Regulatory Analysis Form (Completed by Promulgating Agency) **(All Comments submitted on this regulation will appear on IRRC's website)**	***INDEPENDENT REGULATORY REVIEW COMMISSION*** RECEIVED Independent Regulatory Review Commission October 16, 2026 IRRC Number**:** 3448
(1) Agency Department of Health	
(2) Agency Number: 10 Identification Number: 241	

(3) PA Code Cite: 28 Pa. Code § 23.4

(4) Short Title: Vision screening and comprehensive eye exams

(5) Agency Contacts (List Telephone Number and Email Address):

Primary Contact:
Colleen Schultz, M.Ed., CSN RN
Director, Division of School Health
717-787-2390, RA-DHVisionScreening@pa.gov

Secondary Contact:
Melisa Rader
Director, Bureau of Community Health Systems
717-787-4366, RA-DHVisionScreening@pa.gov

(6) Type of Rulemaking (check applicable box):

- ☐ Proposed Regulation
- ☒ Final Regulation
- ☐ Final Omitted Regulation
- ☐ Emergency Certification Regulation;
  - ☐ Certification by the Governor
  - ☐ Certification by the Attorney General

(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

The department amends 28 Pa. Code § 23.4 (relating to vision screening and comprehensive eye exams), as required by section 1403.1(a)(2) of the Public School Code of 1949 (24 P.S. § 14-1403.1(a)(2)), to establish vision screening standards based on instrument-based vision screening technologies or visual acuity testing, taking into consideration national guidelines from the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. These standards apply to a child entering school for the first time, every year thereafter until the child completes the fifth grade, and at least every two years thereafter until the child graduates from the twelfth grade. (24 P.S. § 14-1403.1(a)(1) and (b)(1)).

(8) State the statutory authority for the regulation. Include specific statutory citation.

Section 1403.1(a)(2) of the Public School Code of 1949 (24 P.S. § 14-1403.1(a)(2)) requires the department to promulgate regulations to establish vision screening standards based on instrument-based vision screening technologies or visual acuity testing, taking into consideration national guidelines from the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. These standards apply to a child entering school for the first time, every year thereafter until the child completes the fifth grade, and at least every two years thereafter until the child graduates from the twelfth grade. (24 P.S. § 14-1403.1(a)(1) and (b)(1)).

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

Yes, the amendment is mandated by State law. *See* 24 P.S. § 14-1403.1(a)(2). The amendment is not mandated by federal law, federal or state court order, or federal regulation. There are no relevant state or federal court decisions.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

This rulemaking is required under section 1403.1(a)(2) of the Public School Code of 1949, which requires the department to promulgate regulations to establish vision screening standards based on instrument-based vision screening technologies or visual acuity testing, taking into consideration National guidelines from the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. Section 1403.1(a)(1) of the Public School Code of 1949 requires a parent or legal guardian of a child to present documentation of the results of a vision screening to school entities (public and nonpublic) prior to the child's admission to school for the first time. Additionally, section 1403-1(b)(1) of the Public School Code of 1949 requires vision screening to be completed every year until a child completes fifth grade and at least every 2 years thereafter until the child graduates from twelfth grade by school health personnel or screeners trained in techniques and protocols approved by the department. Prior to the 2020 addition of section 1403.1 to the Public School Code of 1949, vision screenings were required on an annual basis, with the Snellen Chart "or other screening device approved by the [d]epartment..." to be used for screening. See existing § 23.4. The department also provided guidance on its website for procedures for vision screening programs for school-age children. See Department of Health. (2011). Procedures for the Vision Screening Program for Pennsylvania's School-Age Population. Retrieved from https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/school-health/Vision %20Guideline082011.pdf.

Vision plays an important role in child development and learning. Early detection and treatment are critical as uncorrected vision disorders can impair development, interfere with learning and lead to permanent vision loss. National Center for Children's Vision and Eye Health, Prevent Blindness. Children's Vision and Eye Health: A Snapshot of Current National Issues, 2nd edition. Retrieved from https://preventblindness.org/wp-content/uploads/2020/07/Snapshot-Report-2020condensedF.pdf. The World Health Organization estimates that 2.2 billion individuals worldwide have vision impairment, with 1 billion of those individuals estimated to be children. Id. Comprehensive eye exams and vision screenings in school-aged children can help identify undiagnosed or untreated vision problems, such as nearsightedness, farsightedness, astigmatism or color blindness. Comprehensive eye exams by an

ophthalmologist or optometrist provide a thorough exam that can identify, diagnose and provide treatment for vision problems. On the other hand, vision screenings provide a quick evaluation that can identify potential vision problems that may be referred to an ophthalmologist or optometrist for further diagnosis and treatment. Vision screenings do not take the place of a comprehensive eye exam but can be helpful in identifying issues when a child has not received a recent comprehensive eye exam. A failed vision screening also indicates that a comprehensive eye exam is needed to diagnose and treat a vision problem. The vision screening requirements in this final-form rulemaking will serve as a much-needed early detection tool and will benefit approximately 1.7 million school-aged children in this Commonwealth.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

No, there are no federal standards.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

The department reviewed regulations for the states surrounding Pennsylvania (Delaware, Maryland, New Jersey, New York, Ohio, Virginia and West Virginia). The department also reviewed and considered the requirements for school-aged vision screenings in Massachusetts, which most closely resemble this final-form regulation. The final-form vision screening standards should have no bearing on the Commonwealth's ability to compete with other states. The vision screening standards will identify vision problems in school-aged children, which is to the benefit of the Commonwealth. Moreover, while the requirement of each state varies, the final-form regulation has requirements that are used by other states.

Delaware regulations require vision screening for each public school student in kindergarten and grades two, four, seven and grades nine or ten. Del. Admin. Code § 815. The vision screening is also to occur for school enterers, students referred by a teacher or an administrator, and students considered for special education. Parents are to be notified if a student has a suspected problem. No specific vision screening tests or standards are listed.

Massachusetts regulations require vision screenings annually through grade five, once in grades six through eight, and once in grades nine through twelve. 105 CMR § 200.400. The vision screening is to be through the "Massachusetts Vision Test or other comparable method approved by the Massachusetts Department of Public Health." The Updated Massachusetts Vision Screening Protocols create requirements for vision screening but are not specifically promulgated in regulation. Commonwealth of Massachusetts. (2024). Updated Massachusetts Vision Screening Protocols. Retrieved from https://www.mass.gov/doc/massachusetts-vision-screening-protocol-for-school-districts-0/download. In Massachusetts, the passing visual acuity for kindergarten through grade twelve is 20/32. Vision acuity can be tested through LEA Symbols or Sloan letters. Further, vision screening method allows for instrument-based vision screening technologies for ages three, four, and five, which include PlusOptix,

Retinomax, or Spot. The vision screening standards in the final-form regulation resemble Massachusetts, as it has the same visual acuities. The final-form regulation lists the same vision screening technologies as examples but allows for the general use of photoscreeners or auto refractors. Unlike the final-form regulation utilizing the Pediatric Assessment of Stereopsis with a Smile (PASS 2 Smile Test) or the Random Dot "E" test, Massachusetts utilizes the PASS 2 Smile Test for stereoacuity screening and requires the test from kindergarten through grade three.

In Maryland, MD Educ Code § 7-404 requires vision screenings before entering school, grade one, and grade eight or nine. Vison Screening Guidelines require visual acuities of 20/50 for age three, 20/40 for age four, 20/32 for ages five and older. Maryland State Department of Education and Maryland Department of Health. (2023). Vision Screening Guidelines. Retrieved from https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/SHSGuidelines/VisionScreening_5.2023.pdf. Acceptable tests in Maryland include LEA Symbols, HOTV Letters, and SLOAN Letters. In addition, Maryland allows the following instrument-based tests: Righton Retinomax; SureSight Vision Screener; Welch Allyn Spot Vision Screener; and Plusoptix. Maryland implements a stereoacuity test utilizing either PASS 2 Smile Test or Random Dot "E" for first grade or at school system entry if later. The final-form regulation similarly uses 20/32 visual acuity, instrument-based screening, and the same stereoacuity tests.

In New Jersey, N.J.A.C. § 6A:16-2.2 requires visual acuity screening biennially for students in kindergarten through grade ten. While New Jersey statutes and regulations require biennial screening for visual acuity; neither specify the kind of equipment or procedures to accomplish this requirement. Guidance from the New Jersey State School Nurses Association provides resources for school nurses. New Jersey State School Nurses Association. (2018). Promoting Health and Learning. Retrieved from https://higherlogicdownload.s3.amazonaws.com/NASN/bef1bbde-7dc0-4987-a54f-33b3bade9518/UploadedImages/NJSSNA_Document_Final2.pdf.

In New York, 8 NY ACD § 136.3 requires vision screenings in grades pre-kindergarten or kindergarten, one, three, five, seven and eleven. Vision Screening Guidelines list visual acuities as 20/50 for age three, 20/40 for ages four and five, and 20/30 for ages six through eighteen. The University of the State of New York. (2018). Vision Screening Guidelines for Schools 2018. Retrieved from https://www.nysed.gov/sites/default/files/programs/student-support-services/vision-screening-guidelines.pdf. New York does not include instrument-based vision screening technologies, which were required to be added in this final-form regulation through the addition of section 1403.1(a)(2) to the Public School Code of 1949 (24 P.S. § 14-1403.1(a)). New York also implements a 20/30 visual acuity for a child that would be in kindergarten through grade twelve, instead of the 20/32 visual acuity utilized in the final-form regulation.

In Ohio, R.C. § 3313.673 requires a vision screen prior to the first day of November of the school year the child has enrolled for the first time in either kindergarten or first grade. Additionally, R.C. § 3313.69 requires that methods for visual tests and testing devices to be used shall be approved by the Ohio Department of Health. Ohio's Vision Screening Requirements and Guidelines provide guidelines for preschool through grade eleven and require either 20/30 or 20/32 visual acuity for all grades to pass and includes numerous instrument-based vision screening technologies for the kindergarten or first grade screening. Ohio Department of Health. (2017). Vision Screening Requirements and Guidelines for Preschool and School-Aged Children 2017. Retrieved from https://odh.ohio.gov/wps/wcm/connect/gov/471c5b34-e547-44fd-a0a4-f8fbc2190743/Vision+Screening+Requirements+Report+10.3.19.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-471c5b34-e547-

44fd-a0a4-f8fbc2190743-nj-liuA. Stereopsis tests occur during a preschool, kindergarten or first grade assessment and uses PASS 2 Smile Test and Random Dot "E."

In Virginia, Va. Code Ann. § 22.1-273 requires vision screening of students in kindergarten, and grade two or three, grade seven and grade ten. Vision screening results are to be communicated to parents along with information, including the importance of taking action on a referral for an eye examination. The vision screening program is to be based on best practices as determined by scientific research and program performance is to be evaluated by an advisory council. The Virginia Department of Health issues Hearing and Vision Criteria and only requires visual acuity testing, with passing criteria of 20/40 in either eye for students four to five years of age (48 to 59 months), and 20/30 (or a 20/32 line) for other students (60 months and older). The Hearing and Vision Criteria do not require specific methods, but just list commonly used eye charts, including SLOAN Letters, HOTV Letters, LEA Symbols, Snellen Charts, and a digital photoscreener for the special needs' population. Virginia Department of Health. (2026). Hearing and Vision Criteria. Retrieved from https://www.vdh.virginia.gov/content/uploads/sites/58/2023/09/Hearing-Vision-Criteria-2023Update-1-2023.pdf.

West Virginia has a statute requiring a vision screening for all children entering public school for the first time and for parents to be notified of vision impairments. W.Va. Code § 18-5-17. The statute also allows the State Board of Education to promulgate regulations; however, no regulations have been promulgated.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No, the amendment to the regulation will not affect any other regulations of the department or other state agencies.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

Section 1403.1(a)(2) of the Public School Code of 1949 requires the department to take into consideration National guidelines from the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. In December 2023, the department provided a copy of the proposed vision screening standards and sought feedback from the American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, Pennsylvania Optometric Association and Pennsylvania Academy of Ophthalmology. In June 2024, the department also reached out to school nurses directly with a copy of the proposed vision screening standards for input. The department also reached out to the Pennsylvania Department of Education and the Pennsylvania Association of School Administrators. The department developed and submitted a proposed rulemaking based on feedback received as a result of this outreach, as well as a review of requirements in other states. See 55 Pa.B 4351 (June 28, 2025).

In response to the proposed rulemaking, the department received comments from the Pennsylvania Academy of Ophthalmology, joint comments from the Pennsylvania Optometric Association and American Optometric Association, and the Independent Regulatory Review Commission (IRRC). From

February through June 2026, the department sought feedback on the final-form rulemaking from the Pennsylvania Chapter of the American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, Pennsylvania Optometric Association, Pennsylvania Academy of Ophthalmology, Pennsylvania Association of School Nurses and Practitioners, and Pennsylvania Association of School Administrators. The department also sought feedback from the Pennsylvania Department of State and Pennsylvania Department of Education.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

The regulation will affect schools, school-aged children, parents and guardians of school-aged children, and ophthalmologists and optometrists.

