CASE STUDY NORTH AMERICA

Educate before legislate” is a very important concept and needs to be done on all legislation that addresses scope of practice increase. Wyoming offered a certified course before the legislation was introduced to the full legislature.

A bill needs to address a need and the most important issue is how it affects patients/constituents. We always use, especially in rural Wyoming, the word “Access”. The access issue addresses the needs of patients, regarding the concerns of age, travel, safety, convenience for patient/family and cost. This also must allow the patient to have a choice which doctor they want to perform the procedure. So access and choice of practitioner are the critical issues for arguments of why increase in scope of practice is needed and passed.

 We found a sponsor in the House and the Senate side but this was accomplished by doing grassroot politics for several years-so we were putting the process into place several years before the introduction this year. We lobbied all members during this process to help maintain the language we wanted and needed. Ophthalmology was very negative and wanted to remove even all past scope wins which was perceived by the committee as self-serving. Outside of committee meetings, we met with the co-chairman to help modify the language to best allow our profession best serve our patients. Each doctor of optometry was given the talking points when they met with their legislator. During this whole process the members have been updated almost weekly for the past several months on the status and changes to the bill and the process.

When the session was opened, we had the President of the House and Senate both in their opening statements (they both run and oversee their respective bodies) mention our issue and the need to pass. This again was due to our grassroots work and the respect the profession has in the legislature. That respect has occurred over the last 2-3 decades. You need to always “ASK” for the vote. During the Senate and House committee and floor debate, Doctors of Optometry were travelling several hours to spend a day or two, meeting personally with legislators. The Governor is the last hurdle if the bill is passed by both Houses as he is the one person who would sign it into law. We had this accomplished well ahead of any votes.

If we got the needed motion and seconds, then the House floor would vote to bring it to the floor for consideration and possible(probable) passage and needing only a majority. The vote came up short by only ONE VOTE. We knew we had 2/3 of the House members in support but the reason we lost some votes, was House members did not want to vote against what a committee had decided, thus potentially giving the image that committee work and votes are not that important.

It shows how critical every vote can be. It also shows that grassroot politics and fundraising for your members of the legislators and executive positions like the Governor is so critically important. As a profession always talk patient care and the importance it is for your patients and not talk down the other side(medicine) like they do our profession which hurts their image and concern for patient care. If you fail, do not give up but reorganize and get back to the grassroots for the next round. We are re-introducing the same bill in two years, next possible time we can, with less work since we have the final language we want. So this time, votes and grassroots will be focused on even more.