

# **Eye Care Providers**

**White Paper**  
**National Consumers League**  
**October 2005**



**Embargoed for Release October 20, 2005**

# **Table of Contents**

Executive Summary

Introduction

Eye Care Providers

National Consumers League Survey

Legislative Activity

- State
- Federal
- Policy Implications

Framework for Consumer Eye Care Decisions

Appendix A – 2005 State Legislation

Appendix B – NCL Eye Care Provider Survey

# Executive Summary

Health care delivery in the United States is in a state of flux. Our aging population has stimulated demand for preventive care, increased the need for effective chronic disease management, and brought greater attention to cost/financing considerations. A parallel trend – and one suggested as a possible means for addressing these issues - is seen in the increasing reliance and expanding role of non-physician practitioners providing medical care. As more non-physician practitioners, including chiropractors, podiatrists, psychologists and optometrists, venture into traditionally physician-only territories, conflicts arise – characterized by some as medical turf wars and by others as debates about patient safety. In either case, there is an effort by these practitioners to expand the scope of care they can provide to patients. Given this environment, patients need to become more attuned to the differences in provider types and the potential impact these differences can have on care delivery.

The efforts to expand practice scope have precipitated some real changes in the patient care experience. For example, a physician assistant (instead of the pediatrician) can write certain prescriptions for children, podiatrists are performing partial foot amputations, and in some states nurse anesthetists are independently administering anesthesia. Those involved in eye care have experienced some of the most significant changes.

A variety of health care professionals now provides eye care - opticians dispense and fit contact lenses and glasses; optometrists examine the eye to diagnose vision problems and abnormalities, and prescribe glasses and contact lenses; ophthalmologists are medical doctors who deliver total eye care services (eye exams and prescribing glasses and contact lenses), diagnose and treat eye diseases and injuries, as well as perform eye surgery. These professionals have different education profiles and their practice parameters are determined by varying levels of regulation. Since the 1970s, optometrists have been working at the legislative level to expand their scope of practice. More recently, they are advocating expansion of their scope of practice to include some surgeries and prescribing of medications.

With this white paper, we examine the choices consumers have in eye care providers today, and how changes in scope of practice and legislative developments may impact consumers. This paper includes an overview of the different eye care provider types, consumer perceptions regarding the roles of the various providers based on a recent national, web-based survey, legislative trends and policy implications, and a framework for guiding consumers in making eye care provider decisions.

## Key Highlights

### Providers

A variety of health care professionals provide eye care services to consumers. These providers (opticians, optometrists, and ophthalmologists) differ in many respects, including training and education, as well as licensing and regulation.

### NCL Survey

**Overall Survey Findings.** A survey commissioned by the National Consumers League demonstrated that there is a great deal of confusion among consumers regarding the credentials and roles of various eye care provider types, as well as a desire to have more acute care services delivered by professionals with stronger credentials. The following points highlight these key findings:

**Confusion about credentials.** Respondents were generally confused about the different credentials necessary to become the various eye care professionals. Thirty percent of respondents incorrectly thought an optometrist had a medical degree. Nearly 50 percent thought an optometrist can be board certified, when, in fact, only licensure is required. But the majority rightly believed an ophthalmologist must be a medically-trained professional (67 percent) who is board certified (71 percent).

**Preference for ophthalmologist.** When asked an un-aided hypothetically question about the type of eye-care provider a consumer would see if they suffered from a variety of advanced conditions, respondents overwhelmingly preferred to visit an ophthalmologist. Once provided with information about the difference between various eye care providers, the vast majority indicated a preference for ophthalmologists to perform all advanced eye care procedures, including prescribing medications (92 percent), prescribing eye drops (88 percent), injecting medications (93 percent), and surgery – including laser surgery (95 percent). The exception was the preference for an optometrist to test for and fit glasses and contacts.

**MD for surgery and advanced care.** Even though respondents were unclear as to which eye care professionals have medical degrees; they had strong opinions on the need for the degree. When it comes to performing surgeries (91 percent), laser surgery (89 percent), injecting /prescribing medications (82 percent), and emergency care (86 percent), most respondents indicated that they would prefer their eye-care provider to have a medical degree.

**Experience with eye health problems.** The survey also suggests that consumers who have not personally experienced eye health problems (less than 20 percent of the sample) are less

likely to appreciate differences in eye care providers - likely due to their lack of experience with such providers. Once informed of differences between providers, however, they showed a strong preference for ophthalmologists to address advanced eye care needs.

**Access.** Access to the different types of eye care professionals did not appear to be a problem in obtaining eye care. On average, respondents indicated a 21-minute travel time to visit their routine, standard eye-care provider. Respondents seeking advanced, non-routine eye care reported an average travel time of 26 minutes.

