Protect Veteran Access to Essential Eye Care
Help VA Recruit and Retain Needed Doctors of Optometry

Summary

Vision and eye health care is the third-most requested service by veterans, outpaced only by primary care and mental health care. Department of Veterans Affairs (VA) doctors of optometry provide roughly 70% of essential primary and medical eye care services, including 73% of the 2.5 million selected ophthalmic procedures and nearly 99% of services in low vision clinics and blind rehabilitation centers. VA optometrists are currently practicing at 95 percent of the VA sites where eye care is offered and are often the only licensed independent eye care practitioner available. Despite the key role doctors of optometry play in the delivery of VA health care nationwide, the VA continues to face difficulties recruiting and retaining the doctors of optometry it needs. VA policy leaders agree that the statutory pay scale and pay cap are major factors in the unfolding optometry recruitment and retention crisis. To help solve these problems, the VA CAREERS Act (S. 10) would include doctors of optometry in the physician/dentist/podiatrist pay scale and give the department the tools it needs to recruit and retain optometrists to better compete with private sector pay in local communities. This would afford our nation’s veterans increased access to the excellent services they deserve. U.S. Senators and House members are urged to support adding optometrists to the physician/dentist/podiatrist pay scale.

Recruitment and Retention

Problems Related to Pay

Despite the key role VA doctors of optometry play in the delivery of eye care to our nation’s veterans, the department continues to face difficulties recruiting and retaining optometrists to meet the demand. Currently, VA optometrists are included within the general schedule (GS) pay scale which has gone largely unchanged since 1976. In 2004, legislation created a new pay scale for allopathic and osteopathic physicians to allow physician compensation to remain competitive with private sector employment opportunities. Over time, dentists and podiatrists moved over to this new market-based pay scale as well, leaving optometrists under the antiquated GS pay scale. Without a market-based pay scale, VA optometrists are currently compensated from $20,000 to $60,000 less than their private sector peers in the same communities, especially in rural and other underserved areas. The current pay discrepancy has led to numerous chronically vacant optometry positions at VA facilities across the country, resulting in suboptimal access to the specialized eye care our veterans require and deserve. Compounding the crisis, 20-25% of the VA optometry workforce is at or near retirement eligibility. Senior optometrists are separating from the VA or retiring because they have reached the legislative pay cap. In many regions, the current GS pay scale cap is far below that of the private sector, making private sector employment the more attractive, and often necessary option. This exacerbates the provider retention problem and impacts rural VA communities in desperate need of quality eye services the hardest.
VA and VSO Support

An August 2022 memo (VIEWS 8154579) issued by VA leadership said, “the current salary structure for VA Title 38 Optometrists is inadequate…as a result of this statutory pay limit, many VHA Optometry departments are unable to hire VA Optometrists…” Further, in a Sept 6, 2022 letter, VA Under Secretary for Health Shereef Elnahal, M.D., said “the National Optometry Program Office is planning to submit a legislative pay proposal requesting optometry be changed to the physician/dentist/podiatrist pay structure… I support the National Optometry Program Office in these efforts to invest in our optometry workforce.” S. 10 is also supported by American Veterans (AMVETS) and Disabled American Veterans (DAV).

Solution

The AOA and AFOS support S. 10, the CAREERS Act of 2023, which would transfer VA doctors of optometry to the physician/dentist/podiatrist pay scale, allowing for market-based pay analysis in determining salaries that are more competitive and flexible in both rural and urban settings. The bill would also increase the salary cap for doctors of optometry, helping to retain experienced providers and make VA a more attractive career option.

After working at a CBOC in rural Texas I transferred to a VA in a big city and it took over a year before they were able to find a replacement for me. That doctor eventually transferred to a bigger city too so that CBOC position has been vacant for the past two years. They have a hard time recruiting and retaining anyone at this location. Since it’s a rural area, it was base pay, which was significantly lower than the locality pay of the nearest big city. —— Dr. T, Texas

One of our doctors had worked at a rural CBOC for 18 years and was well-liked by veteran patients. Nearing retirement from federal service we approached him to continue on as a contractor but were not able to offer him a competitive rate. Now he works in a private office 5-6 days per week but we have been unable to backfill the position for over a year and face increasing wait times for our patients.

