

**Department of Legislative Services**  
 Maryland General Assembly  
 2023 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 1054 (Delegates Hill and Taveras)  
 Ways and Means

**School Health and Vision Services – Screenings and Eye Examinations**

This bill requires a public school to refer certain students for a comprehensive eye examination and the local board of education to determine whether students who fail a vision screening should receive an eye examination and, if recommended, eyeglasses. The bill establishes a requirement for an additional screening – in the year that a student enters the third or fourth grade. A local board must provide specified information to the parents or guardians of a student when the student registers for school; before the student may enroll, a completed eye examination form must be returned. The bill also establishes the Pediatric Vision Program and the Vision for Maryland Program. The Governor must include annual appropriations of (1) at least \$500,000 for the Pediatric Vision Program beginning in fiscal 2025 and (2) at least \$2.5 million for the Vision for Maryland Program beginning in fiscal 2026. **The bill takes effect July 1, 2023, except for provisions relating to the Vision for Maryland Program, which take effect July 1, 2025.**

**Fiscal Summary**

**State Effect:** In FY 2024, general fund expenditures increase by \$160,500 for a needs analysis and feasibility study and personnel and by an additional indeterminate but potentially significant amount to begin implementing the Pediatric Vision Program (not shown). Future years reflect mandated appropriations and additional administrative costs, as discussed below. Also, beginning in FY 2024, Medicaid expenditures (general and federal funds) and federal fund revenues increase by an indeterminate amount (not shown). **This bill establishes mandated appropriations beginning in FY 2025 and 2026.**

(in dollars)	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	160,500	563,500	3,283,000	3,282,000	3,297,200
Net Effect	(\$160,500)	(\$563,500)	(\$3,283,000)	(\$3,282,000)	(\$3,297,200)

*Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** Expenditures for local boards of education and local health departments (LHDs) increase significantly beginning in FY 2024 to provide additional vision (and hearing) screenings and ensure each student who fails a screening receives an eye examination or eyeglasses as required. Beginning in FY 2025, these costs may be partially offset by any distributions from the mandated appropriation for the Pediatric Vision Program. **This bill imposes a mandate on a unit of local government.**

**Small Business Effect:** Potential meaningful.

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## Analysis

### Bill Summary:

#### *Eye Examinations*

Unless evidence is presented that a student has been tested by an optometrist or ophthalmologist within the past year, each local board or LHD must administer screenings (hearing and vision) the year that a student enters the third or fourth grade (in addition to the year the student enters a school system, first grade, and eighth or ninth grade under current law).

In addition to vision screenings at regular intervals, each public school must refer any student who the school knows has been diagnosed with a neurodevelopmental delay for a comprehensive eye examination performed by a licensed optometrist or ophthalmologist chosen by the student's parent or guardian.

If a student fails a vision screening or shows signs and symptoms during the screening that justify an eye examination, each local board must determine whether the student should subsequently receive an eye examination and, if recommended by the examining optometrist or ophthalmologist, should receive eyeglasses. If a local board determines that a student should receive an eye examination or eyeglasses, the local board must coordinate with the Vision for Maryland Program or any other public, private, or nonprofit entity to provide an eye examination and eyeglasses, if needed, to the student.

#### *Health Forms and Documentation*

Generally, if a local board creates a student health form that requires completion by a licensed health care provider, the form must include a place to describe (1) any identified health issues that may interfere with the student's academic performance and (2) the plan to address the student's health issues.

If a student provides documentation of having been tested by an optometrist or ophthalmologist within the past year, certain information must be included in the student's school health record, including (1) the results of any tests or screenings; (2) any recommendation for eyeglasses or other vision supports; and (3) whether the student received the recommended eyeglasses or vision supports.

In addition to other information required under current law, the parents or guardians of a student who fails a vision screening must receive (1) a list of optometrists and ophthalmologists who participate in the Pediatric Vision Program and (2) an eye examination form to be completed and returned after the student receives an eye examination. If a student does not return the eye examination form to the local board or LHD within 30 days after receipt, the school must notify the student support team where the student attends school.

When a student registers for school, the local board must provide parents or guardians with (1) specified educational material about vision screenings, comprehensive eye examinations, and untreated visual impairments; (2) an eye examination form; and (3) a list of optometrists and ophthalmologists who participate in the Pediatric Vision Program. The eye examination form must be returned to the local board before the student may be enrolled in school.

