Optometry's first proposal to adjust its scope of practice in 17 years; a bill designed to better serve patients in an ever-changing healthcare landscape.

What **S** included in the Primary Eye Care Modernization Bill:

What **IS NOT** included in the Primary Eye Care Modernization Bill:

- Procedures to Remove Benign Lesions like Cysts, Styes & Skin Tags
- In-Office Noninvasive Laser Procedures
  - Capsulotomy: removal of film that sometimes forms as a complication of cataract surgery
  - Selective laser trabeculoplasty: a glaucoma procedure which lowers pressure in the eye
  - Peripheral Iridotomy: a procedure to prevent closed angle glaucoma
- Update Pharmaceutical Regulations to Allow for Treatment of Conditions of the Eye (no changes to opioid standards)
- Patient Safety
  - No changes in optometric scope laws have ever been repealed.
  - Ohio's last optometric scope
  - Optometric complication rates of these procedures are the same as ophthalmology



- **⊗**Cataract & Lasik surgery
- Any operating room eye surgery
- On this bill is NOT the first of its kind.
  - Other states have been performing the procedures included in the bill for over 20 years.
  - Border states Indiana, Kentucky, West Virginia, and Virginia already have

and virginia direday have ability to perform many of these procedures.



- This bill does **NOT** take business away from ophthalmologists.
  - Procedures included in the Bill make up only 4% of total procedures performed by ophthalmology. The Bill frees up ophthalmologists' time for more complicated surgical procedures and reduces wait times for patients.

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# **DOCTORS OF OPTOMETRY COMPLETE RIGOROUS EDUCATION AND TRAINING REQUIREMENTS**

- Doctors of Optometry examine, diagnose, treat and manage all diseases, injuries, refractive and disorders of the eye and visual system, providing expert care and health services to all ages from children to senior citizens.
- Optometry school is a postgraduate, 4-year/10 semester doctoral curriculum that contains advanced coursework in the human body with over 10,000 hours of education and training focused solely on the eye and related systemic conditions. This education includes more than 100 class hours in pharmacology, equal to that of physicians and dentists.
- Each student directly examines over 1800 patients and has clinical externships in both advanced ocular disease clinics and at a Veteran's Administration Medical Center.
- Optometry students also receive hands-on experience on numerous ophthalmic procedures which include lasers and injections.
- Passage of 3 separate parts of the rigorous National Board of Examiners is required for licensure in all
- After graduating, many optometrists continue their training in a 1-2 year post-doctoral residency in ocular disease or another subspecialty.
- Consistent with other healthcare professions, optometrists also are required to have 50 hours of post doctorial education every 2 years to maintain licensure in Ohio.
- The Ohio State University College of Optometry is consistently ranked among the top programs in the nation and is the only optometric institution in Ohio.

## WHY SB36 IS NEEDED FOR OHIO

### SB36 Will Help Ohio Maintain a Well-Trained Eyecare Workforce

- SB36 will encourage highly trained Doctors of Optometry to practice and stay in Ohio following graduation.
- 71% of students report that a state's scope of practice is a factor in determining where to practice. Ohio optometrists face challenges in recruiting new doctors to their practices. Modernizing the scope
- of practice to align with current training could help attract and retain new graduates.
- Aligns Ohio with scopes of practice in surrounding and similar states like Indiana, Kentucky, West Virginia, Colorado and Virginia.

# SB36 Will Improve Access to Care and Decrease Wait Times

- As the population ages, it is estimated that 30% more eye care will be necessary.
- Ophthalmology is experiencing stagnant growth in new providers with even less practicing in rural areas.
- As experts in vision and medical eye care, optometrists are well-equipped to fill the need and offer more expertise in eye care than physician extenders.
- Barriers to care in ophthalmology offices include increased travel time and distance to appointments, loss of work time for caregivers and excessive wait times.

### SB36 Will Create a More Efficient, Team Approach to the Delivery of Care

- SB36 allows for ONLY 3 in-office/non-operating room laser procedures and the ability to deliver local numbing medicine into the eyelid to remove benign lid lesions, which is less than 4% of the procedures ophthalmologists treat but can bog down their office schedules.
- Many eye care practices in Ohio have both ophthalmologists and optometrists practicing together to leverage the medical eye care model to deliver high-quality care.
- Allowing Doctors of Optometry to perform in-office minor procedures would free up ophthalmologists' schedules, enabling them to focus on highly specialized and advanced operating room procedures.





