

# HOUSE BILL 1242

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HB 893/24 – W&M

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By: **Delegates Hill, Kaufman, Patterson, Taveras, and Woods**

Introduced and read first time: February 7, 2025

Assigned to: Ways and Means

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## A BILL ENTITLED

1 AN ACT concerning

2 **Primary and Secondary Students – Vision and Hearing Studies and Evaluations**

3 FOR the purpose of requiring the State Department of Education, in collaboration with the  
4 Maryland Department of Health, to convene a workgroup to study and make  
5 recommendations on vision support treatments and services for students; requiring  
6 the Maryland State School Health Council to evaluate certain issues regarding  
7 vision and hearing difficulties in primary and secondary students; and generally  
8 relating to primary and secondary student vision and hearing studies and  
9 evaluations.

10 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
11 That:

12 (a) The State Department of Education, in collaboration with the Maryland  
13 Department of Health, shall convene a workgroup that includes representatives of:

14 (1) county boards of education;

15 (2) local health departments;

16 (3) the Maryland Optometric Association;

17 (4) the Maryland Society of Eye Physicians & Surgeons;

18 (5) Vision for Baltimore; and

19 (6) any other relevant State and local vision service providers, such as  
20 public libraries that host eye exams and eyeglasses distribution events.

21 (b) The workgroup shall:

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(1) study:

(i) the jurisdictional incidence and prevalence of:

1. primary and secondary students who fail vision screening tests and the percentage of students who:

A. received the recommended follow-up comprehensive vision testing, eyeglasses, or other vision support treatments or services to correct the vision deficiency;

B. received the recommended follow-up comprehensive vision testing but have not received recommended eyeglasses or other vision support treatments or other services to correct the vision deficiency; and

C. did not obtain the recommended follow-up comprehensive vision testing;

2. the correlation between having insurance coverage and whether primary and secondary students receive recommended comprehensive vision testing, eyeglasses, and other vision support treatments or services; and

3. other factors that contribute to primary and secondary students not receiving the vision support treatments and services necessary for the students to be visually equipped to learn;

(ii) the policies and programs each jurisdiction uses to identify children who have or have not received recommended vision support treatments or services;

(iii) for each jurisdiction, the resources available for ensuring that vision deficits are adequately addressed and primary and secondary students are visually equipped to learn, including:

1. civic, nonprofit, and public organizations that provide vision screening tests;

2. vouchers for purchasing eyeglasses;

3. prescription eyeglasses donations; and

4. local eye care professionals who provide pro bono or discounted services or supplies to members of the community;

(iv) the role and responsibilities of the local public health department and school system in tracking and ensuring primary and secondary students are visually equipped to learn, including the mechanisms and programs used to achieve that goal;

1 (v) programs and policies in other states and local jurisdictions that  
2 give priority to ensuring that school children are visually equipped to learn, including  
3 funding options such as:

- 4 1. insurance;
- 5 2. third-party cost coverage;
- 6 3. grants;
- 7 4. philanthropy; and
- 8 5. public funding; and

9 (vi) other factors the workgroup considers necessary to ensure all  
10 primary and secondary students are visually equipped to learn; and

11 (2) evaluate and make recommendations regarding:

12 (i) whether additional mandatory school vision screening tests are  
13 necessary and, if so, how the additional tests might be funded;

14 (ii) to better identify and track whether students are receiving  
15 recommended eye exams and other vision support treatments and services, the feasibility  
16 and benefits of developing a mechanism to facilitate reporting eye exam findings to the local  
17 school system or public health department in a manner that is similar to how eye exam  
18 results are reported to the Motor Vehicle Administration;

19 (iii) how to better educate families about the importance of  
20 diagnosing and treating vision deficits;

21 (iv) how to better partner with community eye professionals to  
22 address the needs of the community;

23 (v) the feasibility and necessity of a vision support program that:

24 1. would identify and assist only primary and secondary  
25 students who have vision needs and are:

26 A. being missed under the current system; or

27 B. identified under the current system but are not receiving  
28 the necessary vision support treatments and services;

29 2. would not provide vision screening tests, eye exams, or  
30 other vision support treatments and services to all primary and secondary students;

3. would connect students identified by the program to:

A. local vision service providers for ongoing and long-term

care;

B. insurance benefits; and

C. philanthropic resources; and

4. would emphasize education and increased awareness

around vision needs and services;

(vi) how the State can assist local jurisdictions to ensure all students are visually equipped to learn;

(vii) annual funding levels for vision support programs and options for sustaining the funding; and

(viii) how a vision support program would give priority to:

1. referring primary and secondary students initially identified and treated through the program to community providers for their ongoing and long-term vision support needs;

2. partnering with community providers to provide primary and secondary students with initial vision assessments and treatments and long-term care; and

3. ensuring vision support treatment and services are provided to primary and secondary students regardless of insurance status, with consideration given to whether insurance companies can provide annual contributions, capitation, or other methods to underwrite the cost of the programs either in part or in whole.

(c) A member of the workgroup:

(1) may not receive compensation as a member of the workgroup; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(d) On or before December 31, 2026, the workgroup shall submit a report of its findings and recommendations, in accordance with § 2-1257 of the State Government Article, to:

(1) the Senate Committee on Education, Energy, and the Environment;

(2) the Education, Business and Administration Subcommittee of the Senate Budget and Taxation Committee;

(3) the House Health and Government Operations Committee;

(4) the House Ways and Means Committee; and

(5) the Education and Economic Development Subcommittee of the House Appropriations Committee.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland State School Health Council shall evaluate:

(1) how the Council can partner with interested parties to address issues that may arise when primary and secondary students are inadequately equipped to learn due to vision or hearing difficulties;

(2) the number of school primary and secondary students with hearing difficulties who have not received the auditory aids necessary for them to learn; and

(3) whether statutory support programs similar to programs studied under Section 1 of this Act would assist public school primary and secondary students who have hearing difficulties.

(b) On or before December 31, 2026, the Maryland State School Health Council shall submit a report of its findings, in accordance with § 2-1257 of the State Government Article, to:

(1) the Senate Committee on Education, Energy, and the Environment;

(2) the Education, Business and Administration Subcommittee of the Senate Budget and Taxation Committee;

(3) the House Health and Government Operations Committee;

(4) the House Ways and Means Committee; and

(5) the Education and Economic Development Subcommittee of the House Appropriations Committee.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2025. It shall remain effective for a period of 2 years and, at the end of June 30, 2027, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.