

(H. B. 607)

(No. 62)

(Approved February 17, 2006)

AN ACT

To amend Sections 2, 3 and 6 of Act No. 296 of September 1, 2000, as amended, known as the “Children and Adolescents Health Conservation Act of Puerto Rico,” in order to include the definition of visual health professional and to include a visual health professional as a member of the evaluating panel.

STATEMENT OF MOTIVES

Act No. 296 of September 1, 2000, as amended, known as the “Children and Adolescents Health Conservation Act of Puerto Rico” has established as public policy of the Commonwealth of Puerto Rico to provide children and adolescents with the attention, care, protection and life opportunities that will allow them to develop their potential to the maximum. The approval of said Act and its subsequent amendment by virtue of Act No. 162 of December 12, 2001 are the best examples of the affirmative actions of the government in support and recognition of said public policy.

The health of the eyes and the attention and care of the eyesight are undoubtedly important elements that will affect the development of the potential of children. Health entities such as the American Public Health Association (APHA) have acknowledged the importance of conducting a complete battery of visual tests to infants and preschoolers.

One of the main reasons that warrants ensuring that children should have good vision during their school years is the direct effect that their vision could have on their learning process. Research has suggested that over eighty-five (85) percent of the learning process of children takes place through their sense of sight. The approval of these Acts constitutes the first step in recognizing the importance of the sense of sight in the learning process of children.

Visual deficiency may cause learning deficiencies and ultimately result in an adult with less probabilities of success. Studies conducted by the School of Optometry of the Inter American University of Puerto Rico show that among the juvenile population remanded to juvenile penal institutions sixty-four (64) percent had severe visual perceptual problems, thirty-three (33) percent had ocular movement coordination problems and forty-four (44) percent had some type of learning disability.

The aforementioned Act No. 296 establishes that attention to vision care in children shall be provided through visual screening tests. The screening aspect, however, is inconsistent with the desired objectives of the legislation itself. A visual screening test is insufficient to detect a considerable number of ocular anomalies that may affect children. Most of the visual and ocular conditions in infants and preschoolers are not evident and are missed in screening tests. In fact, a visual screening test is so limited that it does not even provide a diagnosis of the visual condition of a child. These limitations in screening tests are due to the complexity of the sense of sight and to its many variations of possible conditions among other reasons. An example of a visual condition that cannot be detected by a visual screening test is hypermetropia. A child with this condition usually presents normal visual acuity at a distance (20/20). Thus, a child suffering from

hypermetropia would easily pass a screening test. But what is even worse is that of all refractive conditions that may affect children, hypermetropia appears in approximately twenty (20) percent of them, it being the most frequent or prevalent condition.

Another important aspect to be considered regarding these screening tests is their adequacy to detect and separate the true positive cases from the negative cases. In fact, screening tests may be so inconsistent that a large number of children who do not suffer from real visual conditions (false positive) could give positive results to the same, or on the other hand, a significant number of children with real visual problems (false negative) may go undetected or fail to be diagnosed and much less receive the corresponding attention for optimum eye health care.

The American Public Health Association (APHA), which represents the largest health association in the world, has established as institutional policy to recommend that children should undergo a complete visual exam at the latest by the age of four.

A visual screening test will never produce a definite diagnosis. Should case a child fail to pass the same, he/she shall be referred to an eye care professional (optometrists or ophthalmologists) for a conclusive diagnosis of the visual condition and timely treatment.

Optometrists and ophthalmologists are the visual/ocular health professionals trained, skilled and authorized to perform comprehensive eye diagnostic exams on our children. These professionals are, in turn, supported by the American Association of Optometry and the American Academy of Ophthalmology, respectively. Therefore, the inclusion and participation of these professionals is essential to determine visual function, as established in Section 2.

BE IT ENACTED BY THE LEGISLATURE OF PUERTO RICO:

Section 1.- A subsection (f) is hereby added to Section 2 of Act No. 296 of September 1, 2000, to read as follows:

“Section 2.- Definitions

- (a) “Physical Capacity” - means the state of the motor, visual, auditory and chemical functions of an individual, pursuant to the recognized standards of best medical practice according to the age, sex, height and weight of the person.
- (b) “Mental or Emotional Disorder”- means the disruption of the personal functions of a chemical, physical, biological or psycho-biosocial origin, of an acute manifestation or a chronic course, in which the sensory perception, talent or fundamental state of mind, the judgment or capability to objectively perceive reality are significantly affected; as well as the ability to satisfactorily and with a minimum of stress face the requirements of daily living, such as conviviality within the family, social behavior and work. Since disorders related to controlled substances or alcohol abuse are considered mental disorders, they are included in this definition.
- (c) “Psychologist” - means the professional licensed by the Board of Examiners of Psychologists of the Commonwealth of Puerto Rico, as defined in Act No. 96 of June 4, 1983, as amended, known as an “Act to Regulate the Practice of the Profession of Psychology in Puerto Rico”.
- (d) “Psychiatrist” - means for the purpose of this Act, the doctor in medicine specialized in children and adolescent psychiatry authorized to practice the medical profession in Puerto Rico and

authorized to practice said specialty, as certified by the Board of Medical Examiners of Puerto Rico.

- (e) “Social Worker” - means the professional holding a master’s degree in social work from an accredited institution and evidence of association, with a license to practice issued by the Board of Examiners of Social Workers as defined in Act No. 171 of May 11, 1940, as amended.
- (f) “Visual health professional” – means an independent visual health care professional engaged in the practice of ophthalmology and/or optometry and who holds a license issued by the Board of Medical Examiners, in the case of ophthalmologists, and in the case of optometrists by the Optometrists Board of Examiners of Puerto Rico.”

Section 2.- Section 3 of Act No. 296 of September 1, 2000, is hereby amended to read as follows:

Section 3.- Responsibility of the Academic Director

The directors of all public and private schools, including daycare and Head Start centers, are hereby directed to require a visual evaluation performed by a visual health professional with evidence of the tests required according to the age of the child, pursuant to the standards in effect of Title XIX of the Medicaid Program, Title V of the Mothers, Children and Adolescents Program, the American Academy of Pediatrics, the American Association of Optometry and the American Academy of Ophthalmology.”

Section 3.- Section 6 of Act No. 296 of September 1, 2000, is hereby amended to read as follows:

“Section 6.- Physical Evaluation Program

The students’ physical evaluation program shall include an evaluating panel attached to the Department of Education, constituted by one (1) pediatrician, one (1) occupational therapist, one (1) visual health professional and one (1) speech pathologist, for the purpose of analyzing the results of the evaluation and make recommendations for case management.

Section 4.- This Act shall take effect immediately after its approval.

CERTIFICATION

I hereby certify to the Secretary of State that the following Act No. 62 (H.B. 607) of the 3rd Session of the 15th Legislature of Puerto Rico:

AN ACT to amend Sections 2, 3 and 6 of Act No. 296 of September 1, 2000, as amended, known as the “Children and Adolescents Health Conservation Act of Puerto Rico,” in order to include the definition of visual health professional and to include a visual health professional as a member of the evaluating panel,

has been translated from Spanish to English and that the English version is correct.

In San Juan, Puerto Rico, today 26th of February of 2007.

Francisco J. Domenech
Director