This Commonwealth's K-12 education system includes 500 school districts, ranging in size from approximately 200 students to more than 140,000 students. Pennsylvania Department of Education. (2026). Types of Schools. Retrieved from https://www.pa.gov/agencies/education/resources/types-of-schools.html. In addition, more than 160 brick-and-mortar charter schools and 14 cyber charter schools educate approximately 135,000 students. *Id.* There are more than approximately 2,000 nonpublic and private schools in Pennsylvania. Pennsylvania Department of Education. (2026). Nonpublic/Private Schools. Retrieved from https://www.pa.gov/agencies/education/programs-and-services/instruction/elementary-and-secondary-education/nonpublic-and-private-schools. School districts will be responsible for ensuring that students in public schools, nonpublic and private schools, and charter schools are receiving the necessary vision screenings under section 1403.1of the Public School Code of 1949 (24 P.S. § 14-1403.1), and that those vision screenings are conducted in accordance with the standards set forth in the final-form regulation. School districts were previously required to conduct vision screenings on an annual basis using the Snellen chart or other screening device approved by the department. *See* existing 28 Pa. Code § 23.4. Section 1403.1(b)(1) of the Public School Code of 1949 continues to require annual vision screenings through fifth grade but extends vision screenings to every two years from grades 6 through 12. (24 P.S. § 14-1403.1(b)(1)). This will result in some savings to school districts, for example, less time spent by school nurses conducting screenings, which should offset to some extent costs from the final-form regulation, which will require school districts to now screen children in grades 1 through 12 using either Sloan Letters or LEA Symbols, rather than the Snellen chart.

The requirement for the use of Sloan Letters and LEA Symbols for screenings for children in grades K through 12, in subsections (f) and (g), may result in a one-time cost to school districts, who are not already using these methods. The department estimates a screening kit containing both Sloan Letters and LEA Symbols to be approximately $120. See American Association for Pediatric Ophthalmology and Strabismus. AAPOS Vision Screening Kit. Retrieved from https://aapos.org/members/aapos-store. The department does not have sufficient data to determine how many school districts will need to purchase screening kits to comply with the new requirements. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)).

School districts may choose, for children in or entering kindergarten, to use a photoscreener or auto refractor, such as a Spot Vision Screener, Plusoptix Vision Screener without visual acuity add on component, or Retinomax Autorefractor in lieu of testing for distance acuity and performing a stereopsis assessment. The department estimates the cost of a Spot Vision Screener to be approximately $8,500, the

cost for a Plusoptix Vision Screener to be approximately $5,000, and the cost of a Retinomax Autorefractor to be approximately $8,000. See School Nurse Supply. Welch Allen Spot Vision Screener. Retrieved from https://www.schoolnursesupplyinc.com/welch-allyn-spot-vision-screener.html; School Nurse Supply. Plusoptix S12R Mobile Vision Screener. Retrieved from https://www.schoolnursesupplyinc.com/plusoptix-s12r-mobile-vision-screener_p_5829.html; and Saturn Optical. Righton Retinomax K Plus 5 Auto Refractometer and Keratometer. Retrieved from https://saturnoptical.com/product/retinomax-k-plus-5/. As the requirement for this equipment is optional, the department is estimating no impact on school districts.

Additionally, the requirement for the use of Random Dot "E" or PASS 2 Smile Test for children in or entering kindergarten may result in a one-time cost to school districts, who are not already using these methods, or instrument-based screening to test children in kindergarten. The department estimates the cost of Random Dot "E" depth perception tests to be approximately $169 and PASS 2 Smile Tests to be approximately $265. MacGill School Nurse Supplies. Stereo Optical Random Dot "E." Retrieved from https://www.macgill.com/random-dot-e-test.html; MacGill School Nurse Supplies. Pass 2 Smile Test. Retrieved from https://www.macgill.com/products/vision-hearing-screening/vision-screening/stereo-vision-testing/pass-2-smile-test.html. The department does not have sufficient data to determine how many school districts will need to purchase screening kits to comply with the new requirements. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)).

Section 1403.1(a)(1) of the Public School Code of 1949 requires a screener to be trained in vision screening techniques and protocols approved by the department. (24 P.S. § 14-1403.1(a)(1)). The department adds the term "qualified screener" in the regulations and defines this term, in subsection (a), as "an individual who has completed training that covers vision screening for distance visual acuity, near visual acuity, stereopsis and the use of instrument-based techniques, as approved by the department" to align with the use of the term "screener" throughout section 1403.1 and specifically in section 1403.1(a)(1). An example of training that the department would consider as meeting this requirement is the vision screening certification course offered by Prevent Blindness which costs $225 per person . Prevent Blindness. Prevent Blindness Children's Vision Screening Certification Course. Retrieved from https://preventblindness.org/prevent-blindness-childrens-vision-screening-certification-course/. The department estimates a cost of up to $504,225 for the approximately 2,241 certified school nurses in this Commonwealth, plus a cost of up to $420,075 for the approximately 1,867 supplemental nurses who may assist with school vision screenings, to obtain this training, for a total cost of up to $924,300 in year 1 to school districts.

The Pennsylvania Academy of Ophthalmology, and IRRC, asked that the department reconsider its estimated cost to the regulated community or explain why such costs are reasonable. The training provided by Prevent Blindness is only an example of the type of training that would fulfill the requirement of subsection (h) and section 1403.1(a)(1) of the Public School Code of 1949. A training provider or individual may submit a specific course to the department for approval. During outreach on the final-form regulation, the Pennsylvania Optometric Association expressed a willingness to collaborate with the department to provide training and support materials at no cost to school districts. As the department was not allocated any funds to create or provide training, support such as this will be necessary to ensure that school districts will not incur a cost related to this requirement.

Section 1403.1(b)(2) of the Public School Code of 1949 requires a comprehensive eye exam if a child fails the vision screening provided by the school. (24 P.S. § 14-1403.1(b)(2)). The updated standards in

the regulation may result in more failed screenings, thereby resulting in a cost to parents and guardians of those children, as they will need a comprehensive eye exam. The department estimates the cost of a comprehensive eye exam to be approximately $69 to $250 or more, without insurance, depending on the provider, location, and any add-ons. *See* Sugue, Mara. (2026). Eye Exam Costs and What Affects It. Retrieved from https://www.visioncenter.org/resources/eye-exam-cost/. The department is not able to estimate the number of children that will fail a vision screening and will need to complete a comprehensive eye exam to accurately estimate the cost to parents and guardians. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)). Additionally, section 1403.1(c) of the Public School Code of 1949 prohibits a school from denying admission, or excluding, a child from attending school if the parent or guardian does not have a comprehensive eye examination of the child completed upon failure of a vision screening. (24 P.S. § 14-1403.1(c)).

The more than 1.7 million K-12 students being served by the school districts, nonpublic schools, and charter schools will benefit from the regulation, as all schools in this Commonwealth will now be required to comply with updated screening standards that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. The regulation will ensure that all students in this Commonwealth are being screened in accordance with the same updated standards, leading to a greater likelihood of early detection and treatment of vision problems.

Ophthalmologists and optometrists may be affected if the updated standards in the final-form regulation result in more failed vision screenings. Section 1403.1(b)(2) requires a comprehensive eye exam for students who fail the vision screening, which will result in a financial benefit for these individuals. (24 P.S. § 14-1403.1(b)(2)). As indicated previously, the department estimates the cost of a comprehensive eye exam to be approximately $69 to $250 or more, without insurance, depending on the provider, location, and any add-ons. The department is not able to estimate the number of children who may fail a vision screening and will need to complete a comprehensive eye exam to accurately estimate the financial benefit to ophthalmologists and optometrists.

Small business analysis

Under section 3 of the Regulatory Review Act, 71 P.S. § 745.3, a small business is "defined in accordance with the size standards described by the United States Small Business Administration's Small Business Size Regulations under 13 CFR Ch. 1 Part 121 (relating to Small Business Size Regulations) or its successor regulation." Under 13 CFR 121.101 (relating to what are SBA size standards), the Small Business Administration's (SBA) "size standards determine whether a business entity is small." Size standards are developed under the North America Industry Classification System (NAICS).

The department applied the NAICS standards to determine how many elementary and secondary schools are classified as small businesses. Based on these Federal standards, the department determined that an elementary or secondary school is a small business if it has $20 million or less in annual receipts. Based on total revenue data from the Pennsylvania Department of Education for school districts in this Commonwealth, the department estimates that approximately 34% (254 out of 750) of school districts would be classified as a small business under this definition. *See* Pennsylvania Department of Education. (2025). AFR Data: Summary-Level. Retrieved from https://www.pa.gov/content/dam/copapwp-pagov/en/education/documents/schools/grants-and-funding/school-finances/summary-of-afr-data/afr-data-summary-level/finances%20afr%20revenues%202024-2025.xlsx

The department also applied the NAICS standards to determine how many ophthalmologists and optometrists are classified as small businesses. Based on the Federal standards, the department determined that an office of optometry or an office of ophthalmology is a small business if it has $9 million or less in annual receipts. The department does not have sufficient data to determine the number of ophthalmologists and optometrists that would be classified as a small business under this definition.

Given that the requirements align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus, as required by section 1403.1(a)(2) of the Public School Code of 1949, the department did not establish separate criteria for small businesses. (24 P.S. § 14-1403.1(a)(2)).

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

All schools in this Commonwealth will be required to comply with the final-form regulation. This Commonwealth's K-12 education system includes 500 school districts, ranging in size from approximately 200 students to more than 140,000 students. Pennsylvania Department of Education. (2026). Types of Schools. Retrieved from https://www.pa.gov/agencies/education/resources/types-of-schools.html. In addition, more than 160 brick-and-mortar charter schools and 14 cyber charter schools educate approximately 135,000 students. *Id.* There are more than approximately 2,000 nonpublic and private schools in Pennsylvania. Pennsylvania Department of Education. (2026). Nonpublic/Private Schools. Retrieved from https://www.pa.gov/agencies/education/programs-and-services/instruction/elementary-and-secondary-education/nonpublic-and-private-schools. School districts will be responsible for ensuring that students in public schools, nonpublic and private schools, and charter schools are receiving the necessary vision screenings under section 1403.1 of the Public School Code of 1949 (24 P.S. § 14-1403.1), and that those vision screenings are conducted in accordance with the standards set forth in the final-form regulation.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The regulation will impact schools, school-aged children, parents and guardians of school-aged children, and ophthalmologists and optometrists.

The regulation may have a financial impact on schools. This Commonwealth's K-12 education system includes 500 school districts, ranging in size from approximately 200 students to more than 140,000 students. Pennsylvania Department of Education. (2026). Types of Schools. Retrieved from https://www.pa.gov/agencies/education/resources/types-of-schools.html. In addition, more than 160 brick-and-mortar charter schools and 14 cyber charter schools educate approximately 135,000 students. *Id.* There are more than approximately 2,000 nonpublic and private schools in Pennsylvania. Pennsylvania Department of Education. (2026). Nonpublic/Private Schools. Retrieved from https://www.pa.gov/agencies/education/programs-and-services/instruction/elementary-and-secondary-education/nonpublic-and-private-schools. School districts will be responsible for ensuring that students in public schools, nonpublic and private schools, and charter schools are receiving the necessary vision screenings under section 1403.1of the Public School Code of 1949 (24 P.S. § 14-1403.1), and that those vision screenings are conducted in accordance with the standards set forth in the final-form regulation. School districts were previously required, in regulation, to conduct vision screenings on an annual basis,

using the Snellen chart or other screening device approved by the department. See existing 28 Pa. Code § 23.4. Section 1403.1(b)(1) of the Public School Code of 1949 continues to require annual vision screenings through fifth grade but extends vision screenings to every two years from grades 6 through 12. (24 P.S. § 14-1403.1(b)(1)). This will result in some savings to school districts, for example, less time spent by school nurses conducting screenings, which should offset to some extent costs from the regulation, which will require school districts to now screen children in grades 1 through 12 using either Sloan Letters or LEA Symbols, rather than the Snellen chart.

The requirement for the use of Sloan Letters and LEA Symbols for screenings for children in grades K through 12, in subsections (f) and (g), may result in a one-time cost to school districts, who are not already using these methods. The department estimates a screening kit containing both Sloan Letters and LEA Symbols to be approximately $120. See American Association for Pediatric Ophthalmology and Strabismus. AAPOS Vision Screening Kit. Retrieved from https://aapos.org/members/aapos-store. The department does not have sufficient data to determine how many school districts will need to purchase screening kits to comply with the new requirements. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)).

School districts may choose, for children in or entering kindergarten, to use a photoscreener or auto refractor, such as a Spot Vision Screener, Plusoptix Vision Screener without visual acuity add on component, or Retinomax Autorefractor in lieu of testing for distance acuity and performing a stereopsis assessment. The department estimates the cost of a Spot Vision Screener to be approximately $8,500, the cost for a Plusoptix Vision Screener to be approximately $5,000, and the cost of a Retinomax Autorefractor to be approximately $8,000. See School Nurse Supply. Welch Allen Spot Vision Screener. Retrieved from https://www.schoolnursesupplyinc.com/welch-allyn-spot-vision-screener.html; School Nurse Supply. Plusoptix S12R Mobile Vision Screener. Retrieved from https://www.schoolnursesupplyinc.com/plusoptix-s12r-mobile-vision-screener_p_5829.html; and Saturn Optical. Righton Retinomax K Plus 5 Auto Refractometer and Keratometer. Retrieved from https://saturnoptical.com/product/retinomax-k-plus-5/. As the requirement for this equipment is optional, the department is estimating no impact on school districts.

Additionally, the requirement for the use of Random Dot "E" or PASS 2 Smile Test for children in or entering kindergarten may result in a one-time cost to school districts, who are not already using these methods, or instrument-based screening to test children in kindergarten. The department estimates the cost of Random Dot "E" depth perception tests to be approximately $169 and PASS 2 Smile Tests to be approximately $265. MacGill School Nurse Supplies. Stereo Optical Random Dot "E." Retrieved from https://www.macgill.com/random-dot-e-test.html; MacGill School Nurse Supplies. Pass 2 Smile Test. Retrieved from https://www.macgill.com/products/vision-hearing-screening/vision-screening/stereo-vision-testing/pass-2-smile-test.html. The department does not have sufficient data to determine how many school districts will need to purchase screening kits to comply with the new requirements. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)).