——— Anonymous

Current state, we are short four clinicians placing additional burden on remaining ones. The backlog wait time is astronomical and increasing. This puts patients with chronic sight threatening disease at greater risk because of scheduling problems.

——— Dr. D, Maryland

I have a twin brother who is an optometrist in the same town I practice. He did not do a residency like I had. The difference in pay is astounding or rather hard to comprehend. He works only four days a week and makes over two and a half times what I make as a GS 15-10. —— Dr. V, South Dakota

One of our brightest Drs with over 12 years’ experience, who was Chief of the hospital clinic, and residency program director in addition to running a student teaching program had had enough. With lack of support, and being significantly underpaid relative to the private sector, she had no recourse but to move on to greener pastures. This impact cut 66% of functional eyecare capacity at the station. The replacement of only one year duration quickly realized a similar fate and is leaving in a few months.

——— Anonymous

An excellent well-seasoned clinician with 15 years of VA experience found it demeaning to continue at such a poor pay level compared to local levels. He left the VA over two years ago and the position has not been backfilled. Another at a CBOC in the area has also left. That position remains unfilled.

——— Anonymous
Veterans Deserve National Standards of Practice Guaranteeing Access to ALL Care That Their Optometrist is Trained and Licensed to Provide

Right now, the Department of Veterans Affairs (VA) is developing new National Standards of Practice (NSP) for doctors of optometry and others. NSP are being created to help VA implement its new electronic health record system in conjunction with the Department of Defense.

The new standards are expected to be a list of services that veterans may seek from VA optometrists. Which services the VA includes or excludes from NSP will have a significant impact on veteran access to care. Leading members of Congress are joining with veteran Service Organizations (VSOs) to urge VA to ensure that Veterans have access to the full scope of services that doctors of optometry are able to provide under their respective state license.

With eye and vision care now the third-most requested service by veterans, VA doctors of optometry have proven to be an essential provider of primary and medical eye care as well as visual rehabilitation services. VA doctors of optometry today care for nearly 70% of the total unique veteran visits involving eye care services annually, with more than 1.7 million unique and 3.1 million overall patient visits. Roughly 73% of the 2.5 million selected ophthalmic procedures and nearly 99% of services in low vision clinics and blind rehabilitation centers are provided by VA optometrists.
Nearly 1,000 VA optometrists are currently practicing at 95% of the VA sites where eye care is offered and are often the only licensed independent eye care practitioner available at many VA facilities.

VA NSP that allow all care authorized under the state license of doctors of optometry would align VA with other federal programs and all major private health insurers. For decades, Medicare, Medicaid and the Indian Health Service have covered and ensured patient access to the wide range of medical eye care services and procedures doctors of optometry are trained and licensed to perform; from treating glaucoma, diabetic retinopathy and other sight-threatening conditions to performing injections and therapeutic laser eye care. All major private payers cover and pay for this care as provided by optometrists operating within their state-authorized scope of practice. VA recently removed language limiting community care doctors of optometry from providing advanced procedures, including injections and lasers, replacing it with language asserting that the “services may be provided by an ophthalmologist or optometrist based on state licensure of the provider.” This language is critical to ensuring full access to these important eye care services for our veterans. VA doctors of optometry should not be restricted in the care they can provide compared to those in the community.

Over the past 30 years, an increasing number of states have passed laws authorizing their state’s doctors of optometry to provide a wide range of needed medical eye care, including medical procedures such as injections, removal of foreign bodies and therapeutic laser eye procedures. These states 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. Oklahoma optometrists, for example, have been providing this care since 1988, with little or no reported complaints. In fact, malpractice rates for states with this authority are roughly identical to rates in states without, highlighting the safety and efficacy of this care provided by optometrists. That’s why leading members of Congress representing every state with this authority and national VSOs are calling on VA to ensure that new VA practice standards guarantee that veterans have access to the full range of care local doctors of optometry are trained and licensed to provide.

