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President, American Optometric Association

September 19, 2023

The Honorable Mariannette Miller-Meeks
Chair, Health Subcommittee
U.S. House Veterans' Affairs Committee
364 Cannon House Office Building
Washington, D.C. 20515

The Honorable Julia Brownley
Ranking Member, Health Subcommittee
U.S. House Veterans' Affairs Committee
550 Cannon House Office Building
Washington, D.C. 20515

RE: HVAC Health Subcommittee Hearing - VA's Federal Supremacy Initiative: Putting Veterans First

Dear Chair Miller-Meeks, Ranking Member Brownley, and Members of the Subcommittee,

Thank you for the opportunity to submit testimony today regarding the ongoing work of the U.S. Department of Veterans Affairs (VA) to develop an Optometry National Standard of Practice (NSP) and to better ensure that America's Veterans have access to the comprehensive eye and vision care they need and deserve, when and where they need it.

As President of the American Optometric Association (AOA), I am proud to submit AOA's testimony to you today and reaffirm our commitment to working with you and your colleagues as well as VA, Veteran Service Organizations (VSOs), and others to implement solutions aimed at better meeting the eye and vision care needs of our Veterans. Eye and vision care ranks as the third-most requested service by Veterans, and doctors of optometry provide roughly three-quarters of all eye and vision care within the VA. What the Department decides to include in or exclude from the forthcoming Optometry NSP will have an outsized impact on access and timeliness of care, patient outcomes, and Veteran quality of life for years to come.

The AOA represents more than 44,000 doctors of optometry, optometric professionals, and optometry students, including a large share of the more than 1,000 VA doctors of optometry on the frontlines providing primary and medical eye care services to millions of Veterans across the country. We also represent thousands of private practice community care optometrists proudly serving as an access to care force multiplier to help VA fulfill its mission to care for those that have borne the battle.

Right now, VA Doctors of optometry care for more than 70 percent of the total unique Veteran visits involving eye care services, including 73 percent of the 2.5 million selected ophthalmic procedures and nearly 99 percent of services in low vision clinics and blind rehabilitation centers. VA Doctors of optometry currently practice at 95 percent of the VA sites where eye care is offered and, in many facilities, they are the only licensed independent eye care practitioner available.

Despite the key role doctors of optometry play in the delivery of VA health care, the Department continues to face difficulties meeting Veteran demand for eye and vision care services. While wait times vary from facility to facility, it is undeniable that veteran access to needed eye and vision care is lacking – a situation that has been publicly recognized by VA. Recruiting and retaining doctors of optometry are both concerns. AOA, VA, and leaders in Congress are right now working to boost optometry recruitment and retention by including doctors of optometry in the same market-based pay scale as medical doctors and others. This is a partial fix, but we can and must do more.

VA also recognizes that recruitment and retention is only one part of the solution, and that the existing optometry workforce must be better utilized. In April 2020 VA issued Directive 1899 which encouraged its medical facilities to use doctors of optometry and others at the full scope of their licensure. To help VA better fulfil its mission, the AOA believes that VA must fully utilize the training and abilities of doctors of optometry by issuing forthcoming Optometry National Standard of Practice that recognize and ensure Veteran access to the full scope of care, including laser eye care and other contemporary procedures, that doctors of optometry are trained and licensed to provide.

The Importance of Timely Access to Eye and Vision Care

Undiagnosed and untreated vision problems can negatively impact Veteran quality of life. Too often undiagnosed and untreated vision problems can be signs of larger health concerns. Regular eye care can help address vision-related quality of life issues and better ensure early diagnosis and treatment for underlying concerns, including a wide range of systemic conditions.

Eye and vision disorders have broad implications for Veterans because of their potential for negatively impacting activities of daily living, resulting in decreased quality of life. They are associated with loss of mobility, independence, employment, and can lead to reduced social interaction and depression. It is estimated that at least 40 percent of vision loss in the United States is either preventable or treatable with timely intervention, yet many Americans remain undiagnosed and untreated. Changes in visual function can affect an individual's ability to perform activities of daily living. Since these changes can develop gradually and occur without symptoms, their effect on visual function and performance may not be readily apparent – making regular eye care so important.

The leading causes of vision impairment and blindness in the United States, other than refractive errors, are primarily age-related diseases such as cataracts, glaucoma, and age-related macular degeneration. In addition, diabetic retinopathy, the most common microvascular complication of diabetes, can occur in adults of any age. Refractive errors, cataracts, age-related macular degeneration, and diabetic retinopathy usually reduce central vision, especially for reading and other near activities. Glaucoma characteristically

affects peripheral vision, which may alter balance and walking. Untreated, these conditions lead to problems with taking medications, keeping track of personal information, walking, watching television, driving, and reading, and often create social isolation. Early detection and treatment of these conditions are central to improved quality of life.

