



Testimony of Steven C. Thornquist, MD

**Connecticut State Medical Society
Connecticut Society of Eye Physicians
Connecticut ENT Society
Connecticut Urology Society
The Connecticut Dermatology and Dermatologic Surgery Society**

Before the Public Health Committee
March 4, 2015

Proposed Bill No. 6268, AN ACT CONCERNING PEDIATRIC VISION SCREENING

Good Morning Senator Gerratana, Representative Ritter and other distinguished members of the Public Health Committee. I am Steven Thornquist, MD, a board certified pediatric ophthalmologist practicing in Trumbull. I am here to represent the thousands of physicians in the state medical society and the over 1000 physicians in the medical specialties of Dermatology, Ophthalmology, Otolaryngology and Urology.

Speaking for this group of dedicated physicians, we applaud the efforts of this committee for bringing this important issue of child vision screening to public attention and for your emphasis on screening as an efficient, cost effective means of identifying children at risk. We have, however, some concerns with the way the bill is worded, and some suggestions for refining it. We note that documentation of vision screening is already required by Connecticut statute for entry into school, and that the Federal Government has recognized Connecticut's leadership in this requirement. We would draw the committee's attention to existing professional guidelines that already achieve the goals of this legislation without legal mandate, and which are updated frequently as technology and practice progresses. Because of expanded coverage provided by actions of this legislature, the Governor, and the President, nearly all children in Connecticut now can have access to the continuing care that can implement these guidelines. We are concerned that this bill will represent another unfunded mandate for the practice of medicine, and would ask that, if enacted, the language include a requirement that vision screening be a covered benefit, with a meaningful reimbursement, separate from the Federally mandated coverage for preventive vision examination. Finally, we feel that the wording of the required referral would not achieve the intent of this legislation, as opticians are only trained and empowered to produce and dispense glasses from a prescription, and cannot provide the complete care intended by this referral. We ask that, if the bill advances, the language in the

final line be amended to state that the child should be referred to an ophthalmologist or optometrist, not the current language of “optometrist or optician.”

In 2005, the legislature adopted language which required documentation of vision screening before entry into school. We appreciate that, and it has paid off. I do not have formal statistics, but I and my colleagues have noted a significant increase in referrals for failed screenings in the pre-K population. Patients like Daniel from Shelton, who was sent to me by his pediatrician after failing a vision screening in the office at his 4-year-old well child visit. He was legally blind in his left eye due to a significant, previously undetected, focusing error. Because he was found early by proper screening, we have been able to give him timely, effective treatment, and his vision is now nearly normal with his glasses on. Or Amanda, who was referred after her pediatrician followed established guidelines and noted an unusual appearance to her eyes. She had tumors in both eyes, but, because they were caught early, she has been able to avoid the loss of either eye, and has preserved good vision in one. Had there been a significant delay, she might be totally blind today. These children, and many more like them were identified early because their pediatricians followed already established guidelines and procedures for frequent, age-appropriate vision and eye health screening.

Screening policies and methods have improved since 2005, enabling us to look for problems earlier and with greater effectiveness and efficiency. With newer technology, like hand-held automated screeners, recently revised guidelines, and expanded health coverage, we can make sure almost every child is reached by quality vision screening and gains entry into a program to provide appropriate, affordable follow-up and treatment, because that is what really counts: making sure that kids with vision problems get treated effectively.

The success of Connecticut’s existing screening requirements has been noted by Senator Chris Murphy, who has pointed out that Connecticut has been able to obtain federal grants because it is a leader in vision screening.

The medical profession has long recognized the importance of vision screening, and has issued and updated guidelines to promote and standardize its use. In 2003, the American Academy of Ophthalmology, the American Association for Pediatric Ophthalmology and Strabismus, and the American Academy of Pediatrics issued a joint statement urging vision screening and outlining both effective techniques and an appropriate schedule (beginning in infancy and recurring at each well child visit) for incorporating screening into routine medical follow-up. Those guidelines were updated and revised in 2008, and again in 2013, incorporating newer techniques and technology like automatic vision screeners. Practice guidelines like these can continue to be reviewed and updated on a much more frequent and flexible basis than legislative requirements can. These guidelines, while voluntary, have become standard practice with the vast majority of my colleagues who provide pediatric care. While they are issued by physician groups and aimed at physicians, I am sure that other providers can find them useful as a model for their own standards. In short, the health care professions are already moving forward on this front without the need for legislative intervention or mandates.

Medical practice in Connecticut is already burdened by a number of mandated services and practices which carry a cost, but are not reimbursed, or not adequately so. Adding another unfunded directive will only contribute to the already unfavorable climate for providers in this state. We ask that those offering insurance in the state of Connecticut be required to provide coverage of, and a meaningful reimbursement for, vision screening done in the child's medical home, and separate from other routine well child care, or the preventive vision examination that SCHIP and the ACA require.

Finally, as noted earlier, the proposed wording requiring referral will not achieve the intent of providing full care for those children appropriately and efficiently identified by proper screening. Opticians are not trained nor empowered by Connecticut law to provide eye examinations. Ophthalmologists (eye MDs) are, however, and are not included. We respectfully suggest that the wording be changed from "optometrist or optician" to "ophthalmologist or optometrist".

In short, Connecticut's physicians agree with improving strategies for preventing vision problems in children, and the best way to achieve that is by ensuring quality screening by better training, program expansion, and incentives, such as payment for screening. Let's work to make Daniel's and Amanda's story the story of every kid with vision problems in Connecticut.