

## Assembly Bill No. 2185

### CHAPTER 325

An act to add Article 6.4 (commencing with Section 124111) to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, relating to child health.

[Approved by Governor September 5, 2000. Filed with Secretary of State September 7, 2000.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2185, Gallegos. Eye pathology screening: newborns.

Existing law provides for the newborn and infant hearing screening, tracking, and intervention program.

This bill would require the State Department of Health Services, on or before June 30, 2002, to adopt the protocol developed by the American Academy of Pediatrics to optimally detect the presence of treatable causes of blindness in infants by 2 months of age. If a protocol is not developed on or before June 30, 2002, the department, in consultation with representatives of the 11-member Newborn Eye Pathology Task Force created by the bill, would establish a protocol to optimally detect the presence of treatable causes of blindness in infants by 2 months of age on or before January 1, 2003. The bill would also provide that if the American Academy of Pediatrics develops a protocol to optimally detect the presence of treatable causes of blindness by 2 months of age after the adoption of the protocol developed by the department, the department would conform its protocol to the protocol adopted by the American Academy of Pediatrics. The bill would specify that any recommended screening examination would not be conducted on a newborn if a parent or guardian of the newborn objects to the examination on the grounds that the examination conflicts with the religious beliefs or practices of the parent or guardian.

*The people of the State of California do enact as follows:*

SECTION 1. (a) It is the policy of the State of California to make every effort to detect pediatric congenital ocular abnormalities that lead to premature death, blindness, or vision impairment unless treated soon after birth.

(b) The Legislature finds and declares all of the following:

(1) Treatable congenital ocular diseases occur frequently and require increased early detection efforts.

(2) Early detection significantly enhances the ability to prevent serious damage from congenital abnormalities of the eye which, left



undetected and untreated, may result in blinding or life-threatening diseases, or both. Examples of such disorders include retinoblastoma, congenital cataracts, and persistent hyperplastic primary vitreous. Other congenital anomalies including colobomas, vascular retinal anomalies, and congenital retinal folds can be treated with patching of the good eye to prevent dense amblyopia if detected early.

(3) Retinoblastoma is a childhood cancer arising in immature retinal cells inside the eye and accounts for approximately 13 percent of all cancers in infants; most children are diagnosed before two and one-half years of age. When retinoblastoma affects both eyes, the average age of diagnosis is 12 months.

(4) Increased emphasis on optimal examination methods, such as dilation of the eye with eye drops, may facilitate detection of the abnormal disease process inside the eye of the newborn. An abnormal screen will facilitate timely referral to an appropriately licensed health care provider acting within his or her scope of practice for diagnosis and to an ophthalmologist for treatment.

(5) Early detection and referral of an abnormal red reflex pupillary screen would allow early diagnosis of congenital cataract or retinoblastoma which, if recognized and treated as soon as possible after birth, could cause little long-term disability.

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

SEC. 2. Article 6.4 (commencing with Section 124111) is added to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, to read:

#### Article 6.4. Newborn Eye Pathology Screening

124111. (a) The Newborn Eye Pathology Screening Task Force is established and shall advise the State Department of Health Services on the newborn eye pathology screening protocol.

(b) The task force shall be composed of the following 12 members:

(1) The Director of Health Services as a nonvoting ex officio member.

(2) The 11 voting members shall be appointed by the Director of Health Services as follows:

(A) One ophthalmologist with a background in or knowledge of providing services to infants with retinoblastoma.

(B) One pediatric ophthalmologist who sees general pediatric patients and is a designee of the American Association for Pediatric Ophthalmology and Strabismus.

(C) One academic pediatrician with a background in or knowledge of infant eye pathology screening.

(D) One parent representing families with a child with blindness or other ocular abnormalities affecting vision.



(E) One representative from the California Academy of Family Physicians.

(F) One representative recommended by the State Department of Health Services.

(G) One representative from the American Academy of Pediatrics, California District.

(H) One community pediatrician with a background in or experience with the routine instillation of dilating eye drops as part of red reflex screening.

(I) One nurse with a background in or knowledge of the current department program for the instillation of eye drops to prevent conjunctivitis.

(J) One retinal specialist with research experience in detecting the signs of treatable congenital eye disease.

(K) One optometrist with a background in or experience with pupil dilation in infants and red reflex screening for intraocular pathology.

(c) Task force members shall serve without compensation, but shall be reimbursed for necessary travel expenses incurred in the performance of the duties of the task force.

124112. (a) On or before June 30, 2002, the department shall adopt the protocol developed by the American Academy of Pediatrics to optimally detect the presence of treatable causes of blindness in infants by two months of age. If a protocol is not developed on or before June 30, 2002, the department, in consultation with representatives of the Newborn Eye Pathology Task Force, shall establish a protocol to optimally detect the presence of treatable causes of blindness in infants by two months of age on or before January 1, 2003.

(b) If the American Academy of Pediatrics develops a protocol to optimally detect the presence of treatable causes of blindness by two months of age after the adoption of the protocol developed by the department, the department shall conform its protocol to the protocol adopted by the American Academy of Pediatrics.

(c) Nothing in the section shall be construed to supersede the clinical judgment of the licensed health care provider.

(d) Any screening examination recommended pursuant to subdivision (a) shall not be conducted on a newborn if a parent or guardian of the newborn objects to the examination on the grounds that the examination conflicts with the religious beliefs or practices of the parent or guardian.

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