

Statement of Mike Simeone, O.D.
Public Health Committee
HB 5760
February 26, 2007

I'm Dr. Mike Simeone. I have a Primary eye care practice in East Lyme with a subspecialty in Developmental vision care. I'm here to voice my support for HB 5760, An Act Concerning Prevention Strategies for Vision Problems in Children.

In my experience, the need for this bill is significant in light of the early detection ability it allows us. As other testimony here today states, the incidence of undetected vision conditions that can adversely affect a child's learning and development must be considered.

The present vision screening methods have been the mainstay in CT for years. My hope is that in these few minutes I can create awareness of the various aspects of vision that can still go undetected. I'd also like to mention that the general consensus among professionals concerning the adequacy of vision screenings is negative.

To begin, if the committee could indulge, me I would like to demonstrate the most common assessment of vision done in the large majority of vision screenings here in CT. This is a miniaturized Acuity card I created to simulate a vision test at far distance. If you can read the 20/30 line here with each eye you have passed the test according to the majority of school screening criteria. Yes, you are ready to learn in any CT classroom.

I would like to stress that this is not the case. What we have just done tells me, as an Optometrist, absolutely nothing about a child's ability to *coordinate* their eyes when reading, writing, or copying from the board. The same is true for how their eyes are *tracking* or *converging* as they scan a page to read, or search for information or read music. Think of these as fine-motor skills for the eyes. Next, this test tells me nothing about *eye-hand coordination* or *visual perceptual skills*, which are so important to early learning. When these skills are not up to the task, the child struggles, they must compensate, and the level of challenge for the task at hand increases. And, if certain forms of strabismus or amblyopia are present they can easily be missed.

When we test a child's visual system during a comprehensive eye exam, we are not just interested in whether they see 20/20, but something just as crucial – how much effort is required to see 20/20. That effort is acceptable only when sharpness of vision, eye coordination, tracking, convergence, eye-hand coordination, visual perceptual skills and several other visual skills have been evaluated – not just acuity.

This is not the case with screenings. For those few seconds, a child can strain to see the letters, but it tells us nothing about how they will perform for sustained amounts of deskwork or general classroom work or at play.

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Also, the present criteria for passing a vision screening in most towns in CT are very suspect. The criteria calls for referral if the acuity is *less than* 20/30 in either eye or if there is a difference of more than 2 lines between the eyes. As a Developmental Optometrist this is very worrisome. My job is always to find out why a young healthy eye cannot see better than 20/40 and fix it. It would be malpractice otherwise. Yet, according to the screening criteria, that reduced vision is acceptable during a screening.

A final point I would like to make is that studies have shown additional problems with screenings such as low screening rates overall, low follow-up and delayed treatment, as well as inadequate screener training.

In closing, I feel HB 5760 does a great service to our school age children in that it helps assure their visual readiness to learn and our ability to detect hidden vision problems.

Thank You.

Michael A. Simeone, O.D.

East Lyme, CT