

### **Managed Care Purchase of Goods Prohibition**

This law prohibited a managed care plan from requiring the purchase of eyewear or services in order to participate in their plan.

### **Blindness Prevention Tax Check-off**

This law established a check-off for eye-care on the Illinois Income Tax form. Funds will go for public awareness and assisting the indigent.

### **Newborn Eye Pathology Act**

The IOA worked to see that an optometrist was included on a Public Health Advisory Committee looking into services for newborns.

### **Optometric Co-Management Bill**

This bill would have severely restricted an OD's ability to co-manage cases with an ophthalmologist and was degrading to all optometrists. Due to IOA efforts, the bill died in committee.

### **Medicare and Medicaid Reimbursements**

While not legislation or rule, the IOA worked with the Medicare Intermediary and the Illinois Department of Public Aid and obtained payment for ODs for all CPT codes that are within the scope of practice of an Illinois Optometrist. Discrimination that had taken place for years was eliminated.

## **RULES PASSED**

### **Sales Tax Exemption**

The IOA's negotiations with the Illinois Department of Revenue to interpret the Service Persons Exemption to include Contact Lenses, Frames and Lenses under the lower tax rate were successful. This rule allows ODs to pay tax based on 1/2 of cost rather than full retail.

### **Circuit Breaker Medications**

While the law adding Glaucoma to the list of medications that the state pays for the elderly could have been classed as a legislative victory, the rules implementing the law proved to be much more important. Without IOA intervention the rules would have passed without permitting our patients to receive coverage. The rules as originally written did not allow payment for Rx written by ODs. Our quick intervention with the Illinois Department of Revenue changed the rules and included Optometry as a prescriber.

### **Mail Order Contact Lens Rules**

These rules simply implemented the bill as passed and set up the procedures for enforcing it. In the end it took months of activity on the associations part to pass the rules over 1-800 Contacts objections.

### **Mobile Locations**

This rule clarified the rules for practicing in mobil settings and later successfully removed fees for those doing so for charitable reasons.

## **RULES IN GENERAL**

Many of the legislative victories cited above required the passage of rules for their implementation. The association was successful 100% of the time in passing rules that reflected the intent of the legislation and that were in the best interest of Optometry.

## **MONITORING**

In addition to all of the legislative and administrative activity listed above, the IOA monitored thousands of bills and ruled to assess their impact on Optometry and our patients. Each year over 6000 bills are reviewed to protect and serve the ODs of the state.

## **FUTURE LEGISLATIVE ISSUES**

### **Orals Pharmaceuticals**

This bill would allow optometrists to use and prescribe all drugs germane to the treatment of the eye, in oral form.

### **Managed Care Access**

Originally introduced in 1999, this bill would require managed care entities to admit ODs to their panels and would allow patients direct access to specialists such as Optometrists. The bill awaits the passage of the Federal Health Care Reform Act that would make passage of an Illinois bill more feasible.

### **Mandatory Eye Exams For School Children**

This bill would require all children entering school for the first time to have a complete eye exam by an Optometrist or an Ophthalmologist. The bill is somewhat problematic due to the lack of eyecare professionals willing to accept Medicaid in the Chicago area. We may have to recruit additional Medicaid doctors before advancing the bill.

### **Optometric Practice Act Sunset**

Every ten years the Optometric Practice Act ceases to exist in law and must be renewed. In 2006, changes to our statute were attempted by the Medical Society, Ophthalmology, the Illinois Retail Merchants Association and the Department of Financial and Professional Regulation. The IOA was successful in working with all of these groups to make the changes positive for Optometry.

## **HIPAA**

Following the passage of the federal HIPAA legislation, the IOA created a powerpoint program, for members only, explaining how to achieve compliance and presented it over a dozen times throughout the state within the first year.

# IOA LEGISLATION from 1996-2007

## **Licensing Categories and Fees**

The IOA managed to get licensing renewal fees reduced from over \$600 to \$400 per two year renewal and ancillary fees from \$120 to \$50. Through the IOA's efforts, the number of licensing categories has been simplified to one.

## **Good Samaritan Act**

The IOA worked to get optometrists exempted from liability when assisting individuals as a Good Samaritan.

## **Medicaid Managed Care**

Efforts of the IOA resulted in the mandated inclusion of ODs in the Medicaid Managed Care Programs.

## **MD/OD Professional Corporations**

This law allowed professions to organize a joint practice under Professional Corporations Act. Joint ownership was not previously permitted.

## **Window Tinting**

The IOA managed to eliminate the discrimination in the Vehicle Code, which allowed only MDs to grant auto window tinting for ocular diseases, all exceptions were dropped.

## **Pharmacy Act / Optometrists**

This act clarified that Pharmacists could fill prescriptions issued by Optometrists under the TPA Legislation.

## **Illinois Controlled Substance Act**

The IOA worked to pass an amendment to include ODs as prescribers allowing for the issuance of federal DEA #s to Illinois ODs.

## **Optometric Lien Act**

This act granted ODs the same rights as other health care professions to file liens in workman's comp cases.

## **Clinical Laboratory and Blood Bank Act**

The IOA helped pass the act that allowed TPA Certified Optometrists to write orders for laboratory and hospital tests.

## **Adult Public Aid Vision Program**

The IOA worked to get payment for adult vision care reinstated.

## **ODs on Boards and Commissions**

This bill was withdrawn but an agreement was reached adding ODs to certain Health Care Advisory Boards and eliminating the oversight of Public Aid Optometric issues by their statewide medical advisory committee.

## **Nursing Orders**

The IOA worked to pass the law that allowed nurses to accept orders from ODs to provide patient care.

## **Public Aid Full OD Utilization**

This bill required Public Aid to allow ODs to bill on an equal basis with Ophthalmology for Medical Eye Health Care.

## **Definition of Surgery**

A bill sponsored by the Medical Society would have eliminated the practice of Optometry in Illinois or at best would have eliminated many of the codes for which Optometry could bill.

1999 Terminated in Committee

2000 Terminated prior to Committee

2001 Terminated prior to Introduction

## **TPA Certification by 2006**

A bill eliminating multiple licensing levels and standardizing patient care in Illinois. It makes Optometry more saleable for inclusion in managed care and brings us one step closer to a nationwide standardization that will permit reciprocity between states for licensing purposes.

## **Mail Order Contact Lens Act**

This act requires out of state mail order vendors to register with the state and agree to follow Illinois Law in the distribution of contact lenses.

## **Occupational Therapist Orders**

This law allows ODs to write program plans and orders to occupational therapists for the treatment of our patients.

## **Occupational Therapist Restriction**

This law prohibits OTs from performing any diagnosis or treatment that is defined in our act as the practice of optometry i.e. vision therapy.

## **Nursing Restriction**

This law prohibits Nurses from performing any diagnosis or treatment that is defined as the practice of Optometry unless under the direct supervision of a MD or OD.

## **Low Vision Night Driving**

This law allowed our low vision patients to drive at night if they can meet stringent requirements.

## **1-800 Contacts Prescription Release**

This bill would have allowed patient self-prescription and automatic release without a doctor's approval. The bill was stripped of all content and died after IOA intervention.

## **Optician Licensing Act**

This act would have required all Opticians to be licensed by the state. Would have included all Optometric staff who fit glasses or in any way advised patients and would have driven up the cost of eyecare. The bill was not introduced after a meeting with the legislative sponsor.

## **Residency Licensure**

This bill now allows residents at ICO, UMSL and the VA to obtain a special license for the year that they are in residency. Restricted to practice within the program, this bill reduces the fees paid by these students from \$900 to \$100.