

## Questionnaire B – Scope of Practice

### Proposal Summary/ Overview

**To be completed by proposal sponsor. (500 Word Count Limit for this page) Please read the entire questionnaire before completing this page.**

**Name:** Bridget Axelson OD and Randy Kempfer OD

**Organization:** Minnesota Optometric Association

**Phone:** 952-921-5881

**Email Address:** beth@mneyedocs.org

*Is this proposal regarding:*

- *New or increased regulation of an existing profession/occupation? If so, complete Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete this form, Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

**This scope proposal would be for the profession of optometry.**

2) Briefly describe the proposed change.

**By removing the current restrictions, the proposed change would update scope for Doctors of Optometry in an attempt to get closer to national optometry standards of education. HFXXXX/SF850 removes the 10-day prescribing limit on oral anti-viral medications, 7-day prescribing limit on oral carbonic anhydrase inhibitor (CAI's) medications, a restriction on oral steroid medications and adds a 14-day prescribing restriction on oral steroid prescription authority. The bill also allows for injection authority in and around the eye while maintaining restrictions on intravitreal, intravenous, retrobulbar and sub-tenon injections.**

3) If the scope of practice of the profession/occupation has previously been changed, when was the most recent change? Describe the change and provide the bill number if available.

**The last time the scope of practice for optometry was updated by the MN legislature was in 2003, over 20 years ago. This update provided Doctors of Optometry with the authority to prescribe oral therapeutic agents, with some restrictions.**

4) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

**2025/26 Session HF 1011 chief author Rep Robert Bierman, SF 850 chief author Senator Erin Maye Quade, clone bills SF 1144 and SF 1499**

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**2023/24 Session HF 1031 chief author Rep Robert Bierman, SF 659 chief author Senator Erin Maye**

**Quade**

**2021/22 Session HF 2022 chief author Rep Ruth Richardson and SF 1873 chief author Senator Mark**

**Koran**

**2019/20 Session HF891 chief author Rep Richardson, SF545 chief author Senator Matthews**

## Questionnaire B – Scope of Practice

### **Questionnaire B: Change in scope of practice or reduced regulation of a health-related profession (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)**

This questionnaire is intended to help legislative committees decide which proposals for change in scope of practice or reduced regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions that do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

#### **1) Who does the proposal impact?**

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

**Doctors of optometry provide primary eye care services across Minnesota. Optometrists provide full assessments of our patients visual and ocular health including treatment and management of eye diseases. As many eye conditions are part of systemic health conditions, we coordinate care with many other medical specialties as part of the overall health care model.**

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

**The Minnesota Optometric Association is the entity representing the optometry profession in Minnesota. There are approximately 1000 licensed optometrists in Minnesota.**

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

**Doctors of optometry practice in a diverse set of clinical settings. We practice in optometry private practices, group practices that include ophthalmologists, large multi-specialty clinics, community health centers, Indian Health Services, Veterans Affairs Medical Centers, corporate chains, and in university settings. Optometrists also are involved with education and research studies of developing technologies and treatments. Optometrists practice in 77 of the 87 counties in MN, providing access to 97% of MN residents.**

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- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

**Doctors of optometry provide a comprehensive range of eye services for our patients of all age demographics. Optometrists prescribe glasses and contact lenses, including medically necessary specialty contact lenses and low vision aids for our patients. Doctors of optometry diagnose, treat, and manage eye health conditions routinely including infections involving the eye and adnexa. Doctors of optometry treat acute and chronic eye health conditions, assess ocular health affected by systemic disease and coordinate care with other health care specialties. Ophthalmologists also have the training to provide similar care. Prescriptive authority of legend drugs to treat eye health conditions are allowed to physicians, nurse practitioners, and physician assistants including injections.**

- e. Discuss the fiscal impact.

**None**

### **2) Specialized training, education, or experience (“preparation”) required to engage in the occupation**

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

**Doctors of optometry training includes graduating from a 4-year undergraduate program, then from a 4-year accredited school of optometry. Nearly 10,000 hours of training occurs prior receiving a license. Prior to licensure, all optometrists pass the National Board of Examiners in Optometry exams.**

- b. Would the proposed scope change or reduction in regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear the increase or benefit from reduction in cost of entry? Are current practitioners required to provide evidence of preparation or pass an examination? How, if at all, would this change under the proposal?