Parents and guardians of school-aged children may be financially impacted. Section 1403.1(b)(1) of the Public School Code of 1949 requires a comprehensive eye exam if a child fails the vision screening provided by the school. (24 P.S. § 14-1403.1(b)(1)). The updated standards in the regulation may result in more failed screenings, thereby resulting in a cost to parents and guardians of those children, as they

will need a comprehensive eye exam per statute. The department estimates the cost of a comprehensive eye exam to be approximately $69 to $250 or more, without insurance, depending on the provider, location, and any add-ons. *See* Sugue, Mara. (2026). Eye Exam Costs and What Affects It. Retrieved from https://www.visioncenter.org/resources/eye-exam-cost/. The department is not able to estimate the number of children that will fail a vision screening and will need to complete a comprehensive eye exam to accurately estimate the cost to parents and guardians. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)). Additionally, section 1403.1(c) of the Public School Code of 1949 prohibits a school from denying admission, or excluding, a child from attending school if the parent or guardian does not have a comprehensive eye examination of the child completed upon failure of a vision screening. (24 P.S. § 14-1403.1(c)).

Students in grades K-12 will be impacted. The more than 1.7 million K-12 students being served by the school districts, which includes public, nonpublic, and charter schools will benefit from the regulations, as all schools in this Commonwealth will now be required to comply with updated screening standards that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. This final-form rulemaking will ensure that all students in this Commonwealth are being screened in accordance with the same updated standards, leading to a greater likelihood of early detection and treatment of vision problems.

Ophthalmologists and optometrists may be impacted if the updated standards in the regulation result in more failed vision screenings. Section 1403.1(b)(2) requires a comprehensive eye exam for students who fail the vision screening, which will result in a financial benefit for these individuals. (24 P.S. § 14-1403.1(b)(2)). As indicated previously, the department estimates the cost of a comprehensive eye exam to be approximately $69 to $250 or more, without insurance, depending on the provider, location, and any add-ons. The department is not able to estimate the number of children who may fail a vision screening and will need to complete a comprehensive eye exam to accurately estimate the financial benefit to ophthalmologists and optometrists.

Section 1403.1(a)(1) of the Public School Code of 1949 requires a screener to be trained in vision screening techniques and protocols approved by the department. (24 P.S. § 14-1403.1(a)(1)). The department adds the term "qualified screener" in the regulations and defines this term, in subsection (a), as "an individual who has completed training that covers vision screening for distance visual acuity, near visual acuity, stereopsis and the use of instrument-based techniques, as approved by the department" to align with the use of the term "screener" throughout section 1403.1 and specifically in section 1403.1(a)(1). An example of training that the department would consider as meeting this requirement is the vision screening certification course offered by Prevent Blindness which costs $225 per person - Prevent Blindness. Prevent Blindness Children's Vision Screening Certification Course. Retrieved from https://preventblindness.org/prevent-blindness-childrens-vision-screening-certification-course/. The department estimates a cost of up to $504,225 for the approximately 2,241 certified school nurses in this Commonwealth, plus a cost of up to $420,075 for the approximately 1,867 supplemental nurses who may assist with school vision screenings, to obtain this training, for a total cost of up to $924,300 in year 1 to school districts.

The Pennsylvania Academy of Ophthalmology, and IRRC, asked that the department reconsider its estimated cost to the regulated community or explain why such costs are reasonable. The training provided by Prevent Blindness is only an example of the type of training that would fulfill the requirement of subsection (h) and section 1403.1(a)(1) of the Public School Code of 1949. A training

provider or individual may submit a specific course to the department for approval. During outreach on the final-form regulation, the Pennsylvania Optometric Association expressed a willingness to collaborate with the department to provide training and support materials at no cost to school districts. As the department was not allocated any funds to create or provide training, support such as this will be necessary to ensure that school districts will not incur a cost related to this requirement.

Small business analysis

Under section 3 of the Regulatory Review Act, 71 P.S. § 745.3, a small business is "defined in accordance with the size standards described by the United States Small Business Administration's Small Business Size Regulations under 13 CFR Ch. 1 Part 121 (relating to Small Business Size Regulations) or its successor regulation." Under 13 CFR 121.101 (relating to what are SBA size standards), the Small Business Administration's (SBA) "size standards determine whether a business entity is small." Size standards are developed under the North America Industry Classification System (NAICS).

The department applied the NAICS standards to determine how many elementary and secondary schools are classified as small businesses. Based on these Federal standards, the department determined that an elementary or secondary school is a small business if it has $20 million or less in annual receipts. Based on total revenue data from the Pennsylvania Department of Education for school districts in this Commonwealth, the department estimates that approximately 34% (254 out of 750) of school districts would be classified as a small business under this definition. *See* Pennsylvania Department of Education. (2025). AFR Data: Summary-Level. Retrieved from https://www.pa.gov/content/dam/copapwp-pagov/en/education/documents/schools/grants-and-funding/school-finances/summary-of-afr-data/afr-data-summary-level/finances%20afr%20revenues%202024-2025.xlsx

The department also applied the NAICS standards to determine how many ophthalmologists and optometrists are classified as small businesses. Based on the Federal standards, the department determined that an office of optometry or an office of ophthalmology is a small business if it has $9 million or less in annual receipts. The department does not have sufficient data to determine the number of ophthalmologists and optometrists that would be classified as a small business under this definition.

Given that the requirements align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus, as required by section 1403.1(a)(2) of the Public School Code of 1949, the department did not establish separate criteria for small businesses. (24 P.S. § 14-1403.1(a)(2)).

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

Section 1403.1(a)(2) of the Public School Code of 1949 (24 P.S. § 14-1403.1(a)(2)) requires the department to promulgate regulations to establish vision screening standards based on instrument-based vision screening technologies or visual acuity testing taking into consideration national guidelines from the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. Any potential cost to parents and guardians, and school districts, is outweighed by the benefit of vision screenings to school-age children. Vision plays an important role in child development and learning. Early detection and treatment are critical as uncorrected vision disorders can impair development, interfere with learning and lead to permanent vision loss. The vision screening requirements will benefit approximately 1.7 million school-age children in this Commonwealth by ensuring that they are all being screened in accordance with the same updated vision standards, leading to a greater likelihood of early detection and treatment of vision problems.

(19) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

This Commonwealth's K-12 education system includes 500 school districts, ranging in size from approximately 200 students to more than 140,000 students. Pennsylvania Department of Education. (2026). Types of Schools. Retrieved from https://www.pa.gov/agencies/education/resources/types-of-schools.html. In addition, more than 160 brick-and-mortar charter schools and 14 cyber charter schools educate approximately 135,000 students. *Id.* There are more than approximately 2,000 nonpublic and private schools in Pennsylvania. Pennsylvania Department of Education. (2026). Nonpublic/Private Schools. Retrieved from https://www.pa.gov/agencies/education/programs-and-services/instruction/elementary-and-secondary-education/nonpublic-and-private-schools.

School districts will be responsible for ensuring that students in public schools, nonpublic and private schools, and charter schools are receiving the necessary vision screenings under section 1403.1of the Public School Code of 1949 (24 P.S. § 14-1403.1), and that those vision screenings are conducted in accordance with the standards set forth in the final form regulation. School districts were previously required, in regulation, to conduct vision screenings on an annual basis, using the Snellen chart or other screening device approved by the department. See existing 28 Pa. Code § 23.4. Section 1403.1(b)(1) of the Public School Code of 1949 continues to require annual vision screenings through fifth grade but extends vision screenings to every two years from grades 6 through 12. (24 P.S. § 14-1403.1(b)(1)). This will result in some savings to school districts, for example, less time spent by school nurses conducting screenings, which should offset to some extent costs from the regulation, which will require school districts to now screen children in grades 1 through 12 using either Sloan Letters or LEA Symbols, rather than the Snellen chart.

The requirement for the use of Sloan Letters and LEA Symbols for screenings for children in grades K through 12, in subsections (f) and (g), may result in a one-time cost to school districts, who are not already using these methods. The department estimates a screening kit containing both Sloan Letters and LEA Symbols to be approximately $120. See American Association for Pediatric Ophthalmology and Strabismus. AAPOS Vision Screening Kit. Retrieved from https://aapos.org/members/aapos-store. The department does not have sufficient data to determine how many school districts will need to purchase screening kits to comply with the new requirements. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)).

School districts may choose, for children in or entering kindergarten, to use a photoscreener or auto refractor, such as a Spot Vision Screener, Plusoptix Vision Screener without visual acuity add on component, or Retinomax Autorefractor in lieu of testing for distance acuity and performing a stereopsis assessment. The department estimates the cost of a Spot Vision Screener to be approximately $8,500, the cost for a Plusoptix Vision Screener to be approximately $5,000, and the cost of a Retinomax Autorefractor to be approximately $8,000. See School Nurse Supply. Welch Allen Spot Vision Screener. Retrieved from https://www.schoolnursesupplyinc.com/welch-allyn-spot-vision-screener.html; School Nurse Supply. Plusoptix S12R Mobile Vision Screener. Retrieved from https://www.schoolnursesupplyinc.com/plusoptix-s12r-mobile-vision-screener_p_5829.html; and Saturn Optical. Righton Retinomax K Plus 5 Auto Refractometer and Keratometer. Retrieved from

https://saturnoptical.com/product/retinomax-k-plus-5/. As the requirement for this equipment is optional, the department is estimating no impact on school districts.

Additionally, the requirement for the use of Random Dot "E" or PASS 2 Smile Test for children in or entering kindergarten may result in a one-time cost to school districts, who are not already using these methods, or instrument-based screening to test children in kindergarten. The department estimates the cost of Random Dot "E" depth perception tests to be approximately $169 and PASS 2 Smile Tests to be approximately $265. MacGill School Nurse Supplies. Stereo Optical Random Dot "E." Retrieved from https://www.macgill.com/random-dot-e-test.html; MacGill School Nurse Supplies. Pass 2 Smile Test. Retrieved from https://www.macgill.com/products/vision-hearing-screening/vision-screening/stereo-vision-testing/pass-2-smile-test.html. The department does not have sufficient data to determine how many school districts will need to purchase screening kits to comply with the new requirements. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)).

Section 1403.1(a)(1) of the Public School Code of 1949 requires a screener to be trained in vision screening techniques and protocols approved by the department. (24 P.S. § 14-1403.1(a)(1)). The department adds the term "qualified screener" in the regulations and defines this term, in subsection (a), as "an individual who has completed training that covers vision screening for distance visual acuity, near visual acuity, stereopsis and the use of instrument-based techniques, as approved by the department" to align with the use of the term "screener" throughout section 1403.1 and specifically in section 1403.1(a)(1). An example of training that the department would consider as meeting this requirement is the vision screening certification course offered by Prevent Blindness which costs $225 per person and is good for 3 years. Prevent Blindness. Prevent Blindness Children's Vision Screening Certification Course. Retrieved from https://preventblindness.org/prevent-blindness-childrens-vision-screening-certification-course/. The department estimates a cost of up to $504,225 for the approximately 2,241 certified school nurses in this Commonwealth, plus a cost of up to $420,075 for the approximately 1,867 supplemental nurses who may assist with school vision screenings, to obtain this training, for a total cost of up to $924,300 in year 1 to school districts.

The Pennsylvania Academy of Ophthalmology, and IRRC, asked the department to reconsider its estimated cost to the regulated community or explain why such costs are reasonable. The training provided by Prevent Blindness is only an example of the type of training that would fulfill the requirement of subsection (h) and section 1403.1(a)(1) of the Public School Code of 1949. A training provider or individual may submit a specific course to the department for approval. During outreach on the final-form regulation, the Pennsylvania Optometric Association expressed a willingness to collaborate with the department to provide training and support materials at no cost to school districts. As the department was not allocated any funds to create or provide training, support such as this will be necessary to ensure that school districts will not incur a cost related to this requirement.

Small business analysis

Under section 3 of the Regulatory Review Act, 71 P.S. § 745.3, a small business is "defined in accordance with the size standards described by the United States Small Business Administration's Small Business Size Regulations under 13 CFR Ch. 1 Part 121 (relating to Small Business Size Regulations) or its successor regulation." Under 13 CFR 121.101 (relating to what are SBA size standards), the Small Business Administration's (SBA) "size standards determine whether a business entity is small." Size standards are developed under the North America Industry Classification System (NAICS).

The department applied the NAICS standards to determine how many elementary and secondary schools are classified as small businesses. Based on these Federal standards, the department determined that an elementary or secondary school is a small business if it has $20 million or less in annual receipts. Based on total revenue data from the Pennsylvania Department of Education for school districts in this Commonwealth, the department estimates that approximately 34% (254 out of 750) of school districts would be classified as a small business under this definition. *See* Pennsylvania Department of Education. (2025). AFR Data: Summary-Level. Retrieved from https://www.pa.gov/content/dam/copapwp-pagov/en/education/documents/schools/grants-and-funding/school-finances/summary-of-afr-data/afr-data-summary-level/finances%20afr%20revenues%202024-2025.xlsx

Given that the requirements align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus, as required by section 1403.1(a)(2) of the Public School Code of 1949, the department did not establish separate criteria for small businesses. (24 P.S. § 14-1403.1(a)(2)).

