President's Insights March 2023

In the last couple of months, we have discussed the potential benefits and abuses of current and upcoming technology in providing patients access to eye health and vision care and that our patients are best served when opticians, optometrists, and ophthalmologists work together with other healthcare providers to increase access to quality and respectful care. Of course, all this work depends on each region's widely varying laws and regulations. Keeping abreast of these changing guidelines can be daunting within the 50 states of the United States of America, let alone globally. Recently, in the US, it has been apparent how quickly the laws and regulations that affect optometry and our ability to care for our patients are being proposed, debated, vetoed, and enacted.

In early September of 2022, optometry celebrated when the California Assembly and Senate passed legislation that would allow optometrists to use therapeutic lasers, remove lesions and perform corneal crosslinking. The celebration was short-lived as Governor Gavin Newsome vetoed the bill later that same month, stating that he was not convinced that the education and training were sufficient to allow California Doctors of Optometry to perform these procedures.

While it is probably true that US optometry students get very little actual patient experience with these procedures while in school, it is also equally true that most medical students get no training on these procedures while in school either. Essentially ophthalmologists get "on-the-job training" while doing their internship and residency. Anyone familiar with medical training knows the phrase, "see one, do one, teach one". A journal article from the National Institute of Health National Library of Medicine discusses the "Application of See One, Do One, Teach One Concept in Surgical Training" by Sandra V. Kotsis, MPH and Kevin C. Chung, MD, MS. They conclude that the "traditional method of medical learning with 'see one, do one, teach one' is simple, but still applicable" and that this "can all be done in an environment that keeps patient safety at the forefront." I think that optometrists are equally capable of learning and applying these procedures with adequate training and that blocking the expansion of optometric privileges is not guided by patient's safety or professional capacities per se.

Similar to legislation that has passed in other states, in Illinois, HB 3725, the Vision Care Regulation Act recently passed the second reading and is back to the rules committee. This bill specifies that vision care plans (VCPs) cannot force eye care providers to purchase supplies or materials from suppliers or labs that are owned by the VCP. It also prohibits VCPs from forcing eye care providers to provide services or materials at a price specified by the VCP unless they are covered by the VCP. The passage of this bill will allow eye care providers to offer the specific services and products they feel will best benefit their patients.

Currently, there is legislation being proposed in Florida, Connecticut, and Texas that would block, limit, or discourage optometrists from being referred to as doctors. Ironically, this is occurring at a time when "the U.S. Congress and an array of federal agencies have updated laws, regulations and policies to recognize optometry's essential and expanding role in health care". Those proposing this legislation are saying that it is an effort to avoid confusion amongst the public about who are physician doctors and other non-MD doctors. However, as the proposed legislation specifically allows dentists, chiropractors, and podiatrists to continue using the title doctor, many believe that this is a thinly veiled attempt to punish optometrists and nurse practitioners for the recent scope of practice expansions. This proposed legislation seems especially egregious in Florida and Texas where there are well-established schools of optometry. This would lead to the situation where they are graduating

clinicians with the degree OD, optometric doctor, and then denying those graduates to use the title they rightfully achieved.

I felt it appropriate to highlight these challenges in US legislation as March marks World Optometry Week and March 23rd is World Optometry Day. This year's theme was "Expanding Optometry's Role . . . The Time is Now" and in WCO's President's words, Associate Professor Peter Hendicott, "it highlights the need to advocate for stronger global access to eye care and ensure that optometrists around the globe have the education and skills to thrive and contribute within their respective healthcare systems. Recent resolutions of the World Health Assembly and United Nations have adopted eye care targets that are ambitious, yet certainly achievable, through a collaborative approach among all eyecare professions. To achieve improved eyecare worldwide, all optometrists and their representative organizations must work proactively with other eye care professions and the government to make eye care accessible, equitable, affordable, and effective… the time is now."

As members of VOSH/International, we should constantly remember our goals of eradicating untreated refractive error and providing the gift of vision and eye health to those who need it but cannot afford or access it worldwide, including in the US. Legislation is very important to enable that to happen. Several countries that we visit for our clinics or where VOSH has a presence through our international chapters, experience a diversity of legislative challenges ranging from a lack of recognition of optometry as an autonomous profession to limited scope of practice among others. What happens with US optometry is important as it is a reference of the education and skills required to reach the level of scope of practice we enjoy, and the importance of adequate regulation to enable it. Keeping our purpose as our prime motivation, we will always be on the right side of advocating for our patients.

Sincerely and Best Regards,

Michael Ciszek, OD, FVI, diplomate ABO
VOSH/International President