The eye is the only part of the human body where blood vessels and nerve tissue can be viewed directly in their natural state. Alterations in retinal blood vessels allow the eye doctor to draw conclusions about the status of blood vessels in the entire body. Changes in the eye often precede or occur concurrently with various systemic conditions and can represent important prognostic indications of disease progression. Regular eye care presents a unique opportunity to observe and evaluate the impact that systemic health problems such as diabetes, hypertension, and hyperlipidemia have on the body and the eyes. For some individuals, signs of an undetected systemic disease may initially be found during an eye examination. Detection of systemic diseases through a comprehensive eye and vision examination can lead to earlier treatment resulting in better patient care, avoidance of complications, and reduced health care costs.

Education and Accessibility of Doctors of optometry

Doctors of optometry, America's primary eye health care providers, are the frontline of eye and vision care and are recognized as physicians under Medicare. Doctors of optometry examine, diagnose, treat, and manage diseases and disorders of the eye. In addition to providing eye and vision care, they play a major role in an individual's overall health and well-being by detecting systemic diseases, and diagnosing, treating, and managing ocular manifestations of those diseases, and providing vaccinations.

Doctors of optometry prescribe medications – both orally and via injection, low vision rehabilitation, vision therapy, spectacle lenses, contact lenses, perform certain surgical procedures, and counsel patients regarding surgical and non-surgical options that meet their visual needs related to their occupations and lifestyle. A doctor of optometry degree is awarded after a rigorous, extensive, clinically oriented, four-year postgraduate program at an accredited school or college of optometry.

Optometry students begin clinical training almost immediately in their doctoral degree curriculum. The program includes doctoral level study concentrating on the eye, vision, and associated systemic disease and also includes courses on systemic health conditions that focus on the patient's overall health and medical conditions. Optometric education has evolved and advanced over the past few decades, in large part due to the evolution of technology.

Laser and surgical education, both didactic and hands-on, is embedded and is a key part of optometric education at both the optometry school level and the post-doctoral level. In fact, contrary to what detractors may say, laser eye care and other contemporary procedures are taught in each and every school and college of optometry in the country. Today's rigorous four-year optometry school curricula focuses exclusively on the study of ocular health and vision care – including education and training in performing laser procedures on the eye. The National Board of Examiners in Optometry (NBEO) now also has a "Laser and Surgical Procedures Examination" as part of the national board exam series.

In addition, many doctors of optometry complete a residency in a specific area of practice. In fact, the VA hosts the largest optometric clinical training program in the United States. Nationwide, there are over 215 accredited post-graduate residency and more than 1,500 externship positions available annually for clinical training.

A key access point, doctors of optometry serve as frontline providers for the vast majority of patients in the United States. Optometrists provide more than 70 percent of comprehensive eye care in our country. Research conducted by the AOA shows doctors of optometry practice in more than 10,000 communities and counties that account for 99 percent of the U.S. population. Thirty-nine percent of U.S. counties or county-equivalents have access to a doctor of optometry but not an ophthalmologist. According to the Health Resources and Services Administration, by 2025 there will be a shortage of about 6,000 ophthalmologists. With a steadily increasing supply of patients needing care and a dwindling number of ophthalmologists to care for them, doctors of optometry are uniquely positioned to serve as the solution to this growing lack of timely access to essential care.

Licensure and Scope of Practice Trends

Doctors of optometry are licensed to practice by their state and their scope of practice is set by that state's laws and regulations. The trend for the past 50 years has been to increase the scope of services that doctors of optometry can provide. In no case has their scope of practice been reduced. Today optometrists are authorized to prescribe oral medication and treat glaucoma in all states. In most states, optometrists can order diagnostic testing and conduct in-office blood testing. Doctors of optometry are authorized to provide injections in most states. In many states, optometrists are authorized to perform minor surgical procedures, including removal of foreign bodies.

In ten states (Alaska, Arkansas, Colorado, Indiana, Kentucky, Louisiana, Mississippi, Oklahoma, Wyoming, and Virginia) doctors of optometry are authorized to use lasers to treat ocular conditions. In one state – Oklahoma – optometrists have been providing laser eye care for nearly 40 years. State regulators cite that this authority has led to an increase in access to care that patients need, particularly in their state's underserved and rural areas. Those state officials also make clear that little or no patient complaints have resulted from this increase in services offered. Further, malpractice rates for doctors of optometry in states with the authority to provide laser eye care and other contemporary procedures are roughly identical to rates in states without that increased authority, highlighting the safety and efficacy of this care provided by doctors of optometry.

