

Red Tape Review Rule Report (Due: September 1, 2024)

Department Name:	Health & Human Service (HHS)	Date:	3/6/24	Total Rule Count:	10
IAC #:	641	Chapter/ SubChapter/ Rule(s):	52	Iowa Code Section Authorizing Rule:	135.39D
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PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE

What is the intended benefit of the rule?

The intended benefit of this rule is to improve the eye health and vision of Iowa’s children. The child vision screening program establishes a comprehensive vision evaluation effort to facilitate early detection and referral for treatment of visual impairment in order to reduce vision impairment in children.

Is the benefit being achieved? Please provide evidence.

Iowa KidSight is a joint project of the Lions Clubs of Iowa and the Department of Ophthalmology & Visual Sciences at the University of Iowa Stead Family Children’s Hospital, dedicated to enhancing the early detection and treatment of vision impairments in young children. From 2015 to 2019, between 46,000 and 53,000 children ages 6 months through age 5, received a vision screening annually. In the years 2020, 2021, and 2022 the number of screenings declined due to the COVID-19 pandemic; however, the number of screenings is beginning to increase once again. 42,098 children ages 6 mos – 5 years received a vision screening through Iowa KidSight in 2022.

Prevent Blindness Iowa is a volunteer eye health and safety organization dedicated to preventing blindness and preserving sight through public and professional education, early detection through evidence-based vision screening, patient services, and research. In the last year, Prevent Blindness Iowa screened more than 60,000 preschool and school age children to help detect early symptoms of eye problems like amblyopia (lazy eye). Early diagnosis and treatment is critical to preventing loss of sight and ensuring children can see in order to succeed in school.

What are the costs incurred by the public to comply with the rule?

Cost of screening

What are the costs to the agency or any other agency to implement/enforce the rule?

HHS incurs personnel costs for team members to execute the program.

Do the costs justify the benefits achieved? Please explain.

One in four school-aged children and one in twenty preschool age children have a vision problem. If gone undetected, some vision problems such as amblyopia can lead to permanent vision loss. But if detected and treated early, nearly 50% of all vision problems can be prevented. In addition, nearly 80% of all learning during a child's first twelve years is through vision, also during the time when literacy development is most important. 74% of children with behavioral concerns fail at least one vision test. 86% of children (approximately 166,155 in Iowa) will not receive a comprehensive eye exam prior to entering school.

The rules outlined in Chapter 52 help to ensure preschool and young school-aged children receive a vision screening, proper follow up, diagnosis, and treatment if needed during the most impactful years for visual development. If Chapter 52 did not exist, a significantly higher number of children would not receive a vision screening during the time when the potential for further vision impairment could be prevented. This would lead to an increase in preventable visual impairment.

Are there less restrictive alternatives to accomplish the benefit? YES NO

If YES, please list alternative(s) and provide analysis of less restrictive alternatives from other states, if applicable. If NO, please explain.

HHS supports vision screening in accordance with Iowa Code. This rule chapter clarifies specific procedures, but only within the scope and as defined in Iowa Code. HHS feels this is necessary to protect the eye health and vision of Iowa's children.

Does this chapter/rule(s) contain language that is obsolete, outdated, inconsistent, redundant, or unnecessary language, including instances where rule language is duplicative of statutory language? [list chapter/rule number(s) that fall under any of the above categories]

PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE

- 641-52.1
- 641-52.2
- 641-52.3
- 641-52.4
- 641-52.5
- 641-52.9

RULES PROPOSED FOR REPEAL (list rule number[s]):

- 641-52.1¶
- 641-52.2¶
- 641-52.3¶
- 641-52.4¶
- 641-52.5¶
- 641-52.6¶
- 641-52.7¶
- 641-52.8¶
- 641-52.9¶
- 641-52.10

RULES PROPOSED FOR RE-PROMULGATION (list rule number[s] or include rule text if available):

- 641-52.1
- 641-52.2
- 641-52.3
- 641-52.4
- 641-52.5
- 641-52.6
- 641-52.7
- 641-52.8
- 641-52.9

****For rules being re-promulgated with changes, you may attach a document with suggested changes.***

METRICS

Total number of rules repealed:	1
Proposed word count reduction after repeal and/or re-promulgation	308
Proposed number of restrictive terms eliminated after repeal and/or re-promulgation	11

ARE THERE ANY STATUTORY CHANGES YOU WOULD RECOMMEND INCLUDING CODIFYING ANY RULES?

