

1 TITIONERS IF NO REVIEWABLE CLINICALLY RELATED HEALTH SERVICES ARE
2 OFFERED.

3 5. "INFANT" SHALL MEAN A CHILD THIRTY DAYS OF AGE UP TO TWENTY-FOUR
4 MONTHS OF AGE.

5 6. "NEWBORN" SHALL MEAN A CHILD UP TO AND INCLUDING TWENTY-NINE DAYS
6 OF AGE.

7 7. "PARENT" SHALL MEAN A NATURAL PARENT, STEPPARENT, ADOPTIVE PARENT,
8 LEGAL GUARDIAN OR LEGAL CUSTODIAN OF A CHILD.

9 8. "PROGRAM" SHALL MEAN THE INFANT VISION INFORMATION, EDUCATION AND
10 WELLNESS PROGRAM.

11 S 2561. NEWBORN VISION SCREENING ADVISORY COMMITTEE. 1. MEMBERSHIP.
12 THE COMMISSIONER SHALL APPOINT A SIX-MEMBER NEWBORN VISION SCREENING
13 ADVISORY COMMITTEE WITHIN THE DEPARTMENT. THE COMMITTEE SHALL:

14 (A) ADVISE AND MAKE RECOMMENDATIONS ON ISSUES RELATING TO THE FOLLOW-
15 ING:

16 (I) PROGRAM REGULATION AND ADMINISTRATION;

17 (II) DIAGNOSTIC TESTING;

18 (III) TECHNICAL SUPPORT;

19 (IV) FOLLOW-UP.

20 (B) BE COMPRISED OF MEMBERS WITH EXPERIENCE WITH INFANT EYE PATHOLOGY,
21 PEDIATRIC OPHTHALMOLOGY, OPTOMETRY AND COMMON VISION SCREENING AND
22 ASSESSMENT TESTS.

23 2. COMPENSATION. MEMBERS SHALL SERVE WITHOUT COMPENSATION BUT MAY BE
24 REIMBURSED FOR NECESSARY TRAVEL AND OTHER EXPENSES IN ACCORDANCE WITH
25 APPLICABLE LAW AND REGULATIONS.

26 3. PROTOCOL. ON OR BEFORE JUNE THIRTIETH, TWO THOUSAND SEVENTEEN, THE
27 DEPARTMENT SHALL ADOPT THE PROTOCOL DEVELOPED BY THE AMERICAN ACADEMY OF
28 PEDIATRICS TO OPTIMALLY DETECT THE PRESENCE OF TREATABLE CAUSES OF
29 BLINDNESS IN INFANTS BY TWO MONTHS OF AGE. IF A PROTOCOL IS NOT DEVEL-
30 OPED ON OR BEFORE SUCH DATE, THE DEPARTMENT, IN CONSULTATION WITH THE
31 COMMITTEE, SHALL ESTABLISH A PROTOCOL TO OPTIMALLY DETECT THE PRESENCE
32 OF TREATABLE CAUSES OF BLINDNESS IN INFANTS BY TWO MONTHS OF AGE ON OR
33 BEFORE JANUARY FIRST, TWO THOUSAND EIGHTEEN.

34 S 2562. NEWBORN VISION SCREENING EDUCATION AND ASSESSMENT. 1. ESTAB-
35 LISHMENT. THE DEPARTMENT SHALL ESTABLISH THE INFANT VISION INFORMATION,
36 EDUCATION AND WELLNESS PROGRAM, CONSISTING OF THE FOLLOWING COMPONENTS:

37 (A) A SYSTEM TO SCREEN EACH NEWBORN IN THE STATE FOR VISION ABNOR-
38 MALITIES BEFORE LEAVING A HOSPITAL.

39 (B) A SYSTEM TO SCREEN EACH NEWBORN WHO IS NOT BORN IN A HOSPITAL
40 WITHIN THE FIRST THIRTY DAYS OF LIFE.