All federal health programs recognize, cover, and pay for doctors of optometry to provide laser and other surgical procedures, as well as all other contemporary procedures covered under their state scope of practice. Medicare, Medicaid, the Indian Health Service – which is a similar federal supremacy system – all cover and pay for the full range of services authorized under an optometrist's state scope of practice. Similarly, all major private payers cover and pay for those services, including laser eye care and other contemporary procedures, included in an optometrist's state scope of practice. As such, VA is currently the outlier among other federal programs and all private payers. Advancing an Optometry NPS that recognizes all care within an optometrist's scope of practice would bring VA into alignment with all other major systems and national payers.

VA Actions and VSO Engagement

For nearly 15 years, VA relied on a policy (Directive 1132) that prevented its doctors of optometry from providing therapeutic laser eye care to Veterans. When the policy was adopted, VA made clear in official correspondence that the policy was not created for safety concerns. Then in May 2020, VA reissued Directive 1132, with new language asserting that the policy had been created in response to safety concerns. After outreach from concerned members of Congress, VA rescinded the policy in August 2020. In its place, VA included language in the VA's Eye Care Handbook (Directive 1121) saying that "currently" only ophthalmologists can perform laser eye procedures. This set up a pathway for doctors of optometry to obtain the necessary credentialing and privileging to provide this needed care.

Then in September 2022, after again hearing from concerned members of Congress, VA dropped restrictive language within two Eye Care Comprehensive Standardized Episode of Care (SEOC) guidelines that had prevented Veterans from accessing community care doctors of optometry for so called "invasive" eye procedures. The original SEOC language had said "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." After hearing from concerned Veteran advocates and leading Members of Congress angry that their state's Veterans were not afforded the same access that all other citizens of their state enjoyed, VA changed the language to allow these services to be provided by "an ophthalmologist or optometrist based on the state licensure of the provider."

In a March 2023 letter to VA Secretary Denis McDonough, a leading VSO, AMVETS, thanked the Department for its work and urged VA to "continue working to ensure that all Veterans have access - when and where they need it - to the full range of care that eye doctors within VA and in the community are trained and licensed to provide."

"AMVETS is appreciative for and supports recent amendments made by VA to its Eye Care Comprehensive Standard Episodes of Care (SEOC) – a change which aims to better ensure Veterans access to a wide range of medical eye care services provided by both optometrists and ophthalmologists, based on the state licensure of the provider. We agree with VA that "this change will improve access by allowing providers to render services for which they are legally licensed, reduce the need for multiple Community Care encounters and allow Veterans to choose their preferred provider within the care network." This move also helps ensure that Veterans are treated fairly and have the same access to care now enjoyed by pretty much every other citizen in their states, including those covered by Medicare, Medicaid, the Indian Health Service, and all major private health insurers. If VA is considering any further changes to these policies, we would ask for a full briefing beforehand.

Additionally, as VA works to finalize optometry national standards of practice, we would urge the Department to follow the aforementioned Eye Care SEOC approach by ensuring that Veterans within VA – as they now do through the community – have access to the full range of care that both ophthalmologists and optometrists are trained and licensed to provide. While optimistic that the new standards will help boost access to needed care, we are concerned that they may not include some eye care services provided by optometrists simply because these types of eye

doctors are authorized to provide those services in less than a majority of states. Should VA take the approach of only including health care services in the standards which are authorized in a significant number of states, AMVETS is worried that Veterans in some states may needlessly be denied access to essential health care services solely because states other than their own have failed to act. AMVETS urges VA to ensure that through these practice standards Veterans, at the very least, have the same access to the same services that every other citizen of their state now enjoys.”

AMVETS highlights a concern shared by the AOA that the Optometry NSP not solely include services that are allowed under an optometrist’s scope of practice in a large majority of the states. Right now, Medicare, Medicaid, IHS, and all privately covered citizens in many states have access to doctors of optometry for a wide range of care that they need and deserve – but America’s Veterans do not, at least through the VA itself. Through Optometry NSP, VA must continue its work to ensure that Veterans at least have the same access that every other citizen of their state now enjoys.

Lots of Noise, But What Does the Evidence Say?

Detractors often claim that they have evidence of the dangers of optometrists providing laser eye care and other contemporary care, but each one has been shot down. The Journal of the American Medical Association (JAMA) released a study, which was paid for by the American Academy of Ophthalmology, on Selective Laser Trabeculoplasty (SLT) from Medicare data out of Oklahoma. Based on this study, the JAMA authors claim that optometrists are performing this procedure 2.5x more (repeat procedures) than ophthalmologists.

