

STATE OF NEW YORK

2136

2019-2020 Regular Sessions

IN SENATE

January 22, 2019

Introduced by Sens. SANDERS, FUNKE -- read twice and ordered printed,
and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to establishing the
infant vision information, education and wellness program

The People of the State of New York, represented in Senate and Assem-
bly, do enact as follows:

1 Section 1. Short title. This act shall be known and may be cited as
2 the "Infant Vision Information, Education and Wellness Act".

3 § 2. Article 25 of the public health law is amended by adding a new
4 title II-B to read as follows:

TITLE II-B

INFANT VISION INFORMATION, EDUCATION AND WELLNESS PROGRAM

Section 2560. Definitions.

8 2561. Newborn vision screening advisory committee.

9 2562. Newborn vision screening education and assessment.

10 2563. Reporting and referral.

11 2564. Confidentiality of records.

12 2565. Regulatory authority.

13 § 2560. Definitions. The following words and phrases, as used in this
14 section shall have the following meanings unless the context clearly
15 indicates otherwise:

16 1. "Birth admission" shall mean the time after birth that a newborn
17 remains in a hospital or birth center prior to discharge.

18 2. "Child" shall mean an individual who is under twenty-one years of
19 age.

20 3. "Committee" shall mean the department of health's newborn vision
21 screening advisory committee.

22 4. "Health care facility" shall mean a hospital providing clinically
23 related health services for obstetrical and newborn care, or a birth
24 center. The term includes a hospital providing clinically related health
25 services for obstetrical and newborn care, or a birth center operated by

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

LBD08145-01-9

1 an agency, the state or local government. The term does not include an
2 office used primarily for private or group practice by health care prac-
3 tioners if no reviewable clinically related health services are
4 offered.

5 5. "Infant" shall mean a child thirty days of age up to twenty-four
6 months of age.

7 6. "Newborn" shall mean a child up to and including twenty-nine days
8 of age.

9 7. "Parent" shall mean a natural parent, stepparent, adoptive parent,
10 legal guardian or legal custodian of a child.

11 8. "Program" shall mean the infant vision information, education and
12 wellness program.

13 § 2561. Newborn vision screening advisory committee. 1. Membership.
14 The commissioner shall appoint a six-member newborn vision screening
15 advisory committee within the department. The committee shall:

16 (a) advise and make recommendations on issues relating to the follow-
17 ing:

18 (i) Program regulation and administration;

19 (ii) Diagnostic testing;

20 (iii) Technical support;

21 (iv) Follow-up.

22 (b) be comprised of members with experience with infant eye pathology,
23 pediatric ophthalmology, optometry and common vision screening and
24 assessment tests.

25 2. Compensation. Members shall serve without compensation but may be
26 reimbursed for necessary travel and other expenses in accordance with
27 applicable law and regulations.

28 3. Protocol. On or before June thirtieth, two thousand twenty, the
29 department shall adopt the protocol developed by the American Academy of
30 Pediatrics to optimally detect the presence of treatable causes of
31 blindness in infants by two months of age. If a protocol is not devel-
32 oped on or before such date, the department, in consultation with the
33 committee, shall establish a protocol to optimally detect the presence
34 of treatable causes of blindness in infants by two months of age on or
35 before January first, two thousand twenty-one.

36 § 2562. Newborn vision screening education and assessment. 1. Estab-
37 lishment. The department shall establish the infant vision information,
38 education and wellness program, consisting of the following components:

39 (a) A system to screen each newborn in the state for vision abnor-
40 malities before leaving a hospital.

41 (b) A system to screen each newborn who is not born in a hospital
42 within the first thirty days of life.

43 (c) A system to provide information and instruction to the parents of
44 each newborn and infant on the merits of having vision screening
45 performed and receiving follow-up care.

46 2. Program administration. The department shall, in cooperation with
47 the committee, provide technical support, including ophthalmological,
48 optometric and administrative technical support, to the health care
49 facilities and individuals implementing the requirements of subdivision
50 one of this section.

51 3. Refusal of test. Screening shall not be required if a parent of the
52 newborn or infant objects to the screening for any reason. The refusal
53 must be documented in writing, made a part of the medical record of the
54 newborn or infant and reported to the department in a manner prescribed
55 by the department.

56 4. Implementation. The program shall be implemented as follows:

1 (a) By July first, two thousand twenty-one, newborn and infant vision
2 screening shall be conducted on each live birth in health care facili-
3 ties in the state during birth admissions using procedures recommended
4 by the department's advisory committee, except as provided in subdivi-
5 sion three of this section. If a newborn is born in a location other
6 than a hospital, the parents must be instructed on the merits of having
7 the vision screening performed and given information to assist the
8 parents in having the screening performed within thirty days of the
9 newborn's birth. The department shall determine the appropriate screen-
10 ing venue for a newborn born outside a hospital.

