

PUBLIC HEALTH DEPARTMENT[641]

Regulatory Analysis

Notice of Intended Action to be published: 641—Chapter 52

“Vision Screening”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 135.39D

State or federal law(s) implemented by the rulemaking: Iowa Code section 135.39D

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

November 6, 2024

Microsoft Teams

2 to 3 p.m.

Meeting ID: 238 807 808 374

Passcode: sCAuM5

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m.

on the date of the public hearing. Comments should be directed to:

Victoria L. Daniels

Department of Health and Human Services

Lucas State Office Building

321 East 12th Street

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Phone: 515.829.6021

Email: compliancerules@hhs.iowa.gov

Purpose and Summary

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The intended benefit of this chapter 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.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

- Classes of persons that will bear the costs of the proposed rulemaking:

Parents with children who require vision screening or their health insurance provider will bear the cost.

- Classes of persons that will benefit from the proposed rulemaking:

School-age children will benefit.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

- Quantitative description of impact:

One in 4 school-aged children and 1 in 20 preschool-aged children has a vision problem. If undetected, some vision problems, such as amblyopia, can lead to permanent vision loss. If detected and treated early, nearly 50 percent of all vision problems can be prevented. In addition, nearly 80 percent of all learning during a child's first 12 years is through vision, also during the time when literacy development is most important. Seventy-four percent of children with behavioral concerns fail at least one vision test. Eighty-six percent of children (approximately 166,155 in Iowa) will not receive a comprehensive eye exam prior to entering school.

- Qualitative description of impact:

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Vision screenings play an important role in the eye health and vision of Iowa children. These rules facilitate the early detection, prevention and treatment of visual impairment. Eye health and vision are critical to learning readiness and success in school.

3. Costs to the State:

- Implementation and enforcement costs borne by the agency or any other agency:

The Department incurs personnel costs to support the execution of the procedures described in this chapter.

- Anticipated effect on state revenues:

No impact was identified.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

The rules outlined in Chapter 52 help to ensure preschool-aged 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.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

A less costly method has not been identified to achieve the purpose of this chapter.

6. Alternative methods considered by the agency:

- Description of any alternative methods that were seriously considered by the agency:

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

- Reasons why alternative methods were rejected in favor of the proposed rulemaking:

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

Not applicable.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 52 and adopt the following **new** chapter in lieu thereof:

CHAPTER 52

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VISION SCREENING

641—52.1(135) Definitions.

“*Advanced registered nurse practitioner*” or “*ARNP*” means the same as defined in rule 655—7.1(17A,124,147,152).

“*Autorefractor*” means a method of vision screening involving skiascopy methods or wave-front technology to evaluate the refractive error of each eye. Depending on the autorefractor being used, this method allows for immediate results interpreted by the operator or the instrument as a pass or fail.

“*Community-based organization*” means a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community and that provides educational or related services to individuals in the community that include utilizing approved age-appropriate, acceptable child vision screening tests approved by the department.

“*Comprehensive eye examination*” means a clinical diagnostic assessment performed by an optometrist or ophthalmologist to assess a person’s level of vision and to detect any abnormality or diseases.

“*Elementary school*” means an Iowa public or accredited nonpublic school that a kindergarten or third grade student would attend.

“*Iowa KidSight*” means a joint project of the lions clubs of Iowa and the university of Iowa, department of ophthalmology and visual sciences, dedicated to enhancing the early detection and treatment of vision impairments in Iowa’s young children (target population six months of age through kindergarten age) through screening and public education.

“*IRIS*” means the immunization registry information system as established in 641—Chapter 7.

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“Online vision screening” means a vision screening test administered from the Internet to a child to assess vision and includes vision test results and recommendations.

“Ophthalmologist” means a person licensed to practice medicine and surgery or osteopathic medicine and surgery pursuant to Iowa Code chapter 148 and board-certified in ophthalmology as a specialist in medical and surgical eye problems.

“Optometrist” means a person licensed to practice optometry pursuant to Iowa Code chapter 154.