### *Pediatric Vision Program*

The Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH) must develop a central repository system modeled on the vision program in the Motor Vehicle Administration (MVA) that allows (1) pediatric optometrists and ophthalmologists to report the results of required eye examinations and (2) school health staff to access the results of the examinations. MSDE must provide notice of the program to pediatric optometrists and ophthalmologists across the State and establish a list of pediatric optometrists and ophthalmologists who agree to participate in the program. MSDE and MDH must jointly develop regulations.

Beginning in fiscal 2025, the Governor must include in the annual budget bill an appropriation of at least \$500,000 to MSDE. The appropriation must be (1) used for the Pediatric Vision Program and (2) distributed to each local board for hearing and vision screenings, exams, and eyeglasses based on the needs of the county, as determined by MSDE.

### *Vision for Maryland Program*

Effective July 1, 2025, the bill establishes the Vision for Maryland Program to expand to each county Vision to Learn (VTL) vision support services for public school students who

have not received such services through health insurance or other means. VTL must administer the program in consultation with the State Superintendent of Schools and the Secretary of Health (or their designees). Primary contacts for school-based health centers (SBHCs) within MSDE and MDH must ensure the implementation and oversight of the Vision for Maryland Program.

The program must enable VTL to expand its services to five counties in the State each fiscal year until VTL services are available in every county in the State. For each fiscal year, the Governor must include in the annual budget bill an appropriation of at least \$2.5 million to VTL for the program. The program may also receive funding from grants or other assistance from local education agencies and institutions of higher education, federal grants, and any other grants or contributions from public or private entities.

#### *Mandated Reports, Evaluations, and Workgroup*

By July 1, 2024, MSDE and MDH must examine and report to specified committees of the General Assembly on the number of public school students with hearing difficulties who have not received the auditory aids that are necessary for them to learn and whether auditory support programs would help students who have hearing difficulties.

By December 1, 2024, MSDE must convene a workgroup with specified membership to conduct a needs analysis and feasibility study on vision care for children in the State and issue a related report. The workgroup must, among other things, (1) make recommendations for standardizing educational materials provided to parents and guardians of students; (2) establish and make recommendations for regularly updating specified best practices to identify students at risk for vision impairment; and (3) identify specified screening requirements and practices, organizations and providers that offer specified services, barriers to receiving eye care, and data on the number of uninsured or underinsured children in the State. The workgroup must report its findings and recommendations to specified committees of the General Assembly.

By October 1, 2025, and annually thereafter, MSDE must report to specified committees of the General Assembly on the use of funds appropriated for the Pediatric Vision Program.

By October 1, 2028, and annually thereafter, the Vision for Maryland Program must report to specified committees of the General Assembly on the number of counties the program enabled VTL to expand to and the number of public school students who received vision support services through the program in the immediately preceding fiscal year.

Uncodified language requires the Maryland State School Health Council to evaluate how the council can partner with various stakeholders to address issues that may arise when

students are inadequately equipped to learn due to vision and hearing difficulties. No timeframe is specified for this requirement.

### **Current Law:**

#### *Required Hearing and Vision Screenings*

Each local board of education or LHD must provide hearing and vision screenings for all students in public schools, and each LHD must provide and fund the screenings for private and nonpublic schools in the jurisdiction. Unless evidence is presented that a student has been tested within the past year, the screenings must take place in the years that a child enters a school system, enters the first grade, and enters the eighth or ninth grade. Further screenings must be done in accordance with the bylaws adopted by the State Board of Education or policies adopted by a local board of education or LHD. A student whose parent or guardian objects in writing to a hearing or vision screening on religious grounds may not be required to take the screening.

Results of screenings go in each child's permanent record and are reported to the local board of education or LHD. Additionally, the parents or guardians of each student must be provided with the results of the hearing and vision screenings, regardless of whether the student passes or fails the screenings, as well as educational materials that include (1) a disclaimer that a vision screening is not a substitute for a comprehensive eye examination; (2) an overview of visual impairments and an explanation of the potential educational impact of untreated visual impairments; and (3) a list of at-risk groups that are encouraged to have a comprehensive eye examination.

Additional information must be provided to the parents or guardians of a student who fails the vision screening that includes (1) notice that the results of the screening indicate that the student may have a vision disorder; (2) a recommendation that the student be tested by an optometrist or an ophthalmologist; (3) a description of the warning signs, symptoms, risk factors, and behavioral problems associated with vision disorders or eye conditions; (4) a description of the difference between eye examinations and vision screenings; (5) information on how to enroll in Medicaid; and (6) information on locally available free or low-cost programs that provide eye examinations and eyeglasses for children, if any.

