

**HOUSE . . . . . No. 2047**

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**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>1/15/2015</i>
<i>William Smitty Pignatelli</i>	<i>4th Berkshire</i>	<i>10/11/2019</i>
<i>Stephen Kulik</i>	<i>1st Franklin</i>	<i>10/11/2019</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>10/11/2019</i>
<i>Jose F. Tosado</i>	<i>9th Hampden</i>	<i>10/11/2019</i>
<i>Carlos Gonzalez</i>	<i>10th Hampden</i>	<i>10/11/2019</i>

**HOUSE . . . . . No. 2047**

By Mr. Sánchez of Boston, a petition (accompanied by bill, House, No. 2047) of Jeffrey Sánchez and others 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. 2072 OF 2013-2014.]

**The Commonwealth of Massachusetts**

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**In the One Hundred and Eighty-Ninth General Court  
(2015-2016)**  
\_\_\_\_\_

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 of the general laws, as appearing in the 2012 Official Edition,  
2 is hereby amended by inserting the following new sections at the end thereof:-

3 Section 25Q. (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 health care services. The  
5 center, in consultation with the eye and vision care advisory council established by section 25R  
6 and the commissioner of labor and workforce development, shall:

7 (i) coordinate the department’s eye and vision care workforce activities with other state  
8 agencies and public and private entities involved in health care workforce training, recruitment  
9 and retention;

10 (ii) monitor trends in access to eye and vision care providers, through activities including:

11 (1) review of existing data and collection of new data as needed to assess the capacity of  
12 the eye and vision care providers to serve patients, including patient access and regional  
13 disparities in access to optometrists, ophthalmologists and other eye and vision care providers  
14 and to examine patient satisfaction in connection with services rendered by these same providers;

15 (2) review of existing laws, regulations, policies, contracting or reimbursement practices,  
16 and other factors that influence recruitment and retention of optometrists, ophthalmologists and  
17 other eye and vision care providers;

18 (3) projecting on the ability of the workforce to meet the eye and vision care needs of  
19 patients over time;

20 (4) identifying strategies currently being employed to address workforce needs,  
21 shortages, recruitment and retention;

22 (5) studying the capacity of public and private medical and optometry schools in the  
23 Commonwealth to expand the supply of eye and vision care providers;

24 (iii) establishing criteria to identify underserved areas in the Commonwealth for  
25 administering the loan repayment program established under section 25S and for determining  
26 statewide target areas for optometrist, ophthalmologist and other eye and vision care provider  
27 placement based on the level of access; and

28 (iv) address health care workforce shortages through the following activities, including:

29 (1) coordinating state and federal loan repayment and incentive programs for eye and  
30 vision care providers;

31 (2) providing assistance and support to communities, health provider groups, community  
32 health centers and community hospitals in developing cost-effective and comprehensive  
33 recruitment initiatives for eye and vision care providers;

34 (3) maximizing all sources of public and private funds for recruitment initiatives;

35 (4) designing pilot programs and regulatory and legislative proposals to address  
36 workforce needs, shortages, recruitment and retention; and

37 (5) making short-term and long-term programmatic and policy recommendations to  
38 improve workforce performance, address identified workforce shortages and recruit and retain  
39 optometrists, ophthalmologists and other eye and vision care providers.

40 (b) The center shall maintain ongoing communication and coordination with the health  
41 policy commission, established by section 2 of chapter 6D, the center for health information and  
42 analysis, established by section 2 of chapter 12C, and the health disparities council, established  
43 by section 16O of chapter 6A.

44 (c) The center shall annually submit a report, not later than March 1, to the governor; the  
45 health policy commission, established by section 2 of chapter 6D, the center for health  
46 information and analysis, established by section 2 of chapter 12C, the health disparities council  
47 established by section 16O of chapter 6A; and the general court, by filing the report with the  
48 clerk of the house of representatives, the clerk of the senate, the joint committee on labor and  
49 workforce development, the joint committee on health care financing, and the joint committee on  
50 public health.

51           The report shall include: (i) data on patient access and regional disparities in access to  
52 optometrists, ophthalmologists and other eye and vision care providers; (ii) data on factors  
53 influencing recruitment and retention of eye and vision care providers; (iii) short and long-term  
54 projections of supply of and demand for optometrists, ophthalmologists and other eye and vision  
55 care providers; (iv) strategies being employed by the council or other entities to address  
56 workforce needs, shortages, recruitment and retention; (v) recommendations for designing,  
57 implementing and improving programs or policies to address workforce needs, shortages,  
58 recruitment and retention; and (vi) proposals for statutory or regulatory changes to address  
59 workforce needs, shortages, recruitment and retention.

