

July 21, 2021

Dr. Miguel Cardona  
United States Secretary of Education  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202

Dear Dr. Cardona,

On behalf of the American Optometric Association (AOA), Association of Schools and Colleges of Optometry (ASCO), American Optometric Student Association (AOSA), National Optometric Association (NOA), and National Optometric Student Association (NOSA) we thank you for your efforts to examine the important issue of student debt and the current state of loan forgiveness programs. We write today to request that the Department of Education coordinate with the Health Resources & Services Administration (HRSA) to initiate rulemaking to address a long-standing issue with the National Health Service Corps (NHSC) loan forgiveness program.

The National Health Service Corps (NHSC) is the flagship health workforce program at the Health Resources and Services Administration (HRSA). Doctors of optometry are the frontline primary eye care providers across the nation. However, though doctors of optometry were originally included in the NHSC at its inception, today they are not eligible to receive loan repayment or scholarships through this program. The NHSC is a powerful recruiting tool for health centers and have been shown to be successful in both recruiting and retaining providers to care for patients in underserved communities. If we are to build a more inclusive and accessible health care system that employs individuals with a wide range of socioeconomic and racial backgrounds, action must be taken to reduce student debt and increase loan forgiveness opportunities through the National Health Services Corps (NHSC).

Providing more than two-thirds of all primary eye and vision health care in the United States, doctors of optometry deliver up to 80 percent of all primary vision and eye health care provided through Medicaid. Doctors of optometry also provide medical eye care to over six million Medicare beneficiaries annually. During the COVID-19 pandemic, doctors of optometry and optometry students have welcomed the opportunity to serve their fellow Americans and work to combat the virus. On March 12, the Department of Health and Human Services (HHS) used its authority under the Public Readiness and Emergency Preparedness (PREP) Act to add additional categories of qualified health care providers authorized to prescribe, dispense and administer U.S. Food and Drug Administration (FDA)-approved COVID-19 vaccines, including doctors of optometry and eligible optometry students. Through this action, the Biden Administration has already recognized the critical role that doctors of optometry and optometry students play in our health care system and these valued primary care providers are an important access point to the health care system for many patients. Unfortunately, doctors of optometry are currently being excluded from the NHSC loan forgiveness program even when they choose to work and care for patients in underserved communities.

Ensuring broad access to eye health and vision care is critical. A National Academies of Science, Engineering and Medicine (NASEM) report highlighted how lack of access to vision care is a serious and costly national problem. The report indicated that avoidable vision impairment “occurs because of outdated assumptions, missed opportunities and shortfalls in public health policy and health care delivery in the U.S.”<sup>1</sup> NASEM also determined that “promoting optimal conditions for vision and health can

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<sup>1</sup> <https://www.nap.edu/catalog/23471/making-eye-health-a-population-health-imperative-vision-for-tomorrow>

positively influence many social ills, including poverty.”<sup>2</sup> Eye and vision disorders can lead to problems in a child’s normal development,<sup>3,4</sup> school performance,<sup>5,6,7,8,9</sup> social interactions,<sup>10</sup> and self-esteem.<sup>11,12,13</sup> Vision disorders that occur in childhood may manifest as problems well into adulthood, affecting an individual’s level of education, employment opportunities, and social interactions.<sup>14</sup> While many optometry students perform externships at community health centers and some health centers employ doctors of optometry, including doctors of optometry in the NHSC could assist in better ensuring access to essential eye health and vision care for more Americans.

We fully support the ongoing efforts to develop longer-term solutions to student debt hardship and believe addressing the exclusion of doctors of optometry in the NHSC through rulemaking is an immediate positive step the administration should take. Indebtedness following graduation from optometry school has increased significantly in recent years. In 2001, average indebtedness upon graduation from optometry school was \$99,208. Currently, the average optometry student’s loan debt at graduation is close to \$200,000.

During the pandemic, it has been made especially clear that a strong and well-trained primary care health care workforce is critical for our country’s success. Additionally, we believe that addressing the current exclusion in the NHSC also would be a positive step towards addressing access and equity concerns in both health care and education. There are well-documented<sup>15</sup> racial disparities in student borrowing and defaults as well as evidence that racial gaps in total debt are far larger now than in the past. Studies have shown that Black students hold substantially more debt by age 25 compared to their white peers.<sup>16</sup> In addition, recent research has also very clearly quantified the downstream financial and health impacts that come as a result of barriers to primary eye care. When patient eye health is left unaddressed, hospital costs increase. An April 2019 study of 12,330 Medicare beneficiaries and 11,858 commercial health insurance enrollees with or without vision loss, found “severe vision loss was associated with longer mean length of stay, higher readmission rates, and higher costs during hospitalization and 90 days after discharge.”<sup>17</sup>

We are also concerned that lack of access to primary eye care provided by doctors of optometry in health centers exacerbates disparities that already exist. Research indicates, “Minority race and ethnicity and lower socioeconomic position pose barriers to accessing primary eye and vision care and could potentially compromise access to vision rehabilitation services as well.”<sup>18</sup>

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<sup>2</sup> *ibid*

<sup>3</sup> Roch-Leveq AC, Brody BL, Thomas RG, Brown SI. Amblyopia, preschoolers’ cognitive abilities, and effects of spectacle correction. *Arch Ophthalmol* 2008; 126:252-58.

