

HOUSE No. 01496

The Commonwealth of Massachusetts

PRESENTED BY:

Peter J. Koutoujian

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act to improving access to eye and vision care in rural and underserved areas of the commonwealth.

PETITION OF:

NAME:

Peter J. Koutoujian

DISTRICT/ADDRESS:

10th Middlesex

HOUSE No. 01496

By Mr. Peter J. Koutoujian of Waltham, petition (accompanied by bill, House, No. 01496) of Peter J. Koutoujian for legislation to increase eye and vision care access in rural and underserved communities. Joint Committee on Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE
□ HOUSE
□ , NO. 2110 OF 2009-2010.]

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act to improving access to eye and vision care in rural and underserved areas of the commonwealth.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 111, as most recently amended by chapter 305 of the Acts of 2008,
2 is amended at the end thereof by inserting the following sections:-

3 “Section 25P. (a) There shall be in the department an eye and vision care center for rural and
4 underserved communities to improve access to eye and vision care health care services. The
5 center, in consultation with the eye and vision care advisory council established by section 25Q
6 and the commissioner of labor and workforce development, shall: (i) coordinate the department’s
7 eye and vision care workforce activities with other state agencies and public and private entities
8 involved in health care workforce training, recruitment and retention; (ii) monitor trends in

9 access to eye and vision care providers, through activities including: (1) review of existing data
10 and collection of new data as needed to assess the capacity of the eye and vision care providers
11 to serve patients, including patient access and regional disparities in access to optometrists,
12 ophthalmologists and other eye and vision care providers and to examine these same providers'
13 satisfaction; (2) review existing laws, regulations, policies, contracting or reimbursement
14 practices, and other factors that influence recruitment and retention of optometrists,
15 ophthalmologists and other eye and vision care providers; (3) making projections on the ability
16 of the workforce to meet the eye and vision care needs of patients over time; (4) identifying
17 strategies currently being employed to address workforce needs, shortages, recruitment and
18 retention; (5) studying the capacity of public and private medical and optometry schools in the
19 commonwealth to expand the supply of eye and vision care providers; (iii) establish criteria to
20 identify underserved areas in the commonwealth for administering the loan repayment program
21 established under section 25O and for determining statewide target areas for optometrist,
22 ophthalmologist and other eye and vision care provider placement based on the level of access;
23 and (iv) address health care workforce shortages through the following activities, including: (1)
24 coordinating state and federal loan repayment and incentive programs for eye and vision care
25 providers; (2) providing assistance and support to communities, health provider groups,
26 community health centers and community hospitals in developing cost-effective and
27 comprehensive recruitment initiatives for eye and vision care providers; (3) maximizing all
28 sources of public and private funds for recruitment initiatives; (4) designing pilot programs and
29 make regulatory and legislative proposals to address workforce needs, shortages, recruitment and
30 retention; and (5) making short-term and long-term programmatic and policy recommendations

31 to improve workforce performance, address identified workforce shortages and recruit and retain
32 optometrists, ophthalmologists and other eye and vision care providers.

33 (c) The center shall maintain ongoing communication and coordination with the health care
34 quality and cost council, established by section 16K of chapter 6A, and the health disparities
35 council, established by section 16O of said chapter 6A.

36 (d) The center shall annually submit a report, not later than March 1, to the governor; the health
37 care quality and cost council established by section 16K of chapter 6A, the health disparities
38 council established by section 16O of chapter 6A; and the general court, by filing the report with
39 the clerk of the house of representatives, the clerk of the senate, the joint committee on labor and
40 workforce development, the joint committee on health care financing, and the joint committee on
41 public health. The report shall include: (i) data on patient access and regional disparities in
42 access to optometrists, ophthalmologists and other eye and vision care providers; (ii) data on
43 factors influencing recruitment and retention of eye and vision care providers; (iii) short and
44 long-term projections of optometrists, ophthalmologists and other eye and vision care providers
45 supply and demand; (iv) strategies being employed by the council or other entities to address
46 workforce needs, shortages, recruitment and retention; (v) recommendations for designing,
47 implementing and improving programs or policies to address workforce needs, shortages,
48 recruitment and retention; and (vi) proposals for statutory or regulatory changes to address
49 workforce needs, shortages, recruitment and retention. Section 25Q. (a) There shall be an eye
50 and vision care advisory council within, but not subject to the control of, the eye and vision care
51 center established by section 25P. The council shall advise the center on the capacity of the
52 healthcare workforce to provide timely, effective, culturally competent, quality optometrists,
53 ophthalmologists and other eye and vision care provider services.