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs or savings to local governments, although school districts receive funding from real estate and earned income tax dollars collected by these entities.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs or savings to the department, or any other state governmental entity, as a result of the regulation.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

Subsection (e) mirrors the requirement in section 1403.1(b)(2) of the Public School Code of 1949 for notification to the parent or guardian of a child who fails a vision screening. (24 P.S. § 14-1403.1(b)(2)). No additional legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork will be required by the regulation. See also, responses to question 22a and 22b.

(22a) Are forms required for implementation of the regulation?

No forms are required for the implementation of the regulation. The department is not requiring that vision screenings or comprehensive eye examinations be documented in any particular manner. The department has forms available that primary care providers, qualified vision screeners, ophthalmologists, optometrists, and school districts may use, but are not required to use, to comply with the regulation and section 1403.1 of the Public School Code.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here.** If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

No forms are required for the implementation of the regulation. The department is not requiring that vision screenings or comprehensive eye examinations be documented in any particular manner. The department has forms available that primary care providers, qualified vision screeners, ophthalmologists, optometrists, and school districts may use, but are not required to use, to comply with the regulation and section 1403.1 of the Public School Code.

The department created the School Vision Screening Evaluation Report (Attachment A) and School Comprehensive Eye Examination Report (Attachment B) at the request of the Pennsylvania Academy of Ophthalmology and IRRC. The School Vision Screening Evaluation Report may be utilized by a primary care provider or qualified vision screener, who completes a vision screening, prior to a child's admission to school, in accordance with § 23.4(b) and section 14-1403.1(a)(1) of the Public School Code of 1949. The School Comprehensive Eye Examination Report may be utilized by an ophthalmologist or optometrist, who completes a comprehensive eye examination, prior to a child's admission to school, in accordance with § 23.4(b) and section 14-1403.1(a)(1) of the Public School Code of 1949. This form may also be used when a comprehensive eye examination has been performed, in accordance with § 23.4(d) and section 14-1403.1(b)(2) of the Public School Code of 1949, due to a failed vision screening. Primary care providers, qualified vision screeners, ophthalmologists, and optometrists are not required to use these forms and may choose to use their own forms instead.

The department has two additional forms available for schools to use. The Referral for Comprehensive Eye Examination form (Attachment C), which was previously available but has been recently updated, may be utilized by a school to notify a parent or legal guardian that a child has failed a vision screening and is required to undergo a comprehensive eye examination. The School Comprehensive Eye Examination Report (Attachment B) could be included with the Vision Screening Referral for the child's parent or legal guardian to take to the ophthalmologist or optometrist performing the comprehensive eye examination. The Student Wellness Report (Attachment D) is a comprehensive form a school may utilize to provide a child's parent or legal guardian with the results of a variety of required screenings, including vision screenings. Schools are not required to use these forms and may choose to use their own forms instead.

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year 2026-2027	**FY +1 Year 2027-2028**	**FY +2 Year 2028-2029**	**FY +3 Year 2029-2030**	**FY +4 Year 2030-2031**	**FY +5 Year 2031-2032**
SAVINGS:						
Regulated Community	$0	$0	$0	$0	$0	$0
Local Government	$0	$0	$0	$0	$0	$0
State Government	$0	$0	$0	$0	$0	$0

Total Savings	$0	$0	$0	$0	$0	$0
COSTS:	$0	$0	$0	$0	$0	$0
Regulated Community	Up to $924,300	$0	$0		$0	$0
Local Government	$0	$0	$0	$0	$0	$0
State Government	$0	$0	$0	$0	$0	$0
Total Costs	Up to $924,300	$0	$0		$0	$0
REVENUE LOSSES:						
Regulated Community	$0	$0	$0	$0	$0	$0
Local Government	$0	$0	$0	$0	$0	$0
State Government	$0	$0	$0	$0	$0	$0
Total Revenue Losses	$0	$0	$0	$0	$0	$0

(23a) Provide the past three year expenditure history for programs affected by the regulation.

Program	**FY -3 2023-2024**	**FY -2 2024-2025**	**FY -1 2025-2026**	**Current FY 2026-2027**
School District Health Services	$34,620,000	$37,620,000	$37,620,000	$37,620,000

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

(a) An identification and estimate of the number of small businesses subject to the regulation.
(b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
(c) A statement of probable effect on impacted small businesses.
(d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

(a) Based on total revenue data from the Pennsylvania Department of Education for school districts in this Commonwealth, the department estimates that approximately 34% (254 out of 750) of school districts subject to this final-form regulation would be classified as a small business. However, the requirements in this final-form regulation align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus, as required by section 1403.1(a)(2) of the Public School Code of 1949, and therefore apply regardless of whether a school is a small business.

(b) There are no projected reporting, recordkeeping or other administrative costs required for compliance with the final-form regulation.

(c) See question 15. Additionally, the requirements align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus, as required by section 1403.1(a)(2) of the Public School Code of 1949, and therefore apply regardless of whether a school is a small business.

(d) There are no known less intrusive or less costly alternative methods of achieving the purpose of the regulation.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

The requirements align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus, as required by section 1403.1(a)(2) of the Public School Code of 1949 (24 P.S. § 14-1403.1(a)(2)) and apply to all schools and school-aged children in this Commonwealth. No special provisions have been developed to meet the particular needs of affected groups or persons.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

No alternative regulatory provisions were considered for this final-form rulemaking.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

a) The establishment of less stringent compliance or reporting requirements for small businesses;
b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
c) The consolidation or simplification of compliance or reporting requirements for small businesses;
d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

Response:

a) Less stringent compliance or reporting requirements were not considered.
b) Less stringent schedules or deadlines for compliance or reporting were not considered.
c) Consolidation or simplification of compliance or reporting requirement were not considered.
d) The establishment of performance standards for small businesses was not considered.
e) The exemption of small businesses from all or any part of the final-form regulations was not considered.

The requirements align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus, as required by section 1403.1(a)(2) of the Public School Code of 1949, and therefore apply regardless of whether a school is a small business.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

Not applicable.

(29) Include a schedule for review of the regulation including:

A. The length of the public comment period: 30 days after publication of the proposed rulemaking in the *Pennsylvania Bulletin*.

B. The date or dates on which any public meetings or hearings will be held: Not applicable.

C. The expected date of delivery of the final-form regulation: Fall 2026.

D. The expected effective date of the final-form regulation: Upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*.

E. The expected date by which compliance with the final-form regulation will be required: Upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*.

F. The expected date by which required permits, licenses or other approvals must be obtained: Not applicable.

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The department regularly reviews the validity and efficacy of its regulations and will continue to do so in the future and as needs arise.

ATTACHMENT A

Pennsylvania
Department of Health

COMMONWEALTH OF PENNSYLVANIA
SCHOOL VISION SCREENING EVALUATION REPORT

To be completed by a primary care provider or qualified vision screener and returned to the school nurse/health office.

Section A – Student & School Information

Student Name (Last, First, MI)	Date of Birth	Grade	School Year
School Name	Date of evaluation		

Section B– Screening Evaluation

1. Visual Acuity (Snellen or equivalent)

Test	**Right**	**Left**	**Both**
Distance – Uncorrected	20/____	20/____	20/____
Distance – Best corrected	20/____	20/____	20/____
Near – Uncorrected (both eyes)			20/____
Near – Best corrected (both eyes)			20/____

Was refraction performed with dilation? ☐ Yes ☐ No

Section C- Completion of Evaluation

1. Acknowledgement:

I acknowledge that the vision screening evaluation has been completed ☐ No ☐ Yes

2. Results of evaluation:

Vision screening evaluation: ☐ Pass ☐ Fail

Further treatment/follow-up necessary? ☐ No ☐ Yes

Student Name (Last, First, MI)

Section D - Primary Care Provider or Qualified Vision Screener Information

Primary care provider or qualified vision screener name(print): _____

Credentials: ☐ MD ☐ DO ☐ OD ☐Other _____

License number (if applicable): _____ NPI (optional): _____

Practice/Clinic name (if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Primary Care Provider or Qualified Vision Screener signature: _____

Date: _____

Section E - **Parent/Guardian Consent (optional, for release of information)**

I authorize the primary care provider or qualified vision screener named above to release this vision screening evaluation to my child's school, school nurse, and other appropriate school personnel for the purpose of meeting Pennsylvania school health requirements and supporting my child's educational program.

Parent/Guardian name (print): _____

Parent/Guardian signature: _____ Date: _____

Best phone number: _____ Email (optional): _____

Please return completed form to (school/health office): _____

_____

ATTACHMENT B

Pennsylvania
Department of Health

COMMONWEALTH OF PENNSYLVANIA
SCHOOL COMPREHENSIVE EYE EXAMINATION REPORT

To be completed by an Ophthalmologist or Optometrist and returned to the school nurse/health office.
Parents/Guardians are encouraged to share the completed form with the child's pediatrician or primary care provider.

Section A – Student & School Information

Student Name (Last, First, MI)	Date of Birth	Grade	School Year
School Name	Date of exam		

Section B – Reason for Examination / Referral

Reason for examination (check all that apply):
☐ Routine/required school examination
☐ Failed school vision screening
☐ Parent/guardian concern
☐ Teacher/school staff concern
☐ Follow-up of known eye/vision condition
☐ Other: _____

Section C – Case History (to be completed by examining Ophthalmologist or Optometrist)

Ocular history: ☐ Normal ☐ Positive for: _____

Medical history: ☐ Normal ☐ Positive for: _____

Other information: _____

Section D – Examination

1. Visual Acuity (Snellen or equivalent)

Test	**Right**	**Left**	**Both**
Distance – Uncorrected	20/____	20/____	20/____
Distance – Best corrected	20/____	20/____	20/____
Near – Uncorrected (both eyes)			20/____
Near – Best corrected (both eyes)			20/____

Was refraction performed with dilation? ☐ Yes ☐ No

2. Ocular Health and Binocular Vision

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test.

Test	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	☐	☐	☐	_____
Internal exam (vitreous, lens, fundus, etc.)	☐	☐	☐	_____
Pupillary reflex (pupils)	☐	☐	☐	_____
Binocular function (stereopsis)	☐	☐	☐	_____
Accommodation	☐	☐	☐	_____
Vergence (Near Point of Convergence)	☐	☐	☐	_____
Color vision	☐	☐	☐	_____
Oculomotor assessment	☐	☐	☐	_____
Other _____	☐	☐	☐	_____

Section E – Diagnosis

Right	Left
☐ Normal ☐ Myopia ☐ Hyperopia ☐ Astigmatism ☐ Strabismus ☐ Amblyopia ☐ Other: _____	☐ Normal ☐ Myopia ☐ Hyperopia ☐ Astigmatism ☐ Strabismus ☐ Amblyopia ☐ Other: _____

Section F – Treatment & Recommendations

1. Corrective lenses: ☐ None needed ☐ Glasses ☐ Contact lenses

If glasses or contacts prescribed, they should be worn:
☐ Constant wear
☐ Near vision only
☐ Distance (far) vision only
☐ May be removed for physical education/athletics

2. Additional treatment (check all that apply):

☐ Medical/surgical treatment (describe): _____
☐ Vision therapy (describe): _____
☐ Other: _____

3. Educational/classroom recommendations (for teachers):☐ No significant visual problem expected to interfere with learning
☐ Visual problem that may interfere with learning – see comments below
☐ Preferential seating (e.g. front of classroom, close to whiteboard)
☐ Visual aids (e.g., large print, magnifiers)
☐ Assistive technology
☐ Adjust lighting/contrast as needed
☐ Other: _____

Comments for school personnel:

_____

_____

_____

4. Follow-up:

Further treatment/follow-up necessary? ☐ No ☐ Yes, in _____ weeks / _____ months

Next comprehensive eye examination recommended in: ☐ 1 year ☐ Other: _____

Section G – Ophthalmologist or Optometrist Information

Ophthalmologist or Optometrist name (print): _____ Credentials: ☐ MD ☐ DO ☐ OD

License number: _____ NPI (optional): _____

Practice/Clinic name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Ophthalmologist or Optometrist signature: _____

Date: _____

Section H – Parent/Guardian Consent (optional, for release of information)

I authorize the Ophthalmologist or Optometrist named above to release this eye examination report to my child's school, school nurse, and other appropriate school personnel for the purpose of meeting Pennsylvania school health requirements and supporting my child's educational program.

Parent/Guardian name (print): _____

Parent/Guardian signature: _____ Date: _____

Best phone number: _____ Email (optional): _____

Please return completed form to (school/health office): _____

_____

ATTACHMENT C

Pennsylvania
Department of Health

SCHOOL HEALTH PROGRAM

REFERRAL FOR COMPREHENSIVE EYE EXAMINATION

Name _____ Age _____
Address_____
School _____ Grade _____ Teacher_____

Dear Parent/Guardian:

We have completed the vision screening service provided as part of the School Health Program. Results of your child's vision screening indicate the need for a comprehensive eye examination by an Ophthalmologist or Optometrist.

FINDINGS: **SCHOOL VISION SCREENING**

Date _____

1. Visual Acuity: **FAR** **NEAR**

	Right	Left		Right	Left	
With glasses:	___/___	___/____ Passed ___ Failed ____		___/___	__/____	Passed ____ Failed ____
Without glasses:	___/___	__/____ Passed ___ Failed ____		___/___	___/___	Passed ____ Failed ____

2. Stereo/Depth Perception: Passed ____ Failed ____ Not Tested ____

Comments:_____
_____
_____

Since uncorrected vision disorders can affect learning potential, it is important to have your child's Ophthalmologist or Optometrist complete the School Comprehensive Eye Examination Report and return it to the school nurse/health office.
Thank you for your cooperation. If you have any questions or if I can be of assistance, please contact me.

