

# STATE OF NEW YORK

4151

2023-2024 Regular Sessions

## IN SENATE

February 3, 2023

Introduced by Sen. SANDERS -- 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 Assembly, 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.

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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-four,  
29 the department shall adopt the protocol developed by the American Acade-  
30 my of 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-five.

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-five, 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-five, 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-five, 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-four, each health care facility  
20 in the state shall provide information and instruct the parents of  
21 newborns and infants concerning the importance of screening the vision  
22 of 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 dren.

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-four, every hospital in the  
37 state shall report to the department, in a manner prescribed by the  
38 department, the number of newborns and infants screened and the results  
39 of the screening. The department, based on the information, shall report  
40 to the legislature by January first, two thousand twenty-five, and every  
41 January 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    four, implementing a reporting and early intervention referral system  
19    for newborns, infants and children who have been recommended for further  
20    assessment. The temporary guidelines shall expire on June thirtieth, two  
21    thousand twenty-five.

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.