



Grassroots Optometry – 2010 Legislative Questionnaire

Please Print

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*Please return this questionnaire no later than **June 18, 2010** to:

Grassroots Optometry
120 N. Washington Square, Ste. 110A
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Or
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1. Issue: **DISCRIMINATORY STATUTES CONCERNING PATIENT REIMBURSEMENT FOR OPTOMETRIC SERVICES**

Background: Optometric patients are discriminated against by existing state statutes. Existing law allows insurance carriers, HMOs, PPOs and non-profit insurance providers the option of not reimbursing optometric patients for primary medical eye care services provided by their optometric practitioner. These primary level medical eye care services are fully within the legal scope of practice for Michigan optometrists and are reimbursed if provided by an ophthalmologist or, for that matter, any other licensed medical or osteopathic physician of any specialty. Optometric patients never know if their optometric medical eye care services will be reimbursed and, therefore, their freedom to select an eye doctor of their choice is unfairly limited. It also may delay the receipt of urgent care because of fear the patient will not be reimbursed by their insurance carrier.

Question: Would you support repealing existing legislation to end discrimination for optometric patients and provide all health care consumers freedom of choice in selecting their eye care provider?

YES NO

2. Issue: STATE BOARD AUTHORITY OVER NON-LICENSED PERSONS

Background: Presently, State of Michigan licensing boards, which exist for the sole purpose of regulating health care practitioners for the protection of the public, have no authority over non-licensed persons who may be unlawfully providing health care services to the general public. For example, the Michigan Board of Medicine has no authority to stop an unlicensed individual from treating a health care consumer for the flu or a broken leg. State boards presently have authority only over those individuals who hold a license to practice the profession a board is mandated to regulate. The public is endangered by not allowing state boards the authority to stop and penalize non-licensed individuals who may be practicing health care disciplines without the proper training and skills, and without a valid license.

Questions:

A.) Would you support legislation that gives State of Michigan licensing boards authority over unlicensed individuals who may be endangering the public by unlawfully providing health care services to the consuming public? YES NO

B.) Would you support legislation giving boards authority to order unlicensed individuals to cease and desist, to determine the degree of violation, and to assess fines and penalties?

YES NO

3. Issue: PATIENT FREEDOM OF CHOICE IN CHOOSING A HEALTH CARE PROVIDER

Background: Presently, patient freedom of choice in choosing a health care provider may be limited or restricted by health plan managers or administrators, especially in HMOs and PPOs.

Questions:

A.) Would you support legislation that would expand patient freedom of choice in choosing a health care provider by allowing any qualified provider to participate in any health care plan, including HMOs and PPOs, as long as that provider is willing to accept the health plan's reimbursement schedule, meet the health plan quality assurance requirements, and provide services within the provider's scope of practice?

YES NO

B.) Would you support legislation that would expand patient freedom of choice in choosing a health care provider by requiring "closed panel" health care plans to have a point of service option, which would allow patients to seek care from a non-panel provider at a nominally reduced reimbursement rate?

YES NO

4. ISSUE: PATIENT CO-MANAGEMENT

Background: Presently, optometrists co-manage the care of patients who are receiving certain surgical care by ophthalmologists by providing both pre- and post-operative care when it is more convenient for the patient logistically and is the patient's desire to do so. This has been common practice for many years. The surgeon releases the patient to the care of the optometrist on an individual basis when they believe the patient is stable and not in risk of post-surgical complication. This interprofessional cooperation and coordination of patient care saves indirect health care costs by reducing patient traveling time and distance, time away from jobs, etc.

Question: Would you oppose efforts to eliminate and/or restrict patient choice in determining who provides pre- and post-operative care? YES NO

5. Issue: OPTOMETRIC SCOPE OF PRACTICE

Background: Optometry is the only health care profession specifically trained to provide primary level eye care. Primary level care equates to the health care provided by the average family practice physician. This means optometrists are able to take care of "most of the patient's eye problems most of the time," thereby saving the health care system the higher cost of accessing secondary and tertiary level providers for primary level problems. National statistics show that 70% of the U.S. population seek and receive their eye care from optometrists. Therefore, the vast majority of the population can have their eye care needs satisfied at the less expensive primary care level.

Question:

Will you support maintaining optometric scope of practice at a level commensurate with optometric education and training? YES NO

6. Issue: CHILDREN'S VISION INITIATIVE

Background: It has been long recognized that children's educational performance and success is, to a large degree, dependent on the quality and efficiency of their vision. Successful performance in the classroom relates not only to the child's ability to satisfactorily gather information visually but also to their abilities in processing and utilizing that information. Discovering and correcting vision anomalies early in a child's academic career will not only produce more successful students and citizens but also save school systems and government large sums of money spent on special education, remediation, and post-graduate retraining.

Question: Would you support legislation that would require comprehensive eye examinations for children by a licensed eye doctor before entering school in order to detect and treat eye and vision conditions that would interfere with or prevent successful performance in an academic setting? YES NO

But I would certainly support school districts making that screening available at kindergarten, Round Ups, etc.
Please list the names of local Doctors of Optometry whom you know:

Signature: Richard Olson Date: 5-24-10

Thank you!

To learn more about optometry in Michigan, please visit our website: www.themoa.org