

Michael X. Repka, M.D., M.B.A
American Academy of Ophthalmology
Subcommittee on Health
July 14, 2015

Dear Chairman Benishek and Ranking Member Brownley,

I am Michael Repka, M.D., Medical Director for Government Affairs for the American Academy of Ophthalmology. The Academy appreciates the opportunity to present its views on H.R. 1688, legislation which would designate 20 of the graduate medical education positions (GME) created under the Veterans Access, Choice and Accountability Act for 2014 (Public Law 113-146) for optometry. The Academy is the largest national membership association of Eye M.D.s with more than 31,000 members, over 18,000 of which are in active practice in the United States. Eye M.D.s are ophthalmologists, medical and osteopathic doctors who provide comprehensive eye care, including medical, surgical and optical care. More than 90 percent of practicing U.S. Eye M.D.s are Academy members.

The Academy has a long-standing priority of ensuring that our nation's veterans and active duty Service Members receive high quality eye care and we work closely with our members employed in the Department of Veterans Affairs (VA) and the Department of Defense (DoD). We applaud Congress for taking steps to increase the number of physicians working for the VA and especially for including a provision to create 1,500 GME residency positions in P.L. 113-146. The Academy must oppose H.R. 1688 which would designate 20 of the new GME positions for optometry for the following reasons.

First, the Academy believes that passage of H.R. 1688 would set a dangerous precedent and encourage other provider groups to seek passage of similar legislation requiring the VA to set aside a portion of these much needed residency positions without respect to VA needs. Enactment of statutory language that dictates how these new residency positions should be allocated limits the VA's flexibility on how to best meet the health care needs of our nation's veterans, and, in our opinion, undermines the intent of the Veterans Access, Choice and Accountability Act.

Second, our nation is facing a looming physician shortage and the demand for physicians continues to grow faster than the supply of physicians. According to the Association of American Medical Colleges (AAMC), our nation faces a shortage of 45,000 primary care physicians and 46,000 surgeons and medical specialists by 2020. Our nation's medical schools have been working to address the shortage by increasing their enrollments. However, because of the cap on the number of federally supported residency training positions imposed by Congress in the Balanced Budget Act of 1997, many graduating physicians are unable to complete their training and care for patients. In 2014, more than 1,000 students failed to match with a residency position. Because physician training can take up to a decade, our nation must address the physician workforce shortage now. The creation of new GME residency positions within the VA is a positive step in that direction and will help ensure veterans' continued access to needed care.

In contrast to the physician workforce shortage, by all estimates, the rapidly growing supply in the optometry workforce is leading to a surplus of practitioners. Over the last several years, an aggressive program to expand the number of optometry schools and optometry students in the United States has contributed to significant growth in the optometric workforce. Since 2009, four U.S. optometry schools have opened and three schools are currently in the process of developing new optometry programs. Data published by the Association of Schools and Colleges of Optometry (ASCO) reveals that since 2008-2009, the number of optometric students has increased from 5595 to 6805 or approximately 21.6 percent.

In the light of our nation's limited resources and the looming physician workforce shortage, the Academy does not believe that Congress should designate much needed GME residency positions for non-physician providers. Although some optometrists complete a one-year residency program, a residency is not a requirement for licensure of optometrists in any state. According to data published by ASCO, in 2014, approximately 77 percent of graduating optometry students did not do a residency, indicating that residencies are not a core component of optometric education. In contrast, residencies are a core component of medical education and post graduate education. Therefore, based on our review of P.L. 113-146, we believe that the Veterans Access, Choice and Accountability Act directs the VA to expand physician residency positions, giving priority to the disciplines of primary care and mental health and to sites new to GME, in health professional shortage areas or with high concentrations of veterans. Therefore, the Academy urges the House Committee on Veterans' Affairs to oppose H.R. 1688.

Thank you for the opportunity to submit the Academy's views on H.R. 1688. We strongly urge the Committee to forego action on this legislation. The Academy looks forward to working with the Committee and its members to ensure that our nation's veterans have access to highest quality eye care.

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American Academy of Ophthalmology

Between 2013 and 2015, the American Academy of Ophthalmology (AAO) received funding from the Agency for Healthcare Research and Quality (AHRQ) under the Developing Evidence to Inform Decisions about Effectiveness (DEClDE) Program, to disseminate the Registry for Glaucoma Outcomes Research (RiGOR) study findings through the use of social media tools.

AAO is a 501c (6) educational membership association.

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Dr. Repka currently serves as the Academy's medical director for governmental affairs. Prior to this position, he served on the Academy's Committee of Secretaries as the secretary for federal affairs since 2005. He has served on several Academy committees, including chair of the Federal Economic Policy Committee, Diagnostic and Procedural Terminology and Reimbursement Committee and the EyeNet Magazine editorial advisory board. He is also the Academy's advisor to the CPT editorial panel of the American Medical Association.

He received his medical degree from the Jefferson Medical College of Thomas Jefferson University and completed his ophthalmology residency at Wills Eye Hospital. Following completion of his residency training, a fellowship was spent training in pediatric ophthalmology and strabismus as well as neuro-ophthalmology at the Wilmer Ophthalmological Institute of Johns Hopkins Hospital.

Dr. Repka is a professor of ophthalmology and a professor of pediatrics at the Johns Hopkins University School of Medicine. He has been at the Johns Hopkins University School of Medicine since 1983. He is nationally and internationally known for his contributions in the fields of pediatric ophthalmology, strabismus, retinopathy of prematurity and pediatric neuro-ophthalmology. His clinical practice includes an interest in the management of strabismus and amblyopia. In these areas, he has a special interest in using alternatives to patching for the management of amblyopia and using strabismus surgery, botulinum toxin and adjustable sutures to treat strabismus. He performs cataract surgery and intraocular lens implantation on children with cataracts. He also has a special interest in pediatric neuro-ophthalmology involving normal and abnormal visual development and the effect of injury and tumor on the visual system of the child.

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