

**PUBLIC HEALTH DEPARTMENT[641]**

**Adopted and Filed**

Pursuant to the authority of Iowa Code section 135.39D, the Department of Public Health hereby adopts new Chapter 52, “Vision Screening,” Iowa Administrative Code.

This amendment establishes new rules governing vision screening for children.

Notice of Intended Action was published in the Iowa Administrative Bulletin on January 21, 2015, as **ARC 1838C**. A public hearing was held on February 10, 2015.

Eight comments were received from Prevent Blindness Iowa. The following is a summary of the comments and the Department’s responses:

Comment 1: Add a definition of “community-based organization” to include “...utilizes approved age-appropriate, acceptable child vision screening tests approved by IDPH.”

Response: The Department added a definition of “community-based organization” to rule 641—52.2(135).

Comment 2: Expand on or change the definition of “child vision screening workgroup”; the child vision screening workgroup that determines approved screening methods needs to be comprised of individuals who have expertise and experience with vision screening, including representatives from the School Nurse Organization, the Department of Education, a licensed ophthalmologist and a licensed optometrist or member organizations’ designees who have direct experience conducting vision screening or performing eye examinations.

Response: The definition of “child vision screening workgroup” was revised to emphasize that the workgroup includes licensed ophthalmologists and licensed optometrists who are highly trained medical providers and who have direct experience conducting vision screening or performing eye examinations. Representatives of leading vision organizations (or the representatives’ designees) may also have direct experience in conducting vision screening or performing eye examinations.

Comment 3: Instead of defining only “photoscreening,” include a definition more inclusive of instrument-based equipment (including photoscreening, autorefractors and such instruments).

Response: The Department identified “photoscreening” in the legislation as a vision screening method that would satisfy the requirement for the vision screening law. Through the rule-making process, the Department identified photoscreening as one of two classified instrument-based vision screening methods. The Department was asked to include both instrument-based screening methods, although the methods are very different in the type of vision impairments they detect. Therefore, a definition of “autorefractor” has been added in rule 641—52.2(135), and autorefraction is referenced in subrule 52.4(3) as a potential acceptable child vision screening test that may be approved by the Department in consultation with the child vision screening workgroup.

Comment 4: Remove the last sentence of subrule 52.4(3): “These tests may include but are not limited to photoscreening and online vision screening.”

Response: The Department revised the last sentence in subrule 52.4(3) to read: “These tests may include but are not limited to instrument-based vision screening methods (such as photoscreening or autorefraction) and online vision screening.” The sentence now includes both instrument-based methods as potential acceptable child vision screening tests.

Comment 5: Remove the last sentence of subrule 52.6(3): “A parent or guardian may submit a completed student vision card to satisfy this requirement.” There is concern about the vision screening card being named and added to the definition in the rules implementing Iowa Code section 135.39D, vision screening, as a method of reporting and providing a definition. Iowa Code section 280.7A, pertaining to student eye care, allows for a student vision card to be distributed to children registering for kindergarten or a preschool program. The student vision card should not be referenced in the rules under 641—52.2(135) or in paragraph 52.8(3)“c.” Rationale:

5a. The Department identified that there are several ways to report vision screening results. The student vision screening card is only one of many methods that will be used to report. By naming the

student vision card, which is not mentioned in Iowa Code section 135.39D, the rules provide more weight to using the student vision card than other forms that may be submitted. In addition, the card is only distributed to children registering for kindergarten or a preschool program and is therefore not available to third grade students.

5b. Naming the student vision card will create more confusion for school administrators, nurses, and parents/guardians about what is mandated in Iowa. By naming only the student vision card as a method of acceptable reporting, many will assume that the mandate is that the child must have an eye examination prior to entering kindergarten.

Response: The last sentence of subrule 52.6(3) was removed. The Department added new subrule 52.6(5) to clarify that parents/guardians have several options for the screening of a child's vision in order to meet the requirements of the law. If a parent/guardian chooses for a child to receive a comprehensive eye examination, the parent/guardian may submit a completed vision card to satisfy the vision screening requirement.

Comment 6: Add "Prevent Blindness Iowa" to the list of community eye health referral resources in 52.8(2).

Response: The Department added Prevent Blindness Iowa to the list of potential community eye health referral resources in subrule 52.8(2) and added the definition of "Prevent Blindness Iowa" to rule 641—52.2(135).

