

PUBLIC HEALTH DEPARTMENT[641]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of 2013 Iowa Acts, Senate File 419, the Department of Public Health hereby gives Notice of Intended Action to adopt new Chapter 52, “Vision Screening,” Iowa Administrative Code.

The 85th General Assembly, in 2013 Iowa Acts, Senate File 419, established a vision screening requirement for children enrolled in a public or accredited nonpublic elementary school and directed the Department to adopt rules necessary to administer vision screening.

These proposed rules describe the vision screening requirement for children enrolling in kindergarten and third grade. The rules specify the procedures that constitute a vision screening, specify who can conduct a screening, and prescribe reporting requirements.

Any interested person may make written comments or suggestions on the proposed rules on or before February 11, 2014. Such written comments should be directed to Melissa Ellis, Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319. Comments may be sent by fax to (515)242-6013 or by e-mail to melissa.ellis@idph.iowa.gov.

After analysis and review of this rule making, no impact on jobs has been found.

These rules are intended to implement 2013 Iowa Acts, Senate File 419.

The following amendment is proposed.

Adopt the following **new** 641—Chapter 52:

**CHAPTER 52
VISION SCREENING**

641—52.1(135) Purpose. The purpose of the child vision screening requirement is to improve the eye health and vision of Iowa’s children. Child vision screenings will facilitate early detection and referral for treatment of visual impairment, including amblyopia; reduce the incidence, impact, and cost of visual impairment, vision loss, and maldevelopment; inform parents and guardians of their children’s visual impairment; promote the importance of eye health as an integral component of preparation for school and learning; and contribute to statewide surveillance of eye health. These rules promote the concepts of prevention, education, care coordination, and treatment related to the prevention of amblyopia and promote overall eye health in children in Iowa.

641—52.2(135) Definitions. For purposes of this chapter, the following definitions apply:

“*Advanced registered nurse practitioner*” or “*ARNP*” means a person licensed to practice under 655—Chapter 7.

“*Amblyopia*” means an eye disorder characterized by impaired vision in an eye that otherwise appears normal, or out of proportion to associated structural abnormalities of the eye; also known as “lazy eye.”

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

“*Department*” means the Iowa department of public health.

“*Elementary school*” means kindergarten through grade six in an Iowa school district or accredited nonpublic school.

“*HOTV chart*” means a vision screening test that determines relative visual acuity for distance vision using a chart with the four letters H, O, T and V.

“*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 6 months of age through 48 months of age) through screening and public education.

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

“*Lea symbol chart*” means a vision screening test that determines relative visual acuity for distance vision using a chart with the four symbols circle, square, house, and apple.

“*Online vision screening*” means a validated vision screening test administered from the Internet at www.visionforkids.org to a child to assess vision and includes vision test results and recommendation.

“*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 with a machine with automated technique that uses the red reflex of the eye to screen for eye problems and produces immediate readable results and 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 a child’s vision appears to be compromised and there is reason for the child to be seen by an ophthalmologist or optometrist.

“*Snellen letter chart*” means a vision screening test that determines relative visual acuity for distance vision using a chart consisting of eight or more rows of progressively smaller block-type letters.

“*Vision screening*” means an eye testing program that assesses visual distance acuity or any other system of testing that assesses refractive error and other conditions (misalignment, media opacities) that can lead to amblyopia, including:

1. Snellen letter chart.
2. HOTV chart.
3. Lea symbol chart.
4. Photoscreening by Iowa KidSight.
5. Approved online vision screening at www.visionforkids.org.

641—52.3(135) Persons included and persons excluded.

52.3(1) The parent or guardian of a child to be enrolled in a public or accredited nonpublic elementary school shall ensure that the child is screened for vision impairment at least once before enrollment in kindergarten and again before enrollment in grade three. The child vision screening requirements specified in this chapter apply to all persons seeking first-time enrollment of a child(ren) in kindergarten or third grade in a public or accredited nonpublic elementary school in Iowa.

52.3(2) The child vision screening requirement shall not apply if the child vision screening conflicts with a parent’s or guardian’s genuine and sincere religious belief.

