



## In Pursuit of Access to Quality Eye Health and Vision Care

Primary eye health and vision care are highly valued and universally recognized in the health care community as fundamental to public health. Access to comprehensive vision and eye health services for everyone, regardless of race, gender, age or other demographic characteristics, can play a critical role in health care disparities and is attributable to an individual's overall health, success in school, employability, productivity and independence, especially as individuals age.<sup>i ii iii</sup>

The National Academies of Sciences, Engineering and Medicine (The Academies), in the seminal report "Making Eye Health A Population Health Imperative: Vision for Tomorrow," underscored that comprehensive eye examinations are the gold standard in clinical vision care to most accurately identify and diagnose eye and vision problems. Accordingly, the report contends that access to comprehensive eye exams is essential for optimum U.S. population health outcomes and can positively influence many social ills, including poverty. As such, a desire to make this quality clinical eye care service available to everyone within the health care system is prudent.

Despite the universal recognition of the importance of eye health and vision care, Americans still face a critical health crisis as millions nationwide are suffering from undiagnosed and undertreated vision impairments<sup>iv</sup>. [As Americans face unprecedented barriers to care due to COVID-19](#), it is more important than ever that the U.S. ensure that everyone has access to quality eye health and vision care. Economically, vision loss and eye disease were estimated to cost the U.S. \$145 billion in 2014. Eye disorders currently rank fifth among the top eight chronic conditions in direct medical costs.<sup>v</sup>

Through state, federal, regulatory, public awareness and education efforts, the American Optometric Association (AOA) has been an unyielding force in expanding access to eye health and vision care for all Americans. Originally formed in 1898, the AOA's objectives are centered on improving the quality and availability of eye and vision care, goals that are at the center of the work doctors of optometry across the country conduct each day.

The 46,521 doctors of optometry<sup>vi</sup> in the U.S. are the independent primary eye health and vision care physicians, providing 80% of primary eye care in America. Today, they practice in more than 10,176 communities, and counties that account for 99% of the U.S. population.<sup>vii</sup>

For years, the AOA, state affiliates and doctors have worked together to ensure that millions of patients can access doctors of optometry for their essential medical eye health and vision care. Every state has had legislation governing the practice of optometry since 1921. As clinical education in eye health and vision care advanced in step with medical advances, the AOA and affiliates have worked with legislators to ensure laws enable doctors of optometry to provide the range of services allowed by their scope of

practice—an effort the federal government reinforces. In 2018, the U.S. Department of Health and Human Services issued a report,<sup>viii</sup> which notably says “states should consider changes to their scope of practice statutes to allow all health care providers to practice to the top of their license, utilizing their full skill set” in an effort to ensure physician supply meets patient demand.

In the past two decades, the AOA and states have played a positive role in enacting 62 laws in 47 states expanding scope of practice for doctors of optometry, and in turn, patient access. Over the same period, associations covering all 50 states and the District of Columbia successfully reduced insurance restrictions. States can further reduce other barriers to patient access by enacting “any willing provider” laws.<sup>ix</sup>

Building on state efforts at the national level, the AOA played a pivotal role in expanding recognition of the value of eye health and vision care in work to expand access. In 2010, due to these efforts the Affordable Care Act designated children’s vision as an essential benefit, opening eye health and vision care access to children in the U.S. covered by small group and individual market plans. These efforts also helped to preserve patient access to care state laws. The AOA has advanced the importance and value of this care through regulatory engagement and in 2018, the Centers for Medicare and Medicaid Services reinforced that “comprehensive eye exams are relatively low-cost interventions and early detection of conditions that can be identified through an eye exam may reduce more costly treatment later.”<sup>x</sup>

The AOA also contributed to the development of the Universal Data Set to secure vision data that was historically lacking from health center reporting data. Because of this action there are more professionals providing eye and vision care services in health centers, including more than a 50% increase in doctors of optometry from 2014 to 2016. The number of patients provided vision care services in health centers increased by more than a third, or 166,000 people, during those years. Overall, 47 states and the District and Columbia increased optometry full-time equivalents at health centers. While there is much more service need to fill, the momentum has changed and the necessary expansion of on-site vision care is now an issue at the front and center of many health centers.

