waiting list because there are not enough eye care specialists within commuting distance to promptly accommodate the referrals. Screening dollars are most needed to fund and staff school nurses that will provide not only vision screening, but all of the other components of a comprehensive school health program that are proven to improve students’ academic achievement and remove health-related barriers to learning.”

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<sup>6</sup> “Comprehensive Vision Screening in Georgia,” report presented by Barbara Wallace, Office of Infant and Child Health Services, Family Health Branch, October 14, 2002.

<sup>7</sup> Statement submitted to the Study Committee on October, 24, 2003.

## **COMMITTEE RECOMMENDATIONS**

1. Every child entering public school should have a comprehensive eye exam performed by either an optometrist or ophthalmologist prior to entering school.
2. Eye screenings should be continued throughout a child's school years.