

**March 10, 2020**

**TO:** Senate Education Committee

**FROM** Mae Claxton, ADN, RN, [claxtonmae@gmail.com](mailto:claxtonmae@gmail.com)  
Retired Health Center Supervisor, Kansas State School for the Blind  
Vision Screening Workshop Trainer, KU Area Health Education Center  
Member Kansas Vision Coalition

Cindy Galemore, MEd, BSN, RN, NCSN, FNASN, [galemorc@att.net](mailto:galemorc@att.net)  
Consultant to KDHE, Bureau of Health Promotion, Healthy Kansas Schools Grant;  
Professional Standards Chair, Kansas School Nurses Organization  
Member Kansas Vision Coalition

**RE:** House Bill 2346, Relating to Standards for School-Administered Vision Screenings

My name is Mae Claxton. I am a registered nurse and a Retired Health Center Supervisor for the Kansas State School for the Blind. I continue to serve as a trainer conducting Vision Screen Workshops for the KU Area Health Education Center, a service I have provided for over 20 years. I am also representing Cindy Galemore, a registered nurse, retired Director of Health Services for Olathe Public Schools, along with the other credentials presented above. Both Cindy and I served as contributing authors to the 6<sup>th</sup> edition of the *Kansas Vision Screening Requirements and Guidelines* and are members of the Kansas Vision Coalition.

We are in support of the testimony presented by Todd Fleisher, Executive Director of the Kansas Optometric Association, on behalf of the Kansas Vision Coalition supporting the proposed changes to the current 72-5204 and 72-5205 statutes.

A survey was conducted among Kansas School Nurses by the Kansas Department of Health and Environment, Bureau of Health Promotion and Bureau of Family Health during the 2017-2018 school year. Results of the survey were published in July 2019 and are available at this link: [http://www.kdheks.gov/bhp/pan/download/2017-18\\_School\\_Nurse\\_Survey\\_Results.PDF](http://www.kdheks.gov/bhp/pan/download/2017-18_School_Nurse_Survey_Results.PDF)

Survey results related to vision and hearing screening in Kansas schools are as follows:

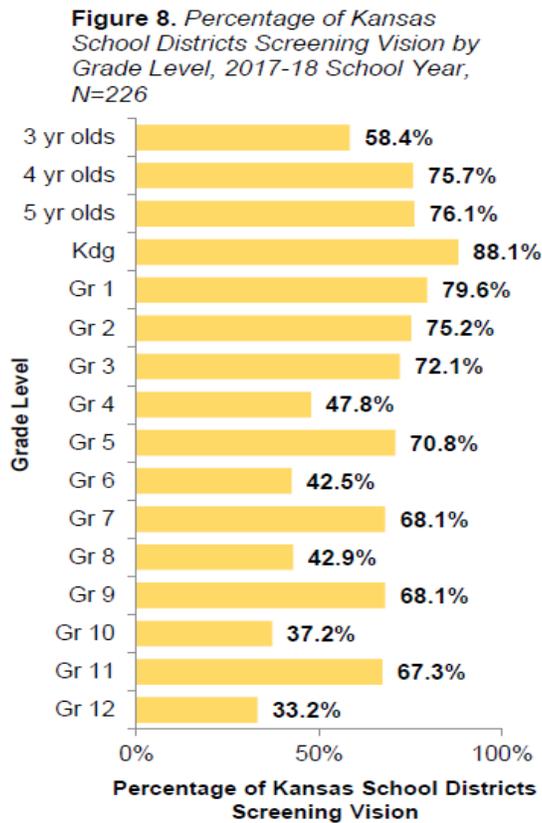
- 1. 78.7% of school districts participated in the survey.**

**Table 2.** *Number and Percentage of Survey Participation by School District Category and County Represented for the 2017-18 School Year, N=226*

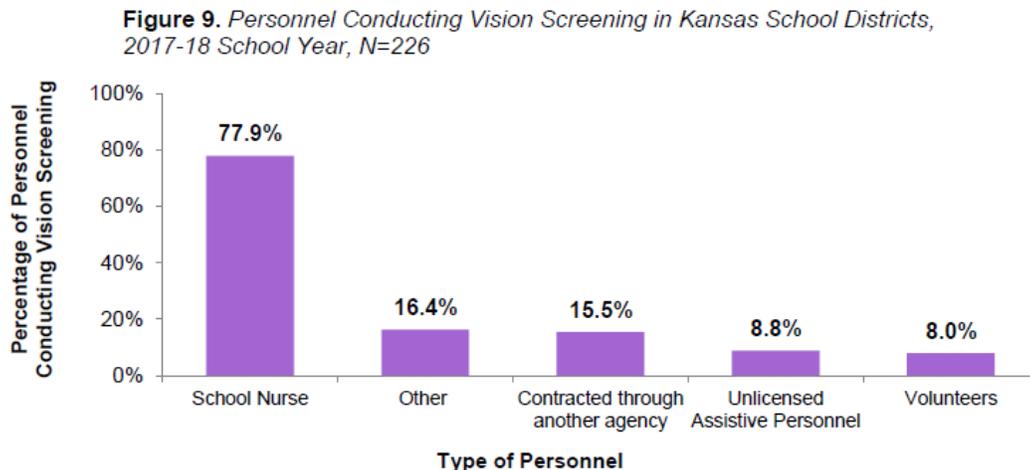
	Number Participating	Total	Participation Rate
Public school districts	225	286	78.7%
State schools	1	5	20.0%
Counties*	98	105	93.3%