These efforts also are extended in the work the AOA and affiliates do to advocate for comprehensive eye health and vision care with benefits providers. The organization and volunteers have worked for years fostering relationships with decision-makers in the third-party health care delivery arena to promote the benefits of access to and integration of eye health and vision care.

The AOA has spread these public health messages broadly to educate about responsible eye health and vision care that is available for patients. Continuous patient education and awareness endeavors aimed at elevating valuable eye health care and shining a spotlight on lesser forms of care have reached millions of Americans.

For example, the AOA has been educating and advocating for decades on the critical value pediatric eye exams play in not only children’s health but also their overall success and well-being. Despite the evidence regarding the importance of these exams, including the recommendations outlined in the *Evidence-Based Clinical Practice Guideline: Comprehensive Pediatric Eye and Vision Examination*, some organizations continue to promote lesser care options, including vision screenings. These screenings can have a detrimental impact to health, missing up to 75% of children who have vision problems.

In addition, the Think About Your Eyes national advertising initiative, a multi-partner effort with the AOA aimed at helping people understand why it is so important to get an eye exam each year, also has driven

widespread education and more than 11 million eye exams since its inception and educated millions more about eye health care.

Optometry's work to increase patient access to care continues in the face of emergencies and crises, including the one caused by the COVID-19 pandemic. Despite state and national limits of some eye care services, 80% of doctors of optometry remained available to provide urgent and emergent care access to patients, diverting an estimated 60% of patients who would have otherwise sought care at an emergency department or other urgent care setting.

The AOA will continue to focus its energies to relentlessly push for expanded access to high-quality and essential eye health and vision care for all Americans.

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<sup>i</sup> Christ SL, Zheng DD, Swenor BK, Lam BL, West SK, Tannenbaum SL, Muñoz BE, Lee DJ. Longitudinal relationships among visual acuity, daily functional status, and mortality: The Salisbury Eye Evaluation Study. *JAMA Ophthalmology*. 2014;132(12):1400–1406.

<sup>ii</sup> Rahi JS, Cumberland PM, Peckham CS. Visual function in working-age adults: Early life influences and associations with health and social outcomes. *Ophthalmology*. 2009;116(10):1866–1871.

<sup>iii</sup> Rein DB. Vision problems are a leading source of modifiable health expenditures. *Investigative Ophthalmology & Visual Science*. 2013;54(14):ORSF18–ORSF22.

<sup>iv</sup> "Making Eye Health A Population Health Imperative: Vision for Tomorrow," sponsors: U.S. Centers for Disease Control and Prevention, National Eye Institute, American Academy of Ophthalmology, American Academy of Optometry, American Optometric Association, Association for Research in Vision and Ophthalmology, National Alliance for Eye and Vision Research, Prevent Blindness and National Center for Children's Vision and Eye Health and Research to Prevent Blindness. <http://www.nationalacademies.org/hmd/Reports/2016/making-eye-health-a-population-health-imperative-vision-for-tomorrow.aspx>

<sup>v</sup> Wittenborn, J., and D. Rein. 2014. *The Future of vision: Forecasting the prevalence and cost of vision problems*. Chicago, IL: NORC at the University of Chicago. <http://forecasting.preventblindness.org>.

<sup>vi</sup> American Optometric Association (AOA) Professional Optometrist Data. St. Louis, Missouri. February 22, 2018.

<sup>vii</sup> U.S. Census Bureau. 2010 ZCTA to County Relationship File.

<https://www2.census.gov/geo/docs/mapsdata/data/rel/zcta county rel 10.txt>. Accessed March 1, 2018.

<sup>viii</sup> <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>

<sup>ix</sup> "Optometry's Essential and Expanding Role in Health Care: Assured Quality and Greater Access for Healthier Communities," Avalon Health Economics, 2019.

<sup>x</sup> <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-24243.pdf>