

EDITORIAL

THE PROBLEMS OF PL 94-142

In this issue's Letters section there are communications from two optometrists, Dr. Mark R. Wright and Dr. William A. Bescoby. They both address the article by Ms. Patricia S. Lemer which appeared in Volume 1, Number 6 (pp. 150-153) of this *Journal* regarding optometry and Public Law 94-142, the Education for all Handicapped Children's Act.

What is noteworthy is the diversity of opinion about the role and responsibility of the optometrist under this Law. Ms. Lemer, an educational diagnostician, also serves as a child advocate in the Washington, D.C. area. Her task in the latter capacity is to see that her clients receive the specified and appropriate services according to PL 94-142. As such, she advises behavioral optometrists to be fully knowledgeable about this piece of legislation. Ms. Lemer goes further and believes the optometrist should actively inform parents of children who have academic difficulties and an actual or potential accompanying visual dysfunction of the optometric services this Law can provide.

Both optometrists take a more conservative stance. Dr. Wright raises a number of well conceived and pertinent questions about the feasibility of paying for vision therapy with public funds. Dr. Bescoby gives the dual viewpoints of a behavioral optometrist and school board member. Under the first hat he would like to see more vision therapy included in the Individualized Educational Plan (IEP) when indicated for the particular child. However, as a school board mem-

ber he points out that the money is not available. Dr. Bescoby's solution is for parents to assume the financial responsibility for the proposed therapy, be it psychological, occupational, optometric or other, so it can indeed be incorporated into the IEP. In this way the visual or other problem is recognized by the school as being contributory to the learning problem.

Ms. Lemer has acted as a catalyst to motivate these two optometrists to publicly voice their concerns about how the child who qualifies under PL 94-142 and also requires vision therapy may or may not legally receive these services. The optometrist, similar to other involved health care providers, is caught between a rock and a hard place on this issue in several ways; as Drs. Wright and Bescoby each state, if the therapy is indicated because of "medical necessity" the school district can deny fiscal responsibility. On the other hand, if it is indicated as an "educational necessity," the insurance carrier has grounds in refusing payment. Further, there is the issue of legality versus practicality; should the optometrist insist and fight for strict legality and risk the negatives of frequently being an adversary of the school district, or should he or she act in a "practical" way? This has usually meant that referrals are made and paid for by the school for diagnostic services when there is a suspected visual dysfunction, while further interventions become the family's responsibility.

A somewhat analogous situation has surfaced regarding Medicare. The Federal

Government has recently stated that when the patient has full (not supplementary) private insurance coverage, that source will be the first fiscally responsible party. Perhaps this signals a governmental trend to further cut public spending in health care programs. Its relationship to PL 94-142 is plain and is suggested by Drs. Bescoby and Wright. The problems of PL 94-142 revolve around money. Consequently, more definitive guidelines and rulings are needed. Otherwise a number of professionals who treat handicapped and learning-disabled children will continue to be placed in potentially compromising positions. Even more serious is the fact that children who can benefit from these services will be deprived of them.

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