

HOUSE No. 2072

The Commonwealth of Massachusetts

PRESENTED BY:

Jeffrey Sánchez

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 adoption 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: | DISTRICT/ADDRESS: | DATE ADDED: |
|------------------------|---------------------|------------------|
| <i>Jeffrey Sánchez</i> | <i>15th Suffolk</i> | <i>1/18/2013</i> |

HOUSE No. 2072

By Mr. Sánchez of Boston, a petition (accompanied by bill, House, No. 2072) of Jeffrey Sánchez for legislation to increase eye and vision care access in rural and underserved communities. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1496 OF 2011-2012.]

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

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 amended by chapter 224 of the Acts of 2012, is amended at
2 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
4 and 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 patient satisfaction in
13 connection with services rendered by these same providers; (2) review existing laws, regulations,
14 policies, contracting or reimbursement practices, and other factors that influence recruitment and
15 retention of optometrists, ophthalmologists and other eye and vision care providers; (3) making
16 projections on the ability of the workforce to meet the eye and vision care needs of patients over

17 time; (4) identifying strategies currently being employed to address workforce needs, shortages,
18 recruitment and retention; (5) studying the capacity of public and private medical and optometry
19 schools in the commonwealth to expand the supply of eye and vision care providers; (iii)
20 establish criteria to identify underserved areas in the commonwealth for administering the loan
21 repayment program established under section 25R and for determining statewide target areas for
22 optometrist, ophthalmologist and other eye and vision care provider placement based on the level
23 of access; and (iv) address health care workforce shortages through the following activities,
24 including: (1) coordinating state and federal loan repayment and incentive programs for eye and
25 vision care providers; (2) providing assistance and support to communities, health provider
26 groups, 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 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. (c) The center shall
33 maintain ongoing communication and coordination with the health policy commission,
34 established by section 2 of chapter 6D, the center for health information and analysis, established
35 by section 2 of chapter 12C, and the health disparities council, established by section 16O of
36 chapter 6A. (d) The center shall annually submit a report, not later than March 1, to the
37 governor; the health policy commission, established by section 2 of chapter 6D, the center for
38 health information and analysis, established by section 2 of chapter 12C, the health disparities
39 council established by section 16O of chapter 6A; and the general court, by filing the report with
40 the clerk of the house of representatives, the clerk of the senate, the joint committee on labor and
41 workforce development, the joint committee on health care financing, and the joint committee on
42 public health. The report shall include: (i) data on patient access and regional disparities in
43 access to optometrists, ophthalmologists and other eye and vision care providers; (ii) data on
44 factors influencing recruitment and retention of eye and vision care providers; (iii) short and
45 long-term projections of supply of and demand for optometrists, ophthalmologists and other eye
46 and vision care providers; (iv) strategies being employed by the council or other entities to
47 address workforce needs, shortages, recruitment and retention; (v) recommendations for
48 designing, implementing and improving programs or policies to address workforce needs,
49 shortages, recruitment and retention; and (vi) proposals for statutory or regulatory changes to
50 address workforce needs, shortages, recruitment and retention.

51 Section 25Q. (a) There shall be an eye and vision care advisory council within, but not
52 subject to the control of, the eye and vision care center established by section 25P. The council
53 shall advise the center on the capacity of the healthcare workforce to provide timely, effective,
54 culturally competent, quality optometrists, ophthalmologists and other eye and vision care
55 provider services. (b) The council shall consist of 10 members who shall be appointed by the
56 governor: 1 of whom shall be a representative of the New England College of Optometry; 1 of

57 whom shall be a representative of a medical school located in the commonwealth; 1 of whom
58 shall be a representative of the Massachusetts Society of Optometrists; 1 of whom shall be a
59 representative of the Massachusetts Society of Eye Physicians and Surgeons; 1 of whom shall be
60 an optometrist who practices in a rural area; 1 of whom shall be an optometrist who practices in
61 an urban area; 1 of whom shall be an ophthalmologist who practices in a rural area; 1 of whom
62 shall be an ophthalmologist who practices in an urban area; 1 of whom shall be a representative
63 of the Massachusetts League of Community Health Centers, Inc.; and 1 of whom shall be a
64 representative of Health Care For All, Inc. Members of the council shall be appointed for terms
65 of 3 years or until a successor is appointed. Members shall be eligible to be reappointed and
66 shall serve without compensation, but may be reimbursed for actual and necessary expenses
67 reasonably incurred in the performance of their duties. Vacancies of unexpired terms shall be
68 filled within 60 days by the appropriate appointing authority. The members of the council shall
69 annually elect a chair, vice chair and secretary and may adopt by-laws governing the affairs of
70 the council. The council shall meet at least bimonthly, at other times as determined by its rules,
71 and when requested by any 6 members. (c) The council shall advise the center on: (i) trends in
72 access to eye and vision care services; (ii) the development and administration of the loan
73 repayment and tuition reimbursement program, established under section 25R, including criteria
74 to identify underserved areas in the commonwealth; (iii) solutions to address identified the
75 commonwealth's eye and vision care needs and workforce shortages; and (iv) the center's annual
76 report to the general court.

77 Section 25R. (a) There shall be an eye and vision care loan repayment and tuition relief
78 program, administered by the eye and vision care center established by section 25P. The program
79 shall provide repayment assistance for optometry and medical school loans or tuition assistance
80 to participants who: (i) are graduates of medical or optometry schools or, in the event of tuition
81 assistance, students of medical or optometry schools; (ii) specialize in eye and vision care; (iii)
82 demonstrate competency in health information technology, including use of electronic medical
83 records, computerized provider order entry and e-prescribing; and (iv) meet other eligibility
84 criteria, including service requirements, established by the board. Each recipient shall be
85 required to enter into a contract with the commonwealth which shall obligate the recipient to
86 perform a term of service of no less than 2 years in medically underserved areas as determined
87 by the center. (b) The center shall promulgate regulations for the administration and
88 enforcement of this section which shall include penalties and repayment procedures if a
89 participant fails to comply with the service contract. The center shall, in consultation with the
90 eye and vision care advisory council and the public health council, establish criteria to identify
91 medically underserved areas within the commonwealth. These criteria shall consist of
92 quantifiable measures, which may include the availability of medical services within reasonable
93 traveling distance, poverty levels, and disparities in health care access or health outcomes. (c)
94 The center shall evaluate the program annually, including exit interviews of participants to
95 determine their post-program service plans and to solicit program improvement
96 recommendations. (d) The center shall, not later than July 1, file an annual report with the

97 governor, the clerk of the house of representatives, the clerk of the senate, the house committee
98 on ways and means, the senate committee on ways and means, the joint committee on health care
99 financing, the joint committee on mental health and substance abuse and the joint committee on
100 public health. The report shall include annual data and historical trends of: (i) the number of
101 applicants, the number accepted, and the number of participants by race, gender, specialty,
102 school, residence prior to school, and where they plan to practice after program completion; (ii)
103 the service placement locations and length of service commitments by participants; (iii) the
104 number of participants who fail to fulfill the program requirements and the reason for the
105 failures; (iv) the number of former participants who continue to serve in underserved areas; and
106 (v) program expenditures.