\*Counties not represented by participating school districts include Chase, Clark, Comanche, Gove, Norton, Stanton, and Wichita.

2. Grade levels screened by percentage of responding school districts, including 3-, 4-, and 5-year-old students enrolled in public schools as part of *Individuals with Disabilities Education Act Part B statewide programs* show inconsistencies in grade levels being screened across our state, but also show the majority of schools screening preschool age students.

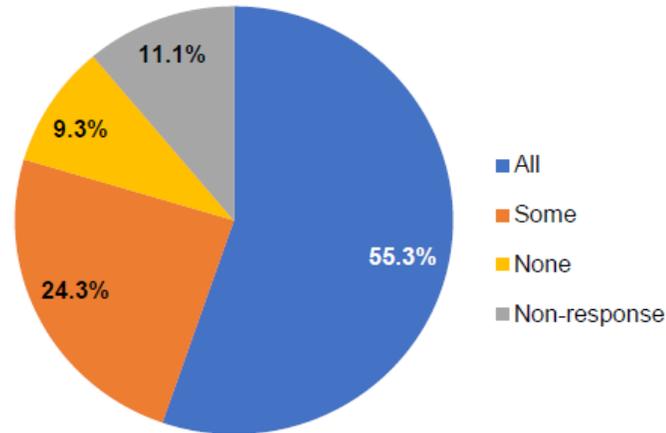


3. The school nurse is the most common job category conducting vision screenings in Kansas schools, though 22% of screenings are being done by other types of personnel including volunteers.



**4. Only 55% of Kansas Schools state all of their vision screeners have completed training.**

**Figure 10.** *Percentage of Vision Screeners Trained in Kansas School Districts, 2017-18 School Year, N=226*



**5. Schools were asked to report 2016-2017 data, as the 2017-2018 data might not have been completed at the time of the survey. Table 7 shows the number of students screened, and number and percentage referred and seen by a health care provider (completed referrals). It is concerning that only 19.6% of students referred had a completed referral.**

**Table 7.** *Vision Screening – Number of Kansas Students Referred and Referred Students Seen by Health Care Provider, 2016-17 School Year, N=99*

Kansas School Districts	Vision Screening	Percentage
Number referred	11,557	7.1%
Referred students seen by health care provider	2,262	19.6%

*Notes: 162,285 students were screened. One district reported not regularly performing vision screenings at any grade level; 27 districts reported screening all students with IEP's annually; 23 districts reported screening all new-to-district students; 16 districts reported Lions Club volunteers assist with vision screenings; eight school districts reported using instrument-based screening with all or with lower grade level students (instrument-based screening is not a recommended tool for use in vision screening of individuals aged six years and older unless they are unable to participate in optotype-based screening); six school districts reported conducting vision screening annually on all students.*

In summary, revision to the current 72-5204 and 72-5205 vision screening statutes are necessary to:

- Provide evidence-based guidance for the conducting of vision screening for Kansas students (by deleting the reference to a “Snellen test,” and instead, referring to the ‘most recent edition of the Kansas vision screening requirements and guidelines’),
- Emphasize the importance of “referrals for eye examinations and necessary follow-ups”,
- Establish consistency in the grade levels being screened to lessen the chance of a student being missed in the screening process,
- Establish the important role of the school nurse, along with the importance of training when conducting vision screening,
- Require screening annually for children participating in early childhood IDEA part B programs, along with requiring more frequent screening in lower grade levels during the critical time period when students are learning the read,
- Align frequency of vision screening with that of hearing screening for students new to the school and for those in middle and high school,
- Establish specific grade levels for screening versus the current “every 2 years” which can result in students with a history of transient attendance being missed in the vision screening process, and
- Establish a commission to periodically revise the guidelines, provide supervisory oversight, and monitor progress in improving outcomes such as referral completion rate.

We ask for your support in passing HB 2346 out of committee.