### **Legislative Activity and Implications**

For the past four decades, optometrists have been working through the political process to expand their scope of practice to include some surgeries, procedures and prescribing privileges. In 2005, optometrists introduced bills that would augment their scope of practice in ten states. These efforts require consideration of several issues associated with the changing scope of practice, including prescribing rights and surgery privileges.

### **Framework for consumer eye care decisions**

Given the changing landscape of the health care delivery system, including changes in the roles of non-physician practitioners, we recommend that consumers consider several issues as they are making decisions regarding eye care. Depending on the eye care services needed, and in addition to usual considerations of convenience, established relationships, and cost, consumers should make a point to learn about the credentials, education, training, and experience of possible eye care providers.

## **Introduction**

Non-physician practitioners, including chiropractors, podiatrists, psychologists and optometrists, are delivering medical care to a growing number of patients. The efforts to expand practice by non-physicians cut across numerous medical professions, and many have precipitated some real changes in the patient care experiences.

Of all the health professionals, those involved in eye care have experienced some of the most significant changes. There are now a variety of health care professionals with a role in providing eye care – opticians, optometrists, and ophthalmologists. These professionals have different education profiles and their practice parameters are determined by varying levels of regulation. For the past four decades optometrists have been working at the legislative level to expand their scope of practice to include surgery and prescribing of medications.

This paper will provide an overview of the state of eye care delivery today. It will 1) describe the broad spectrum of eye care professionals and their current practice domains, 2) identify distinguishing features; 3) discuss consumer perceptions of the roles for these various provider types based on recent survey data; 4) highlight some state and national legislative trends and their policy implications; and 5) provide consumers with a framework for making eye care provider decisions.

# Eye Care Providers

There are several types of eye care providers currently practicing in the US, each serving a variety of patient needs. Some tend to the more routine eye-care needs of consumers, while others also deliver acute care or treat more serious conditions. The features distinguishing the different professions may not be apparent to consumers, but there are significant differences in the services they provide, their training and education, and how they are regulated. Set forth below are detailed summaries of common eye care providers, and a discussion of their distinguishing characteristics.

## Opticians

### *What They Do:*

A dispensing optician fits eyeglasses and contact lenses, following prescriptions written by ophthalmologists and optometrists. They recommend eyeglass frames and lenses based on the patient's needs. They measure patients' eyes, and can reshape eyeglass frames to fit properly. Some may also prepare eyeglasses, by grinding the lenses and inserting them in to frames. When licensed to do so, opticians also can specialize in fitting contact lenses. This involves analyzing the curvature of a patient's eye and using that information to fit contact lenses. Opticians provide additional assistance to patients by giving them instructions on care for their vision correction products.<sup>1</sup>

### *Credentials:*

Opticians become licensed (required in twenty-one states) after they have earned either an associate opticianry degree (one- to two-year programs), or after they have apprenticed for at least two years. Applicants must also pass an examination to be licensed. States vary, but licenses must usually be renewed every one to two years, and require completion of continuing education requirements. Opticians may also apply to the American Board of Opticianry (ABO) for certification. Certification is awarded after passing an exam, and must be renewed every three years through completion of continuing education requirements. Opticians can also take the National Contact Lens Examination, which some states require in order to dispense contact lenses.<sup>2</sup>

## Optometrists

### *What They Do:*

Optometrists provide most routine, primary vision care. They examine eyes to detect vision problems such as nearsightedness, farsightedness and astigmatism, and diagnose eye diseases such as glaucoma. Optometrists also test patient's visual acuity, depth and color perception, as

well as their ability to focus and coordinate eye function. They prescribe eyeglasses and contact lenses, and provide vision therapy and rehabilitation. They also administer medications to help in the diagnosis of vision problems, and prescribe some medications to treat certain eye disease. In some cases, they provide pre and post operative care for individuals who need to undergo ocular surgery. Optometrists are also trained to diagnose systemic diseases that manifest signs and symptoms through the eye, such as high blood pressures and diabetes, and refer these patients and to physicians/medical doctors for treatment.<sup>3</sup>

***Credentials:***

All states require optometrists to be licensed. In order to be licensed one must have a Doctor of Optometry degree that requires a minimum of three years of undergraduate studies at a college or university, followed by four years at an accredited optometry school. The four-year optometry curriculum includes coursework in biochemistry, human anatomy and physiology, visual anatomy and physiology, systemic diseases, pharmacology and optics. In addition to the Doctor of Optometry degree, optometrists must pass both a written and clinical state optometric board exam in order to receive a license. Licenses must be renewed every one to three years depending on individual state requirements, and courses in continuing education must be completed for license renewal.<sup>4</sup>

