

2450 Del Paso Road, Suite 105
Sacramento, CA 95834
(916) 575-7170, (916) 575-7292 Fax
www.optometry.ca.gov

To: Children's Vision Workgroup

Date: March 16, 2017

From: Jessica Sieferman
Executive Officer

Telephone: (916) 575-7170

Subject: Agenda Item 3 – Discussion and Possible Action Regarding Assembly Bill 1110 and Next Steps; Possible Recommendation to Full Board

During the November 4, 2016 Board meeting, the Children's Vision Workgroup provided a history of the prior Children's Vision legislation (Senate Bill [402](#)), an update regarding stakeholder meetings and a recommendation for the Board to support their legislative concept and direction ([Prior Meeting Materials](#)). The Board voted unanimously to "sponsor the legislative concept and direction of the children's vision workgroup and ask[ed] work group members, together with staff, to moving forward to introducing legislation in the 2017 legislat[ive] session."

The workgroup announced at the Board's January 27, 2017 meeting that [Assembly Member Burke](#) agreed to author the bill. Assembly Bill (AB) [1110](#) was introduced on February 17, 2017 with Coauthors [Assembly Member Low](#), [Senator Nguyen](#) and [Senator Vidak](#).

On March 9, 2017, AB 1110 was referred to the [Committee on Education](#) and is scheduled to be heard on April 5, 2017. Amendments must be submitted to the Author's office no later than 2:00 pm on Tuesday, March 28, 2017.

The Founding Dean of Western University of Health Sciences College of Optometry, VSP Vision Care and the California Optometric Association issued Support Letters for AB 1110 (Attachment 1). While no formal opposition letters have been received thus far, staff anticipates AB 1110 receiving similar opposition letters to those received for SB 402 (Attachment 2).

Action Requested

Please review and discuss AB 1110 and the information provided. Please discuss the next steps, including any amendment recommendations to align with the Board-approved legislative concept, sample support letter (Attachment 3), potential witnesses to testify, meetings, etc. If the workgroup would like amendments made outside of the Board-approved legislative concept, please make those recommendations to the full Board.

Attachments

1. AB 1110 Support Letters
2. SB 402 Opposition Letters
3. Sample AB 1110 Support Letter

March 1, 2017

Assemblywoman Autumn Burke
State Capitol
P.O. Box 942849
Sacramento, CA 94249-0062

RE: Assembly Bill 1110

Dear Assemblywoman Burke:

On behalf of VSP Vision Care, the leading vision benefits company in California and the largest not-for-profit vision benefits company in the United States, I am writing to express our support for Assembly Bill 1110.

Since 1955, when we were founded by nine optometrists in California, VSP Vision Care has made eye care and eye health affordable and accessible to millions of Americans—currently 17 million Californians. We remain committed to increasing access to eye care in California, the U.S. and around the globe because we know that comprehensive eye exams are critical to helping improve overall health.

Eye exams are also extremely important for our youngest Californians, who have more difficulty succeeding in school if they have vision problems. This bill will help support the health and success of children by ensuring all children receive a comprehensive eye exam.

VSP Vision Care is grateful for the opportunity to comment on this legislation. We remain steadfast in our commitment to providing access to the best possible eye care. Thank you for your consideration.

Kate Renwick-Espinosa
President, VSP Vision Care



March 3, 2017

The Honorable Autumn Burke
California State Assembly
State Capitol Building, Room 5150
Sacramento, CA 95814

RE: AB 1110 (BURKE) SUPPORT

Dear Assemblymember Burke,

As the Founding Dean of Western University of Health Sciences College of Optometry I am proud to enthusiastically support your bill: AB 1110. This bill is vitally important to give our school-aged children the opportunity for clear vision, lifelong health, and fundamental access to excellence in learning.

Clear vision, good visual functioning, and eye health are crucial components vital to success in our students' learning. Experts agree: up to 80% of learning happens through the eyes and visual system. We all know that good vision is more important than ever for students to use technology like computers and tablets to enhance contemporary learning strategies.