41 (C) A SYSTEM TO PROVIDE INFORMATION AND INSTRUCTION TO THE PARENTS OF
42 EACH NEWBORN AND INFANT ON THE MERITS OF HAVING VISION SCREENING
43 PERFORMED AND RECEIVING FOLLOW-UP CARE.

44 2. PROGRAM ADMINISTRATION. THE DEPARTMENT SHALL, IN COOPERATION WITH
45 THE COMMITTEE, PROVIDE TECHNICAL SUPPORT, INCLUDING OPHTHALMOLOGICAL,
46 OPTOMETRIC AND ADMINISTRATIVE TECHNICAL SUPPORT, TO THE HEALTH CARE
47 FACILITIES AND INDIVIDUALS IMPLEMENTING THE REQUIREMENTS OF SUBDIVISION
48 ONE OF THIS SECTION.

49 3. REFUSAL OF TEST. SCREENING SHALL NOT BE REQUIRED IF A PARENT OF THE
50 NEWBORN OR INFANT OBJECTS TO THE SCREENING FOR ANY REASON. THE REFUSAL
51 MUST BE DOCUMENTED IN WRITING, MADE A PART OF THE MEDICAL RECORD OF THE
52 NEWBORN OR INFANT AND REPORTED TO THE DEPARTMENT IN A MANNER PRESCRIBED
53 BY THE DEPARTMENT.

54 4. IMPLEMENTATION. THE PROGRAM SHALL BE IMPLEMENTED AS FOLLOWS:

55 (A) BY JULY FIRST, TWO THOUSAND EIGHTEEN, NEWBORN AND INFANT VISION
56 SCREENING SHALL BE CONDUCTED ON EACH LIVE BIRTH IN HEALTH CARE FACILI-

1 TIES IN THE STATE DURING BIRTH ADMISSIONS USING PROCEDURES RECOMMENDED
2 BY THE DEPARTMENT'S ADVISORY COMMITTEE, EXCEPT AS PROVIDED IN SUBDIVI-
3 SION THREE OF THIS SECTION. IF A NEWBORN IS BORN IN A LOCATION OTHER
4 THAN A HOSPITAL, THE PARENTS MUST BE INSTRUCTED ON THE MERITS OF HAVING
5 THE VISION SCREENING PERFORMED AND GIVEN INFORMATION TO ASSIST THE
6 PARENTS IN HAVING THE SCREENING PERFORMED WITHIN THIRTY DAYS OF THE
7 NEWBORN'S BIRTH. THE DEPARTMENT SHALL DETERMINE THE APPROPRIATE SCREEN-
8 ING VENUE FOR A NEWBORN BORN OUTSIDE A HOSPITAL.

9 (B) IF THE NUMBER OF NEWBORNS AND INFANTS RECEIVING VISION SCREENING
10 DOES NOT EQUAL AT LEAST EIGHTY-FIVE PERCENT OF THE TOTAL NUMBER OF LIVE
11 BIRTHS IN THE STATE ON JULY FIRST, TWO THOUSAND EIGHTEEN, AS SHOWN IN
12 THE MOST RECENT DATA COLLECTED BY THE DEPARTMENT OR FALLS BELOW EIGHTY-
13 FIVE PERCENT ANNUALLY AFTER JULY FIRST, TWO THOUSAND EIGHTEEN, THE
14 DEPARTMENT IN CONSULTATION WITH THE ADVISORY COMMITTEE SHALL IMMEDIATELY
15 PROMULGATE REGULATIONS TO IMPLEMENT A STATE-ADMINISTERED VISION SCREEN-
16 ING PROGRAM.