**The proposed scope change would not change how Doctors of Optometry enter the profession. All areas of current legislation have been part of the curriculum in optometry schools for decades. The National Board of Examiners in Optometry (NBEO) has been testing all areas of the legislation for years as well. The regulatory board for optometry already requires proof of graduation from an accredited school of optometry and successful passage of NBEO tests prior to granting a license to practice optometry.**

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

**48 states currently allow for prescribing oral antiviral medications without a limit for Doctors of Optometry. 48 states allow for prescribing oral carbonic anhydrase inhibitors (CAI), 44 states have no limit on length of prescription. 44 states allow optometrists to prescribe oral steroids. 25 states allow for the use of injections in optometric care. Most recently Colorado, South Dakota, Iowa and Wyoming updated the scope of practice for**

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**optometry to include treatment of eye diseases with injections. No state that has updated the scope of practice has repealed or rolled back authorities for Doctors of Optometry.**

### 3) Supervision of practitioners

- a. How are practitioners of the occupation currently supervised, including any supervision within a regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

**The practice of optometry is regulated by the Minnesota Board of Optometry, appointed by the Governor of Minnesota. The State Board of Optometry is the regulatory board and has full authority to discipline practitioners and enforce scope of practice law. The proposed legislation would not change how the practice of optometry is regulated.**

- b. If regulatory entity currently has authority over the occupation, what is the scope of authority of the entity? (For example, does it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) How does the proposal change the duties or scope of authority of the regulatory entity? Has the proposal been discussed with the current regulatory authority? If so, please list participants and date.

**The Minnesota Board of Optometry has full authority to discipline practitioners. Its mission is to regulate the profession and to protect the public. It develops rules to achieve this mission and could make changes if necessary for training on a specific aspect of optometric care. We have provided updates to the Board of Optometry on the status and language of this legislation. Most recently was February 2025 during their board meeting, the update was provided by Beth Coleman-Jensen- Executive Director of the Minnesota Optometric Association.**

- c. Do provisions exist to ensure that practitioners maintain competency? Under the proposal, how would competency be ensured?

**Doctors of Optometry must complete at least 40 hours of continuing education every two years to maintain licensure. It is the duty of the Minnesota Board of Optometry to regulate the profession of Optometry and protect the public. The Minnesota Board of Optometry could add other requirements if determined they were needed.**

### 4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that "no regulations shall be imposed upon any occupation unless required for the safety and wellbeing of the citizens of the state." The harm must be "recognizable, and not remote." *Ibid.*)

- a. Describe how the safety and wellbeing of Minnesotans can be protected under the expanded scope or reduction in regulation.

**The Minnesota Board of Optometry is in place to protect the public and discipline practitioners that may violate statutes. All optometrists take the Optometric Oath upon graduating, which requires Doctors of Optometry to always put the health of our patients first. As health care**

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**providers, optometrists are always making decisions with this in mind first. The majority of states are already allowing optometrists to practice at this level of scope and there has been no noted increase in malpractice claims in those states, which is a strong indication of how safe this level of scope is for the public. MN Doctors of Optometry have already been prescribing oral antiviral and CAI medications for decades safely and manage the ocular and systemic side effects of oral steroid medications. Doctors of Optometry currently manage complications that arise from injections in and around the eye in primary eyecare.**

- b. Can existing civil or criminal laws or procedures be used to prevent or remedy any harm to the public?

**The Minnesota Board of Optometry is in place to protect the public and discipline practitioners that may violate statutes.**

### 5) Implications for Health Care Access, Cost, Quality, and Transformation

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

**The proposed scope legislation will increase access to eye care across Minnesota. Doctors of Optometry practice in 77 of the 87 counties, in addition, Doctors of Optometry are the only eye care providers in 57 of our 87 counties. This will allow patients access to timely care from their local eye doctor rather than traveling an extended distance to see a new provider with extended wait times, further delaying care. In the metro, this will also be critically important for access of care issues especially in underserved populations. Patients with limited financial resources or transportation challenges may not have the means to travel to another part of the metro area to see another provider.**

A National study published in the “Ophthalmology” journal in 2024- Ophthalmology Workforce Projections 2020-2035 indicates that “The present analysis of Health Resources and Services Administration (HRSA) Health Workforce Stimulation Model (HWSM) shows that ophthalmology physician workforce is inadequate to meet the demand for ophthalmological services, and this inadequacy is expected to increase by the year of 2035”. <sup>1</sup>

The JAMA Ophthalmology study titled Geographic Distribution of US Ophthalmic Surgical Specialists explores the disparity between rural ophthalmic surgeons available to serve rural patients.<sup>2</sup> Accessibility to Doctors of Optometry is significantly greater in rural areas.

Optometrists have the training and knowledge required to help reduce this gap in critical eye care.

