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Senator Bernard Sanders
Chair
Senate HELP Committee
428 Senate Dirksen Office Building
Washington, DC 20510

Senator Bill Cassidy, M.D.
Ranking Member
Senate HELP Committee
428 Senate Dirksen Office Building
Washington, DC 20510

Re: Health Care Workforce Shortages and Potential Solutions

Dear Chairman Sanders and Ranking Member Cassidy,

The American Optometric Association (AOA), the Association of Schools and Colleges of Optometry (ASCO), and the American Optometric Student Association (AOSA) welcome the opportunity to provide feedback on the drivers of health care workforce shortages as well as provide suggested solutions. The AOA represents roughly 48,000 doctors of optometry, optometric professionals, and optometry students. ASCO is the academic leadership organization committed

to advancing optometric education and research to enhance the health and well-being of the public. ASCO proudly represents all accredited schools and colleges of optometry in the United States. AOSA represents more than 6,600 optometry students attending the many schools and colleges of optometry and is committed to promoting the optometric profession, enhancing the education and welfare of optometry students, as well as enhancing the ocular health of the public.

America's doctors of optometry are critical primary health care providers and take a leading role in patient care with respect to eye health and vision care, as well as general health and well-being. As primary health care providers, doctors of optometry have extensive, ongoing training to examine, diagnose, treat, and manage ocular disorders, diseases, and injuries. They also play an important role in the management of systemic diseases with ocular manifestations including diabetes, hypertension, cardiovascular disease, autoimmune diseases, and neurologic disease. The AOA and its members serve the needs of the public and health professionals through the provision of evidence-based clinical practice guidelines that promote prevention, identification, treatment, and management strategies for eye and vision conditions/diseases to improve the nation's health.

As the US population grows and ages the demand for vision care is increasing. More doctors of optometry are needed to diagnose and treat these ocular disorders and diseases to increase the overall quality of life of our population. A major barrier to increasing the number of doctors of optometry is the current omission of optometry in the Health Resource and Services Administration (HRSA) and the high cost of education. The AOA, ASCO, students of optometry, and doctors of optometry across the nation thank you for your attention to this crucial matter and look forward to continuing to engage with you as you work to find solutions to this growing problem.

Increasing Need for Eye and Vision Care in the U.S.

Eye and vision care is primary care and eye and vision disorders have broad implications in health care because of their potential for negatively impacting activities of daily living, resulting in decreased quality of life. They are associated with loss of mobility and independence, and employment, and can lead to reduced social interaction and depression. Many eye and vision disorders are chronic conditions that can affect individuals for their entire lives. The economic and social burdens of these conditions are substantial and projected to continue to increase as the aging population expands. In 2015, a total of 1.02 million people in the United States were legally blind (best-corrected visual acuity of 20/200 or less in the better-seeing eye) and approximately 3.22 million people had visual impairment (best-corrected visual acuity less than 20/40 in the better-seeing eye). In addition, up to 8.2 million people had reduced vision due to uncorrected refractive errors. By 2050, the number of individuals with these conditions is projected to double to approximately 2.01 million people with legal blindness, 6.95 million people with visual impairment and 16.4 million with reduced vision due to uncorrected refractive errors. Visual impairment increases with age among all racial and ethnic groups. The elderly population (65 years and older) in the United States was approximately 56 million in 2020 and is estimated by the United States Census Bureau to reach nearly 86 million by 2050. 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 people are undiagnosed and untreated. The diagnosis and treatment of eye diseases such

as cataracts and glaucoma, and vision problems including refractive errors and presbyopia, can result in improved visual function and health-related quality of life for adults of all ages.

Adulthood involves a wide range of activities in which good visual function and eye health are of great value and importance. Changes in visual function can affect an individual's ability to perform many 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. Normal, age-related changes in visual function and ocular structures, and increases in the prevalence and incidence of ocular and systemic disease with age, combine to make comprehensive eye and vision care services particularly important for older adults. 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 likely to translate into substantial economic savings and result in 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 clinician 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. A comprehensive eye examination 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.

Increasing Eye and Vision Care Need Meets Lagging Supply of Eye Care Providers

The U.S. Bureau of Labor and Statistics has indicated that “employment of optometrists is projected to grow 10 percent from 2021 to 2031, faster than the average for all occupations.” BLS notes though that “an aging population will lead to growing demand for optometrists. As people age, they become more susceptible to developing diseases that impair vision, such as cataracts and macular degeneration, and will need vision care.” BLS also asserts that “the increasing prevalence of refractive errors, particularly myopia, among the general population is another key source of demand for optometrists as they will be needed to diagnose and treat these common eye problems. Moreover, the growing use of electronic devices has translated into an increasing number of individuals experiencing digital eye strain, which may lead to more demand for eye care services. Meanwhile, diabetes has been linked to increased rates of diabetic retinopathy, a condition that

affects the blood vessels in the eye and may lead to loss of vision. With diabetes on the rise, optometrists will be needed to monitor, treat, and refer these patients.”¹ Given this projected increased need of eye and vision care by patients, it is concerning that repeated surveys have found that current and projected supply of eye care providers is not expected to keep pace with patient demand.