The parent or guardian of a student who does not pass a screening must report on the recommended services received by the student, and the report must be submitted on a form provided by the local board of education or LHD. The local board of education or LHD must report the results of screenings and the number of students receiving recommended services to MDH. MDH is required to (1) review hearing and vision screening reports from local boards of education and LHDs and (2) in counties where fewer than 50% of students who have failed the screenings are receiving recommended services, coordinate with the

local board of education or LHD to implement measures to improve the number of students receiving the recommended services.

### *Individualized Education Programs*

The federal Individuals with Disabilities Education Act (IDEA) requires that a child with disabilities be provided a free appropriate public education in the least restrictive environment from birth through the end of the school year in which the student turns 21 years old, in accordance with an individualized family service plan (IFSP) or individualized education program (IEP) specific to the individual needs of the child. An IFSP is for children with disabilities from birth up to age 3, and up to age 5 under Maryland's Extended IFSP Option if a parent chooses the option. An IEP is for students with disabilities age 3 through 21. Local school systems are required to make a free appropriate public education available to students with disabilities from age 3 through 21. However, the State, under its supervisory authority required by IDEA, has the ultimate responsibility for ensuring that this obligation is met.

### *Section 504 Plans*

Under [Section 504 of the federal Rehabilitation Act of 1973](#), an organization that receives federal money, including public and many private schools, may not discriminate against a person on the basis of a disability. Section 504 requires schools to make a “reasonable accommodation” for students with disabilities to allow them to participate in school and school-related activities. Section 504 plans can be created to help students with disabilities receive accommodations that are not covered by their IEP. Students with disabilities who do not need an IEP may still receive accommodations through a Section 504 plan.

For example, a student who has diabetes may have a Section 504 plan that includes a schedule for getting medication. A student who uses a wheelchair may have a Section 504 plan that provides for special transportation during field trips.

### *Behavior Intervention Plans*

A “behavior intervention plan” is a proactive plan designed to address problem behavior exhibited by a student in the education setting through the use of positive behavioral interventions, strategies, and supports.

Students with IEPs, Section 504 plans, or behavior intervention plans may include children the school knows have been diagnosed with a neurodevelopmental delay.

## *Motor Vehicle Administration Vision Program*

MVA operates an online vision certification service that allows authorized online vision certification providers to submit an individual's vision results electronically to MVA. Authorized providers (licensed eye care practitioners who complete an MVA-approved online application and have their credentials verified with MDH) are included in MVA's provider list (accessible to the public via a [provider lookup page](#)) and may submit a patient's examination results electronically to MVA via an online portal. The results can be used for individuals eligible to renew their driver's license or identification card, or to apply for a learner's permit or driver's license.

## *Vision to Learn*

[VTL](#) is a nonprofit organization that provides vision screenings, eye examinations, and eyeglasses, free of charge, to children in low-income communities. VTL partners with school districts through memoranda of understanding to ensure all students have access to eye care. VTL assists school districts in providing eye screenings to students, follows up when needed using a mobile vision clinic where licensed optometrists conduct eye examinations, and provides new eyeglasses to students as needed.

Since 2016, VTL has operated a program in Baltimore City Public Schools. [Vision for Baltimore](#) is a partnership between the Baltimore City Health Department (BCHD), Johns Hopkins University, VTL, and Warby Parker. For students who do not pass the vision screenings provided by BCHD, the program provides, with the consent of a parent or guardian, an eye examination in VTL's mobile vision clinic, which goes to the school. Students who need eyeglasses pick the style and color of their frames in the mobile clinic. All services are available regardless of ability to pay, and parents are not charged.

## **State Fiscal Effect:**

### *Costs to Expand Vision to Learn Services*

Effective July 1, 2025, the bill requires the Governor, for each fiscal year, to provide at least \$2.5 million to VTL to expand its services to five counties in the State each fiscal year until services are available in every county in the State. The actual cost to expand VTL programs to five additional counties cannot be reliably estimated at this time and depends on unknown factors such as which counties are selected, the existing services provided in those counties, and the needs of students in those counties. Thus, this analysis assumes that the minimum required appropriation, \$2.5 million, is provided annually beginning in fiscal 2026 and that such funding is sufficient to cover the cost of service expansion as specified under the bill. To the extent costs are greater, general fund expenditures increase by an additional unknown amount.