Comment 7: Strike paragraph 52.8(3)"c" or add "eye examination." (Paragraph "c" reads as follows: "All student vision cards provided to the school; and.") Naming the student vision card will create more confusion for school administrators, nurses, and parents/guardians on what is mandated in Iowa. By naming just the student vision card as a method of acceptable reporting, many will assume that the mandate requires a child to have an eye exam prior to entering kindergarten. The student vision card is covered as part of evidence in 52.8(3)"a" and "d"; if needed, wording can be added ... (after) vision screening or eye examination results. 52.8(3)"a," "b" and "d" as written cover all evidence the schools need to provide.

Response: The Department made changes to subrule 52.8(3) to be consistent with the provisions of rule 641—52.6(135). Paragraph 52.8(3)"c" was not adopted, and in paragraphs 52.8(3)"a" and "c" (proposed paragraph 52.8(3)"d"), language was added to clarify that schools may submit evidence of a child's vision screening or comprehensive eye examination.

Comment 8: 641—52.10(135) is confusing. Please clarify. The interpretation of 52.10(1) is that the person who performs the screening refers the child after a failed vision screening and that persons performing vision screenings shall contact parents or guardians...to provide information on obtaining necessary vision screening correction. Subrule 52.10(2) is interpreted that doctors, community-based groups, etc. will follow up with all children referred after the screening to make sure they received an eye exam and/or provide resources. Clarify if this interfaces with Iowa Code section 135.39D(8).

Response: No changes to the Noticed rules were made in response to this comment. Both subrules 52.10(1) and 52.10(2) correspond to Iowa Code sections 135.39D(7) and 135.39D(8). In Iowa Code section 135.39D(7), the law requires that the person who performed the vision screening, if the person is not a licensed ophthalmologist or licensed optometrist, refer the child to a licensed ophthalmologist or licensed optometrist for a comprehensive eye examination. This requirement is addressed in subrule 52.10(1). In Iowa Code section 135.39D(8), the law directs the Department to establish procedures to contact parents or guardians of children identified as having potential vision impairment. This requirement is addressed in subrule 52.10(2). In rule, the Department establishes the procedure by requiring the person performing the vision screening (following standard practice) to contact the parents of children identified as having potential vision impairment in order to provide information on obtaining necessary vision correction.

The State Board of Health adopted this amendment on March 11, 2015.

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

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

These rules will become effective May 6, 2015.

The following amendment is adopted.

Adopt the following new 641—Chapter 52:

CHAPTER 52  
VISION SCREENING

**641—52.1(135) Purpose.** The purpose of the child vision screening program 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.

**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 rule 655—7.1(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.

“*Child vision screening workgroup*” means a group of eye health professionals in the state of Iowa established by the director and comprised of licensed ophthalmologists, licensed optometrists, representatives or designees of leading vision organizations, and other stakeholders as determined by the director.

“*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.

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

“*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.

“*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.

“*Photostereotyping*” 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.

“*Prevent Blindness Iowa*” means the nonprofit organization dedicated to preventing blindness and preserving sight through vision screening, advocacy, education, community service, training and research.

“*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—52.3(135) Persons included and persons excluded.**

**52.3(1)** The parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure 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 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 the child has received the vision screening required by these rules.

**641—52.4(135) Child vision screening components.**

**52.4(1)** The requirement for a child vision screening may be satisfied by any of the following:

- a. A vision screening or comprehensive eye examination by an ophthalmologist or optometrist.
- b. 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(2)** All vision screening methods, including emerging vision screening technologies, shall be age-appropriate and shall be approved by the department. A list of acceptable child vision screening tests will be reviewed and updated annually by the department in consultation with the child vision screening workgroup and will be listed on the department’s Web site. These tests may include but are not limited to instrument-based vision screening methods (such as photoscreening or autorefraction) and online vision screening.

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

**52.5(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.

**52.5(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.

**52.5(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—52.6(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 to the school district or accredited nonpublic elementary school in which the child is enrolled either electronically through IRIS pursuant to subrule 52.6(2) or in hard copy or electronic form pursuant to subrule 52.6(3).

**52.6(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.

**52.6(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 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.

**52.6(4)** Submission of a faxed copy, photocopy, or electronic copy of the child vision screening results is acceptable.

**52.6(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—52.7(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 hard-copy results 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 hard-copy results 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 a hard-copy report to the parent or guardian to be forwarded to the department via the school or results shall be reported via IRIS if available.

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

**52.7(2)** The department will collect and maintain results of the vision screenings submitted in hard copy or through IRIS.

**641—52.8(135) School requirements.**

**52.8(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.

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

**52.8(3)** Each public and accredited nonpublic elementary school shall arrange for the following to be forwarded to the department:

*a.* Evidence of child vision screening 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—52.9(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 IRIS to collect and maintain child vision screening results, to ensure 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 this rule.

**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 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, 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)** 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 52.10(1) in order to provide information on obtaining necessary vision correction.

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

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