_____
School Nurse/Practitioner

_____
Telephone Number

June 2026

ATTACHMENT D

District:
School:

Pennsylvania Department of Health

Pennsylvania Student Wellness Report

Student Name	
Current Grade	
Current Age	

The following health screenings were measured during the [*insert school year*] school year. Student health and wellness are key to your child's overall wellbeing and academic success.

Please take this information with you when you see your doctor for your annual check-up for more details on the results.

Vision Screening Information

Vision screening identifies if the student needs professional eye services. During the screening, the following will be tested: clearness of vision at a distance/up-close and ocular alignment. The findings of the school vision screening test are recorded below:

1. Visual Acuity: **FAR** **NEAR**

	FAR				NEAR			
	RIGHT	Status	LEFT	Status	RIGHT	Status	LEFT	Status
WITH GLASSES		☐ Pass ☐ Fail		☐ Pass ☐ Fail		☐ Pass ☐ Fail		☐ Pass ☐ Fail
WITHOUT GLASSES		☐ Pass ☐ Fail		☐ Pass ☐ Fail		☐ Pass ☐ Fail		☐ Pass ☐ Fail

2. Stereo/Depth Perception: ☐Passed ☐ Failed ☐ Not Tested

Vision Screen Normal – no action needed	
Possible vision problem – see child's doctor	
Vision Not screened/Reason for not screening	

Hearing Screening Information

Hearing screening identifies if the student needs a more complete ear examination by a doctor. During the screening the student will be asked to raise their hand when a sound is heard. This will test the student's ability to hear at various decibel levels.

EXAM DATE	RIGHT EAR						LEFT EAR						PASS/ FAIL
	250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000	
													☐ Pass ☐ Fail

District:
School:

Pennsylvania
Department of Health

Normal hearing – no action needed	
Possible hearing problem – see child's doctor	
Hearing not screened/Reason for not screening	

Scoliosis Screening Information

Scoliosis is the lateral curvature of the spine. During the scoliosis screening, a trained screener will check the student's back by observing it while your child is standing and bending forward.

Normal – no action needed	
Possible scoliosis problem – see child's doctor	
Not screened for Scoliosis/Reason for not screening	

Growth Screening Information

Your child's growth is important because it is an indicator of overall health. A child's growth is determined by monitoring a child's height and weight over time.

	Previous School Year:	Current School Year:
Height (Inches)		
Weight (Pounds)		
Body Mass Index Percentile*		
Not screened/Reason for not screening		

***Please note:** **BMI percentile information is only available to a parent or guardian upon written request to the school nurse.** ***See* 24 P.S. § 14-1408(b).** BMI categories are used as a screening tool to identify potential health risks and do not provide a diagnosis on their own. A normal BMI percentile range is 5%-85%. Please take your child to their doctor to discuss the results of this screening in more detail.

CDL-1

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

RECEIVED

Independent Regulatory
Review Commission

October 16, 2026

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General	Copy below is here by certified to be a true and correct copy of a document issued, prescribed or promulgated by:	Copy below is hereby approved as to form and legality. Executive or Independent Agencies.
BY: _____ (DEPUTY ATTORNEY GENERAL)	Department of Health (AGENCY)	BY: _____ Deputy General Counsel
_____ DATE OF APPROVAL	DOCUMENT/FISCAL NOTE NO. 10-241 DATE OF ADOPTION: _____	September 8, 2026 DATE OF APPROVAL
☐ Check if applicable Copy not approved. Objections attached.	Debra L. Bogen MD BY: Debra L. Bogen, MD, FAAP TITLE: Secretary of Health (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)	☐ ~~(Chief Counsel, Independent Agency)~~ (Strike inapplicable title) Check if applicable. No Attorney General approval or objection within 30 days after submission.

NOTICE OF FINAL RULEMAKING

DEPARTMENT OF HEALTH

28 Pa. Code § 23.4

VISION SCREENING AND COMPREHENSIVE EYE EXAMINATIONS

The Department of Health (department) amends § 23.4 (relating to vision screening tests) to read as set forth in Annex A.

Effective Date

This final-form rulemaking will become effective upon publication in the *Pennsylvania Bulletin*.

Sunset Date

A sunset date will not be imposed. The department will monitor the regulations and update them as necessary.

Contact Person

Additional information regarding this final-form rulemaking may be obtained by contacting Colleen Schultz, Director, Division of School Health, Bureau of Community Health Systems by email at RA-DHVisionScreening@pa.gov, by telephone at (717) 787-2390, or by mail at the following address: 2433 Jefferson Street, Harrisburg, PA 17110. Persons with a disability may submit questions in alternative format such as by audio tape, Braille, or by using V/TT (717) 783-6514 or the Pennsylvania Hamilton Relay Service at (800) 654-5984 (TT). Persons who require an alternative format of this document may contact Colleen Schultz at the previously listed address or telephone number to make necessary arrangements.

Statutory Authority

Section 1403.1(a)(2) of the Public School Code of 1949 (24 P.S. § 14-1403.1(a)(2)) requires the department to promulgate regulations to establish vision screening standards based on instrument-based vision screening technologies or visual acuity testing, taking into consideration National guidelines from the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. The standards in section 1403.1(a)(1)

and (b)(1) of the Public School Code of 1949 apply to a child entering school for the first time, every year thereafter until the child completes the fifth grade, and at least every 2 years thereafter until the child graduates from the twelfth grade.

Background and Need for Amendment

This rulemaking is required under section 1403.1(a)(2) of the Public School Code of 1949, which requires the department to promulgate regulations to establish vision screening standards based on instrument-based vision screening technologies or visual acuity testing, taking into consideration National guidelines from the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. Section 1403.1(a)(1) of the Public School Code of 1949 requires a parent or legal guardian of a child to present documentation of the results of a vision screening to school entities (public and nonpublic) prior to the child's admission to school for the first time. Additionally, section 1403-1(b)(1) of the Public School Code of 1949 requires vision screening to be completed every year until a child completes fifth grade and at least every 2 years thereafter until the child graduates from twelfth grade by school health personnel or screeners trained in techniques and protocols approved by the department. Prior to the 2020 addition of section 1403.1 to the Public School Code of 1949, vision screenings were required on an annual basis, with the Snellen Chart "or other screening device approved by the [d]epartment. . ." to be used for screening. See existing § 23.4. The department also provided guidance on its website for procedures for vision screening programs for school-age children. See Department of Health. (2011). Procedures for the Vision Screening Program for Pennsylvania's School-Age Population. Retrieved from https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/school-health/Vision %20Guideline082011.pdf.

Vision plays an important role in child development and learning. Early detection and treatment are critical as uncorrected vision disorders can impair development, interfere with learning and lead to permanent vision loss. National Center for Children's Vision and Eye Health, Prevent Blindness. Children's Vision and Eye Health: A Snapshot of Current National Issues, 2nd edition. Retrieved from https://preventblindness.org/wp-content/uploads/2020/07/Snapshot-Report-2020condensedF.pdf. The World Health Organization estimates that 2.2 billion individuals worldwide have vision impairment, with 1 billion of those individuals estimated to be children. Id. Comprehensive eye exams and vision screenings in school-aged children can help identify undiagnosed or untreated vision problems, such as nearsightedness, farsightedness, astigmatism or color blindness. Comprehensive eye exams by an ophthalmologist or optometrist provide a thorough exam that can identify, diagnose and provide treatment for vision problems. On the other hand, vision screenings provide a quick evaluation that can identify potential vision problems that may be referred to an ophthalmologist or optometrist for further diagnosis and treatment. Vision screenings do not take the place of a comprehensive eye exam but can be helpful in identifying issues when a child has not received a recent comprehensive eye exam. A failed vision screening also indicates that a comprehensive eye exam is needed to diagnose and treat a vision problem. The vision screening requirements in this final-form rulemaking will serve as a much-needed early detection tool and will benefit approximately 1.7 million school-aged children in this Commonwealth.

Section 1403.1(a)(2) of the Public School Code of 1949 requires the department to take into consideration National guidelines from the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. In December 2023, the department provided a copy of the proposed vision screening standards and sought feedback from the

American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, Pennsylvania Optometric Association and Pennsylvania Academy of Ophthalmology. In June 2024, the department also reached out to school nurses directly with a copy of the proposed vision screening standards for input. The department also reached out to the Department of Education and the Pennsylvania Association of School Administrators. The department developed and submitted a proposed rulemaking based on feedback received as a result of this outreach, as well as a review of requirements in other states. See 55 Pa.B 4351 (June 28, 2025).

In response to the proposed rulemaking, the department received comments from the Pennsylvania Academy of Ophthalmology, joint comments from the Pennsylvania Optometric Association and American Optometric Association, and the Independent Regulatory Review Commission (IRRC). From February through June 2026, the department sought feedback on the final-form rulemaking from the Pennsylvania Chapter of the American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, Pennsylvania Optometric Association, Pennsylvania Academy of Ophthalmology, Pennsylvania Association of School Nurses and Practitioners, and Pennsylvania Association of School Administrators. The department also sought feedback from the Pennsylvania Department of State and Pennsylvania Department of Education.

Description of Amendments and Summary of Comments and Responses

§ 23.4. Vision screening and comprehensive eye exams.

Subsection (h)

The department amends § 23.4 from proposed to final-form in response to comments. IRRC suggested that, to improve clarity, the department define the terms “primary care provider”

and "comprehensive eye exam." The department agrees with this suggestion and has added definitions for these two terms to subsection (h) in the final-form rulemaking.

The department's definition of the term "comprehensive eye exam" aligns with section 14-1403.1 of the Public School Code of 1949, which requires the comprehensive eye exam to be conducted by an optometrist or ophthalmologist, and guidance from the American Optometric Association, which explains that a comprehensive eye exam "provides the means to evaluate the structure, function, and health of the eyes and visual system." American Optometric Association. (2017). Comprehensive Pediatric Eye and Vision Examination. Retrieved from (https://www.aoa.org/AOA/Documents/Practice%20Management/Clinical%20Guidelines/EBO%20Guidelines/Comprehensive%20Pediatric%20Eye%20and%20Vision%20Exam.pdf?utm_source=chatgpt.com. The department also determined that it would aid clarity to separately define the terms "ophthalmologist" and "optometrist."

The department's definition of "primary care provider" as a health care practitioner whose scope of practice, as established by the applicable practice act, statute or regulation governing the practitioner's profession, includes the performance of vision screening, was developed in consultation with the Pennsylvania Department of State to align with applicable laws and regulations for these individuals. The department also determined that separately defining the term "health care practitioner" would also aid clarity.

Subsections (a) through (g)

The language that was previously proposed in subsections (a) through (g) is unchanged for the most part. The department adds subsection headings to conform to the requirements of the *Pennsylvania Code and Bulletin Style Manual* (6th edition). The department adds the word "eye" to subsection (d)(1), at IRRC's suggestion for clarity and consistency in the use of the term

"comprehensive eye examination." The department does not make any other amendments from proposed to final-form.

Comments on stereopsis assessment

The Pennsylvania Academy of Ophthalmology indicated that they understood the department's reasoning regarding the addition of stereoacuity assessments for children in or entering kindergarten but did not agree. Specifically, the Pennsylvania Academy of Ophthalmology stated there is no evidence that stereoacuity testing will identify diseases better than individual eye acuity testing alone, which also screens for diseases. The Pennsylvania Academy of Ophthalmology indicated they do not recommend stereoacuity testing for school vision screening and that the American Academy for Pediatrics Ophthalmology and Strabismus also does not recommend stereoacuity testing as part of vision screening for the early detection of disease. IRRC asked that the department explain the need for and reasonableness of stereopsis assessment in light of the Pennsylvania Academy of Ophthalmology's concerns.

The Pennsylvania Optometric Association and American Optometric Association, however, applauded the department's inclusion of stereopsis assessment for children in or entering kindergarten. The Pennsylvania Optometric Association and American Optometric Association stated this screening is essential for detecting conditions such as amblyopia (lazy eye) and strabismus (crossed eyes) that can result in permanent vision loss if not treated during a child's early years. The Pennsylvania Optometric Association and American Optometric Association strongly urged the department to extend the stereopsis assessment requirement annually through grade three, arguing that this aligns with the critical neuro-developmental period for vision and provides multiple opportunities to catch issues that can profoundly impact a child's ability to learn and succeed in school.

After careful consideration of the opposing feedback from the Pennsylvania Academy of Ophthalmology and the Pennsylvania Optometric Association and American Optometric Association, the department has decided to retain the requirement for stereopsis assessment for children in or entering kindergarten but not to extend this requirement to children in grades 1 through 3. The department recognizes there are limitations to stereopsis assessments, including their ability to identify issues with stereoacuity. See O'Connor, A.R. & Tidbury, L.P. (2018). "Stereopsis: Are We Assessing It In Enough Depth?" *Clinical and Experimental Optometry*, vol. 101(4), 485-494. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC6033147/. The department has considered these limitations and has determined that the benefit of identifying children for further evaluation through a comprehensive eye examination outweighs any limitations with this testing. The department declines to extend the requirement for stereopsis assessment beyond children in or entering kindergarten, as susceptibility to stereopsis primarily occurs prior to age 5, when children would typically be entering kindergarten. See Fawcett, S.L., Wang, Y, & Birch, E.E. (2005). "The Critical Period for Susceptibility of Human Stereopsis." *Eye Movements, Strabismus, Amblyopia and Neuro-Ophthalmology*, vol. 46, 521-525. Retrieved from https://iovs.arvojournals.org/article.aspx?articleid=2124049. As noted in the proposed rulemaking, requiring a stereopsis assessment only once for children in or entering kindergarten also aligns with other states such as Maryland and Ohio.