While current state law requires a vision screening for students, these superficial screenings have been found to have a very high false negative rate. In fact, it is estimated that these screenings fail to detect one in three children significant vision and eye health problems, such as binocular vision deficiencies, that can impede reading. Nor do these superficial screenings test for serious concerns like diabetes or eye cancers that threaten vision and health. Only a comprehensive eye examination by an optometrist or ophthalmologist can detect the full range of disorders that affect children's learning and also test for significantly disabling conditions.

It is crucial for the public to realize that vision disorders are the most prevalent disabling childhood conditions. One in four students has vision concerns that can impede learning. These concerning statistics are the reason AB 1110 is so crucial to our children and their future.

AB 1110 will increase California's students' learning potential by requiring comprehensive eye exams upon starting school (entry to school not prohibited if child does not receive exam). Importantly, these crucial health examinations come at no cost to California families. The Affordable Care Act guarantees children a no-cost comprehensive eye exam, covered through their private or public health insurance plans. Unfortunately, many parents are unaware of this benefit, or the crucial role comprehensive eye exams play in their children's health.

At Western University of Health Sciences we are committed to supporting the health of the public. Children may represent only about 20% of our population, but they represent 100% of our future. This important legislation will help to keep California competitive in the education and work environments.

As a Doctor of Optometry, and an educator, I am proud to support AB 1110 to help open a lifetime of clear sight and overall health for all of California's children.

Sincerely,

Elizabeth Hoppe, OD, MPH, DrPH
Founding Dean, College of Optometry

cc: Members of the Assembly Health Committee



California Optometric Association

2415 K Street Sacramento, California 95816
916.441.3990 FAX: 916.448.1423

March 10, 2017

The Honorable Autumn Burke
State Capitol, Room 5150
Sacramento, CA 95814

RE: AB 1110 SUPPORT

Dear Assembly Member Burke:

The California Optometric Association (COA) is pleased to **support AB 1110**, introduced by you and sponsored by the State Board of Optometry. We applaud you for promoting the importance of comprehensive eye exams for all children. This legislation will serve as a safety net to ensure every child has his or her full potential to learn and perform in school.

AB 1110 is beneficial for our entire state. As with most health concerns, prevention and early treatment provide innumerable cost savings. The Centers for Disease Control and Prevention cite vision disorders as being the most prevalent disabling conditions for children.¹ Therefore, catching vision and eye problems early in a child's life are critical for treating and correcting conditions that could be debilitating and costly downstream.

It has been the long-standing position of COA that all children should have a comprehensive eye exam provided by an optometrist or ophthalmologist prior to starting school. Data shows that approximately 25 percent of children have a vision problem.² A typical vision screening is insufficient to ensure optimal vision and eye health.

AB 1110 ensures that all of California's children can actually see the board in class, learn to read without the words on the page appearing blurry, have both eyes work together when solving a math equation, and ultimately achieve academic success.

For these reasons, **we strongly support AB 1110**. We look forward to working with you on this measure as it moves through the legislative process. Please contact Kara Corches at 916-266-5026 or at kcorches@coavision.org if we can provide any further information.

Sincerely,

A handwritten signature in black ink, appearing to read "David Redman".

David Redman, OD
Chair, Legislation and Regulation Committee

cc: Jessica Siefertman, California Board of Optometry
Terry McHale, Aaron Read & Associates
Cliff Berg, Governmental Advocates

¹ Centers for Disease Control and Prevention (2007). Improving the Nation's Vision Health. https://www.cdc.gov/visionhealth/pdf/improving_nations_vision_health.pdf

May 11, 2015

The Honorable Ricardo Lara
Chairman, Senate Appropriations Committee
State Capitol, Room 2206
Sacramento, CA 95814

RE: SB 402 (Mitchell) – OPPOSE

Dear Senator Lara:

Kaiser Permanente has regrettably adopted an OPPOSE position on SB 402 (Mitchell), which mandates a “comprehensive eye exam” for every child prior to enrollment in elementary school and every two years thereafter. The bill requires the exam include tests for “distance and near visual acuity, eye tracking, binocular vision skills, including both eye teaming and convergence, accommodation, color vision, depth perception, intraocular pressure, pupil evaluation, objective and subjective refraction, and eye health evaluations.” SB 402 mandates that all children undergo extensive procedures that are not recommended by physicians and bring very little clinical value at a cost and inconvenience to parents.