Optometrists are regulated at the state level, and must report to a state board of optometry for their license renewal. While state laws set forth the scope of practice for optometry, they vary significantly on how broadly they define the scope of practice for optometry. Optometrist prescribing authority is limited by state laws – with some states granting optometrists broad authority to prescribe topical and oral drugs while other states are more restrictive. State optometry boards oversee the licensing and regulation of optometrists.<sup>5</sup> These boards hear complaints of potential violations of the optometric practice acts, and can levy fines for violations of current law, including violation of prescribing authority. The board member qualifications vary from state to state, but members are primarily optometrists along with a few public members who have been approved by the state governor and/or legislative body.<sup>6</sup>

## **Ophthalmologist**

***What They Do:***

Ophthalmologists are medical doctors who specialize in all aspects of eye health. They provide primary eye care services – such as prescribing glasses and contact lenses – and prescribe medications and perform surgical procedures, such as laser surgery and lens replacement. They diagnose and manage eye diseases, conditions, and disorders, and treat and repair eye trauma

and injuries – using both surgical and non-invasive techniques. As part of their routine, ophthalmologists evaluate medical and surgical histories, test visual acuity, and examine the function of the eye.<sup>7</sup>

All states require ophthalmologists to be licensed, which requires a college degree (or minimum of three years of college), four years of medical school, a one-year internship, and at least three years of residency (hospital-based training) in ophthalmology. In residency, they receive specific training in all aspects of eye care, including surgical treatment. After completing (or during) medical school, they must pass a licensing examination.<sup>8</sup> Almost all ophthalmologists are also board certified by the American Board of Ophthalmology, requiring a rigorous two-part examination and re-certification every 10 years.<sup>9</sup>

After completing his or her residency, ophthalmologists can choose to spend an additional year or two training in a subspecialty. These subspecialties can focus on specific diseases like glaucoma, on specific demographics like pediatrics, or on specific regions of the eye, like neuro- ophthalmology and vitreo-retinal ophthalmology.<sup>10</sup>

As medical doctors, ophthalmologists are regulated by state medical boards. Each state has laws and regulations (usually called a medical practice act) that define what constitutes the practice of medicine and specify the responsibilities of the state medical boards. State laws give ophthalmologists, as medical doctors, full prescribing authority. Based on these state laws, the state medical boards establish the standards for medical doctors. State medical boards license medical doctors, investigate complaints, and discipline physicians when necessary. The medical boards are composed of physicians and public members who are usually appointed by the governor.<sup>11</sup>

## **Key Differences**

As identified in the descriptions, eye care providers differ in many respects. These differences between the various eye care provider types are best considered in three domains: training, licensing, and regulation. To become a medical doctor, an ophthalmologist must complete at least 8 years of medical training (four years medical school, one year internship, and three years residency). An optometrist usually receives 4 years of optometric training (4 years optometry school). Opticians must attend a one- to two-year optician degree program, or apprentice for at least two years. Ophthalmologists have a complete medical education, including surgery residency; optometrists' education is heavily focused on optics. Traditionally, optometrists provided primary, routine vision care (examining eyes to diagnose vision problems and

prescribing corrective lens) and ophthalmologists provided primary care (examining eyes and prescribing lenses) as well as more advanced care (including eye surgery).

Optometrists are licensed by state optometry boards composed primarily of optometrists. In contrast, ophthalmologists are licensed by a state medical board composed primarily of physicians that may or may not include an ophthalmologist. Generally, ophthalmologists are required to complete more hours of continuing education in order to maintain their license. In addition, ophthalmologists are usually certified by the American Board of Ophthalmology, a member of the American Board of Medical Specialties. There is no national certifying board for optometrists.

With these differences, consumers should become familiar with the various types of providers so that they are able to calibrate their choice of provider with their specific eye care needs. This knowledge is especially important in light of the growing trends to change and expand the role of optometrists, and the fact that their scope of practice varies widely from state to state.

# National Consumers League Survey

## Overall Findings

To gauge consumer awareness and knowledge of eye care providers, the National Consumer League (NCL) recently commissioned an online survey of American adults. A total of 600 respondents from the NFO Chronic Ailment Panel (CAP) participated in a 20-minute, online survey from July 22 – 27, 2005. The vast majority (86 percent) of survey respondents had direct experience with eye care providers because they currently wear glasses/contacts, or have had corrective eye surgery. Of the 600 respondents, 500 proportionally represented 49 states, and 100 represented Oklahoma – a state in which the most lenient restriction on optometrists apply. Details of the survey sampling and methods are attached in Appendix B, and on the NCL website at [www.nclnet.org](http://www.nclnet.org).