*Impact on Medicaid*

The bill requires children to obtain an eye examination before entering school and additional vision (and hearing) screenings when entering third or fourth grade; public schools also must refer students known to be diagnosed with a neurodevelopmental delay for a comprehensive eye examination. Medicaid provides coverage for children’s eye examinations and eyeglasses every two years. Medicaid reimburses \$7.10 for a vision screening, \$67.09 for a full eye examination, and \$72.14 for eyeglasses. To the extent the bill increases or accelerates Medicaid claims for vision screenings, eye examinations, and eyeglasses, Medicaid expenditures (55% federal funds, 45% general funds) increase beginning in fiscal 2024. Federal matching fund revenues increase accordingly.

*Administrative and Reporting Expenses*

MDH advises that the agency requires three additional full-time employees and two contractual employees to assist the primary employee for SBHCs to provide implementation and oversight of the Vision for Maryland Program and assist in preparing reports mandated by the bill and one part-time (50%) contractual employee to oversee implementation of the Pediatric Vision Program.

The Department of Legislative Services (DLS) advises that, although MDH has additional responsibilities to oversee the Vision for Maryland Program, MDH shares that responsibility with MSDE, and primary responsibility for administering the program is given to VTL. DLS advises that one full-time program manager should be sufficient to perform MDH’s duties in regard to the Vision for Maryland Program (which takes effect July 1, 2025). DLS also advises that the Pediatric Vision Program may require ongoing support from both MSDE and MDH and may require an additional regular part-time (25%) employee at each agency to implement and oversee the program (which takes effect July 1, 2023).

MDH general fund expenditures increase by \$30,253 in fiscal 2024, which accounts for a 90-day start-up delay from the bill’s July 1, 2023 effective date. This estimate reflects the cost of hiring one part-time (25%) health policy analyst to work with MSDE to coordinate with optometrists and ophthalmologists in establishing the Pediatric Vision Program.

Position	0.25
Salary and Fringe Benefits	\$23,440
Other Operating Expenses	<u>6,813</u>
<b>Total MDH FY 2024 Administrative Expenditures</b>	<b>\$30,253</b>

Future year expenditures reflect a full part-time salary, annual increases and employee turnover, and annual increases in ongoing operating expenses.



MDH general fund expenditures increase by an additional \$108,329 in fiscal 2026 to reflect the cost of hiring one program manager to work with MDH’s SBHC contact to ensure implementation of the Vision for Maryland Program (which takes effect July 1, 2025) and to prepare the bill’s required reports.

Position	1.0
Salary and Fringe Benefits	\$100,634
Other Operating Expenses	<u>7,695</u>
<b>Total Additional MDH FY 2026 Administrative Expenditures</b>	<b>\$108,329</b>

Future year expenditures reflect annual increases and employee turnover and annual increases in ongoing operating expenses.

MSDE general fund expenditures increase by \$130,253 in fiscal 2024, which accounts for a 90-day start-up delay from the bill’s July 1, 2023 effective date. This estimate reflects the cost of hiring one part-time (25%) health policy analyst to work with MDH to coordinate with optometrists and ophthalmologists in establishing the Pediatric Vision Program, as well as \$100,000 in contractual research costs to complete the required needs analysis and feasibility study on vision care for children that must be conducted by December 1, 2024.

Position	0.25
Salary and Fringe Benefits	\$23,440
Contractual Costs	100,000
Other Operating Expenses	<u>6,813</u>
<b>Total MSDE FY 2024 Administrative Expenditures</b>	<b>\$130,253</b>

Future year expenditures reflect a full part-time salary, annual increases and employee turnover, annual increases in ongoing operating expenses, and completion of the feasibility study.

MSDE general fund expenditures increase by an additional \$108,329 in fiscal 2026 to reflect the cost of hiring one program manager to work with MSDE’s SBHC contact to ensure implementation of the Vision for Maryland Program and to prepare the bill’s required reports.

Position	1.0
Salary and Fringe Benefits	\$100,634
Other Operating Expenses	<u>7,695</u>
<b>Total Additional MSDE FY 2026 Administrative Expenditures</b>	<b>\$108,329</b>

Future year expenditures reflect annual increases and employee turnover and annual increases in ongoing operating expenses.