17 (C) BY JULY FIRST, TWO THOUSAND SEVENTEEN, EACH HEALTH CARE FACILITY
18 IN THE STATE SHALL PROVIDE INFORMATION AND INSTRUCT THE PARENTS OF
19 NEWBORNS AND INFANTS CONCERNING THE IMPORTANCE OF SCREENING THE VISION
20 OF NEWBORNS AND INFANTS AND OF RECEIVING FOLLOW-UP CARE. THE INFORMATION
21 SHALL BE AS FOLLOWS:

22 (I) AN INFORMATIONAL PAMPHLET DEVELOPED AND SUPPLIED BY THE DEPARTMENT
23 SHALL EXPLAIN IN LAY TERMS ALL OF THE FOLLOWING:

24 (A) THE IMPORTANCE AND PROCESS OF VISION SCREENING.

25 (B) THE LIKELIHOOD OF A NEWBORN OR INFANT HAVING VISION ABNORMALITIES.

26 (C) FOLLOW-UP PROCEDURES AND AVAILABLE EARLY INTERVENTION SERVICES.

27 (D) A DESCRIPTION OF THE NORMAL VISION DEVELOPMENTAL PROCESS IN CHIL-
28 DREN.

29 (II) THE INFORMATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL
30 NOT PRECLUDE THE HEALTH CARE FACILITY FROM PROVIDING ADDITIONAL MATERI-
31 AL.

32 (III) THE INFORMATION MAY NOT BE CONSIDERED A SUBSTITUTE FOR THE
33 VISION SCREENING.

34 (D) BY JULY FIRST, TWO THOUSAND SEVENTEEN, EVERY HOSPITAL IN THE STATE
35 SHALL REPORT TO THE DEPARTMENT, IN A MANNER PRESCRIBED BY THE DEPART-
36 MENT, THE NUMBER OF NEWBORNS AND INFANTS SCREENED AND THE RESULTS OF THE
37 SCREENING. THE DEPARTMENT, BASED ON THE INFORMATION, SHALL REPORT TO THE
38 LEGISLATURE BY JANUARY FIRST, TWO THOUSAND EIGHTEEN, AND EVERY JANUARY
39 FIRST THEREAFTER, THE FOLLOWING:

40 (I) THE NUMBER OF HOSPITALS CONDUCTING VISION SCREENINGS DURING BIRTH
41 ADMISSIONS.

42 (II) THE NUMBER OF LIVE BIRTHS IN HOSPITALS.

43 (III) THE NUMBER OF NEWBORNS SCREENED DURING BIRTH ADMISSIONS.

44 (IV) THE NUMBER OF LIVE BIRTHS IN A LOCATION OTHER THAN A HOSPITAL.

45 (V) THE NUMBER OF NEWBORNS BORN IN A LOCATION OTHER THAN A HOSPITAL
46 WHO WERE SCREENED WITHIN THIRTY DAYS OF THE DATE OF BIRTH.

47 (VI) THE NUMBER OF NEWBORNS BORN IN A HOSPITAL WHO PASSED AND THE
48 NUMBER WHO DID NOT PASS THE BIRTH ADMISSION SCREENING, IF ADMINISTERED.

49 (VII) THE NUMBER OF NEWBORNS BORN IN A LOCATION OTHER THAN A HOSPITAL
50 WHO PASSED AND THE NUMBER WHO DID NOT PASS A SCREENING WITHIN THIRTY
51 DAYS OF THE DATE OF BIRTH, IF ADMINISTERED.

52 (VIII) THE NUMBER OF INFANTS WHO RETURNED FOR FOLLOW-UP RESCREENING.

53 (IX) THE NUMBER OF INFANTS WHO PASSED THE FOLLOW-UP RESCREENING.

54 (X) THE NUMBER OF INFANTS RECOMMENDED FOR MONITORING, INTERVENTION AND
55 FOLLOW UP CARE.