<sup>4</sup> Atkinson J, Nardini M, Anker S, et al. Refractive errors in infancy predict reduced performance on the movement assessment battery for children at 3 1/2 and 5 1/2 years. *Dev Med Child Neurol* 2005; 47:243-51.

<sup>5</sup> Kulp MT, Schmidt PP. Visual predictors of reading performance in kindergarten and first grade children. *Optom Vis Sci* 1996; 73:255-62.

<sup>6</sup> Simons HD, Grisham JD. Binocular anomalies and reading problems. *J Am Optom Assoc* 1987; 58:578-87.

<sup>7</sup> Maples WC. Visual factors that significantly impact academic performance. *Optometry* 2003; 74:35-49.

<sup>8</sup> Goldstand S, Koslowe KC, Parush S. Vision, visual-information processing, and academic performance among seventh grade school children: a more significant relationship than we thought? *Am J Occup Ther* 2005; 59:377-89.

<sup>9</sup> Basch CE. Vision and the achievement gap among urban minority youth. *J Sch Health* 2011; 81:599-605.

<sup>10</sup> Mojon-Azzi SM, Kunz A, Mojon DS. Strabismus and discrimination in children: are children with strabismus invited to fewer birthday parties? *Br J Ophthalmol* 2011; 95:473-76.

<sup>11</sup> Mojon-Azzi SM, Kunz A, Mojon DS. Strabismus and discrimination in children: are children with strabismus invited to fewer birthday parties? *Br J Ophthalmol* 2011; 95:473-76.

<sup>12</sup> Webber AL, Wood JM, Gole GA, Brown B. Effect of amblyopia on self-esteem in children. *Optom Vis Sci* 2008; 85:1074-81.

<sup>13</sup> Packwood EA, Cruz OA, Rychwalski PJ, Keech RV. The psychosocial effects of amblyopia study. *J AAPOS* 1999; 3:15-17.

<sup>14</sup> Davidson S, Quinn GE. The impact of pediatric vision disorders in adulthood. *Pediatrics* 2011; 127:334-39.

<sup>15</sup> <https://www.brookings.edu/research/black-white-disparity-in-student-loan-debt-more-than-triples-after-graduation/>

<sup>16</sup> <https://link.springer.com/article/10.1007/s12552-016-9162-0>

<sup>17</sup> Morse et al, 2019 Association of Vision Loss With Hospital Use and Costs Among Older Adults. *JAMA Ophthalmology*

<sup>18</sup> Zhang et al., 2012, 2013b

HRSA has proven willing in recent years to take a more expansive approach in some cases for NHSC program eligibility. For example, pharmacy is not included specifically in the definition of primary care but was added as an option for the state loan repayment program.<sup>19,20</sup> The phrase, “if needed by the Corps,” provides adequate justification for including other disciplines. For over a decade the AOA, ASCO, AOSA, and other organizations have been urging HRSA to reevaluate doctors of optometry eligibility for the NHSC.

In 2009, the National Rural Health Association issued a policy brief that advocated for increased efforts to incentivize optometrists to practice in rural areas, and also highlighted that funding for the NHSC would be necessary to achieve this goal. Additionally, the American Public Health Association recommended that Congress improve access to primary eye and vision care in medically underserved communities by “reinstating doctors of optometry in the National Health Service Corps” and by including “optometry as a named primary health care discipline in CHCs [community health centers].”

Vision and eye care are important components of primary care and we encourage the Administration to take swift action to include doctors of optometry in the NHSC in order to encourage primary eye care providers to practice in underserved communities, to increase access to needed care for patients and to leverage current federal programs to support even more students and borrowers. To initiate this process, rulemaking should be initiated to clarify under 42 U.S. Code § 2541-1 that eligibility includes those individuals who have a degree in optometry.

We thank you for your consideration of these important policy issues. If you have any questions, please contact Kara Webb at [kcwebb@aoa.org](mailto:kcwebb@aoa.org).

Sincerely,

*Dr. E. L. Jones*

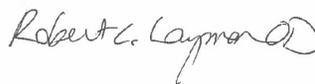
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National Optometric Association President



Ms. Chinelo Onyeador,  
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Association of Schools and Colleges of  
Optometry, President



Dr. Robert Layman  
American Optometric Association, President



Mr. Ryan Funai  
American Optometric Student Association,  
President

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<sup>19</sup> 42 USC § 254d(a)(3)(D)

<sup>20</sup> <https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/clinician-eligibility-requirements.html>