MSDE and MDH must develop a central repository for pediatric optometrists and ophthalmologists to report the results of eye examinations under the Pediatric Vision Program. DLS advises that MVA can advise MSDE and MDH on their system using existing budgeted resources. The information technology costs associated with implementing a central repository to allow the electronic sharing of eye examination results with school health staff is unknown but potentially significant. This analysis assumes that MSDE and MDH incur initial implementation costs in fiscal 2024. Thus, general fund expenditures increase by an indeterminate but potentially significant amount in fiscal 2024 (beyond the personnel costs noted above) to establish the central repository. Beginning in fiscal 2025, MSDE may use part of the \$500,000 mandated appropriation for the Pediatric Vision Program for costs associated with the central repository. However, the mandated appropriation must also be distributed to local boards for hearing and vision screenings, exams, and eyeglasses, as specified.

The Maryland State School Health Council can likely conduct the required evaluation with existing resources.

**Local Fiscal Effect:** The bill significantly expands the number of vision (and hearing) screenings local boards of education and LHDs must provide, necessitating potentially significant additional local expenditures. The bill requires an additional screening be provided to every public school student in third or fourth grade.

This significant expansion in vision screenings cannot be accommodated with existing staff at local boards and LHDs. Additionally, local boards and LHDs likely lack sufficient supplies and equipment necessary to administer the additional screenings. The exact number of additional staff and equipment needed varies depending on the size of the jurisdiction, but the Maryland Association of County Health Officers advises that, for every 100,000 residents in a jurisdiction, at least one additional full-time staff person is needed to administer the additional screenings as specified in the bill.

Beginning in fiscal 2025, the \$500,000 mandated appropriation for the Pediatric Vision Program may be distributed to local boards to offset the cost of hearing and vision screenings, exams, and eyeglasses. Therefore, costs to local boards may be partially offset by increased revenues from MSDE distribution of these funds. Given the scale of additional screenings required and the split purpose of the mandated appropriation (to be used for both the Pediatric Vision Program and for local costs of screenings, exams, and eyeglasses), it is likely the funding available through this distribution is not sufficient to fully offset such local expenditures.

The bill also likely results in increased administrative costs for local boards of education and LHDs to coordinate with the Vision for Maryland Program and VTL.

To the extent a local board does not have a memorandum of understanding with VTL through the Vision for Maryland Program, local boards of education may need to cover the cost of eye examinations or provide eye examinations for students who fail the initial vision screening to ensure that each student who fails a vision screening receives an eye examination and eyeglasses as required by the bill.

Some local boards and LHDs already provide vision screenings and eye examinations; however, for any county that does not provide eye examinations and does not have VTL services available, expenditures increase, potentially significantly. Based on Medicaid reimbursement rates, local boards and LHDs can expect to pay around \$67.09 for each eye examination and \$72.14 for each pair of eyeglasses. Exact costs depend on the number of students screened who require a follow-up eye examination, the percent of students examined who require eyeglasses, the number students who can obtain eye examinations and eyeglasses via another method such as private insurance and submit an eye examination form, and the extent to which the Pediatric Vision Program and the Vision for Maryland Program administered by VTL are available in a county to provide eye examinations and eyeglasses to students.

**Small Business Effect:** Small business optometrists and ophthalmologists may receive significantly more business under the bill given the additional required vision screenings.

**Additional Comments:** It is not clear whether the bill is intended to trigger additional hearing screenings when children enter the third or fourth grade, along with vision screenings, or require funding distributed to local boards under the Pediatric Vision Program to take hearing screenings into account in the needs-based distribution specified in the bill. Nevertheless, the bill does encompass hearing screenings in those requirements. Because the bill primarily relates to vision screenings, related comprehensive eye examinations, and necessary services resulting from them, this analysis has focused exclusively on such costs.

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### **Additional Information**

**Prior Introductions:** Similar legislation has been introduced within the last three years. See HB 1233 of 2022 and HB 1375 of 2020.

**Designated Cross File:** SB 573 (Senators Lewis Young and Rosapepe) - Education, Energy, and the Environment.

**Information Source(s):** Maryland Association of County Health Officers; Maryland State Department of Education; Department of Budget and Management; Maryland Department of Health; Maryland Department of Transportation; Anne Arundel County Public Schools; Frederick County Public Schools; Department of Legislative Services

**Fiscal Note History:** First Reader - March 1, 2023  
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