Potential Solutions:

With demand for eye care from doctors of optometry well recognized, it is critical that efforts be made to ensure that all Americans have access to the eye care they need now and into the future. Potential solutions to these ongoing concerns include:

- **Re-Include Optometry in HRSA Health Profession Shortage Area Designations** – There are current omissions in the health care provider shortages that the Health Resource and Services Administration (HRSA) tracks. Only data on “primary care”, dental, and mental health shortage areas are currently analyzed and reported. Optometry was once included in these calculations but is no longer. The inevitable increase in demand for eye care with the aging of the US population increases the urgency with which the government needs to track eye care access. Because optometric care is primary, we believe that HRSA’s shortage area data analysis should be expanded to include optometry and information should be made publicly available.
- **Expand Grants to States to Support Optometry Workforce Activities** - Both federal and state efforts will be needed to address health care workforce challenges. Currently, HRSA grant programs exist to help States develop and implement innovative programs to address the workforce needs of designated HPSAs in a manner appropriate to each State’s individual needs, however optometry is not currently included in these efforts. Given the expected increased demand for eye care, federal support for state efforts to address optometry workforce needs must be developed.
- **Re-Include Optometrists in the National Health Service Corps Program** - The National Health Service Corps (NHSC) program is the flagship health workforce program at HRSA; however, it currently excludes optometrists from participating. 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. For nearly a decade, Congress introduced widely supported, bipartisan and bicameral legislation that would have ended the exclusion of doctors of optometry from the NHSC loan repayment and scholarship programs. This

¹ <https://www.bls.gov/ooh/healthcare/optometrists.htm#tab-6>.

legislation recognized the need for optometrists to be included in this program and was a reasonable and effective way to make access to essential vision and eye health care services in disadvantaged communities a greater priority. The NHSC is a powerful recruiting tool for health centers and has been shown to be successful in both recruiting and retaining providers to care for patients in these 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 NHSC. Student debt remains a significant barrier to entering the health care workforce. Additionally, we believe that broad categories of professionals should not be excluded from inclusion in various debt relief programs. Other factors, such as current income, are better indicators of those who would benefit most from debt relief efforts. Indebtedness following graduation from optometry school has increased significantly in recent years. In 2001, the 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. Ensuring all Americans have access to high quality eye care provided by doctors of optometry is critical. Lack of access to primary eye care provided by doctors of optometry 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."² NHSC would assist in bringing needed care to underserved communities and help to offset growing debt from physician education. Currently, challenges with physician debt can serve as a deterrent to choosing a career in health care.

- **Make doctors of optometry eligible for the State Loan Repayment Program-** Vision and eye care are important components of primary care and inclusion of doctors of optometry in the State Loan Repayment Program (SLRP) would help 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 and efforts to support even more students and borrowers and, in turn, the patients across the country that they serve. HRSA has recently shown a willingness to take a more expansive approach and include other providers in the program. For example, pharmacy is not included specifically in the definition of primary care but has been added as an option for SLRP. Given this expansive approach and the potential benefits to patient access, doctors of optometry should be eligible for SLRP.
- **Enact the Indian Health Service Health Professions Tax Fairness Act** – this key legislation would allow optometrists and others participating in the Indian

² <https://www.ncbi.nlm.nih.gov/books/NBK402380/Expanding>

Health Service Loan Repayment Program to exclude interest and principal payments from their federal income taxes, as well as certain benefits received by those in the Indian Health Professions Scholarships Program.

- **Promote Greater Diversity in Optometry** – AOA surveys indicate that minority optometry student debt is significant and that this burden may contribute to the lack of an increase in the number of minority optometrists over time, despite the overall increased diversity of the optometry workforce. Over the past two decades, there has been improvement in the diversity of the optometry workforce, suggesting that diversity can and will be improved in eye and vision care. More women are now graduating from optometry schools than men, and the optometry workforce has become increasingly less white. There are numerous ways in which to increase diversification in optometry including: support for diversity efforts at America’s schools and colleges of optometry, increased funding for career and technical training programs at community colleges and trade schools for eye and vision care technicians, and funding and support for programs at elementary and secondary schools in underserved or diverse communities to attract people to the profession at a young age. Dealing with the large amount of student debt that optometry students and newly graduated optometrists face is another important way to increase diversity in the eye and vision care workforce.

- **Enact Commonsense Legislation to Help Lower Student Debt Burden** – AOA supports passage of:
 - The Protecting Our Students by Terminating Graduate Rates that Add to Debt Act (POST GRAD Act) would reinstate eligibility for graduate and professional students with financial need to receive Direct Subsidized Stafford Loans, which are now only available to undergraduate students.

 - The Student Loan Refinancing Act would enable borrowers to refinance their federal student loans on multiple occasions to take advantage of lower interest rates. The Student Loan Refinancing and Recalculation Act would provide a chance for borrowers to refinance their federal student loans when interest rates are lower. It would also eliminate loan origination fees and allow residents to defer payments until after completing their residency programs. Additionally, it would delay the accrual of interest for many low- and middle-income borrowers while they are in school.

 - The Student Loan Interest Deduction Act would double the student loan interest deduction (from \$2,500 to \$5,000) and eliminate the income limits that prevent those with higher incomes from reaping the benefit.

Thank you again for all that you have done and continue to do to help improve access to needed health care service across the country. We look forward to serving as a continued resources to you on these and other key issues. Please do not hesitate to contact us or AOA staffer Matt Willette (mwillette@aoa.org), ASCO Executive Vice President and CEO, Dawn Mancuso (dmancuso@opted.org), or AOSA Executive Director, Stacey Struckhoff (smstruckhoff@theaosa.org), if you would like additional information or to discuss this or any other matter.

Sincerely,



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