This survey demonstrated that there is a great deal of confusion among consumers regarding the credentials and roles of various eye care provider types. However, while consumers may not be aware of the differences between eye care providers, respondents largely indicated the appropriate level of provider as being responsible for their care. Ophthalmologists were most often listed as providing care for the following advanced conditions: cataracts, glaucoma, macular degeneration, cloudy membrane after cataract surgery, and diabetes-related problems. Only for vision loss (gradually declining vision acuity) did a greater number of respondents report seeing an optometrist rather than an ophthalmologist. Respondents also appeared to demonstrate a preference to have most eye care needs met by an ophthalmologist. When asked hypothetically about the type of eye-care provider a respondent would see if they suffered from a variety of conditions, respondents showed an overwhelming preference to visit an ophthalmologist.

This preference only increased once respondents were provided with information about the difference between various eye care providers. Respondents indicated a strong preference to have ophthalmologists address more advanced eye care needs, including surgery (95 percent) and prescribing of medications (92 percent) This highlights the need for consumer education about the distinctions between various provider types, which are important for primary care and even more critical for those seeking advanced care.

## Detailed Findings

### ***Demographics***

In general, total respondents were fairly evenly distributed among all age groups permitted in the survey (25-65+ years). Consumers under the age of 25 were not eligible to participate, as it was expected that younger populations would be less likely to have vision care needs and understand provider distinctions. The majority of the respondents wore glasses and/or contacts OR had laser vision correction. Less than 20 percent of the sample did not have any type of vision correction. It appears that a large proportion of people aged 55+ wear glasses/contacts OR have had corrective eye surgery. The majority of respondents (51 percent) live in suburban environments, and the remaining sample is split equally between rural and urban settings.

### ***Eye Care Behaviors***

The survey first looked at general preference and use of eye care professionals. Just over half (53 percent) of all respondents report they see an optometrist for their routine eye-care needs. Roughly one-quarter (28 percent) indicates that they seek routine eye-care from an ophthalmologist. When asked “hypothetically” about the type of eye-care provider a respondent would see if they suffered from advanced eye conditions, respondents showed an overwhelming preference to visit an ophthalmologist for their eye care.

Access to the different types of eye care professionals did not appear to be a problem in obtaining eye care. On average, respondents indicated a twenty-one (21) minute travel time to visit their routine, standard eye-care provider. Respondents seeking advanced, non-routine eye care reported an average travel time of twenty-six (26) minutes.

Respondents were generally confused about the different credentials necessary to become the various eye care professionals. Thirty percent of respondents incorrectly thought an optometrist had a medical degree. Nearly 50 percent thought an optometrist can be board certified, when they only require licensure. However, the majority of respondents rightly believed an ophthalmologist must be a medically-trained professional (67 percent) who is board certified (71 percent).

Even though respondents were unclear on their knowledge of which eye care professionals had medical degrees; they had strong opinions on the need for the degree. When it comes to performing surgeries (91 percent), laser surgery (89 percent), injecting /prescribing medications (82 percent), and emergency care (86 percent), most respondents indicated that they would prefer their eye-care provider to have a medical degree.

Respondents also strongly agreed with the following: that only a skilled, licensed medical doctor should be able to perform eye surgery; that patients should be told in advance of receiving medical eye-care whether or not their eye-care professional is a trained and licensed medical doctor; and that laser vision correction, laser cutting into the eye, and procedures involving a scalpel are all considered surgery.

After an initial set of questions, respondents were presented with an abbreviated set of provider profiles similar to the descriptions provided earlier in this paper. After reading the professional descriptions of the various eye care providers, the vast majority of respondents indicated that a preference for ophthalmologists to perform all advanced eye care procedures, including prescribing oral medications (92 percent), prescribing eye drops (88 percent), injecting medications (93 percent), surgery (95 percent) and laser surgery (95 percent). The only exception was the preference for an optometrist to test for and fit glasses and contacts.

The survey also suggests that consumers who have not had eye health problems (less than 20 percent of the sample) are less likely to appreciate differences in eye care providers because of lack of experience with such providers. But once informed of differences between providers, they showed a strong preference for ophthalmologists for advanced eye care.

People who have experience with eye health problems are more likely to appreciate the type and complexity level associated with various procedures. With respect to regulation, respondents expressed a preference for having standardized provider qualification criteria that are consistent throughout the US. Respondents also agreed that state medical boards should be responsible for “defining” what constitutes surgery.

Conversely, respondents did not feel that state legislatures were qualified to determine who performs surgery. This finding suggests consumers believe state medical boards are more qualified than elected officials to make decisions about eye surgery.

## **Legislative Activity**

Recent legislative trends regarding eye care professionals and their roles in providing patient care have implications for consumers. For the past four decades, optometrists have been working through the political process to expand their scope of practice to include some surgeries, procedures and prescribing privileges. In 2005, optometrists introduced bills that would augment their scope of practice in ten states. In this context, "scope of practice" is defined as the activities that individual health care practitioners are permitted to perform within a specific profession. These activities should be based on appropriate education, training, and experience. Scope of practice is typically established by the practice act for the profession.<sup>12</sup>

The recent efforts of optometrists to expand their scope of practice have been focused largely on state capitals, but also include efforts at the federal level. Recent state and federal legislative activities are summarized below, and Appendix A gives more detailed information on 2005 state legislative activity.

