

HOUSE No. 2047

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

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;

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

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

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

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

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

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

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

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

(1) coordinating state and federal loan repayment and incentive programs for eye and 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.

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

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

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

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