60           Section 25R. (a) There shall be an eye and vision care advisory council within, but not  
61 subject to the control of, the eye and vision care center established by section 25Q. The council  
62 shall advise the center on the capacity of the healthcare workforce to provide timely, effective,  
63 culturally competent, quality optometrists, ophthalmologists and other eye and vision care  
64 provider services. (b) The council shall consist of 10 members who shall be appointed by the  
65 governor: 1 of whom shall be a representative of the New England College of Optometry; 1 of  
66 whom shall be a representative of a medical school located in the Commonwealth; 1 of whom  
67 shall be a representative of the Massachusetts Society of Optometrists; 1 of whom shall be a  
68 representative of the Massachusetts Society of Eye Physicians and Surgeons; 1 of whom shall be  
69 an optometrist who practices in a rural area; 1 of whom shall be an optometrist who practices in  
70 an urban area; 1 of whom shall be an ophthalmologist who practices in a rural area; 1 of whom  
71 shall be an ophthalmologist who practices in an urban area; 1 of whom shall be a representative  
72 of the Massachusetts League of Community Health Centers, Inc.; and 1 of whom shall be a  
73 representative of Health Care For All, Inc. Members of the council shall be appointed for terms

74 of 3 years or until a successor is appointed. Members shall be eligible to be reappointed and  
75 shall serve without compensation, but may be reimbursed for actual and necessary expenses  
76 reasonably incurred in the performance of their duties. Vacancies of unexpired terms shall be  
77 filled within 60 days by the appropriate appointing authority. The members of the council shall  
78 annually elect a chair, vice chair and secretary and may adopt by-laws governing the affairs of  
79 the council. The council shall meet at least bimonthly, at other times as determined by its rules,  
80 and when requested by any 6 members. (c) The council shall advise the center on: (i) trends in  
81 access to eye and vision care services; (ii) the development and administration of the loan  
82 repayment and tuition reimbursement program, established under section 25S, including criteria  
83 to identify underserved areas in the Commonwealth; (iii) solutions to address identified the  
84 Commonwealth's eye and vision care needs and workforce shortages; and (iv) the center's  
85 annual report to the general court.

86 Section 25S. (a) There shall be an eye and vision care loan repayment and tuition relief  
87 program, administered by the eye and vision care center established by section 25Q. The  
88 program shall provide repayment assistance for optometry and medical school loans or tuition  
89 assistance to participants who: (i) are graduates of medical or optometry schools or, in the event  
90 of tuition assistance, students of medical or optometry schools; (ii) specialize in eye and vision  
91 care; (iii) demonstrate competency in health information technology, including use of electronic  
92 medical records, computerized provider order entry and e-prescribing; and (iv) meet other  
93 eligibility criteria, including service requirements, established by the center. Each recipient shall  
94 be required to enter into a contract with the Commonwealth which shall obligate the recipient to  
95 perform a term of service of no less than 2 years in medically underserved areas as determined  
96 by the center. (b) The center shall promulgate regulations for the administration and

97 enforcement of this section which shall include penalties and repayment procedures if a  
98 participant fails to comply with the service contract. The center shall, in consultation with the  
99 eye and vision care advisory council and the public health council, establish criteria to identify  
100 medically underserved areas within the Commonwealth. These criteria shall consist of  
101 quantifiable measures, which may include the availability of medical services within reasonable  
102 traveling distance, poverty levels, and disparities in health care access or health outcomes. (c)  
103 The center shall evaluate the program annually, including exit interviews of participants to  
104 determine their post-program service plans and to solicit program improvement  
105 recommendations. (d) The center shall, not later than July 1, file an annual report with the  
106 governor, the clerk of the house of representatives, the clerk of the senate, the house committee  
107 on ways and means, the senate committee on ways and means, the joint committee on health care  
108 financing, the joint committee on children, families and persons with disabilities and the joint  
109 committee on public health. The report shall include annual data and historical trends of: (i) the  
110 number of applicants, the number accepted, and the number of participants by race, gender,  
111 specialty, school, residence prior to school, and where they plan to practice after program  
112 completion; (ii) the service placement locations and length of service commitments by  
113 participants; (iii) the number of participants who fail to fulfill the program requirements and the  
114 reason for the failures; (iv) the number of former participants who continue to serve in  
115 underserved areas; and (v) program expenditures.