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FISCAL IMPACT REPORT

	ORIGINAL DATE	02/27/07	
SPONSOR <u>SPAC</u>	LAST UPDATED	<u>03/12/07</u>	HB _____
			CS/367/aSJC/aSfI#1/a
SHORT TITLE <u>OPTOMETRY EXCLUSIONS & CERTIFICATION</u>			SB <u>SfI#2</u>
			ANALYST <u>Hanika Ortiz</u>

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY07	FY08		
	NFI		

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

New Mexico Medical Board (NMMB)

SUMMARY

Synopsis of SfI Amendment #2

The Senate Floor Amendment #2 adds language restricting scalpel use to the skin surrounding the eye.

Synopsis of SfI Amendment #1

The Senate Floor Amendment #1 adds an emergency clause that the Act takes effect immediately upon being signed by the Governor. This will help bring current optometry practice in line with State law as soon as possible.

Synopsis of SJC Amendment

The Senate Judiciary Committee Amendment adds language to exclude “surgery or injections in the treatment of eye diseases” from the definition of the “practice of optometry”.

SIGNIFICANT ISSUES

The Committee may wish to consider if the proposed exclusion includes cosmetic surgery, which is not necessarily classified within “eye diseases”.

Synopsis of Original Bill

The Senate Public Affairs Committee substitute for Senate Bill 367 amends Section 61-2-2 NMSA 1978 by expanding the practice of optometry to include the use of the following types of in-office minor surgical procedures:

- the non-laser removal, destruction or drainage of superficial eyelid lesions and conjunctival cysts;
- the removal of non-perforating foreign bodies from the cornea, conjunctiva and eyelid;
- the non-laser corneal debridement, culture, scrape or anterior puncture, not including removal of pterygium, corneal biopsy or removal of corneal neoplasias;
- the removal of eyelashes; and,
- the probing, dilation, irrigation or closure of the tear drainage structures of the eyelid.

FISCAL IMPLICATIONS

The Optometry Board may need to increase the operational budget, and therefore increase licensing fees, in order to provide the oversight required under the increased scope of practice; however, evidence suggests the procedures as defined in the substitute have been adopted by the Board for some time now and are current practice among optometrists.

SIGNIFICANT ISSUES

The SPAC substitute codifies into statute a set of minor surgical procedures optometrists in the New Mexico have been performing for several years. According to the NM Medical Board, the state statute specifically excludes surgery from the definition of the practice of optometry. The Optometry Board reports that it has not received any complaints related to these procedures.

PERFORMANCE IMPLICATIONS

Optometrists provide most primary vision care. They examine people's eyes to diagnose vision problems and eye diseases, and they test patients' visual acuity, depth and color perception, and the ability to focus and coordinate the eyes. Optometrists prescribe eyeglasses and contact lenses and provide vision therapy and low-vision rehabilitation. Optometrists analyze test results and develop a treatment plan. They administer drugs to patients to aid in the diagnosis of vision problems and prescribe drugs to treat some eye diseases. Optometrists often provide preoperative and postoperative care to cataract patients, as well as to patients who have had laser vision correction or other eye surgery. They also diagnose conditions caused by systemic diseases such as diabetes and high blood pressure, referring patients to other health practitioners as needed.

Ophthalmologists are physicians who perform eye surgery, as well as diagnose and treat eye diseases and injuries. Like optometrists, they also examine eyes and prescribe eyeglasses and contact lenses.

PERFORMANCE IMPLICATIONS

State law allows optometrists who are certified by the Board to use oral or topical pharmaceutical agents, to use the title of "Optometric Physician" and to advertise under the "physician" and "physician-eye" headings of the yellow pages.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to SB 359; providing an avenue for a more objective review process for assessing proposed changes in a health professions scope of practice.

TECHNICAL ISSUES

Current law provides for the administering and prescribing of certain oral and topical drugs by optometrists; however, there is no provision to allow the administration of epinephrine by injection for the treatment of anaphylactic shock.

OTHER SUBSTANTIVE ISSUES

Optometrists provide most primary vision care. Currently in the US there is an ongoing push by optometrists to increase the scope of their practice. The American Academy of Ophthalmology has been resisting these efforts. The American Medical Association’s recent “Scope of Practice Study” and “Scope of Practice Partnership” is designed to provide backing to AMA members who have scope of practice battles in their state. According to the AMA, the members of the Partnership plan to fund research that helps refute key arguments allied health professionals use to advance their measures in state legislatures. Funding will also be used to “help medical associations fight expansions in non-medical scope of practice legislation in states where such bills appear likely to advance.” Currently the Partnership is comprised of six state medical associations and six specialty groups including the American Academy of Ophthalmology.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Actual practice will not conform to state law. The optometrists’ scope of practice established by the Board of Optometry will remain in effect within board policy, rather than by statute.

POSSIBLE QUESTIONS

Optometrists serve patients in nearly 6,500 communities across the country, and in more than 3,500 of these communities they are the only eye doctors. How many communities in New Mexico are served only by Optometrists?

AHO/nt