

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas
2 84th General Assembly
3 Regular Session, 2003

A Bill

HOUSE BILL 2258

4
5 By: Representative Lendall
6
7

For An Act To Be Entitled

8
9 AN ACT TO PROVIDE FOR SCREENING OF NEWBORNS FOR
10 PEDIATRIC CONGENITAL OCULAR ABNORMALITIES; AND
11 FOR OTHER PURPOSES.
12

Subtitle

13
14 AN ACT TO PROVIDE FOR SCREENING OF
15 NEWBORNS FOR PEDIATRIC CONGENITAL OCULAR
16 ABNORMALITIES.
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19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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21 SECTION 1. Arkansas Code Title 20, Chapter 15, is amended to add an
22 additional subchapter to read as follows:

23 20-15-1701. Findings and purpose.

24 (a) The General Assembly finds that:

25 (1) Treatable congenital ocular diseases occur frequently and
26 require early detection efforts;

27 (2)(A) Early detection significantly enhances the ability to
28 prevent serious damage from congenital abnormalities of the eye which, left
29 undetected and untreated, may result in blinding or life-threatening
30 diseases, or both.

31 (B) These disorders include retinoblastoma, congenital
32 cataracts, and persistent hyperplastic primary vitreous.

33 (C) Other congenital anomalies including colobomas,
34 vascular retinal anomalies, and congenital retinal folds, if detected early,
35 may be treated with patching of the good eye to prevent dense amblyopia;

36 (3)(A) Retinoblastoma is a childhood cancer arising in immature



1 retinal cells inside the eye and accounts for approximately thirteen percent
2 (13%) of all cancers in infants; most children are diagnosed before two and
3 one-half (2 1/2) years of age.

4 (B) If retinoblastoma affects both eyes, the average age
5 of diagnosis is twelve (12) months;

6 (4)(A) Increased emphasis on optimal examination methods, such
7 as dilation of the eye with eye drops, may facilitate detection of the
8 abnormal disease process inside the eye of the newborn.

9 (B) An abnormal screen will facilitate timely referral to
10 an appropriately licensed health care provider acting within his or her scope
11 of practice for diagnosis and to an ophthalmologist for treatment;

12 (5) Early detection and referral of an abnormal red reflex
13 pupillary screen allows early diagnosis of congenital cataract or
14 retinoblastoma that, if recognized and treated as soon as possible after
15 birth, may cause little long-term disability; and

16 (6) Early diagnosis and intervention may reduce the number of
17 visually impaired citizens, and reduce the amount of public expenditures for
18 health care, special education, and related services.

19 (b) The purpose of this chapter is to make every effort to detect
20 pediatric congenital ocular abnormalities that lead to premature death,
21 blindness, or vision impairment unless treated soon after birth.

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23 20-15-1702. Newborn Eye Pathology Screening.

24 (a) The Newborn Eye Pathology Screening Task Force is established to
25 advise the State Board of Health on the newborn eye pathology screening
26 protocol.

27 (b) The task force shall be composed of eleven (11) members as
28 follows:

29 (1) The Director of the Department of Health as a nonvoting ex
30 officio member; and

31 (2) The ten (10) voting members, appointed by the director, who
32 shall serve at the pleasure of the director, as follows:

33 (A) One (1) ophthalmologist with a background in or
34 knowledge of providing services to infants with retinoblastoma;

35 (B) One (1) pediatric ophthalmologist who sees general
36 pediatric patients and is a designee of the American Association for

1 Pediatric Ophthalmology and Strabismus;

2 (C) One (1) academic pediatrician with a background in or
 3 knowledge of infant eye pathology screening;

4 (D) One (1) parent representing families with a child with
 5 blindness or other ocular abnormalities affecting vision;

6 (E) One (1) representative from the University of Arkansas
 7 for Medical Sciences;

8 (F) One (1) representative recommended by the State Board
 9 of Health;

10 (G) One (1) community pediatrician with a background in or
 11 experience with the routine instillation of dilating eye drops as part of red
 12 reflex screening;

13 (H) One (1) nurse with a background in or knowledge of the
 14 current procedures for the instillation of eye drops to prevent
 15 conjunctivitis;

16 (I) One (1) retinal specialist with research experience in
 17 detecting the signs of treatable congenital eye disease; and

18 (J) One (1) optometrist with a background in or experience
 19 with, pupil dilation in infants and red reflex screening for intraocular
 20 pathology.

21 (c) The task force shall meet at least quarterly.

22 (d)(1) The director shall call the first meeting within thirty (30)
 23 days of the effective date of this subchapter.

24 (2) At the first meeting, the task force shall elect a chair and
 25 a secretary who shall serve one (1) year terms.

26 (e) A majority of the voting members shall constitute a quorum for the
 27 conducting of business.

28 (f) The department shall provide staff and office space for the task
 29 force.

30 (g) Members of the task force shall serve without pay but may receive
 31 expense reimbursement in accordance with § 25-16-902.

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 33 20-17-1702. Powers and duties.

34 (a)(1) No later than June 30, 2004, the task force shall recommend to
 35 the Department of Health a protocol to optimally detect the presence of
 36 treatable causes of blindness in infants by two (2) months of age.

1 (2) The task force shall consider the American Academy of
2 Pediatrics Photoscreening For Children’s Vision Screening protocol, as a
3 preferred protocol.

4 (b) The task force shall:

5 (1) Oversee the implementation of the protocol in the state;

6 (2) Report at least quarterly to the State Board of Health; and

7 (3) Report annually to the cochairs of the Legislative Council.

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9 20-17-1703. Exceptions.

10 (a) Nothing in the subchapter supersedes the clinical judgment of a
11 licensed physician who is treating a newborn infant.

12 (b) No screening examination recommended under § 20-17-1702 of this
13 section may be conducted on a newborn if a parent or guardian of the newborn
14 objects to the examination on the grounds that the examination conflicts with
15 the religious beliefs or practices of the parent or guardian.

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