Comments on 20/32 near visual acuity

The Pennsylvania Optometric Association and American Optometric Association expressed concern with the department's proposed requirement for a near visual acuity of 20/32 for vision screenings for all children. The Pennsylvania Optometric Association and American Optometric Association expressed concern that children who are farsighted beyond normal

standards will easily pass with this requirement. They suggested that the inclusion of a convex lens test may help screen for farsighted children who might need accommodation. After careful consideration, the department declines to revise the requirement for a near visual acuity of 20/32. The department in developing requirements for vision screenings is required by section 1403.1(a)(2) of the Public School Code of 1949 to take into consideration National guidelines from the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. Both the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus recommend screening at the 20/32 line. See Donahue, S.P., et al. (Reaffirmed 2022). "Procedures for the Evaluation of the Visual System by Pediatricians." The American Academy of Pediatrics. Retrieved from https://publications.aap.org/pediatrics/article/137/1/e20153597/52806/Procedures-for-the-Evaluation-of-the-Visual-System; and American Association for Pediatric Ophthalmology and Strabismus. (2025). Vision Screening Recommendations. Retrieved from https://aapos.org/syndicated/vision-screening. The department has determined based on the recommendations of the American Academy of Pediatrics and the American Association for Pediatric Ophthalmology and Strabismus that a near visual acuity of 20/32 is an appropriate standard for vision screenings for school-aged children.

Other comments

While the Pennsylvania Optometric Association and American Optometric Association recognized the value of instrument-based technologies for vision screening, they stressed that vision screenings do not replace comprehensive eye examinations because they do not detect underlying health issues with the eyes that do not impact visual acuity. The Pennsylvania Optometric Association and American Optometric Association suggested adding language that

explicitly recommends routine comprehensive eye examinations at key intervals, such as kindergarten, grade 4 and grade 8. They also suggested emphasizing the importance of comprehensive eye examinations by including a parent education statement clarifying that screenings are not diagnostic and do not detect all vision problems, that instrument-based screenings are not a substitute for comprehensive eye examinations, and encouraging school nurses to promote comprehensive eye examinations even if a student passes a vision screening, particularly if there is a learning or behavioral concern. While the department agrees with the Pennsylvania Optometric Association and American Optometric Association's suggestions, this type of guidance is beyond the scope of section 1403.1(a)(2) of the Public School Code of 1949, which limits the department's authority to the promulgation of regulations to establish vision screening standards based on instrument-based vision screening technologies or visual acuity testing.

The Pennsylvania Optometric Association and American Optometric Association also suggested the development of a structured referral pathway between schools and local optometrists and ophthalmologists. The department agrees that this could be beneficial, especially for failed vision screenings. However, the department is limited, by section 1403.1(a)(2) of the Public School Code of 1949, to promulgating regulations to establish vision screening standards based on instrument-based vision screening technologies or visual acuity testing.

Fiscal Impact

Department

There will be no fiscal impact on the department or other State governmental entities.

Local governments

There will be no fiscal impact on local governments, although school districts receive funding from real estate and earned income tax dollars collected by these entities.

School districts

This Commonwealth's K-12 education system includes 500 school districts, ranging in size from approximately 200 students to more than 140,000 students. Pennsylvania Department of Education. (2026). Types of Schools. Retrieved from https://www.pa.gov/agencies/education/resources/types-of-schools.html. In addition, more than 160 brick-and-mortar charter schools and 14 cyber charter schools educate approximately 135,000 students. *Id.* There are more than approximately 2,000 nonpublic and private schools in Pennsylvania. Pennsylvania Department of Education. (2026). Nonpublic/Private Schools. Retrieved from https://www.pa.gov/agencies/education/programs-and-services/instruction/elementary-and-secondary-education/nonpublic-and-private-schools.

School districts will be responsible for ensuring that students in public schools, nonpublic and private schools, and charter schools are receiving the necessary vision screenings under section 1403.1 of the Public School Code of 1949 (24 P.S. § 14-1403.1), and that those vision screenings are conducted in accordance with the standards set forth in the final-form regulation. School districts were previously required, by regulation, to conduct vision screenings on an annual basis, using the Snellen chart or other screening device approved by the department. See existing 28 Pa. Code § 23.4. Section 1403.1(b)(1) of the Public School Code of 1949 continues to require annual vision screenings through fifth grade but extends vision screenings to every 2 years from grades 6 through 12. (24 P.S. § 14-1403.1(b)(1)). This will result in some savings to school districts, for example, less time spent by school nurses conducting screenings, which should offset to some extent costs from the regulation, which will require school districts to now

screen children in grades 1 through 12 using either Sloan Letters or LEA Symbols, rather than the Snellen chart.

The requirement for the use of Sloan Letters and LEA Symbols for screenings for children in grades K through 12, in subsections (e) and (f), may result in a one-time cost to school districts who are not already using these methods. The department estimates a screening kit containing both Sloan Letters and LEA Symbols to be approximately $120. See American Association for Pediatric Ophthalmology and Strabismus. AAPOS Vision Screening Kit. Retrieved from https://aapos.org/members/aapos-store. The department does not have sufficient data to determine how many school districts will need to purchase screening kits to comply with the new requirements. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)).

School districts may choose, for children in or entering kindergarten, to use a photoscreener or auto refractor, such as a Spot Vision Screener, Plusoptix Vision Screener without visual acuity add on component, or Retinomax Autorefractor in lieu of testing for distance acuity and performing a stereopsis assessment. The department estimates the cost of a Spot Vision Screener to be approximately $8,500; the cost for a Plusoptix Vision Screener to be approximately $5,000; and the cost of a Retinomax Autorefractor to be approximately $8,000. See School Nurse Supply. Welch Allen Spot Vision Screener. Retrieved from https://www.schoolnursesupplyinc.com/welch-allyn-spot-vision-screener.html; School Nurse Supply. Plusoptix S12R Mobile Vision Screener. Retrieved from https://www.schoolnursesupplyinc.com/plusoptix-s12r-mobile-vision-screener_p_5829.html; and

Saturn Optical. Righton Retinomax K Plus 5 Auto Refractometer and Keratometer. Retrieved from https://saturnoptical.com/product/retinomax-k-plus-5/. As the requirement for this equipment is optional, the department is estimating no impact on school districts.

Additionally, the requirement for the use of Random Dot "E" or PASS 2 Smile Test for children in or entering kindergarten may result in a one-time cost to school districts, who are not already using these methods, or instrument-based screening to test children in kindergarten. The department estimates the cost of Random Dot "E" depth perception tests to be approximately $169 and PASS 2 Smile Tests to be approximately $265. MacGill School Nurse Supplies. Stereo Optical Random Dot "E." Retrieved from https://www.macgill.com/random-dot-e-test.html; MacGill School Nurse Supplies. Pass 2 Smile Test. Retrieved from https://www.macgill.com/products/vision-hearing-screening/vision-screening/stereo-vision-testing/pass-2-smile-test.html. The department does not have sufficient data to determine how many school districts will need to purchase screening kits to comply with the new requirements. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)).

Section 1403.1(a)(1) of the Public School Code of 1949 requires a screener to be trained in vision screening techniques and protocols approved by the department. (24 P.S. § 14-1403.1(a)(1)). The department adds the term "qualified screener" in the regulations and defines this term, in subsection (h), as "an individual who has completed training that covers vision screening for distance visual acuity, near visual acuity, stereopsis and the use of instrument-based techniques, as approved by the department" to align with the use of the term "screener"

throughout section 1403.1 and specifically in section 1403.1(a)(1). An example of training that the department would consider as meeting this requirement is the vision screening certification course offered by Prevent Blindness which costs $225 per person. Prevent Blindness. Prevent Blindness Children's Vision Screening Certification Course. Retrieved from https://preventblindness.org/prevent-blindness-childrens-vision-screening-certification-course/. The department estimates a cost of up to $504,225 for the approximately 2,241 certified school nurses in this Commonwealth, plus a cost of up to $420,075 for the approximately 1,867 supplemental nurses who may assist with school vision screenings, to obtain this training, for a total cost of up to $924,300 in year 1 to school districts.

The Pennsylvania Academy of Ophthalmology, and IRRC, asked the department to reconsider its estimated cost to the regulated community or explain why such costs are reasonable. The training provided by Prevent Blindness is only an example of the type of training that would fulfill the requirement of subsection (g) and section 1403.1(a)(1) of the Public School Code of 1949. A training provider or individual may submit a specific course to the department for approval. During outreach on the final-form regulation, the Pennsylvania Optometric Association expressed a willingness to collaborate with the department to provide training and support materials at no cost to school districts. As the department was not allocated any funds to create or provide training, support such as this from stakeholders will be necessary to ensure that school districts will not incur a cost related to this requirement.

Parents or guardians of school-aged children

Parents and guardians of school-aged children may be financially impacted. Section 1403.1(b)(1) of the Public School Code of 1949 requires a comprehensive eye exam if a child fails the vision screening provided by the school. (24 P.S. § 14-1403.1(b)(1)). The updated

standards in the regulation may result in more failed screenings, thereby resulting in a cost to parents and guardians of those children, as they will need a comprehensive eye exam per statute. The department estimates the cost of a comprehensive eye exam to be approximately $69 to $250 or more, without insurance, depending on the provider, location and any add-ons. *See* Sugue, Mara. (2026). Eye Exam Costs and What Affects It. Retrieved from https://www.visioncenter.org/resources/eye-exam-cost/. The department is not able to estimate the number of children that will fail a vision screening and will need to complete a comprehensive eye exam to accurately estimate the cost to parents and guardians. Regardless, any cost is outweighed by the statutory mandate in section 1403.1(a)(2) of the Public School Code of 1949 for regulations that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. (24 P.S. § 14-1403.1(a)(2)). Additionally, section 1403.1(c) of the Public School Code of 1949 prohibits a school from denying admission, or excluding, a child from attending school if the parent or guardian does not have a comprehensive eye examination of the child completed upon failure of a vision screening. (24 P.S. § 14-1403.1(c)).

School-aged children

Students in grades K-12 will be impacted. The more than 1.7 million K-12 students being served by the school districts, which includes public, nonpublic and charter schools will benefit from the regulations, as all schools in this Commonwealth will now be required to comply with updated screening standards that align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. This final-form rulemaking will ensure that all students in this Commonwealth are being screened in

accordance with the same updated standards, leading to a greater likelihood of early detection and treatment of vision problems.

Ophthalmologists and optometrists

Ophthalmologists and optometrists may be impacted if the updated standards in the regulation result in more failed vision screenings. Section 1403.1(b)(2) requires a comprehensive eye exam for students who fail the vision screening, which will result in a financial benefit for these individuals. (24 P.S. § 14-1403.1(b)(2)). As indicated previously, the department estimates the cost of a comprehensive eye exam to be approximately $69 to $250 or more, without insurance, depending on the provider, location and any add-ons. The department is not able to estimate the number of children who may fail a vision screening and will need to complete a comprehensive eye exam to accurately estimate the financial benefit to ophthalmologists and optometrists.

Small businesses

Under section 3 of the Regulatory Review Act, 71 P.S. § 745.3, a small business is "defined in accordance with the size standards described by the United States Small Business Administration's Small Business Size Regulations under 13 CFR Ch. 1 Part 121 (relating to Small Business Size Regulations) or its successor regulation." Under 13 CFR 121.101 (relating to what are SBA size standards), the Small Business Administration's (SBA) "size standards determine whether a business entity is small." Size standards are developed under the North America Industry Classification System (NAICS).

The department applied the NAICS standards to determine how many elementary and secondary schools are classified as small businesses. Based on these Federal standards, the department determined that an elementary or secondary school is a small business if it has $20

million or less in annual receipts. Based on total revenue data from the Pennsylvania Department of Education for school districts in this Commonwealth, the department estimates that approximately 34% (254 out of 750) of school districts would be classified as a small business under this definition. *See* Pennsylvania Department of Education. (2025). AFR Data: Summary-Level. Retrieved from https://www.pa.gov/content/dam/copapwp-pagov/en/education/documents/schools/grants-and-funding/school-finances/summary-of-afr-data/afr-data-summary-level/finances%20afr%20revenues%202024-2025.xlsx

The department also applied the NAICS standards to determine how many ophthalmologists and optometrists are classified as small businesses. Based on the Federal standards, the department determined that an office of optometry or an office of ophthalmology is a small business if it has $9 million or less in annual receipts. The department does not have sufficient data to determine the number of ophthalmologists and optometrists that would be classified as a small business under this definition.

Given that the requirements align with the standards of the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus, as required by section 1403.1(a)(2) of the Public School Code of 1949, the department did not establish separate criteria for small businesses.

Paperwork Requirements

No forms are required for the implementation of the regulation. The department is not requiring that vision screenings or comprehensive eye examinations be documented in any particular manner. The department has forms available that primary care providers, qualified vision screeners, ophthalmologists, optometrists and school districts may use, but are not required to use, to comply with the regulation and section 1403.1 of the Public School Code.