54 (b) The council shall consist of 10 members who shall be appointed by the governor: 1 of
55 whom shall be a representative of the New England College of Optometry; 1 of whom shall be a
56 representative of a medical school located in the Commonwealth; 1 of whom shall be a
57 representative of the Massachusetts Society of Optometrists; 1 whom shall be a representative of
58 the Massachusetts Society of Eye Physicians and Surgeons; 1 of whom shall be an optometrist
59 who practices in a rural area; 1 of whom shall be an optometrist who practices in an urban area; 1
60 of whom shall be an ophthalmologist who practices in a rural area; 1 of whom shall be an
61 ophthalmologist who practices in an urban area; 1 of whom shall be a representative of the
62 Massachusetts League of Community Health Centers, Inc.; and 1 of whom shall be a
63 representative of Health Care For All, Inc. Members of the council shall be appointed for terms
64 of 3 years or until a successor is appointed. Members shall be eligible to be reappointed and
65 shall serve without compensation, but may be reimbursed for actual and necessary expenses
66 reasonably incurred in the performance of their duties. Vacancies of unexpired terms shall be
67 filled within 60 days by the appropriate appointing authority.

68 The members of the council shall annually elect a chair, vice chair and secretary and may adopt
69 by-laws governing the affairs of the council. The council shall meet at least bimonthly, at other
70 times as determined by its rules, and when requested by any 6 members.

71 (c) The council shall advise the center on: (i) trends in access to eye and vision care services;
72 (ii) the development and administration of the loan repayment and tuition reimbursement
73 program, established under section 25P, including criteria to identify underserved areas in the
74 commonwealth; (iii) solutions to address identified the Commonwealth's eye and vision care
75 needs and workforce shortages; and (iv) the center's annual report to the general court.

76 Section 25O. (a) There shall be an eye and vision care loan repayment and tuition relief
77 program, administered by the eye and vision care center established by section 25P. The program
78 shall provide repayment assistance for optometry and medical school loans or tuition assistance
79 to participants who: (i) are graduates of medical or optometry schools or, in the event of tuition
80 assistance, students of medical or optometry schools; (ii) specialize in eye and vision care; (iii)
81 demonstrate competency in health information technology, including use of electronic medical
82 records, computerized provider order entry and e-prescribing; and (iv) meet other eligibility
83 criteria, including service requirements, established by the board. Each recipient shall be
84 required to enter into a contract with the commonwealth which shall obligate the recipient to
85 perform a term of service of no less than 2 years in medically underserved areas as determined
86 by the center.

87 (b) The center shall promulgate regulations for the administration and enforcement of this
88 section which shall include penalties and repayment procedures if a participant fails to comply
89 with the service contract.

90 The center shall, in consultation with the eye and vision care advisory council and the public
91 health council, establish criteria to identify medically underserved areas within the
92 commonwealth. These criteria shall consist of quantifiable measures, which may include the
93 availability of medical services within reasonable traveling distance, poverty levels, and
94 disparities in health care access or health outcomes.

95 (c) The center shall evaluate the program annually, including exit interviews of participants to
96 determine their post-program service plans and to solicit program improvement
97 recommendations.

98 (d) The center shall, not later than July 1, file an annual report with the governor, the clerk of the
99 house of representatives, the clerk of the senate, the house committee on ways and means, the
100 senate committee on ways and means, the joint committee on health care financing, the joint
101 committee on mental health and substance abuse and the joint committee on public health. The
102 report shall include annual data and historical trends of: (i) the number of applicants, the number
103 accepted, and the number of participants by race, gender, specialty, school, residence prior to
104 school, and where they plan to practice after program completion; (ii) the service placement
105 locations and length of service commitments by participants; (iii) the number of participants who
106 fail to fulfill the program requirements and the reason for the failures; (iv) the number of former
107 participants who continue to serve in underserved areas; and (v) program expenditures.