A 2023 report in the Contemporary Economic Policy, “Seeing is Believing, the Effects of Optometric Practice Scope Expansion”<sup>3</sup> examines the staggered adoption of optometric prescription authority across states, and finds suggestive evidence that optometrist scope of practice expansion reduced vision impairment and mitigated racial and ethnic disparities in eye health.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

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**No optometry school exists in Minnesota, which means all Doctors of Optometry practicing in Minnesota attended school in another state and relocate back to Minnesota. When new graduates are choosing where to establish their optometric careers, a main factor in that decision is the scope of practice of the state. Our current scope of practice being in the bottom 20% nationwide places Minnesota in a recruiting disadvantage to attract new providers to our state. Active licensure for optometry in MN has remained flat for the past few years after seeing gains in licenses prior to that.**

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

**There would be no known change how and by whom the services are compensated. There are potential cost savings to patients and insurers by reducing emergency room visits and redundant and unnecessary office visits seeing multiple providers to treat the same condition when the scope of practice is updated to the full expertise and training of Doctors of Optometry. A study in the Annals of Family Medicine, 2019 <sup>4</sup>through the provision of timely, easily accessed ambulatory care, optometrist can improve the patient experience and reduce ED use, thereby reducing costs. The cost savings opportunities are immense because of the large volume and expense of ED visits for ocular conditions that might otherwise be managed in ambulatory optometry practices.**

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (eg collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

**Doctors of Optometry already play a critical role in the health care delivery model as the primary eye care provider for most of Minnesota patients. Routine, comprehensive eye exams play a critical role in preventive health care and Doctors of Optometry also treat and manage countless chronic, vision threatening eye health disorders. This legislation allows Doctors of Optometry to practice closer to modern optometric care. Current scope restrictions prevent Doctors of Optometry from utilizing innovations included in optometric instruction for the past 20 years. Optometric education, training and technology continue to evolve, our patients benefit from Doctors of Optometry practicing at the highest level of training. In many areas of the state, Doctors of Optometry are the only option for eyecare, other medical specialties rely on the expertise of optometrists to provide all needed eye care.**

- e. What is the expected regulatory cost or savings to state government? How are these amounts accounted for under the proposal? Is there an up-to-date fiscal note for the proposal?

**There should be no extra regulatory cost to state government with this new legislation. New legislation could provide a savings to lowering health care costs by reducing unnecessary office visits.**

### 6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

**There are no specific plans for evaluation if this proposal becomes law. The Minnesota Board of**

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**Optometry, the regulating board for optometry would determine any required evaluation and review if the proposed legislation becomes law.**

### 7) Support for and opposition to the proposal

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

**Support for the proposal comes from the Minnesota Optometric Association. The MOA is the voice for 1000 licensed Doctors of Optometry in Minnesota.**

- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

#### **Minnesota Board of Optometry**

- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

**The Minnesota Academy of Ophthalmology has stated opposition to this proposal. They deny that there is an access issue for eyecare in Minnesota and raise concerns about safety to the public.**

**The Minnesota Medical Association has stated opposition to this proposal. They raise concerns about the training of optometrists to prescribe oral medications and raise concerns about safety to the public, they wish to maintain the status quo for optometry.**

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

**The Minnesota Optometric Association has attempted numerous times to have open dialogue with the Minnesota Academy of Ophthalmology beginning in 2014 over this legislation. Each attempt has been met with silence, strategic delays or a statement that the Minnesota Academy of Ophthalmology would not support any part of scope increase for Doctors of Optometry.**

**Attached is a timeline and summary of attempts by the Minnesota Optometric Association to reach out and dialogue with the Minnesota Academy of Ophthalmology.<sup>5</sup>**

**Most recently in 2024– the Doctors of Optometry representing the Minnesota Optometric Association met in person with the Ophthalmologists representing the Minnesota Academy of Ophthalmology on 3 separate occasions with assistance of Sen Wiklund’s staff to attempt to find common ground. The Academy of Ophthalmology denied any and all scope of practice modifications in regard to injections and medications.**

#### **References**

1: Berkowitz ST, Finn AP, Parikh R, Kuriyan AE, Patel S. Ophthalmology Workforce Projections in the United States, 2020 to 2035. *Ophthalmology*. 2024 Feb;131(2):133-139. doi: 10.1016/j.ophtha.2023.09.018. Epub 2023 Sep 20. PMID: 37739231.

2. Ahmed A, Ali M, Dun C, Cai CX, Makary MA, Woreta FA. Geographic Distribution of US

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Ophthalmic Surgical Subspecialists. JAMA Ophthalmol. Published online January 02, 2025.  
doi:10.1001/jamaophthalmol.2024.5605

3. Bae, K, Timmons, E. & Nandy, P. (2025) Seeing is Believing: The effects of optometrist scope of practice expansion. *Contemporary Economic Policy*, 43(1), 135-160.

4. Alder A, Warren F, Antar H, Steinkrauss M, Bjoern B, Konar V, Flanagan J, Polakoff D. Transformation Support Provided Remotely to a National Cohort of Optometry Practices. The Annals of Family Medicine Aug 2019, 17 (Suppl1); DOI: 10.1370/afm.2423

5. Timeline of meeting between the Minnesota Optometric Association and the Minnesota Academy of Ophthalmology.

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