The department created the School Vision Screening Evaluation Report and School Comprehensive Eye Examination Report at the request of the Pennsylvania Academy of Ophthalmology and IRRC. The School Vision Screening Evaluation Report may be utilized by a primary care provider or qualified vision screener who completes a vision screening prior to a child's admission to school, in accordance with § 23.4(a) and section 14-1403.1(a)(1) of the Public School Code of 1949. The School Comprehensive Eye Examination Report may be utilized by an ophthalmologist or optometrist who completes a comprehensive eye examination prior to a child's admission to school, in accordance with § 23.4(a) and section 14-1403.1(a)(1) of the Public School Code of 1949. This form may also be used when a comprehensive eye examination has been performed, in accordance with § 23.4(c) and section 14-1403.1(b)(2) of the Public School Code of 1949, due to a failed vision screening. Primary care providers, qualified vision screeners, ophthalmologists and optometrists are not required to use these forms and may choose to use their own forms instead.

The department has two additional forms available for schools to use. The Referral for Comprehensive Eye Examination form, which was previously available but has been recently updated, may be utilized by a school to notify a parent or legal guardian that a child has failed a vision screening and is required to undergo a comprehensive eye examination. The School Comprehensive Eye Examination Report could be included with the Vision Screening Referral for the child's parent or legal guardian to take to the ophthalmologist or optometrist performing the comprehensive eye examination. The Student Wellness Report, which was previously available and remains unchanged, is a comprehensive form a school may utilize to provide a child's parent or legal guardian with the results of a variety of required screenings, including

vision screenings. Schools are not required to use these forms and may choose to use their own forms instead. These forms are available on the department's website.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on June 13, 2025, the department submitted notice of this proposed rulemaking, published at 55 Pa.B. 4351 (June 28, 2025), to IRRC and the Chairpersons of the Senate Health and Human Services Committee and the House Health Committee for review and comment.

Under section 5(c) of the Regulatory Review Act, 71 P.S. § 745.5(c), IRRC, the Senate Health and Human Services Committee and the House Health Committee were provided with copies of the comments received during the public comment period, as well as other documents when requested. In preparing the final-form rulemaking, the department has considered all comments from IRRC, the Senate Health and Human Services Committee, the House Health Committee, and the public.

Under section 5.1(e) of the Regulatory Review Act, 71 P.S. § 745.5a(e), on _____, the final-form rulemaking was deemed approved by the Senate Health and Human Services Committee and the House Heath Committee. Under section 5.1(e) of the Regulatory Review Act, IRRC met on _____, and approved the final-form rulemaking.

Findings

The department finds that:

(1) Public notice of intention to adopt the regulations adopted by this order has been given under sections 201 and 202 of the Act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§

1201 and 1202), and the regulations promulgated under those sections at 1 Pa. Code §§ 7.1 and 7.2.

(2) A public comment period was provided as required by law and all comments were considered in drafting this final-form rulemaking.

(3) The amendments made to the final-form rulemaking do not enlarge the original purpose of the proposed rulemaking as published under section 201 of the Act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. § 1201).

(4) The adoption of the regulations is necessary and appropriate to establish vision screening standards based on instrument-based vision screening technologies or visual acuity testing as required by section 1403.1(a)(2) of the Public School Code of 1949.

Order

(1) The regulations of the department at Title 28 of the Pennsylvania Code at § 23.4 are amended as set forth in Annex A.

(2) The department shall submit this final-form regulation to the Office of Attorney General and the Office of General Counsel for approval as required by law.

(3) The department shall submit this final-form regulation to IRRC, the Senate Health and Human Services Committee and the House Health Committee as required by law.

(4) The department shall certify this final-form regulation, as approved for legality and form, and shall deposit it with the Legislative Reference Bureau as required by law.

(5) This final-form regulation shall take effect upon publication in the *Pennsylvania Bulletin*.

DR. DEBRA L. BOGEN,

Secretary

Annex A

TITLE 28. HEALTH AND SAFETY

PART III. PREVENTION OF DISEASES

CHAPTER 23. SCHOOL HEALTH

Subchapter A. GENERAL PROVISIONS

HEALTH SERVICES

§ 23.4. **Vision screening [tests]** **and comprehensive eye exams**.

[Vision screening tests shall be conducted annually by a nurse, teacher or medical technician. The Snellen Chart or other screening device approved by the Department of Health shall be utilized for vision screening.]

(a) ***INITIAL SCREENING OR EXAM.*** **Prior to admission to school for the first time, a child shall have, within the previous 12 months, a vision screening performed in accordance with the standards set forth in subsections (e) and (f) by a primary care provider or qualified vision screener, or a comprehensive eye exam conducted by an ophthalmologist or optometrist.**

(b) ***FREQUENCY OF ROUTINE SCREENINGS.*** **A child shall have a vision screening performed by school health personnel or a qualified vision screener:**

(1) Every school year until the child has completed fifth grade.

(2) At least every 2 years after completion of fifth grade until the child graduates from twelfth grade.

(c) ***EFFECT OF FAILED SCREENING.*** **A child who fails a vision screening required under subsection (b) shall have a comprehensive eye examination performed by an ophthalmologist or optometrist. For the purposes of this subsection, a child will be deemed**

to have failed a vision screening when the child does not successfully pass the required screening method based on the child's passing standard as set forth in subsections (e) and (f).

(d) ***NOTIFICATION REQUIRED.*** **Notification of a failed vision screening under subsection (b) shall be provided to the parent or legal guardian of the child and shall include the following:**

(1) Notification that a comprehensive EYE examination is required to be completed within 120 days of the date of the failed screening or before the start of the next school year, whichever comes first.

(2) A list of vision resources compiled on the Department of Health's website.

(e) Vision screening standards and methods for children in or entering kindergarten include all of the following:

(1) A child will be deemed to have passed the visual screening if the child has a distance visual acuity of 20/32, a near visual acuity of 20/32 and a passed stereopsis assessment, or if instrument-based screening is used, the child has no identifiable visual impairment and a near visual acuity of 20/32.

(2) A child screened for distance visual acuity shall be screened using LEA Symbols tested monocularly from a 10-foot distance with four out of five symbols identified by the child to pass.

(3) A child screened for near visual acuity shall be screened using LEA Symbols tested binocularly from a 16-inch distance with four out of five symbols identified by the child to pass.

(4) A child screened through a stereopsis assessment shall be screened using either a Random Dot "E" tested binocularly from a 40-inch distance with polarized glasses on with 3-dimensional "Es" identified by the child on four out of five presentations to pass, or a Pediatric Assessment of Stereopsis with a Smile (PASS 2 Smile Test) tested binocularly from a 16-inch distance with "smiley faces" identified by the child on four out of five presentations to pass.

(5) A child screened through instrument-based screening shall be screened using a photoscreener or auto refactor, such as a Spot Vision Screener, Plusoptix Vision Screener without a visual acuity add on component or Retinomax Autorefractor.

(f) ***STANDARDS AND METHODS.*** **Vision screening standards and methods for children in grades 1—12 include all of the following:**

(1) A child will be deemed to have passed the visual screening if the child has a distance visual acuity of 20/32 and a near visual acuity of 20/32.

(2) A child shall be screened for distance visual acuity using Sloan Letters tested monocularly from a 10-foot distance with four out of five symbols identified by the child to pass, or if the child does not know letters, LEA Symbols tested monocularly from a 10-foot distance with four out of five symbols identified by the child to pass.

(3) A child shall be screened for near visual acuity using LEA Symbols or Sloan Letters tested binocularly from a 16-inch distance with four out of five symbols identified by the child to pass.

(g) ***TRAINING.*** **Vision screener training shall include instruction on vision screening for distance visual acuity, near visual acuity, stereopsis and the use of instrument-based techniques, as approved by the Department of Health. A training provider or**

individual vision screener may submit a specific course to the Department of Health for approval. The Department of Health will maintain a list of approved training programs on its website.

(h) ~~As used in this section, "qualified vision screener" means an individual who has completed Department of Health-approved vision screener training as provided under subsection (g).~~ *DEFINITIONS.* THE FOLLOWING WORDS AND TERMS, WHEN USED IN THIS SECTION, HAVE THE FOLLOWING MEANINGS, UNLESS THE CONTEXT CLEARLY INDICATES OTHERWISE:

***COMPREHENSIVE EYE EXAMINATION*—AN EVALUATION OF THE STRUCTURE, FUNCTION AND HEALTH OF THE EYES AND VISUAL SYSTEM PERFORMED BY AN OPTOMETRIST OR AN OPHTHALMOLOGIST.**

***HEALTH CARE PRACTITIONER*—AN INDIVIDUAL WHO IS AUTHORIZED TO PRACTICE A COMPONENT OF THE HEALING ARTS IN THIS COMMONWEALTH BY A LICENSE, PERMIT, CERTIFICATE OR REGISTRATION ISSUED BY A LICENSING AGENCY OR BOARD, OR UNDER AN INTERSTATE COMPACT.**

***OPHTHALMOLOGIST*—A PHYSICIAN WHO IS LICENSED TO PRACTICE MEDICINE AND SURGERY UNDER THE MEDICAL PRACTICE ACT OF 1985 (63 P.S. §§ 422.1—422.53) OR TO PRACTICE OSTEOPATHIC MEDICINE AND SURGERY UNDER THE OSTEOPATHIC MEDICAL PRACTICE ACT (63 P.S §§ 271.1—271.18), AND WHO SPECIALIZES IN THE TREATMENT OF CONDITIONS AND DISEASES OF THE EYE AND VISUAL SYSTEM.**

***OPTOMETRIST*—AN INDIVIDUAL LICENSED TO PRACTICE OPTOMETRY UNDER THE OPTOMETRIC PRACTICE AND LICENSURE ACT (63 P.S. §§ 244.1—244.12).**

***PRIMARY CARE PROVIDER*—A HEALTH CARE PRACTITIONER WHOSE SCOPE OF PRACTICE, AS ESTABLISHED BY THE APPLICABLE PRACTICE ACT, STATUTE OR REGULATION GOVERNING THE PRACTITIONER'S PROFESSION, INCLUDES THE PERFORMANCE OF VISION SCREENING. NOTHING IN THIS SUBSECTION MAY BE CONSTRUED TO EXPAND OR OTHERWISE MODIFY THE SCOPE OF PRACTICE OF A HEALTH CARE PRACTITIONER UNDER ANY OTHER STATUTE OR REGULATION.**

***QUALIFIED VISION SCREENER*—AN INDIVIDUAL WHO HAS COMPLETED DEPARTMENT OF HEALTH APPROVED VISION SCREENER TRAINING AS PROVIDED UNDER SUBSECTION (g).**

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE SECRETARY

October 16, 2026

David Sumner, Executive Director
Independent Regulatory Review Commission
555 Walnut Street, Suite 804
Harrisburg, PA 17101

Re: Department of Health – Final-Form Regulation No. 10-241
Vision Screening and Comprehensive Eye Examinations
28 Pa. Code § 23.4

Dear Mr. Sumner:

Enclosed is a final-form rulemaking for review by the Independent Regulatory Review Commission (IRRC) in accordance with the Regulatory Review Act (Act) (71 P.S. §§ 745.1—745.15).

The purpose of this final-form rulemaking is to amend 28 Pa. Code § 23.4 (relating to vision screening tests), as required by section 1403.1(a)(2) of the Public School Code of 1949 (24 P.S. § 14-1403.1(a)(2)), to establish vision screening standards based on instrument-based vision screening technologies or visual acuity testing, taking into consideration national guidelines from the American Academy of Pediatrics and American Association for Pediatric Ophthalmology and Strabismus. These standards apply to a child entering school for the first time, every year thereafter until the child completes the fifth grade, and at least every two years thereafter until the child graduates from the twelfth grade. *See* 24 P.S. § 14-1403.1(a)(1) and (b)(1).

The Department will provide IRRC with any assistance it requires to facilitate a thorough review of the final-form rulemaking.

Sincerely,

Debra L. Bogen MD

Debra L. Bogen, MD, FAAP
Secretary of Health

Enclosures

RECEIVED

Independent Regulatory
Review Commission

October 16, 2026

From: Burnett, David
To: Smith, Pamela (Health)
Cc: Brooks, Senator Michele; Myers, Daniel
Subject: Re: Final-Form Vision Screening Regulations # 10-241 / IRRC # 3448
Date: Friday, October 16, 2026 8:33:06 AM
Attachments: image001.png

Received, thanks Pam.

Get Outlook for Android

From: Smith, Pamela (Health) <pamesmith@pa.gov>
Sent: Friday, 16 October 2026 08:06:58
To: Burnett, David <dburnett@pasen.gov>
Cc: Brooks, Senator Michele <mbrooks@pasen.gov>; Myers, Daniel <danicmy@pa.gov>
Subject: Final-Form Vision Screening Regulations # 10-241 / IRRC # 3448

CAUTION : External Email

This Message Is From an External Sender
This message came from outside your organization.

Good morning,

Attached is a final-form regulatory package from the Department of Health for vision screening (# 10-241 / IRRC #3448).

Under the Regulatory Review Act, the Department is required to deliver a final-form regulatory package to the Standing Committees of the General Assembly and the Independent Regulatory Review Commission (IRRC) **on the same day**, with IRRC receiving the package last. Confirmation of receipt by the Standing Committees is required for delivery to IRRC.

Please respond as soon as possible to this email indicating that you have received the attached final-form regulatory package so that I can deliver the package to IRRC **today, October 16, 2026**.

Best,
Pam

Pamela G. Smith
Assistant Chief Counsel

Department of Health | Office of Chief Counsel
625 Forster Street, 8th Floor | Harrisburg, PA 17120-0701

RECEIVED

Independent Regulatory
Review Commission

October 16, 2026

Phone: 717.783.2500

health.pa.gov

PRIVILEGED AND CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION
ATTORNEY WORK PRODUCT

The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than by the intended recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers. Unintended transmissions shall not constitute waiver of the attorney-client or any other privilege.

