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SENATOR BYARS: It's my understanding that that does not have to take place, the dilation does not have to take place for them to identify these diseases.

SENATOR BOURNE: Okay. Then, and could you tell us then, what is the difference between the exam that is part of the...the eye exam that is part of a physical exam that a kid goes through now and what you are advocating, should LB 114 pass? How are they different? You see what...in the green copy of the bill, it talks about an optometrist, and I understand how an optometrist is different than a physician. The committee amendment adds back in physician, PA, or an advanced nurse of some sort. And what I'm trying to say is that it's...on one hand it seems to me that the exam, after the committee amendment, is similar to the exam that we already do, but somehow it must be different or we wouldn't be discussing the bill.

SENATOR BYARS: I think that the exam as it's used today, Senator, is basically pointed toward a 20/20 issue rather than into any kind of depth or breadth as far as vision is concerned, and there is a difference in the way that those testings are done. And now it's a vision screening, and it's not an exam, and it is pointed toward 20/20 rather than toward if there is significant breadth, vision problems.

SENATOR BOURNE: So what you had said in your dialogue with Senator Chambers is that they go through a physical exam now. Part of the physical exam is an eye exam. If the doctor or nurse or PA or whatever determines that their acuity, meaning they can't read the chart as well as they should, then they would refer them on to an optometrist. Is that what your understanding of it is?

SENATOR BYARS: I'm not sure if they give an actual referral at this point. I think they would tell the parent, or on the exam they would note that they weren't seeing 20/20. They either had...

SENATOR BOURNE: Okay. Yeah, and I didn't mean the technical term for referral. I mean they would just say to the parent, go