11 (b) If the number of newborns and infants receiving vision screening
12 does not equal at least eighty-five percent of the total number of live
13 births in the state on July first, two thousand twenty-one, as shown in
14 the most recent data collected by the department or falls below eighty-
15 five percent annually after July first, two thousand twenty-one, the
16 department in consultation with the advisory committee shall immediately
17 promulgate regulations to implement a state-administered vision screen-
18 ing program.

19 (c) By July first, two thousand twenty, each health care facility in
20 the state shall provide information and instruct the parents of newborns
21 and infants concerning the importance of screening the vision of
22 newborns and infants and of receiving follow-up care. The information
23 shall be as follows:

24 (i) An informational pamphlet developed and supplied by the department
25 shall explain in lay terms all of the following:

26 (A) The importance and process of vision screening.

27 (B) The likelihood of a newborn or infant having vision abnormalities.

28 (C) Follow-up procedures and available early intervention services.

29 (D) A description of the normal vision developmental process in chil-
30 children.

31 (ii) The information under subparagraph (i) of this paragraph shall
32 not preclude the health care facility from providing additional materi-
33 al.

34 (iii) The information may not be considered a substitute for the
35 vision screening.

36 (d) By July first, two thousand twenty, every hospital in the state
37 shall report to the department, in a manner prescribed by the depart-
38 ment, the number of newborns and infants screened and the results of the
39 screening. The department, based on the information, shall report to the
40 legislature by January first, two thousand twenty-one, and every January
41 first thereafter, the following:

42 (i) The number of hospitals conducting vision screenings during birth
43 admissions.

44 (ii) The number of live births in hospitals.

45 (iii) The number of newborns screened during birth admissions.

46 (iv) The number of live births in a location other than a hospital.

47 (v) The number of newborns born in a location other than a hospital
48 who were screened within thirty days of the date of birth.

49 (vi) The number of newborns born in a hospital who passed and the
50 number who did not pass the birth admission screening, if administered.

51 (vii) The number of newborns born in a location other than a hospital
52 who passed and the number who did not pass a screening within thirty
53 days of the date of birth, if administered.

54 (viii) The number of infants who returned for follow-up rescreening.

55 (ix) The number of infants who passed the follow-up rescreening.

1 (x) The number of infants recommended for monitoring, intervention and
2 follow up care.

3 § 2563. Reporting and referral. 1. Duties. the department shall
4 implement a reporting and referral system that links vision screening,
5 if necessary, with optometric and ophthalmologist services and other
6 early intervention services. The state may do all the following:

7 (a) Identify one hundred percent of newborns and infants with vision
8 abnormalities within thirty days of the date of birth.

9 (b) Provide timely assessment if indicated.

10 (c) Provide appropriate referral for treatment and intervention before
11 the age of six months.

12 2. Program administration. The department shall, in consultation with
13 the committee, provide administrative technical support to the facili-
14 ties implementing the reporting and early intervention referral system
15 under this section.

16 3. Implementation. The department, in consultation with the committee,
17 shall issue temporary guidelines by July first, two thousand twenty,
18 implementing a reporting and early intervention referral system for
19 newborns, infants and children who have been recommended for further
20 assessment. The temporary guidelines shall expire on June thirtieth, two
21 thousand twenty-one.

22 § 2564. Confidentiality of records. 1. Limitations. A person, employ-
23 ee or agent of a person who obtains information under this act may not
24 disclose the information except to the parent of the infant or child or
25 to the department for statistical recordkeeping or for appropriate
26 treatment referral and early intervention services.

27 2. Confidentiality. Data obtained directly from the medical records of
28 a patient shall be considered confidential and shall be for the confi-
29 dential use of the department in maintaining the tracking system and in
30 providing appropriate services. The information shall be privileged and
31 may not be divulged or made public in any manner that discloses the
32 identity of the patient.

33 A person who acts in good faith in complying with this section by
34 reporting newborn and infant vision screening results to the department
35 may not be held civilly or criminally liable for furnishing the informa-
36 tion required by this title.

37 § 2565. Regulatory authority. The department shall promulgate such
38 rules and regulations as may be necessary to implement the provisions of
39 this title.

40 § 3. This act shall take effect on the ninetieth day after it shall
41 have become a law. Effective immediately, the addition, amendment
42 and/or repeal of any rule or regulation necessary for the implementation
43 of this act on its effective date are authorized to be made and
44 completed on or before such effective date.