Mandated Exam for all Children Not Supported by Evidence.

The American Academy of Pediatrics, American Academy of Ophthalmology, and the American Association of Pediatric Ophthalmology all agree that vision *screening* (not comprehensive eye exams) is an integral part of a child health appraisal. These organizations recommend vision screening in the medical home at regular intervals as the most logical and cost-effective approach to detecting childhood vision problems. SB 402 requires extensive, non-recommended testing in an ophthalmologist’s or optometrist’s office. This bill is attempting to drive care from the medical home to the optometrist’s office. These children can be screened in the medical home by their pediatrician or other health care provider. If any abnormalities are present, the child is appropriately referred for further testing.

Kaiser Permanente’s eye health care providers indicate that the additional vision testing procedures mandated in SB 402 have very little clinical benefit and could lead to false positives, which would cause heartache and frustration for parents. It is unnecessary to do all of these tests on children who have normal vision and normal binocular function, which most do. There is no data to support that a visit with an optometrist or ophthalmologist is an effective screening system and justifies the associated costs.

SB 402 Will Result in Significant State Costs, as Well as Cost and Inconvenience to Parents.

While most or all of the exam mandated in the bill may be covered by Medi-Cal or private coverage, it is generally only performed when medically indicated or medically necessary. By driving up utilization of this procedure to 100%, this bill will result in significant increased costs to Medi-Cal and CalPERS due to the increased costs to create the additional provider capacity needed, and to pay for the additional exams, which can run around \$80-100. There will also be additional costs to school districts and to the Department of Education to implement and track this new requirement for school admission. Furthermore, there will likely be out-of-pocket costs for parents in the form of co-pays and eyeglasses or

other “therapy” that may not be necessary. Finally, SB 402 will result in increased school absenteeism for children and work absenteeism for parents for having to take children to unnecessary extra provider visits.

Kaiser Permanente believes very strongly in the delivery of the right care, in the right place, and the right time in order to maintain affordability and access to high quality care. Unfortunately, this bill departs from these principles and we doubt the value of such a costly mandate. Children’s eye health and their ability to learn is very important to us and our providers, but we believe this bill is a flawed approach to a very complex issue. For these reasons, we must respectfully urge a “no” vote on SB 402. Thank you.

Sincerely,



Teresa Stark

Director, State Government Relations

cc: The Honorable Holly Mitchell
Members, Senate Appropriations Committee
Jillian Kisse, Senate Appropriations Committee
Brendan McCarthy, Senate Appropriations Committee
Jessica Billingsley, Senate Republican Caucus



California Academy of Eye Physicians & Surgeons

425 Market St., Suite 2275, San Francisco, CA 94105 o Phone: (415) 777-3937 o Fax: (415) 777-1082
e-mail: CaEyeMDs@aol.com o web: www.caeps.org

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**Alternate

March 24, 2015

Senator Holly Mitchell
California State Senate
State Capitol, Room 5080
Sacramento, CA 95814

Re: SB 402

Dear Senator Mitchell:

We appreciate your efforts to address potential issues relating to vision that may impact the ability of children to benefit from our education system. However, we believe your proposal – which mandates essentially all children to receive five comprehensive eye examinations between Kindergarten and 8th grade – could have the unintended impact of unnecessarily and significantly burdening parents (charged with taking their children to obtain the examinations) and straining limited health care resources.

Let us be clear that we, like you, strongly believe every California child should receive what they need to succeed in school, and good vision is an important part of that need. However, based on the recommendations of pediatric ophthalmologists (subspecialists in children's vision in our medical specialty), we do not believe repeatedly examining every child in the state -- approximately 500,000 at each grade level based on the annual birth rate -- in the way this bill would mandate (**2.5 million exams per year costing around \$25 million**) is the best way to achieve that goal.

