

HOUSE BILL
438

CREATE REVIEW PROCESS & 438
HEALTH CARE COMMITTEE
REGARDING NEW & REVISED
SCOPES OF PRACTICE

BILL OVERVIEW

187 Optometrists provide care in 57 Montana communities.

WHO DOES THIS BILL AFFECT. Anyone in a legislated health care profession that is seeking a scope change must first notify all licensing boards that could be impacted as well as appropriate Legislative interim committees, and submit an application for review to the Commissioner of Labor and Industry; the application must include required criteria that is set out in the bill;

WILL THE BILL COST MONEY? Yes. A fiscal note has been requested that will provide detailed information about the costs to the State. **In addition:**

- \$1000 fee for the review
- \$100 fee for an assessment
- Possibility of fee waiver in certain circumstances
- Numerous documents and research are required of the applicant.

TIMELINES. Following notification to the Commission of a proposal, the Commissioner of Labor shall appoint a committee to investigate and review the application. This committee must have completed their work by August 1, or it will be too late for the next Legislature to consider; if notification of a proposal is not within 45 days of August 1 preceding a legislative session, it may be too late for consideration for the following January session.

THE REQUESTING PROFESSION WILL ALWAYS BE IN THE MINORITY, EVEN THOUGH THEY HAVE THE TRAINING AND EXPERTISE.

The committee will be made up of 7 members:

- The Commissioner (or designee) will serve as the presiding officer
- 2 appointees from a profession whose scope overlaps
- 1 legislator
- 2 public members

- This is a Montana Medical Association/American Medical Association bill.
- Medicine and ophthalmology have publicly stated they are against any scope expansion by optometry; this bill would make it impossible to get a fair hearing
- The bill does not address any problems that exist with patient care and safety. Our care is safe, high quality and accessible
- The MD's want to limit other medical professionals ability to care for patients under the guise of patient protection
- This is all about money and turf; MD's are targeting everyone who threatens their reimbursements
- HB 438 is not needed. It is costly, overly regulatory and would ensure no new scope expansions
- Bill would be effective immediately upon passage.
- Bill applies to statutes and Administrative Rules
- Bill gives this committee the ability to retroactively review a scope law passed by the Legislature and enacted.

WHAT WILL BE REQUIRED TO REQUEST SCOPE CONSIDERATION? The list is extensive and includes such things as documentation of whether a need exists; the potential benefits that outweigh potential harm; reports on what other states do that is similar and how it has affected quality and cost of health care in their states; review of other state applicable statutory or regulatory changes that were needed; education and training to perform the new skill or service; assessment measures, availability of adequate evaluation measures and the lists goes on (see pages 6-7 in the bill).

WHY IS THE MMA/AMA BRINGING THIS BILL? The medical association would like you to never pass another scope expansion bill—ever. This process would be unnecessarily lengthy, onerous, overly-regulatory and an expensive process.

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