“Photoscreening” means a method of vision screening employing an automated technique that uses the red reflex of the eye to screen for eye problems and produces immediate readable results and a timely report of the results thereafter.

“Physician” means a person licensed to practice medicine and surgery or osteopathic medicine and surgery pursuant to Iowa Code chapter 148.

“Physician assistant” means a person licensed to practice as a physician assistant pursuant to Iowa Code chapter 148C.

“Potential vision impairment” means that a child’s vision appears to be compromised and there is reason for the child to be seen by an ophthalmologist or optometrist.

“Student vision card” means a card distributed by the Iowa optometric association to all schools in Iowa pursuant to Iowa Code section 280.7A. The student vision card recommends children receive a complete eye health examination.

“Vision screening” means an eye testing program that is age- and developmentally appropriate and that assesses visual acuity or other risk factors contributing to refractive errors and other conditions.

641—52.2(135) Persons included and persons excluded.

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52.2(1) The child vision screening requirements specified in this chapter apply to all persons seeking first-time enrollment in kindergarten and third grade in a public or accredited nonpublic elementary school in Iowa.

52.2(2) Persons shall be included or excluded as established in Iowa Code section 135.39D.

641—52.3(135) Child vision screening components.

52.3(1) The requirement for a child vision screening may be satisfied pursuant to Iowa Code section 135.39D.

52.3(2) All vision screening methods, including emerging vision screening technologies, shall be age-appropriate and will be approved by the department. A list of acceptable child vision screening tests will be reviewed and updated annually by the department and will be listed on the department's website.

641—52.4(135) Time line for valid vision screening.

52.4(1) *Kindergarten.* To be valid, a minimum of one child vision screening shall be performed on a child no earlier than one year prior to the date of the child's enrollment in kindergarten and no later than six months after the date of the child's enrollment in kindergarten.

52.4(2) *Grade three.* To be valid, a minimum of one child vision screening shall be performed on a child no earlier than one year prior to the date of the child's enrollment in the third grade and no later than six months after the date of the child's enrollment in the third grade.

52.4(3) *Substantial compliance.* A child vision screening may also be deemed valid by the department if the department determines the child has substantially complied with the child vision screening requirements.

641—52.5(135) Proof of child vision screening.

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52.5(1) The parent or guardian of a child enrolled in kindergarten or third grade shall ensure that evidence of a child vision screening is submitted to the school district or accredited nonpublic elementary school in which the child is enrolled either electronically through IRIS pursuant to subrule 52.5(2) or in hard copy or electronic form pursuant to subrule 52.5(3).

52.5(2) If the child's vision screening results were electronically submitted to IRIS, the parent or guardian may notify the school district or accredited nonpublic elementary school of such submission to satisfy the requirement for evidence of a child vision screening.

52.5(3) If evidence of the child vision screening is not electronically submitted to IRIS, the parent or guardian shall provide evidence of the child vision screening in hard copy or electronic form directly to the school. Hard copy or electronic evidence of the vision screening shall include the child's first name, last name, date of birth and ZIP code; evidence of the vision screening including the date of screening, left eye results, right eye results, vision screening result of "pass" or "fail," and designation of "yes" or "no" for referral made; and the name of the provider who performed the vision screening.

52.5(4) Submission of a faxed copy, photocopy, or electronic copy of the child vision screening results is acceptable.

52.5(5) If a parent or guardian chooses for a child to receive a comprehensive eye examination completed by an ophthalmologist or optometrist in lieu of a vision screening, the parent or guardian may submit a completed student vision card to satisfy the requirement of this rule.

641—52.6(135) Child vision screening reporting.

52.6(1) A person authorized to perform a child vision screening required by this chapter shall report results of the child vision screening to the department.