1 S 2563. REPORTING AND REFERRAL. 1. DUTIES. THE DEPARTMENT SHALL
2 IMPLEMENT A REPORTING AND REFERRAL SYSTEM THAT LINKS VISION SCREENING,
3 IF NECESSARY, WITH OPTOMETRIC AND OPHTHALMOLOGIST SERVICES AND OTHER
4 EARLY INTERVENTION SERVICES. THE STATE MAY DO ALL THE FOLLOWING:
5 (A) IDENTIFY ONE HUNDRED PERCENT OF NEWBORNS AND INFANTS WITH VISION
6 ABNORMALITIES WITHIN THIRTY DAYS OF THE DATE OF BIRTH.
7 (B) PROVIDE TIMELY ASSESSMENT IF INDICATED.
8 (C) PROVIDE APPROPRIATE REFERRAL FOR TREATMENT AND INTERVENTION BEFORE
9 THE AGE OF SIX MONTHS.
10 2. PROGRAM ADMINISTRATION. THE DEPARTMENT SHALL, IN CONSULTATION WITH
11 THE COMMITTEE, PROVIDE ADMINISTRATIVE TECHNICAL SUPPORT TO THE FACILI-
12 TIES IMPLEMENTING THE REPORTING AND EARLY INTERVENTION REFERRAL SYSTEM
13 UNDER THIS SECTION.
14 3. IMPLEMENTATION. THE DEPARTMENT, IN CONSULTATION WITH THE COMMITTEE,
15 SHALL ISSUE TEMPORARY GUIDELINES BY JULY FIRST, TWO THOUSAND SEVENTEEN,
16 IMPLEMENTING A REPORTING AND EARLY INTERVENTION REFERRAL SYSTEM FOR
17 NEWBORNS, INFANTS AND CHILDREN WHO HAVE BEEN RECOMMENDED FOR FURTHER
18 ASSESSMENT. THE TEMPORARY GUIDELINES SHALL EXPIRE ON JUNE THIRTIETH, TWO
19 THOUSAND EIGHTEEN.
20 S 2564. CONFIDENTIALITY OF RECORDS. 1. LIMITATIONS. A PERSON, EMPLOY-
21 EE OR AGENT OF A PERSON WHO OBTAINS INFORMATION UNDER THIS ACT MAY NOT
22 DISCLOSE THE INFORMATION EXCEPT TO THE PARENT OF THE INFANT OR CHILD OR
23 TO THE DEPARTMENT FOR STATISTICAL RECORDKEEPING OR FOR APPROPRIATE
24 TREATMENT REFERRAL AND EARLY INTERVENTION SERVICES.
25 2. CONFIDENTIALITY. DATA OBTAINED DIRECTLY FROM THE MEDICAL RECORDS OF
26 A PATIENT SHALL BE CONSIDERED CONFIDENTIAL AND SHALL BE FOR THE CONFID-
27 DENTIAL USE OF THE DEPARTMENT IN MAINTAINING THE TRACKING SYSTEM AND IN
28 PROVIDING APPROPRIATE SERVICES. THE INFORMATION SHALL BE PRIVILEGED AND
29 MAY NOT BE DIVULGED OR MADE PUBLIC IN ANY MANNER THAT DISCLOSES THE
30 IDENTITY OF THE PATIENT.
31 A PERSON WHO ACTS IN GOOD FAITH IN COMPLYING WITH THIS SECTION BY
32 REPORTING NEWBORN AND INFANT VISION SCREENING RESULTS TO THE DEPARTMENT
33 MAY NOT BE HELD CIVILLY OR CRIMINALLY LIABLE FOR FURNISHING THE INFORMA-
34 TION REQUIRED BY THIS TITLE.
35 S 2565. REGULATORY AUTHORITY. THE DEPARTMENT SHALL PROMULGATE SUCH
36 RULES AND REGULATIONS AS MAY BE NECESSARY TO IMPLEMENT THE PROVISIONS OF
37 THIS TITLE.
38 S 3. This act shall take effect on the ninetieth day after it shall
39 have become a law; provided, however, that effective immediately, the
40 addition, amendment and/or repeal of any rule or regulation necessary
41 for the implementation of this act on its effective date is authorized
42 and directed to be made and completed on or before such date.