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take the kid to the optometrist for further testing because there's a problem. Okay.

SENATOR BYARS: They would tell them there was a problem, yes.

SENATOR BOURNE: Okay. So I guess what I'm saying, if that's the current status of the law...I'm trying to distinguish between what you're contemplating in LB 114 and what, with the committee amendment, versus what goes on today. I would assume that even today when the vision exam is part of the physical exam, if there was a problem, meaning the child couldn't read the chart, they would say, hey, look, go put the person on...or the child on to an optometrist, an ophthalmologist. How is that different, assuming the committee amendment gets adopted? It just seems to be...

SENATOR CUDABACK: One minute.

SENATOR BOURNE: ...it seems to be redundant from what we're already doing.

SENATOR BYARS: As...in talking in professional terms, screenings are not designed to test the breadth of potential vision problems. They're only designed as a sorting mechanism to separate those that likely have vision disorder and those that likely do not. And they are not designed to broadly assess vision skills. Vision exams are designed specifically to take a comprehensive look at everything, including visual efficiency. There is a definite difference in the breadth of the exam.

SENATOR BOURNE: Okay. So they, the physician, the PA, or the advanced nurse, under this bill, would have to conduct the enhanced exam, not just the vision, the 20/20 chart, look up to the wall, can you see the numbers or the letters?

SENATOR BYARS: That is correct.

SENATOR BOURNE: Okay. So it still would be an enhanced exam? All right. Thank you, Senator Byars. I appreciate that. I do want to clarify, we...I had said that my child had a \$150 eye exam, and that's because...