### **State Legislative Activity**

#### ***Prescribing***

Over the last 25 years, optometrists have added some form of therapeutic prescriptive rights to their practice - either topical or both topical and oral - in every state.<sup>13</sup> But states continue to vary widely on how much prescribing authority they grant to optometrists. And optometrists continue to ask for increased latitude in prescribing authority, pressing for the ability to prescribe oral and injectable drugs. Currently, optometrists can administer a number of topical medications (applied to the eye or near the eye) and oral medications that pertain to disorders and diseases of the eye. In many states, this includes controlled substances

In most proposed legislation, additional prescribing authority for optometrists is conditional upon completion of a course in pharmacology and the eye, and then issuance of a certificate from the state board of optometry. Optometrists take courses in pharmacology and pathology while studying for their degree, and must complete continuing education in pharmacology. States vary widely on the additional training requirements. For example, Maryland, with a relatively limited scope of practice for optometrists, requires 110 hours in pharmaceutical education, an 8-hour course in the use of topical steroids, as well as 30 hours of continuing pharmaceutical education every two years.<sup>14</sup> Kentucky, with a relatively board scope of practice, requires 15 hours in therapeutics once a year.<sup>15</sup>

In 2005, legislation adding therapeutic prescribing rights was introduced in Alaska, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Mississippi, New Mexico, New York, Texas, and Puerto Rico. In every state listed, except Maryland, optometrists sought to prescribe topical steroids as well as a broad range of systemic drugs. Under current law, when an optometrist encounters a patient in need of a pharmaceutical therapeutic that he or she cannot prescribe, the patient is sent to an ophthalmologist or general practitioner for a follow up appointment, subsequent diagnosis, and treatment planning, including prescribing medication. So, the point at which the optometrist makes a referral to an ophthalmologist depends upon the state's laws. In some states optometrists argue that these prescribing laws are too restrictive - causing unnecessary, costly, and inconvenient follow-ups with ophthalmologists. Conversely, ophthalmologists maintain that optometrists are sacrificing patient safety by attempting to perform procedures and prescribe medications for which they are not adequately trained.

### ***Surgery***

Currently, Oklahoma – where a heated battle between optometrists and medical doctors (including ophthalmologists) over the right to perform surgery has reached intense debate - is the only state that allows optometrists to perform surgery. The Oklahoma Board of Optometry recently adopted a rule that allows optometrists to perform more than 100 scalpel surgery procedures, thereby expanding the scope of practice for optometrists. In 2006 the Oklahoma legislature will consider legislation that will suspend the rule for one year, and authorize a 12-member committee to decide which non-laser surgical procedures optometrists may safely perform and for which there is a demonstrated need.<sup>16</sup>

In 2005, legislation permitting surgery was considered in both Texas and New Mexico, but neither bill was passed. In New Mexico, the fiscal impact report stated that there was no shortage of ophthalmologists in New Mexico, and that this bill would not promote access to care. The report concluded that if given the ability to perform more lucrative surgery, the bill may decrease the number of optometrists available for routine eye check-ups, and might impede Medicaid access.<sup>17</sup>

## **Federal Legislative Activity**

The profession is regulated at the state level. However, at the federal level, optometrists have attempted to expand their role in federal programs such as the Veterans Administration (VA) and the Indian Health Services. Expanding the scope of practice at the federal level can strongly influence state government actions.

In 2004 the Department of Veterans Affairs issued a directive authorizing optometrists who were certified to do surgery by their state, to perform laser eye surgery within the VA hospital system – so long as they were under the supervision of an ophthalmologist. This would mean that any optometrist certified to perform laser surgery by their state (which today is only Oklahoma) could perform laser surgery in different facilities throughout the US if they practiced within the VA health system, were authorized by the local VA facility, and were supervised by an ophthalmologist.

At the time this directive was passed, Oklahoma optometrists claimed to have completed nearly 10,000 laser surgeries without reported problems.<sup>18</sup> They had pushed for this VA directive as a means to save the VA hospital system money by increasing the number of available surgeons. However, this directive ordered that ophthalmologists supervise optometrists during the surgery, requiring two classes of eye care providers to be present, thereby actually increasing the cost of the surgery.

