



FACTS ABOUT OPTOMETRIC SCOPE EXPANSION

Is there a need to expand optometrists' scope of practice?

Washington's optometric scope of practice laws were last adjusted in 2003 when optometrists' scope was expanded to allow for prescribing of oral medications. At that time, optometrists and ophthalmologists worked to craft a definition of surgery which has served as a benchmark for patient safety and has been emulated by other states. Since then, there has been no popular demand for an increased scope of practice for optometrists—no signed petitions or public outcries related to lack of access to eye care in Washington.

Do Washington's scope of practice laws affect access to care?

96% of residents of Washington State live within a 30-minute drive to an ophthalmologist. Most areas of our state that have a 30 or more-mile drive to an ophthalmologist also have a 30 or more-mile drive to an optometrist. Therefore, enabling optometrists to do surgery will not improve access to care.

Will expanding optometrists' scope of practice result in reducing health care costs?

Optometrists use the same billing codes as ophthalmologists, and are paid exactly the same by Medicare, Medicaid, and all private insurers: the code determines the amount of payment regardless of whether it's paid to an ophthalmologist or an optometrist.

A recent study in JAMA Ophthalmology showed that eyes with glaucoma treated with selective laser trabeculoplasty (SLT) by an optometrist had a 189% increased risk of needing additional laser surgery. Not only does this incorrect or ineffective treatment by optometrists increase risk to patients, but this also contributes to **significantly increased costs** to the patient and the healthcare system.

Why do we have scope of practice laws?

We have such laws to protect patients by ensuring that types of care and procedures are performed only by those with proper training and certification. Optometrists go to 4 years of optometry school after college and the majority have limited didactic and no hands-on surgical training. Ophthalmologists on the other hand first go to medical school to become medical doctors, then a year of internship, then a 3-year residency in ophthalmology. 75% of ophthalmologists then do a fellowship for an additional 1-2 years. An ophthalmologist has, on average, 15,000 more hours of clinical training than an optometrist, including hundreds of hands-on, directly supervised surgical procedures mandated by the ACGME. There are no similar training standards for optometrists.

Expanding scope of practice exposes Washingtonians to surgical risk from optometrists who lack the appropriate training and skill to safely and competently perform these procedures. Optometrists claim that no adverse outcomes have ever been reported in states where they are allowed to do surgery. This is simply impossible. As every properly trained surgeon knows, adverse outcomes are part of practicing medicine, even in the most skilled hands. Claiming otherwise is ignorance or malfeasance.

Why do optometrists want to grant the Board of Optometry authority to determine their scope of practice?

Optometry is claiming that other state boards governing medical officials have this authority, so they should as well. The facts are that all providers that have the authority to do surgery on patients in Washington State are governed by the Washington Medical Commission (WMC). The WMC is an independent commission whose mission is "to promote patient safety and enhance the integrity of the profession through licensing, discipline, rulemaking and integrity." Having providers who can provide surgery to patients and can also completely self-regulate creates a conflict of interest whereby optometrists can increase their scope at will to