RECEIVED

Independent Regulatory
Review Commission
October 16, 2026

From: Freeman, Clarissa
To: Smith, Pamela (Health)
Cc: Haywood, Senator Art; Myers, Daniel
Subject: Re: Final-Form Vision Screening Regulations # 10-241 / IRRC # 3448
Date: Friday, October 16, 2026 8:29:58 AM
Attachments: image001.png

Received.
Thank you,
Clarissa

Get Outlook for iOS

From: Smith, Pamela (Health) <pamesmith@pa.gov>
Sent: Friday, 16 October 2026 08:07:09
To: Freeman, Clarissa <clarissa.freeman@pasenate.com>
Cc: Haywood, Senator Art <art.haywood@pasenate.com>; Myers, Daniel <danicmy@pa.gov>
Subject: Final-Form Vision Screening Regulations # 10-241 / IRRC # 3448

■ EXTERNAL EMAIL ■

Good morning,

Attached is a final-form regulatory package from the Department of Health for vision screening (# 10-241 / IRRC #3448).

Under the Regulatory Review Act, the Department is required to deliver a final-form regulatory package to the Standing Committees of the General Assembly and the Independent Regulatory Review Commission (IRRC) **on the same day**, with IRRC receiving the package last. Confirmation of receipt by the Standing Committees is required for delivery to IRRC.

Please respond as soon as possible to this email indicating that you have received the attached final-form regulatory package so that I can deliver the package to IRRC **today, October 16, 2026**.

Best,
Pam

Pamela G. Smith
Assistant Chief Counsel

Department of Health | Office of Chief Counsel
625 Forster Street, 8th Floor | Harrisburg, PA 17120-0701
Phone: 717.783.2500

RECEIVED

Independent Regulatory
Review Commission

health.pa.gov

October 16, 2026

PRIVILEGED AND CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION
ATTORNEY WORK PRODUCT
The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than by the intended recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers. Unintended transmissions shall not constitute waiver of the attorney-client or any other privilege.

This message and any attachment may contain privileged or confidential information intended solely for the use of the person to whom it is addressed. If the reader is not the intended recipient then be advised that forwarding, communicating, disseminating, copying or using this message or its attachments is strictly prohibited. If you receive this message in error, please notify the sender immediately and delete the information without saving any copies.

RECEIVED

Independent Regulatory
Review Commission
October 16, 2026

From: Fricke, Erika L.
To: Smith, Pamela (Health)
Subject: RE: Final-Form Vision Screening Regulations # 10-241 / IRRC # 3448
Date: Friday, October 16, 2026 12:11:20 PM
Attachments: image001.png

received

Erika Fricke
Democratic Executive Director / Pennsylvania House Health Committee
State Rep. Dan Frankel, Chair
Cell: 717-908-7023

Please email all scheduling requests to repfrankel@pahouse.net

From: Smith, Pamela (Health) <pamesmith@pa.gov>
Sent: Friday, October 16, 2026 8:07 AM
To: Fricke, Erika L. <EFricke@pahouse.net>
Cc: Frankel, Dan <dfrankel@pa.gov>; Myers, Daniel <danicmy@pa.gov>
Subject: Final-Form Vision Screening Regulations # 10-241 / IRRC # 3448
Importance: High

Good morning,

Attached is a final-form regulatory package from the Department of Health for vision screening (# 10-241 / IRRC #3448).

Under the Regulatory Review Act, the Department is required to deliver a final-form regulatory package to the Standing Committees of the General Assembly and the Independent Regulatory Review Commission (IRRC) **on the same day**, with IRRC receiving the package last. Confirmation of receipt by the Standing Committees is required for delivery to IRRC.

Please respond as soon as possible to this email indicating that you have received the attached final-form regulatory package so that I can deliver the package to IRRC **today, October 16, 2026**.

Best,
Pam

Pamela G. Smith

RECEIVED

Independent Regulatory
Review Commission

October 16, 2026

Assistant Chief Counsel

Department of Health | Office of Chief Counsel
625 Forster Street, 8th Floor | Harrisburg, PA 17120-0701
Phone: 717.783.2500
health.pa.gov

PRIVILEGED AND CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION
ATTORNEY WORK PRODUCT
The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than by the intended recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers. Unintended transmissions shall not constitute waiver of the attorney-client or any other privilege.

RECEIVED

Independent Regulatory
Review Commission
October 16, 2026

From:	Michael Siget
To:	Smith, Pamela (Health)
Cc:	Kathy Rapp; Myers, Daniel
Subject:	RE: [EXTERNAL]: Final-Form Vision Screening Regulations # 10-241 / IRRC # 3448
Date:	Friday, October 16, 2026 8:23:14 AM
Attachments:	image001.png

Received. Thank you.

From: Smith, Pamela (Health) <pamesmith@pa.gov>
Sent: Friday, October 16, 2026 8:07 AM
To: Michael Siget <Msiget@pahousegop.com>
Cc: Kathy Rapp <Klrapp@pahousegop.com>; Myers, Daniel <danicmy@pa.gov>
Subject: [EXTERNAL]: Final-Form Vision Screening Regulations # 10-241 / IRRC # 3448
Importance: High

Good morning,

Attached is a final-form regulatory package from the Department of Health for vision screening (# 10-241 / IRRC #3448).

Under the Regulatory Review Act, the Department is required to deliver a final-form regulatory package to the Standing Committees of the General Assembly and the Independent Regulatory Review Commission (IRRC) **on the same day**, with IRRC receiving the package last. Confirmation of receipt by the Standing Committees is required for delivery to IRRC.

Please respond as soon as possible to this email indicating that you have received the attached final-form regulatory package so that I can deliver the package to IRRC **today, October 16, 2026**.

Best,
Pam

Pamela G. Smith
Assistant Chief Counsel

Department of Health | Office of Chief Counsel
625 Forster Street, 8th Floor | Harrisburg, PA 17120-0701
Phone: 717.783.2500
health.pa.gov

PRIVILEGED AND CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION
ATTORNEY WORK PRODUCT
The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than by the intended

recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers. Unintended transmissions shall not constitute waiver of the attorney-client or any other privilege.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this information in error, please contact the sender and delete the message and material from all computers.

RECEIVED

Independent Regulatory
Review Commission

October 16, 2026

From:	Smith, Pamela (Health)
To:	Freeman, Clarissa
Cc:	art.haywood@pasenate.com; Myers, Daniel
Subject:	Final-Form Vision Screening Regulation (10-241)
Date:	Wednesday, November 4, 2026 9:26:00 AM
Attachments:	10-241 Vision Screening Preamble (final) (corrected) 11.3.26.pdf image001.png 10-241 Vision Screening RAF (final) (corrected) 11.3.26.pdf
Importance:	High

Good morning,

The Independent Regulatory Review Commission (IRRC) requested that the Department correct a typographical error in the Preamble and RAF prior to the November 19th meeting on this final-form regulation. The Department inadvertently indicated that the Pennsylvania Academy of Ophthalmology (PAO) had expressed a willingness to collaborate with the Department to develop a no-cost training for school districts. The Pennsylvania Optometric Association (POA) was the organization that expressed, during stakeholder outreach, a willingness to work with the Department.

This has been corrected in the attached versions of the Preamble on page 13, and on pages 7, 12 and 14 (in response to questions 15, 17 and 19) of the RAF, which now reads as follows:

During outreach on the final-form regulation, the Pennsylvania Optometric Association expressed a willingness to collaborate with the department to provide training and support materials at no cost to school districts. As the department was not allocated any funds to create or provide training, support such as this from stakeholders will be necessary to ensure that school districts will not incur a cost related to this requirement.

Thank you,
Pam

Pamela G. Smith
Assistant Chief Counsel

Department of Health | Office of Chief Counsel
625 Forster Street, 8th Floor | Harrisburg, PA 17120-0701
Phone: 717.783.2500
health.pa.gov

PRIVILEGED AND CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION
ATTORNEY WORK PRODUCT
The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than by the intended recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers. Unintended transmissions shall not constitute waiver of the attorney-client or any other privilege.

From:	Smith, Pamela (Health)
To:	Msiget@pahousegop.com
Cc:	Klrapp@pahousegop.com; Myers, Daniel
Subject:	Final-Form Vision Screening Regulation (10-241)
Date:	Wednesday, November 4, 2026 9:26:00 AM
Attachments:	10-241 Vision Screening Preamble (final) (corrected) 11.3.26.pdf image001.png 10-241 Vision Screening RAF (final) (corrected) 11.3.26.pdf
Importance:	High

Good morning,

The Independent Regulatory Review Commission (IRRC) requested that the Department correct a typographical error in the Preamble and RAF prior to the November 19th meeting on this final-form regulation. The Department inadvertently indicated that the Pennsylvania Academy of Ophthalmology (PAO) had expressed a willingness to collaborate with the Department to develop a no-cost training for school districts. The Pennsylvania Optometric Association (POA) was the organization that expressed, during stakeholder outreach, a willingness to work with the Department.

This has been corrected in the attached versions of the Preamble on page 13, and on pages 7, 12 and 14 (in response to questions 15, 17 and 19) of the RAF, which now reads as follows:

During outreach on the final-form regulation, the Pennsylvania Optometric Association expressed a willingness to collaborate with the department to provide training and support materials at no cost to school districts. As the department was not allocated any funds to create or provide training, support such as this from stakeholders will be necessary to ensure that school districts will not incur a cost related to this requirement.

Thank you,
Pam

Pamela G. Smith
Assistant Chief Counsel

Department of Health | Office of Chief Counsel
625 Forster Street, 8th Floor | Harrisburg, PA 17120-0701
Phone: 717.783.2500
health.pa.gov

PRIVILEGED AND CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION
ATTORNEY WORK PRODUCT
The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than by the intended recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers. Unintended transmissions shall not constitute waiver of the attorney-client or any other privilege.

From:	Smith, Pamela (Health)
To:	Fricke, Erika L.
Cc:	Frankel, Dan; Myers, Daniel
Subject:	Final-Form Vision Screening Regulation (10-241)
Date:	Wednesday, November 4, 2026 9:25:00 AM
Attachments:	10-241 Vision Screening Preamble (final) (corrected) 11.3.26.pdf image001.png 10-241 Vision Screening RAF (final) (corrected) 11.3.26.pdf
Importance:	High

Good morning,

The Independent Regulatory Review Commission (IRRC) requested that the Department correct a typographical error in the Preamble and RAF prior to the November 19th meeting on this final-form regulation. The Department inadvertently indicated that the Pennsylvania Academy of Ophthalmology (PAO) had expressed a willingness to collaborate with the Department to develop a no-cost training for school districts. The Pennsylvania Optometric Association (POA) was the organization that expressed, during stakeholder outreach, a willingness to work with the Department.

This has been corrected in the attached versions of the Preamble on page 13, and on pages 7, 12 and 14 (in response to questions 15, 17 and 19) of the RAF, which now reads as follows:

During outreach on the final-form regulation, the Pennsylvania Optometric Association expressed a willingness to collaborate with the department to provide training and support materials at no cost to school districts. As the department was not allocated any funds to create or provide training, support such as this from stakeholders will be necessary to ensure that school districts will not incur a cost related to this requirement.

Thank you,
Pam

Pamela G. Smith
Assistant Chief Counsel

Department of Health | Office of Chief Counsel
625 Forster Street, 8th Floor | Harrisburg, PA 17120-0701
Phone: 717.783.2500
health.pa.gov

PRIVILEGED AND CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION
ATTORNEY WORK PRODUCT
The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than by the intended recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers. Unintended transmissions shall not constitute waiver of the attorney-client or any other privilege.

From:	Smith, Pamela (Health)
To:	dburnett@pasen.gov
Cc:	mbrooks@pasen.gov; Myers, Daniel
Subject:	Final-Form Vision Screening Regulation (10-241)
Date:	Wednesday, November 4, 2026 9:26:00 AM
Attachments:	10-241 Vision Screening Preamble (final) (corrected) 11.3.26.pdf image001.png 10-241 Vision Screening RAF (final) (corrected) 11.3.26.pdf
Importance:	High

Good morning,

The Independent Regulatory Review Commission (IRRC) requested that the Department correct a typographical error in the Preamble and RAF prior to the November 19th meeting on this final-form regulation. The Department inadvertently indicated that the Pennsylvania Academy of Ophthalmology (PAO) had expressed a willingness to collaborate with the Department to develop a no-cost training for school districts. The Pennsylvania Optometric Association (POA) was the organization that expressed, during stakeholder outreach, a willingness to work with the Department.

This has been corrected in the attached versions of the Preamble on page 13, and on pages 7, 12 and 14 (in response to questions 15, 17 and 19) of the RAF, which now reads as follows:

During outreach on the final-form regulation, the Pennsylvania Optometric Association expressed a willingness to collaborate with the department to provide training and support materials at no cost to school districts. As the department was not allocated any funds to create or provide training, support such as this from stakeholders will be necessary to ensure that school districts will not incur a cost related to this requirement.

Thank you,
Pam

Pamela G. Smith
Assistant Chief Counsel

Department of Health | Office of Chief Counsel
625 Forster Street, 8th Floor | Harrisburg, PA 17120-0701
Phone: 717.783.2500
health.pa.gov

PRIVILEGED AND CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION
ATTORNEY WORK PRODUCT
The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than by the intended recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers. Unintended transmissions shall not constitute waiver of the attorney-client or any other privilege.