

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current FIRs (in HTML & Adobe PDF formats) are available on the NM Legislative Website (legis.state.nm.us). Adobe PDF versions include all attachments, whereas HTML versions may not. Previously issued FIRs and attachments may be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR Vaughn DATE TYPED 2/11/05 HB HJM 29

SHORT TITLE Children's Eye Exam Health Certificate SB _____

ANALYST Hanika-Ortiz

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
			See Narrative	Recurring	

SOURCES OF INFORMATION

LFC Files

Responses Received From
Public Education Department (PED)
Department of Health (DOH)

SUMMARY

Synopsis of Bill

HJM 29 requests the DOH in cooperation with the PED, to:

- Develop ways and means to implement a comprehensive eye examination health certificate for all children entering kindergarten or first grade.
- Examine current requirements for eye examinations in public schools in New Mexico and compare them to the standards of a comprehensive eye examination.
- Consider the availability of optometrists and ophthalmologists in New Mexico to conduct the comprehensive eye examinations.
- Ascertain the potential cost for and benefits of a comprehensive eye examination for children.
- Present the findings to the Interim Legislative Health and Human Services Committee in October 2005.

Significant Issues

HJM 29 notes a American Optometric Association report showing 15% of children suffer from inadequate visual skills and up to 94% of children with reading problems have reduced visual skills, which may interfere with learning. HM 29 indicates that the current required vision screening tests in New Mexico schools may be inadequate and parents may be under the wrong assumption that these tests are complete eye examinations.

In New Mexico, school districts perform vision screening on an annual basis. Recent statistics demonstrate that 184,389 students were screened (well over 50% of public school students) and 11% were referred for a comprehensive eye exam during a single school year. DOH in association with the New Mexico School Nurse Association conducts annual vision screening training for both new school nurses and health assistants. Guidelines for vision screening are published in the School Health Manual.

The American Academy of Pediatrics and the Association of Pediatric Ophthalmology and Strabismus (AAPOS) endorse routine comprehensive eye exams if a child is at particular risk of visual abnormalities because of genetic risk, premature birth or other causes. The AAPOS policy statement on vision screening in infants and children includes the following, "Routine comprehensive professional eye examination of the normal asymptomatic child has no proven medical benefit."

PERFORMANCE IMPLICATIONS

PED reports HJM 29 could impact staff time spent on technical assistance to schools concerning student vision screening.

DOH reports HJM 29 would have no affect on their performance measures.

FISCAL IMPLICATIONS

The PED and the DOH believe requiring comprehensive eye exams for school entry pose a problem of financing and access to services.

The well child exam includes hearing and vision screening and is done yearly, paid for by Medicaid, insurance or a private pay source. When a problem is identified, the primary physician forwards a referral to an ophthalmologist for a more comprehensive exam. Requiring a comprehensive exam with no symptomology or family history of such may place an unnecessary financial burden on health care systems, school districts and families.

ADMINISTRATIVE IMPLICATIONS

The PED reports significant financial and administrative burden to participate in the study.

The New Mexico School Nurse' Association does not support this study because of undue financial and administrative burden. School nurses already screen pre-K and kindergarten students following standards set by the National School Nurse Association and training is offered for all new school nurses and health assistants.

TECHNICAL ISSUES

HJM 29 does not specify if its recommendations would pertain only to public schools.

There is also the issue of confidentiality and storage of medical health information. An eye examination certificate would most likely qualify as such. A waiver would also need to be provided for parents that do not wish a comprehensive eye exam for their child.

OTHER SUBSTANTIVE ISSUES

The United States Preventive Services Task Force states that routine visual acuity testing is not recommended for asymptomatic school-aged children.

There is evidence that vision screening is not 100% effective; however, school children in New Mexico are screened more than once during their schooling.

Eye care is a benefit under many insurance plans; however, examination of a child with no symptoms may not be covered. Families without insurance coverage would have to pay the cost or qualify for Medicaid.

Children's Medical Services serves the statewide Children and Youth with Special Health Care Needs (CYSHCN) population from birth to 21 years of age. Through its CYSHCN Program, The Healthier Kids Fund Program, and the Family, Infant and Toddler Program, CMS provides medical coverage for more than 6,300 children and youth statewide that includes services related to eye care, and a number of other early intervention services.

Both the American Optometric Association (AOA) and the New Mexico School for the Visually Impaired concur that a significant portion of learning and teaching are done visually, and that there are basic vision skills needed by a child to help insure optimal learning outcomes. Although several, national, medical professional groups do not support the need for more comprehensive early childhood eye examinations of children who are asymptomatic, children of families with histories of certain medical conditions may be more strongly predisposed to a variety of childhood visual impairments. The CYSHCN population served by CMS also represents a segment of the State's population that may require more intense screening and examination and tracking.

ALTERNATIVES

School vision testing is sometimes not completed until the middle of the school year. An alternative might be to have a "vision and hearing screening completed" certificate filled out by the primary physician during the yearly well child exam submitted before school starts in the fall.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

Children will continue to receive vision screening at school and during yearly well child exams.

POSSIBLE QUESTIONS

What is the definition of a "health assistant"? What training, background and continuing education requirements are needed? How many schools use health assistants as opposed to nurses?

House Joint Memorial 29-- Page 4

When a problem is discovered through school vision screening and referral is made, what kind of follow-up is done to ensure parents received the message and have complied with the request?

AHO/njw