Since this was a federal authorization, optometrists licensed in Oklahoma could potentially practice laser surgery on the resident patients of other states through the VA health system, so long as the surgery was supervised by an ophthalmologist, and despite the fact that the practice of laser surgery by optometrists is banned explicitly in 38 states, including Washington, DC.<sup>19</sup> In addition to the states with an explicit ban, there are several others that are silent about the practice. Even given these state prohibitions, this directive essentially allowed optometrists to perform eye surgery on VA patients residing in states that specifically prohibit optometrists from performing surgery.

The VA directive received intense scrutiny, including debate in Congress and the introduction of the VETS Act (HR.3473) restricting optometrists from performing most surgical procedures.<sup>20</sup> The two types of eye care providers failed to reach an accord on how optometrists would be supervised while performing surgery. Ophthalmologists and others in the medical community argued that surgery should only be performed by surgeons who must meet certain surgical residency standards before being licensed to perform surgery, while optometrists claimed to have a track record of safety.<sup>21</sup> A national veteran survey revealed a 95 percent majority opposed surgery by non-surgeons.<sup>22</sup> The American Legion, Vietnam Veterans of America, the National Gulf War Resource Center, and others opposed the policy, highlighting the potential dangers and inefficiencies of letting non-physicians perform surgery.<sup>23</sup> Conversely, optometrists point to their record of safely performing laser surgery. To this date, there have been no peer-reviewed published clinical data on optometric laser surgery complication rates. Therefore, comparison of the immediate and long-term safety and effectiveness of laser eye surgeries performed by optometrists to those performed by ophthalmologists cannot presently be conducted. Due to

these disagreements and inability to come up with a compromise, the practice was prohibited in VA Hospitals in December 2004 in order to "...protect the interest of veterans", according to VA Secretary Anthony Principi.<sup>24</sup>

## **Policy Implications of Legislative Trends**

These various legislative trends described above have implications for patient access to safe, quality, affordable eye care. General eye care consumers – not legislators - ultimately will be most affected by these policies. Yet, it is unlikely that they have influenced the political decision-making process to the same extent enjoyed by provider specialty interest groups. In fact, it is unlikely that they even consider the role of state legislatures in making decisions that can affect their eye care.

Optometrists, as well as other allied health professionals, present the case to lawmakers that they can provide the same basic care and services safely at less cost. Both classes of providers are reimbursed at the same level by both private and government health care programs. They also argue that, because there are more of them distributed throughout the US, they are providing some services in rural areas and other underserved areas where few physicians are available.<sup>25</sup> Ophthalmologists counter by pointing out that this quest may lead to reduced safety and quality standards of care when "un-prepared" and "ill-trained" clinicians are providing the care. Some of the issues raised in the legislative trends and their affect on patient access to safe quality eye care are addressed below.

### **Access**

Optometrists in states with remote and rural populations will continue to use increased consumer access to eye care as a justification for expanding their scope of practice. Since optometrists are readily available and ophthalmologists are not, optometrists advocate that they should be able to provide the full spectrum of care patients need. While optometrists outnumber ophthalmologists by approximately 3:1 in most states, the question is not whether there are more optometrists than ophthalmologists, but whether consumers have access to the care they need when they need it. In fact, some would argue that the reason optometrist are pushing to expand their scope of practice is the result of a surplus of optometrists. The expanding number of non-physician providers such as optometrists, has led to pressure to increase demand for their services.<sup>26</sup> It is not clear whether – and to what extent - access to the appropriate eye-care providers is an obstacle to consumers receiving eye care. Studies have shown waiting times can be extremely long for both optometrists and ophthalmologists. A 2001 study of waiting times within the VA health system revealed the longest waiting time of all was for optometrists, an astounding 282

days.<sup>27</sup> The NCL survey showed that it took an average of 21 minutes travel time to get to primary care eye provider (usually an optometrist) and 26 minutes to get to the ophthalmologist.

### ***Prescribing***

As more medications are being prescribed (by potentially more practitioners), the potential for harmful drug interactions increases.<sup>28</sup> More than half of those over 65 take medications prescribed by two or more physicians, and nearly half take five or more prescription drugs.<sup>29</sup> When an individual visits multiple medical practitioners and receives multiple prescriptions, both the patient and practitioner should be aware of the potential for drug interactions. Given this reality, it is vitally important that when state legislators add prescription capabilities to a provider group, that the providers are required to undergo education regarding drug interactions. It is also important to ensure that such education is more than a weekend course, but involves course work as well as clinical experience working with patients.

In addition, reporting of adverse events is critical to patient safety analysis. Under federal law, an adverse event resulting in an official action against a medical doctor, including ophthalmologists, must be reported to the National Practitioner Data Bank (NPDB) by state medical boards, malpractice insurers, hospitals, HMOs and certain professional societies. While the NPDB will accept reports concerning official action against optometrists and other allied health professionals following an adverse event, such reporting is not required under federal law (and seldom occurs).<sup>30</sup> The lack of any reporting requirements for optometrists in either state or federal law has implications for patient safety.

