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3 **Title:** Universal Newborn Eye Screening
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5 **Introduced by:** Patrick Droste, MD, for the MI Society of Eye Physicians & Surgeons
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7 **Original Author:** Patrick Droste, MD
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9 **Referred To:** Reference Committee D
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11 **House Action:** **APPROVED**
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14 Whereas, Red Reflex Testing (RRT) is the current standard of care for newborn eye screening
15 in the United States, and

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17 Whereas, there are approximately 3.7 million live births in the United States per year and
18 the American Academy of Pediatrics recommends that newborn infants be screened prior to
19 discharge from the hospital, and

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21 Whereas, RRT is simple and inexpensive, it only evaluates approximately 6.5 percent of the
22 retina (i.e., the optic disc and posterior pole) and leaves 95 percent of the retina unexamined, and

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24 Whereas, four prospective studies of RRT versus fundus imaging via Fundus Camera have
25 demonstrated sensitivity of RRT to be 0-10 percent, and

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27 Whereas, camera based photographic screening for Retinopathy of Prematurity has been
28 studied and found effective in telemedicine examinations for Retinopathy of Prematurity, and

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30 Whereas, wide-angle camera imaging covers 181 degrees of retina (six field, wide angle
31 imaging per eye) and RRT covers approximately five degrees of retina, and

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33 Whereas, twenty papers have been published throughout the world that have shown that
34 wide angle imaging studies performed within 72 hours of birth are much more sensitive and
35 specific than RRT in detecting retinal/macular hemorrhages, and

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37 Whereas, multiple studies have been performed with wide-angle fundus imaging and have
38 revealed that approximately 4.5 – 8 percent of all newborn eyes studied had some form of referral
39 warranted abnormality including, foveal hemorrhages, retinoblastoma, optic nerve abnormalities,
40 retinal detachments, cataract, developmental abnormalities, inherited retinal dystrophies and
41 infectious chorioretinitis, and

42
43 Whereas, the yield of positive results for referral warranted newborn eye screening (4.5-8
44 percent) is greater than newborn screening for hearing deficits (1.6/1000 or 0.16 percent of live
45 births, and

46
47 Whereas, the Universal Photographic Newborn Eye Screening (U.N.E.S.) workflow consent
48 protocol requires pharmacologic dilation, nursing and or technician photographers, six field, wide-
49 angle imaging per eye, image interpretation and decision for follow up (U.N.E.S. taskforce), and

50 Whereas, the safety summary data has been published and shows “No ocular or systemic
51 complications during or after eye examination;” therefore be it

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53 RESOLVED: That MSMS support initiatives for Universal Photographic Newborn Eye
54 Screening in the State of Michigan; and be it further

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56 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA)
57 encourage our AMA to endorse Universal Photographic Newborn Screening as a national practice
58 for newborn children.

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61 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

Relevant MSMS Policy

Children’s Vision Screening

MSMS supports vision screening by primary care physicians pursuant to guidelines supported by scientific evidence and the establishment of vision screening programs.

Conditions for Mandatory Vision Screening

MSMS supports the current state of Michigan Vision Screening Program (VSP) for infants and children which ensures follow-up and collaboration with local health departments, primary care physicians, schools, and the Michigan Department of Health and Human Services and opposes any changes to the current VSP process that do not demonstrate added value.

Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)

MSMS supports Early and Periodic Screening, Diagnosis and Treatment Programs to reach as many eligible children as possible. All qualified providers should have equal opportunities to participate in the program.

Relevant AMA Policy

Standardization of Newborn Screening Programs H-245.973

Our AMA: (1) recognizes the need for uniform minimum newborn screening (NBS) recommendations; (2) encourages continued research and discussions on the potential benefits and harms of NBS for certain diseases; and (3) supports screening for critical congenital heart defects for newborns following delivery prior to hospital discharge.

Sources:

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6. U.S. Preventive Services Task Force. Universal screening for hearing loss in newborns: US Preventive Services Task Force recommendation statement. *Pediatrics*. 2008;122(1):143-148. 7. Morton CC, Nance WE. Newborn hearing screening-----a silent revolution. *N Engl J Med*. 2006;354(20):2151-2164.