While we appreciate your bill would “require the examination to be consistent with the most current standard, policy, or guideline” adopted by national organizations including the American Academy of Ophthalmology (AAO), the real issue is whether the examinations should be done at all since most children do **not** have a visual issue requiring intervention and if performed on **ALL** children the **vast majority would be “normal.”** For this reason, the AAO recommends (based on the attached policy):

School-aged children should be evaluated regularly for visual acuity and ocular alignment (approximately every 1 to 2 years) **during primary health care visits, in schools, or at public screenings.** [emphasis added]

In short, we believe every child that **requires** such an examination should receive it, and who should receive a “full” examination is best determined by a screening process like the one required under current law.

We note that at least two other states (North Carolina and Missouri, see attached) have in the past established a requirement for a **single** comprehensive exam for each child, but have since repealed or failed to renew them based on concerns of the public and educators over both the logistics, feasibility, and cost of the required exams.

Thank you for considering our comments and for your work to benefit children. Please feel free to contact me if you should have questions on my cell phone at (415) 637-6126.

Sincerely,

Craig H Kliger, MD
Executive Vice President

Comprehensive Eye Examination bills – each requiring only ONE exam per child entering school – have been passed in two states, **both of which are no longer in effect.**

North Carolina

During the 2005 session, a comprehensive eye exam provision was included as part of North Carolina's budget bill and became effective for the 2006-2007 school year.

Section 130A-440.1 of the bill stated that "every child entering kindergarten in the public schools shall obtain a comprehensive eye examination pursuant to the terms of this section not more than 6 months prior to the date of school entry."

The law also established the Governor's Vision Care Program. The purpose of this program was to provide tax subsidized funding to reimburse optometrists and ophthalmologists for the exams for children whose own health insurance didn't cover the exam, for families that make below a certain income level or didn't already qualify for some kind of public aid.

In response to significant parental pushback and the objections of others, the state Board of Education filed a lawsuit citing the constitutional right of every child to have a free public education. Because SB 622 required eye exams as a condition for enrollment, the school board deemed it "unconstitutional."

In mid-March 2006, a superior court judge suspended the law, preventing the state from enforcing the mandate on eye exams until at least July 2007 allowing legislative action.

HB 2669 repealing the comprehensive eye exam mandate was signed on August 13, 2006.

Missouri

SB 16 was signed into law June 21, 2007. The legislation was intended to compare the effectiveness of comprehensive eye examinations vs. vision screenings.

Beginning July 1, 2008, every enrollee in kindergarten or first grade shall was to receive one comprehensive vision examination performed by a state licensed optometrist or physician.

Concurrently, all public school districts were to conduct an eye screening using a standardized method performed by a trained school nurse or other qualified individual for each student once before the completion of first grade and again before the completion of third grade. Those identifies as needing vision examinations could be referred for treatment to sources identified by the government on a free or reduced cost basis if other options weren't available. The existing "Blindness Education Screening and Treatment Program Fund" was modified to cover additional costs for vision examinations not covered by existing public health insurance.

Parental objection could override participation.

The Children's Vision Commission, composed of seven members including two ophthalmologists, two optometrists, one school nurse, one representative from the Department of Elementary and Secondary Education, and one from the Missouri State School Boards Association was created to implement and evaluate this project and report to the legislature in time for renewal of the law in 2012.

The commission concluded the law was ineffective and a financial burden on families, and recommended that legislators drop the exam and instead beef up vision screenings by school nurses.

A bill to maintain the law was fast-tracked through the House. However, the Senate Education Committee voted to not send the bill to the full Senate for consideration resulting in non-renewal of the mandate.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Agenda Item 3, Attachment 2

California District IX

CALIFORNIA DISTRICT (AAP-CA)
1400 K STREET
SACRAMENTO, CA 95814
PHONE: (626) 796-1632
FAX: (626) 628-3582
E-MAIL: KRIS.CALVIN@AAP-CA.ORG
WEBSITE: WWW.AAP-CA.ORG

March 30, 2015

Senator Mitchell
State Capitol, Room 5080
Sacramento, CA 95814

Re: SB 402 (Mitchell) Binocular Vision Screen Mandate
AAP-CA POSITION: OPPOSE

DISTRICT CHAIRPERSON
STUART COHEN MD
SAN DIEGO CA

Dear Senator Mitchell:

DISTRICT VICE CHAIRPERSON
YASUKO FUKUDA MD
SAN FRANCISCO CA

The American Academy of Pediatrics, California respectfully opposes your bill SB 402, as introduced. This bill would add unnecessary and costly testing to current vision screening for California's children.

