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CASE STUDY: NORTH AMERICA

NAME OF LEGISLATION: LASER, THERAPEUTIC AND INCREASE OF SCOPE OF PRACTICE

REASON FOR LEGISLATION:

“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.

STRATEGIES AND PROCESSES USED:

We found a sponsor in the House and the Senate side but this was accomplished by doing grassroots 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. The Wyoming Optometric Association Exec. Director with our lobbyist, took lasers on a roadshow to allow each Optometrist and local legislator to meet and try the laser out. Wives, legislators, and Optometrists were allowed to try out for themselves the ease of use. Ophthalmology was very negative and wanted to remove even all past scope wins. Outside of committee meetings, we met with the co-chairman to help modify the language to best allow our profession to 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 Senate and the Speaker of the House, both of 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. We had Doctors of Optometry also testify in front of the committees justify the needs and positive aspects if the law passed. 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.

We got the needed motion and seconds in the House committee, and the House passed it in an overwhelming majority. With the House vote passing, it was moved to the Senate for committee vote

first which passed and then was moved to the Senate for a floor vote which again passed overwhelmingly. With it passing both Houses, it was forwarded to the Governor's office where he could sign it into law or veto it. We already again had done the necessary grassroots and he signed the bill.

It shows how critical every vote can be. It also shows that grassroots 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. IT TOOK US 3 LEGISLATIVE SESSIONS TO FINALLY GET PASSAGE OF THE BILL.

POSITIVE OUTCOMES: Doctors of Optometry can now give a choice of provider to perform numerous surgical procedures including laser procedures. It also gives full prescriptive allowance to all drug categories less Schedule II-narcotics.

CHALLENGES/FAILURES: We faced off an extremely well-funded medical profession who also used scare tactics. We had to reinforce our relationships and not play their game.

FINAL RESULT AND EFFECT ON PROFESSION

This bill allowed us to prescribe all oral medications, including schedule 2. It allows injections for anesthesia and medications plus removal of lesions around the ocular adnexa. It also allows use of lasers to perform: SLT for glaucoma treatment, iridotomy for narrow angle glaucoma and YAG for capsulotomies. This has elevated our profession in the eyes of the public and other medical professions that we are a more medical profession and can treat many medical conditions.

This has been a huge plus for our patients who can now stay in our office for procedures they had to travel long distances to have performed. It also decreased the wait times for treatments. Patients, in the past, already thought we could do what the law has now implemented.

So overall, this will improve patient care in the rural setting of Wyoming.