However, the reality is that the FDA clinical trial protocol for SLT laser dictated that the surgeon was to perform a treatment on only half of the eye to reduce laser exposure and to prevent post-operative inflammation. Optometrists were trained using the conservative methodology used in the FDA clinical study, which was determined to be safe. Some eye doctors decided to double the radiation exposure (treating the entire eye) to reduce the number of visits. The 2016 JAMA study found that ophthalmologists doubled the radiation exposure more often than optometrists. This paper is not proof that ophthalmologists are safer. If anything, it shows that optometrists are more conservative than their ophthalmologist colleagues by following more closely to the approved FDA protocol. Further, the paper admits that it is not a safety study nor a study of the efficacy of the procedure despite how it is often misquoted.

Another claim is that a patient from Texas, Charlotte, reports that a laser procedure performed in Louisiana caused irreparable harm to her vision and now prohibits her from doing the things she loves, such as sewing and knitting. The reality is that while Charlotte has never released her medical records related to this issue, based on the information provided, we believe the procedure she received was vitreolysis. This is a procedure that doctors of optometry in most states utilizing in-office laser procedures do not and cannot perform by law. Despite Charlotte’s claims of significant vision impairment, she did not seek private legal action against these doctors and did not file a formal complaint in either Texas or Louisiana.

Similarly, those opposed to doctors of optometry providing laser eye care and other procedures continue to highlight rare instances of poor health outcomes at VA, including a decade-old occurrence at the Palo Alto facility. The AOA made a promise nearly 10 years ago, to both VA and to VSOs, that we would not retaliate to such attacks and point out instances where negligent VA ophthalmologists harmed Veteran patients (and there are specific examples that we could cite), because it undermines VA's ability to care for Veterans and undermines Veteran's faith in their health care providers, which can ultimately undermine their health and wellness. It has not been easy to keep from responding to these ongoing attacks, but we plan to keep our promise to VA and the Veteran community.

While detractors continue with their campaign of fear, the reality is that doctors of optometry have been and continue to provide this care safely and effectively. Each state that has authorized these services makes clear that this move has boosted access to care and has not created safety concerns and never in the five decades of optometry scope expansion has any state ever repealed scope advancement. If there were serious patient concerns, oversight officials would have taken notice and our detractors would have made any sincere concern into a large-scale public relations campaign.

There are studies highlighting the safety and efficacy of doctors of optometry providing this care. A study published in August of 2023 in the journal *Optometry & Vision Science* formally assessed the efficacy and safety of YAG laser capsulotomy procedures performed by optometrists with 99 percent of patients reporting subjective improvement in visual acuity post-procedure and 95 percent of patients showing objective visual improvement that allowed for a better quality of life. Importantly, no significant adverse events were noted in any subject.

Considerations for Optometry National Standard of Practice

With eye and vision care ranking as the third-most requested service by Veterans, and doctors of optometry – often the only eye care provider available – right now providing roughly three-quarters of all eye and vision care within the VA, what the Department ultimately decides to include in or exclude from the forthcoming Optometry NSP will have an outsized impact on timeliness, access, outcomes, and Veteran quality of life for many years to come.

It is clear that VA has a need to better meet the eye and vision care needs of the Veteran population. And it is clear that better utilization of the training and licensure of doctors of optometry will help VA achieve that goal. Doctors of optometry have been and continue to provide a wide range of care, including laser eye care and other contemporary procedures, safely and effectively for many years. That is why all other federal programs, including VA Community Care, and all private payers cover and pay for this care provided by optometrists – and no state, health program, or payer has ever reversed course.

It is now time for VA to listen to the VSO calls for VA to ensure that Veterans have the same level of access to the care that everyone else in their state now enjoys. It is time for VA to cut through the noise and do what is right for Veterans by advancing an Optometry NSP that recognizes and ensures Veteran access to the full scope of care, including laser eye care and other contemporary procedures, that doctors of optometry are trained, licensed, and fully able to provide. Thank you for the opportunity to provide this testimony today and please know that we are committed to working with you and your colleagues as well

as VA, Veteran Service Organizations (VSOs), and others to better meet the eye and vision care needs of our Veterans and better ensure that America's Veterans have access to the comprehensive eye and vision care they need and deserve, when and where they need it. Please do not hesitate to contact me or AOA staffer Matt Willette (703-837-1001 / mwillette@aoa.org) if you would like additional information or to discuss this or any other matter.

Sincerely,

A handwritten signature in black ink that reads "Ron Benner O.D.". The signature is written in a cursive style with a large initial "R" and a distinct "O.D." at the end.

Ronald Benner, O.D.

President, AOA