“AMVETS believes these new national practice standards must be inclusive of all health care services that its health care professionals are authorized to provide in any state. Anything short of fully comprehensive practice standards will unnecessarily limit Veteran access to care and negatively impact Veteran access and health outcomes.”

2022 Testimony before Joint Hearing of House and Senate Committees on Veterans Affairs.
March 24, 2023

The Honorable Denis McDonough  
Secretary, U.S. Department of Veterans Affairs  
810 Vermont Avenue, NW, Room 1063B  
Washington, DC 20402

Dear Secretary McDonough,

On behalf of the millions of Veterans, families, and survivors AMVETS represents, I am writing to express our appreciation for ongoing Department of Veterans Affairs efforts to protect and boost access to needed health care services, including eye and vision care services. With vision and eye health care ranking as the third-most requested service by Veteran patients, we urge 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.

Thank you, again, for your commitment to protecting and improving access to care for our nation’s Veterans. With vision and eye health care ranking as the third-most requested service by Veteran patients, these issues are of utmost importance to our members and we look forward to continuing to work with you and the Department to ensure that all Veterans have access to the full range of care that eye doctors within VA and in the community are trained and licensed to provide.

Sincerely,

Joseph R. Chenelly
AMVETS, National Executive Director
In September 2022, the United States Department of Veterans Affairs (VA) dropped restrictive language within two Eye 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 Eye Comprehensive SEOCs, which outline the scope of approved services a private community provider may offer to a Veteran, previously included language that stated, “only ophthalmologists can perform invasive procedures, including injections, lasers and eye surgery.” However, after hearing from concerned Veteran advocates and lawmakers, the VA changed its language to allow all of these services to be provided by “an ophthalmologist or optometrist based on the state licensure of the provider.”

This change:

- allows veterans to choose their provider within the care network,
- and ensures that Veterans are treated fairly and have the same access to high-quality care now enjoyed by other citizens of their states.

This change follows the 2020 removal of language that had prevented Veterans from accessing laser eye care provided by doctors of optometry at VA facilities. The policy (VHA Eye and Vision Care Directive) sets a pathway for doctors of optometry to gain the necessary VA credentialing and privileging to provide laser care to Veterans, and came after concerned Veteran advocates and lawmakers wrote VA demanding that Veterans in their states have the same access to therapeutic laser eye procedures performed by doctors of optometry that non-veterans now enjoy.
The reversal now more closely aligns VA with all other major federal and private payers. Medicare, Medicaid, and all major private insurers have for many years reimbursed for and ensured patient access to therapeutic laser eye care and other advanced procedures provided by doctors of optometry trained and licensed to do so.

More than 1,000 Department of Veterans Affairs (VA) doctors of optometry are joined by thousands of their private community care colleagues in small towns and big cities across the country on the frontlines providing an increasingly wide range of primary and medical eye care services to millions of Veterans across the country.

Today, the care that VA doctors of optometry provide accounts for nearly 70 percent of the total unique Veteran visits involving eye care services annually, including 73 percent of the roughly 2.5 million selected ophthalmic procedures and nearly 99 percent of services in low vision clinics and blind rehabilitation centers.

VA optometrists are currently practicing at 95 percent of the VA sites where eye care is offered and are often the only licensed independent eye care practitioner available.

Thousands of private practice optometrists take pride in caring for Veteran patients in need and serving the VA more broadly as an access to care force multiplier.

On behalf of America’s more than 20 million veterans and their families, AMVETS is proud of and applauds the VA for its recent and decisive move toward ensuring that more of our veterans have access to the full range of eye care services, including laser eye procedures, that doctors of optometry are ready, willing and fully able to provide,” says Joe Chenelly, AMVETS national director. “AMVETS is committed to ensuring that our veterans have access to the care they need, where and when they need it—and we’re happy that the VA is increasingly joining us in that mission.”