STATE GOVERNMENT AFFAIRS
Co-CHAIR
SHANNON UDOVIC MD
SAN FRANCISCO CA

Existing law requires vision screening at the time of school enrollment and at least every three years thereafter, until completion of 8th grade. This screening can be performed by the school nurse, pediatrician, or another authorized person. Current vision screening generally occurs as part of a comprehensive well-child exam in a pediatrician's office, allowing a child's vision to be considered in the context of his or her overall health. This bill mandates vision testing instead every two years until 8th grade, to include binocular function and refraction. It also would require that each of these additional screens be done by a physician or optometrist. (The bill actually states "physician, optometrist or ophthalmologist", making it seem as though there are three distinct groups, but an ophthalmologist is a physician, while an optometrist is not). This expansion of screens for every single child would generate a significant increase in the cost and the complexity of accomplishing the screens, without any evidence that it would produce better outcomes for children.

PRESIDENT, CHAPTER 1
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OAKLAND CA

PRESIDENT, CHAPTER 2
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STUDIO CITY CA

PRESIDENT, CHAPTER 3
PATRICIA CANTRELL MD
SAN DIEGO CA

PRESIDENT, CHAPTER 4
ANGELA DANGVU MD
ORANGE CA

CHIEF EXECUTIVE OFFICER
KRIS CALVIN
DAVIS CA

In fact, while there is lots of verbiage about other aspects of a child's vision in SB 402, the core of the bill, through iterations in prior years through the present, has remained the same—the idea that universal testing for binocular function and refraction in children will identify important deficits that contribute to learning disabilities, and that there are related "treatments" through vision tracking exercises that can be done to improve academic performance. However, the evidence is clear that this costly and time-consuming testing and subsequent vision tracking types of interventions are simply not warranted. The following is from the January 2013 *American Academy of Pediatrics Joint Technical Report "Learning Disabilities, Dyslexia, and Vision"*:

"Vision problems can interfere with the process of reading, but children with dyslexia or related learning disabilities have the same visual function and ocular health as children without such conditions. Currently, there is inadequate scientific evidence to support the view that subtle eye or visual problems cause or increase the severity of learning disabilities....Scientific evidence does not support the claims that visual training, muscle exercises, ocular pursuit-and-tracking exercises, behavioral/perceptual vision therapy, "training" glasses, prisms, and colored lenses and filters are effective direct or indirect treatments for learning disabilities. There is no valid evidence that children who participate in vision therapy are more responsive to educational instruction than children who do not participate."

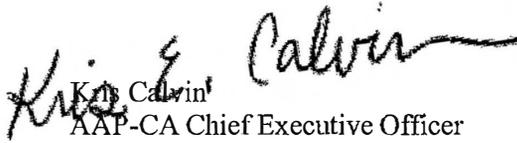
The American Academy of Pediatrics, California is comprised of all four Chapters of the AAP-CA statewide, and represents nearly 5,000 pediatricians, including both primary care and subspecialty.

Their message to us on SB 402 is clear—it would be bad policy for children, families, schools, and the state to divert resources in time and money for all of those parties to an unnecessary universal screening program that is without merit.

While we appreciate your intention to support children in learning to the best of their abilities, dictating increased and additional medical tests/screens for all California children in public schools without clear and overwhelming evidence is not appropriate policy

Thank you for your public service and your leadership.

Sincerely,

A handwritten signature in black ink that reads "Kris G. Calvin". The signature is written in a cursive style with a long horizontal flourish at the end.

