

My name is Dr. Casey Braitsch, MD, MPH and I am a pediatric resident at Yale Children's Hospital. I am here representing the CT chapter of the American Academy of Pediatrics (CT-AAP) to testify against proposed bill 5760, an Act Concerning Prevention Strategies for Vision Problems in Young Children.

It is important to note that in national studies, under screening of preschool children is a problem. For example, though over 95% of pediatricians regularly do some form of vision screening, pediatrician and family practitioner compliance with AAP guidelines for *visual acuity* screening of preschool-aged children is estimated to be 73-79% by 4 years of age. There is clearly a need to increase these numbers, but the CT-AAP believes this can be done through education campaigns, grants to states for exams and treatment and recommendations to primary providers to provide screening prior to school entry and make appropriate referrals.

As a pediatrician, my purpose is to ensure the well-being and health of children in CT, while helping them avoid harm. Proposed Bill 5760 is both unnecessary for the former concern, and also holds the potential to harm the children of CT.

It is unnecessary for the screening to be mandated as being done by an optometrist or ophthalmologist. The AAP, the American Academy of Pediatric Ophthalmology and Strabismus, the American Academy of Ophthalmology and the American Academy of Family Practitioners recommend routine eye exams on children during all well child visits, and the cost of this exam is included in the visit. Regular screening by primary providers is comprehensive, testing for ocular muscle motility, eye muscle imbalances, pupillary function and includes a basic fundusoscopic exam of the retina. Approximately 5-10% of children are found to have an abnormality or risk on this exam, and are then appropriately referred to ophthalmologists or optometrists for further testing and treatment.

Most importantly, the routine administration of comprehensive exams by optometrists and ophthalmologists would likely backfire for the health of the children in CT. First, due to the fact that the mandate is for *one* exam only, they will provide the population with a false sense of security, leading to reduced rates of appropriate diagnosis. Children are not well-understood by a snapshot. On the other hand, they are a dynamic population, always growing and changing. Currently, visual screening takes place across all well child visits. After 5760, a parent or provider could be falsely reassured by *one* exam that the child has no visual deficit, and could overlook future concerns or changes. Second, these exams would be expensive and time-consuming for all parties. Examinations done by optometrists and ophthalmologists are more intensive than regular screening. They include the addition of: anterior segment examination, cycloplegic retinoscopy/refraction and detailed fundusoscopic examination. The examiners would be under severe stress for time, thereby limiting the efficiency of finding those 5 % of children who actually need their help. In terms of cost, these eye exams are expensive, for insurance companies, insured individuals and especially the uninsured. Parents would have to take additional unpaid time off of work and children would lose important school time. Thirdly, there is no provision in the bill for education or treatment, both essential components in any

public health project such as this one. This bill would not, therefore, encourage increased awareness of the public and practitioners about vision problems, but in addition to the false sense of security it provides for, would drive vision problems out of the public's mind. It also would direct much-needed resources away from those 5 % of children who need either regular follow-up, treatment, prescriptions, glasses or surgery.

You may note that similar legislation has come up in other states, such as North Carolina and Oklahoma. However, both of these bills required eye examinations by Pediatricians, Family Physicians and other practitioners. None of them required a comprehensive evaluation first by an optometrist or ophthalmologist. These were deemed unnecessary and wasteful. Bills similar to 5760 have been defeated in New York, Washington, Georgia and Missouri.

The bill before you does not comply with the recommendations for examination by either the American Academy of Pediatrics, the American Academy of Pediatric Ophthalmology and Strabismus, the American Academy of Ophthalmology nor the American Academy of Family Practitioners. To pass this piece of legislation is tantamount to forcing expert medical practitioners to perform exams against their medical judgment as to what is best for their patients.

#### **REFERENCES:**

##### **For copies of current screening and referral guidelines, please refer to:**

AAP guidelines:

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/1/187#SEC4>

American Academy of Ophthalmology, Pediatric Ophthalmology Panel guidelines:

[http://www.guideline.gov/summary/summary.aspx?doc\\_id=3543](http://www.guideline.gov/summary/summary.aspx?doc_id=3543)

American Association for Pediatric Ophthalmology and Strabismus and the American Academy of Ophthalmology guidelines:

<http://www.aao.org/education/library/statements/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=15145>

##### **Studies of compliance with vision-screening guidelines:**

Kemper and Clark. Preschool vision screening by family physicians. *Journal of Pediatric Ophthalmology and Strabismus*. 2007, Jan-Feb;44(1):24-7

Kemper and Clark. Preschool vision screening in pediatric practices. *Clinical Pediatrics*. 2006, Apr; 45(3):263-6

Wall, et al. Compliance with vision-screening guidelines among a national sample of pediatricians. *Ambulatory Pediatrics*. 2002, Nov-Dec; 2(6):449-55