52.3(3) A child shall not be prohibited from attending school based upon failure of a parent or guardian to ensure that the child has received the vision screening required by these rules.

641—52.4(135) Child vision screening components. The requirement for a child vision screening may be satisfied by any of the following:

52.4(1) A vision screening or comprehensive eye examination by an ophthalmologist or optometrist.

52.4(2) A vision screening conducted at 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 by an advanced registered nurse practitioner or physician assistant.

52.4(3) An online vision screening, administered from the Internet at www.visionforkids.org, which may be conducted by a child's parent or guardian.

52.4(4) A photoscreening vision screening, including a vision screening by Iowa KidSight.

641—52.5(135) Time line for valid vision screening.

52.5(1) *Kindergarten.* To be valid, a child vision screening shall be performed on a child no earlier than one year prior to the child's enrollment date into kindergarten and no later than one year after that enrollment date.

52.5(2) *Grade three.* To be valid, a child vision screening shall be performed on a child no earlier than one year prior to the child's enrollment date into the third grade and no later than one year after that enrollment date.

52.5(3) *Substantial compliance.* A child vision screening may also be deemed valid by the department if the department determines that the child has substantially complied with the child vision screening requirements.

641—52.6(135) Proof of child vision screening.

52.6(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 either electronically through IRIS pursuant to subrule 52.6(2) or in hard copy or electronic form pursuant to subrule 52.6(3) to the school district or accredited nonpublic elementary school in which the child is enrolled.

52.6(2) If the child's vision screening results were electronically submitted to IRIS by the person authorized to perform a child vision screening or through an approved online vision screening, the parent or guardian may notify the school district or accredited nonpublic elementary school of such submission to satisfy the requirement in subrule 52.6(1).

52.6(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 name, grade, and school; evidence of the vision screening, including visual acuity, external and internal eye health, vision analysis, and vision correction recommendations, if any; and the name of the provider who performed the vision screening. A parent may submit a completed student vision card to satisfy this requirement.

52.6(4) A faxed copy, photocopy, or electronic copy of the valid child vision screening results is acceptable.

641—52.7(135) Child vision screening reporting.

52.7(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.

a. An ophthalmologist or optometrist shall report the results to IRIS.

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 to IRIS.

c. Results from an online vision screening, administered from the Internet at www.visionforkids.org, shall be reported automatically through IRIS.

d. Photoscreening vision screening, including Iowa KidSight, shall report results to IRIS.

52.7(2) The department will collect and maintain results of the vision screenings through IRIS.

641—52.8(135) School requirements.

52.8(1) Prior to student enrollment or during the enrollment period, each public and accredited nonpublic elementary school, in collaboration with the department, shall provide vision screening referral resources to the parents or guardians of students enrolled in the school.

52.8(2) Each public and accredited nonpublic elementary school shall provide community eye health referral resources, including contact information for the local public health department, maternal and

child health agency, Iowa KidSight, the department, or an optometric or ophthalmology society, to parents or guardians of students for whom the parents or guardians did not submit evidence of a child vision screening.

52.8(3) Each public and accredited nonpublic elementary school shall arrange for evidence of child vision screening results provided by parents or guardians to be forwarded to the department, including the forwarding of a list of students whose results were reported to IRIS, forwarding of originals or copies of all student vision cards provided to the school, and forwarding of any other evidence of vision screening provided to the school.

641—52.9(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 the statewide immunization registry to collect and maintain child vision screening results, to ensure that students receive the required vision screening, and to monitor eye health.

52.9(1) The database module shall consist of vision screening information, including identifying and demographic data.

52.9(2) Database module reporting shall comply with rule 641—52.7(135).

52.9(3) Restricted 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 these rules.

52.9(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 who complete an agreement with the department that specifies the conditions under which the database module can be accessed and who have been issued an identification code or password 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 that 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 that the information is necessary to perform a legally authorized function of that 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.
 - (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, ophthalmology or health care providers providing continuity of care; and other approved users of the database module.

641—52.10(135) Referral requirements.

52.10(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.

52.10(2) The department 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 52.10(1) in order to provide information on obtaining necessary vision correction.

These rules are intended to implement 2013 Iowa Acts, Senate File 419.