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a. An ophthalmologist or optometrist shall report the results in written form, either electronically or by hard copy, to the parent or guardian to be forwarded to the department via the school or shall report the results via IRIS if available.

b. A pediatrician's or family practice physician's office, a free clinic, a child care center, a local public health department, a public or accredited nonpublic school, or a community-based organization or an ARNP or physician assistant shall report the results in written form, either electronically or by hard copy, to the parent or guardian to be forwarded to the department via the school or shall report the results via IRIS if available.

c. Results from an online vision screening administered from the Internet shall be generated in an electronic or hard-copy report to the parent or guardian to be forwarded to the department via the school or the results shall be reported via IRIS if available.

d. The results of photoscreening vision screening, including those performed by Iowa KidSight, shall be reported to the parent or guardian in written form, either electronically or by hard copy, to be forwarded to the department via the school or shall be reported via IRIS if available.

52.6(2) The department will collect and maintain results of the vision screenings submitted electronically, via hard copy or through IRIS.

641—52.7(135) School requirements.

52.7(1) Each public and accredited nonpublic elementary school, in collaboration with the department, shall provide the parents or guardians of students enrolled in the school with vision screening referral resources prior to enrollment or during the enrollment period.

52.7(2) Each public and accredited nonpublic elementary school shall provide to parents or guardians of students for whom evidence of a child vision screening is not submitted community eye health referral resources, including but not limited to contact

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information for the local public health department, maternal and child health agency, Iowa KidSight, the department, or an optometric or ophthalmology society.

52.7(3) Each public and accredited nonpublic elementary school shall arrange for the following to be forwarded to the department:

a. Child vision screening results or comprehensive eye examination results provided by parents or guardians;

b. A list of students whose parents or guardians indicate that the students' results were reported through IRIS; and

c. Any other evidence of vision screening or comprehensive eye examination provided to the school.

641—52.8(135) Iowa's child vision screening database module and follow-up. The department may develop and maintain a statewide child vision screening database module in IRIS to collect and maintain child vision screening results, to ensure students receive the required vision screening, and to monitor eye health.

52.8(1) The database module will consist of vision screening information, including identifying and demographic data.

52.8(2) Database module reporting will comply with rule 641—52.6(135).

52.8(3) Unauthorized uses of database module. The database module information shall not be used to:

a. Market services to students or nonstudents;

b. Assist in bill collection services; or

c. Locate or identify students or nonstudents for any purpose other than those expressly provided in this rule.

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52.8(4) Confidentiality of database module information. Child vision screening information, including identifying and demographic data maintained in the database module, is confidential and may not be disclosed except under the following limited circumstances:

a. The department may release information from the database module to the following:

(1) The person who received the child vision screening or the parent or guardian of the person who received the child vision screening;

(2) Users of the database module that complete an agreement with the department that specifies the conditions under which the database module can be accessed and that have been issued an organization code and username by the department;

(3) Persons or entities requesting child vision screening data in an aggregate form that does not identify an individual either directly or indirectly;

(4) Agencies that complete an agreement with the department which specifies conditions for access to database module information and how that information will be used;

(5) A representative of a state or federal agency, or an entity bound by that state or federal agency, to the extent the information is necessary to perform a legally authorized function of the agency or the department. The state or federal agency is subject to confidentiality regulations that are the same as or more stringent than those in the state of Iowa; or

(6) Licensed health care providers, agencies, and other persons involved with vision screenings, eye examinations, follow-up services, and intervention services as necessary to administer this chapter.

b. Approved database module users shall not release child vision screening data except to the person who received the child vision screening; the parent or guardian of the person who received the child vision screening; health records staff of schools; medical, optometry,

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ophthalmology or health care providers providing continuity of care; and other approved users of the database module.

641—52.9(135) Referral requirements.

52.9(1) If a vision screening identifies a potential vision impairment in a child, the person who performed the vision screening shall, if the person is not an ophthalmologist or optometrist, refer the child to an ophthalmologist or optometrist for a comprehensive eye examination.

52.9(2) Persons performing vision screenings shall contact parents or guardians of children identified as having potential vision impairment based on the results of a vision screening required pursuant to this chapter or a comprehensive eye examination required pursuant to subrule 52.9(1) in order to provide information on obtaining necessary vision correction.

These rules are intended to implement Iowa Code section 135.39D.