### ***Who decides?***

Decisions are being made by state legislatures and regulatory bodies that impact consumer access to safe, quality, affordable eye care. The current system relies on elected state officials to decide the scope of practice. In Oklahoma, the state optometry board - instead of the state legislature - is now defining the scope of practice of optometry, including what constitutes surgery.<sup>31</sup> When a change in scope of practice is proposed by the state legislature or regulatory board, the following factors should be considered: the need to change scope of practice, effect of change on public health and safety, formal education and training (including clinical training) to support the change in scope, existing regulation and licensing, requirements for full disclosure by all health care practitioners about their qualifications, accountability and liability issues, and how the scope of practice change will affect the availability, accessibility, and cost of health care.<sup>32</sup> They should also consider consumer demand. We know from the NCL survey that consumers consider any cutting in or around the eye, or laser vision correction, to be surgery, and that they believe only those with a medical degree should be able to perform surgery.

In addition, legislatures and regulators should also consider how changing the scope of practice relates to standards across the U.S. The current trend of state legislatures and bodies expanding the scope of practice for optometrists has the potential for creating inconsistent standards in the US on who is able to conduct eye surgery. Consumers believe that qualification standards for performing eye surgery should be the same throughout the US.

***State legislatures vs. state medical boards***

As noted in the survey findings above, consumers felt strongly that state medical boards should define what surgery is, and did not feel that state legislatures were qualified to determine who performs surgery. Consumers have greater trust in state medical boards to make decisions regarding scope of practice. Any changes in scope of practice should only be made only after thoughtful consideration (by both the state legislature and regulatory boards) of consumer preference and the how the change will likely effect public health.

# **Framework for Consumer Eye Care Decisions**

Because of the changing landscape of the health care delivery system, including changes in the roles of non-physician providers, there are several issues for consumers to consider as they are making decisions regarding eye care. The National Consumers League website at [www.nclnet.org](http://www.nclnet.org) contains more information on eye care providers and consumer tips for making eye care provider decisions.

## ***What services do I need my eye-care provider to perform?***

Consumers should distinguish between the need for primary care (eye exams and fitting of glasses and lenses), and more advanced care (surgery). Vision screening to determine the existence of a vision problem, can be performed by trained volunteers as well as eye care professionals.

State laws and regulations specify the services an eye care provider can provide. While ophthalmologists, as medical doctors, can perform all eye treatments including surgeries and prescribe medications, state laws and regulations vary for optometrists. Consumer should be aware of which services optometrists are authorized to provide in their state, and whether an optometrist is able to provide all aspects of the treatment that is needed. Visit the Association of Regulatory Boards of Optometry for a link to state optometry boards - <http://www.arbo.org/index.php?action=arboDirectoryOfBoards>)

## ***Do I know the credentials and qualifications of my eye care provider?***

Consumers should check to see whether diplomas, licenses and training credentials for their health care provider are posted clearly in office/waiting room. Does the provider clearly indicate somehow that they are an optometrist (O.D.) or ophthalmologist (an M.D.)?

If this information is not posted, consumers are entitled to ask the practitioner if he or she is an optometrist (attended optometry school) or an ophthalmologist (attended medical school).

One potential source of confusion is terminology. Some optometrists in Oklahoma refer to themselves and other optometrists as “optometric physicians.” While optometrists offer valuable services to their patients, they are not medical doctors, and consumers should be aware of the difference in training and education.

## ***Does the eye care provider have sufficient training and experience to provide the care needed?***

While each member of the eye health care team is a professional with extensive training, consumers should know whether a provider has adequate training for and experience with the

specific procedure or care that is needed by the patient. Patients might want to know, for example, whether the eye care practitioner can provide treatment in the hospital should that be required.

Other questions to pose of the provider might include: Is he/she on call if the patient has a problem at night or on the weekends? If not, who is available to deal with potential problems?

***Does the eye care provider have sufficient training and experience performing surgery?***

Patients should ask practitioners about their surgical training and the number of similar surgeries they have performed before making decisions regarding surgery. They should ask: Where did they learn the procedure? How many times have they performed the procedure? What is the complication rate (the chance that a problem may occur) for the procedure? What are the odds of success/failure?

***Does the eye care provider have sufficient training to prescribe medications?***

Consumers should know that the more prescriptions they receive, the greater their risk of drug interactions. Before prescribing, providers should ask about other medications the patient is taking and any other medical conditions they may have. Just to be sure, consumers should keep a personal medication list that includes all prescriptions, OTCs, and herbal supplements they are taking. And, prior to getting a new prescription from an eye care provider, patients should ask whether he/she has had specific clinical experience with the medication prescribed, including potential drug interactions.

