Brian Dempsey

## HOUSE . . . . . . . . . . . . . . No. 01473

The Co	ommonwealth of Massachusetts
	PRESENTED BY:
	Brian Dempsey
To the Honorable Senate and House of Court assembled:	Representatives of the Commonwealth of Massachusetts in General
	nd/or citizens respectfully petition for the passage of the accompanying bill:
An Act to t	the disclosure of postoperative ocular care
	PETITION OF:
Name:	DISTRICT/ADDRESS:

3rd Essex

**HOUSE . . . . . . . . . . . . . . . No. 01473** 

By Mr. Dempsey of Haverhill, a petition (accompanied by bill, House, No. 1473) of Brian Dempsey relative to the disclosure of postoperative ocular care. Public Health.

## [SIMILAR MATTER FILED IN PREVIOUS SESSION SEE

□ HOUSE
□ , NO. *2039* OF 2009-2010.]

## The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act to the disclosure of postoperative ocular care..

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- 1 SECTION 1. Chapter 112 of the General Laws, as appearing in the 2004 Official Edition, is
- 2 hereby amended by adding the following new section:-
- 3 Chapter 12 DD: Postoperative Care After Eye Surgery
- 4 (a) If a surgeon delegates the responsibility for postoperative care for a patient for whom the
- 5 surgeon performed eye surgery, the surgeon may do so only by entering into a comanagement
- 6 agreement with an ophthalmologist or optometrist under the provisions of this section.

hysically	
8 available to the patient for postoperative care in the community in which the operation was	
9 performed for at least 48 hours after the surgery is completed.	
at 48 hours	
of postoperative care for the patient to another person if the delegation occurs through a	
12 management agreement that meets the requirements of this section and the person to whom the	
or post	
17 operative care of a patient must meet the following requirements:	
vhen	
g surgeon	
of the	
in	

25 The agreement may not provide a fee to the person ii to whom the care is delegated that does not reflect fair market value of the services provided by 26 27 the person; 28 iii. The agreement may be entered into only if the surgeon confirms that the person to whom the care is delegated is qualified to treat the patient 29 during the postoperative period and is licensed or certified to provide the care, if required by law; 30 31 The agreement may not take effect unless there is iv. 32 written statement in the surgeon's file and in the files of the person to whom postoperative care is being delegated that is signed by the patient in which the patient states the patient's consent to 33 the comanagement agreement and in which the patient acknowledges that the details of the 34 comanagement agreement have been explained to the extent required under (5) of this 35 subsection; 36 37 The details of the agreement shall be disclosed to the v. patient in writing before surgery is performed; the disclosure required under this paragraph must 39 include: 40 a. The reason for delegation; The qualifications, including licensure or certification, of the person to whom the care is 41 b. delegated 42

The financial details about how the surgical fee will be divided between the surgeon and

43 c.

the person who provides the postoperative care

- 45 d. A notice that, notwithstanding the delegation of care, the patient may receive postoperative 46 care for the surgeon at the patient's request without the payment of additional fees;
- 47 e. A statement that the surgeon will be ultimately responsible for the patient's care until the 48 patient is postoperatively stable;
- 49 f. A statement that there is no fixed date on which the patient will be required to return to 50 the referring health care provider; and
- 51 g. A description of special risks to the patient that may result from the comanagement 52 agreement.
- 53 (e) A surgeon may not enter into a comanagement agreement governed by this section:
- 54 a. Under which two or more physicians or optometrists agree to comanage patients of the 55 surgeon as a matter of routine policy rather than on case by care basis;
- 56 b. That is not clinically appropriate for the patient
- 57 c. That is made with the intent to induce surgical referrals; or
- 58 d. That is based on economic consideration affecting the surgeon
- 59 (f) An ophthalmologist or optometrist may not require, as a condition of making referrals to a
- 60 surgeon, that the surgeon must enter into a comanagement agreement with the ophthalmologist
- or optometrist for the postoperative care of the patient who is referred.
- 62 (g) An ophthalmologist or optometrist to whom postoperative care is delegated under a
- 63 comanagement agreement governed by this section may not further delegate the care to another

- person, regardless of whether the other person is under the supervision of the ophthalmologist oroptometrist.
- 66 (h) It is an affirmative defense to a prosecution under this section or in disciplinary proceeding
- 67 for violation of this section that the surgeon delegated postoperative care of a patient because of
- 68 unanticipated circumstances that were not reasonably foreseeable by the surgeon before the
- 69 surgery was performed.
- 70 Section 2. The board shall promulgate rules and regulations to implement section 1.