Kris Calvin
AAP-CA Chief Executive Officer
American Academy of Pediatrics, California District



CALIFORNIA SCHOOL NURSES ORGANIZATION

1225 "8"TH STREET • SUITE 342 • SACRAMENTO • CALIFORNIA • 95814

Healthy Children Learn Better

April 21, 2015

Senator Ed Hernandez
Chair, Senate Health Committee
Capitol Building 2191
Sacramento, CA 95814

RE: SB 402 (Mitchell) – Pupil health: vision examination - OPPOSE

Dear Senator Hernandez:

The California School Nurses Organization (CSNO) is the professional organization for school nurses. We are the primary health professional within California's educational system and as such we strive to assure all children in school are healthy, ready and able to learn.

We remain opposed to the use of the photo screening tests (AB 1840, Chapter 803, 2014). According to the American Academy of Ophthalmology Instrument-Based Pediatric Vision Screening Policy Statement, evidence based practice does not support the use of instrument based screening in children older than 5 years of age.

Since the beginning of the 2015 school year, we have not received any guidance from the California Department of Education regarding the use of photo screeners and in some school districts where optometrists are available, they are unfamiliar with the use of these machines and thus, are unable to supervise school nurses.

In a joint statement of the American Academy of Pediatrics (Section on Ophthalmology and Committee on Practice and Ambulatory Medicine), the American Academy of Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus and the American Association of Certified Orthoptists the report states that both photoscreening and autorefraction offer hope in improving vision-screening rates in preverbal children, preliterate children, and those with developmental delays, who are the most difficult to screen. Current law allows for screening of pupils because of age or special needs who cannot perform optotype testing. Per the AAO position statement; "These instruments are, at present, without a sufficient evidence base for recommendation".

While we certainly support the role of the physician in performing "comprehensive eye examinations", we submit the following policy: "Eye examination in Infants, Children and Young Adults by Pediatricians" (2003)¹, a policy statement endorsed by the

American Academy of Pediatrics (AAP), the American Academy of Ophthalmology (AAO) and the American Association for Pediatric Ophthalmology and Strabismus (AAPOS), calls for vision screening by a pediatrician or other primary care provider beginning at birth and at each well child visit thereafter.

For these and other reasons, we remain opposed to SB 402.

Respectfully,



Kathy Ryan, BSN, MSN, PHN, RN, FNP
President

C: Senator Mitchell
Senator Huff

References:

- * - <http://www.cde.ca.gov/ls/he/hn/documents/visionreport.pdf>
- 1 - <http://pediatrics.aappublications.org/content/130/5/983.full> - 2012 update to 2003 policy
- 1 - <http://pediatrics.aappublications.org/content/77/6/918.abstract?sid=98f6e33d-076b-4c62-91ad-ea8d25e5edd6>
- <http://www.aapos.org/terms/conditions/107>
- <http://www.aapos.org/terms/conditions/54>
- <http://www.aapos.org/terms/conditions/131>
- http://www.aapos.org/resources/policy_statements/
- <http://pediatrics.aappublications.org/content/early/2012/10/24/peds.2012-2548>

February 24, 2017

The Honorable Autumn Burke
California State Assembly
State Capitol, Room 5150
Sacramento, CA 95814

RE: Support for Assembly Bill 1110 –Pupil Health: Vision Examinations

Dear Assemblywoman Burke:

On behalf of the _____, I am writing in strong support of your bill, AB 1110, which will ensure that all California's students are receiving a comprehensive eye exam by a physician, optometrist, or ophthalmologist, upon elementary school entry.

As you know, AB 1110 increases screening access for all students and ensures that the vision examination includes, but is not limited to, evaluation of visual acuity, binocular function, refraction and eye health evaluation as consistent with the most current standards adopted by the American Academy of Pediatrics, American Academy of Ophthalmology or the American Optometric Association.

Current law provides for vision testing in school that is limited to using the eye chart for acuity one eye at the time, from 20 feet away and color vision test for boys only. These tests cannot address the problem of how well the eyes are able to converge on a page in a book that is close to the face. Since reading speed and fluency are negatively impacted by poor eye coordination, a comprehensive eye exam will provide school children with the opportunity to succeed.

Again, the _____ strongly supports AB 1110. Should you need additional information, please do not hesitate to contact my office at (phone number).

Sincerely,

(Name)