***Do I have access to the eye care provider I need?***

Ensuring access to needed health care services is part of providing quality health care. When considering access issues, consumers need to make sure that, in striving for convenience, they do not sacrifice quality. For some consumers seeking primary eye care, the nearby optometrists will satisfy their patient care needs. For other consumers seeking advanced care, the extra time to access an ophthalmologist may be worth the assurance of seeing a trained medical doctor.

***Do I know how to report problems with my eye care provider to the proper regulatory authorities?***

For information on contacting the various state boards regulating eye care professionals, visit the Association of Regulatory Boards of Optometry website for a link to state optometry boards: <http://www.arbo.org/index.php?action=arboDirectoryOfBoards>; and visit the Federation of State Medical Boards website for a directory of state medical boards (which would oversee ophthalmologists) [http://www.fsmb.org/directory\\_smb.html](http://www.fsmb.org/directory_smb.html).

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- <sup>3</sup> Bureau of Labor Statistics, U.S. Department of Labor. "Optometrists," Occupational Outlook Handbook, 2004-2005 Edition: June 27, 2005, <http://www.bls.gov/oco/ocos073.htm>.
- <sup>4</sup> Bureau of Labor Statistics, U.S. Department of Labor. "Optometrists," Occupational Outlook Handbook, 2004-2005 Edition: June 27, 2005, <http://www.bls.gov/oco/ocos073.htm>.
- <sup>5</sup> Association of Regulatory Boards of Optometry, "Frequently Asked Questions," <http://www.arbo.org/index.php?action=arbofaqs#structure>.
- <sup>6</sup> Association of Regulatory Boards of Optometry, "Frequently Asked Questions," <http://www.arbo.org/index.php?action=arbofaqs#structure>.
- <sup>7</sup> American Academy of Ophthalmology (AAO) website, "About Ophthalmology and Eye MDs," <http://www.aao.org/about/eyemds.cfm>.
- <sup>8</sup> Bureau of Labor Statistics, U.S. Department of Labor. "Physicians and Surgeons," Occupational Outlook Handbook, 2004-2005 Edition: June 27, 2005, <http://www.bls.gov/oco/ocos074.htm>; AAO website, <http://www.aao.org/about/eyemds.cfm>.
- <sup>9</sup> American Board of Ophthalmology Frequently Asked Questions about ABO's New Maintenance of Certification Program, <http://www.abop.org/certification/certreq.html>. Recently, the American Board of Medical Specialties changed its re-certification process for ophthalmologists to a "maintenance of certification" process. This is in direct response to increased demand by patients for consistent quality medical care from their doctors and an attempt to ensure physician competence. This change in certification process requires all physicians to stay current in information and skills.
- <sup>10</sup> AAO website, "About Ophthalmology and Eye MDs," <http://www.aao.org/about/eyemds.cfm>
- <sup>11</sup> Federation of State Medical Boards website, "The Role of the State Medical Board," [http://www.fsmb.org/grpol\\_talkingpoints1.html](http://www.fsmb.org/grpol_talkingpoints1.html)
- <sup>12</sup> Federation of State Medical Boards, "Assessing Scope of Practice in Health Care Delivery," [http://www.fsmb.org/pdf/2005\\_grpol\\_scope\\_of\\_practice.pdf](http://www.fsmb.org/pdf/2005_grpol_scope_of_practice.pdf)
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- <sup>14</sup> House Bill 719, 2005 Maryland Legislative Session, <http://mlis.state.md.us/2005rs/billfile/hb0719.htm>
- <sup>15</sup> Kentucky Board of Optometric Examiners. <http://optometry.ky.gov/faqs.htm>. This contrasts with a psychologist prescribing bill in New Mexico, which requires 450 hours of classroom education, and 80 hours of additional clinical education. American Psychiatric Association News Release, No. 0450, Sept. 17, 2004.
- <sup>16</sup> H.J.R. 1031, Oklahoma 2005 Legislative Session, [http://www2.lsb.state.ok.us/2005-06hb/hjr1031\\_int.rtf](http://www2.lsb.state.ok.us/2005-06hb/hjr1031_int.rtf).
- <sup>17</sup> New Mexico House Bill 0199 Fiscal Impact Report, <http://legis.state.nm.us/Sessions/05%20regular/firs/HB0199.html>
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- <sup>20</sup> "VA Optometry Under Fire" December 1, 2003, American Optometric Association website.

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- <sup>23</sup> United States Veterans Association. VA Health Newsletter, November, 2004.
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- <sup>29</sup> Safran, DG, et al. “Prescription Drug Coverage and Seniors: Findings from a 2003 National Survey,” Health Affairs April 19, 2005, 152- 166.
- <sup>30</sup> National Practitioner Data Base website, <http://www.npdb-hipdb.com/legislation.html>.
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