



# SCOPE EXPANSION

A look at how far optometrists have come.



BY SOPHIA LEUNG, OD, FAAO;  
AND NATE LIGHTHIZER, OD, FAAO

## WHAT IS AN OPTOMETRIST?

One might venture to say that every optometrist will answer this question differently. But, while the definition of our profession changes with time, it appears that the broad vision of yesterday's optometric pioneers is still the dream of optometric movers and shakers today.

In 1901, optometry was recognized as a regulated profession for the first time in the United States, in Minnesota.<sup>1</sup> During the next 60 years, significant strides in optometric education were achieved. In 1961, the first push for optometric scope came in Pennsylvania with a bill that would have

authorized use of diagnostic pharmaceutical agents (DPA) [personal communication, David A. Cockrell, OD, and Kirsten Hebert, BA].

That bill was defeated, but then, in 1968, the La Guardia conference, known as "the meeting that changed the profession," brought together progressive thinkers who saw a disparity between the high level of optometric training and the scope of practice in optometry of that day. This 2-day informal think tank produced the following three conclusions, as recalled by Irving Bennett, OD, FAAO.<sup>2</sup>

**No. 1.** "Optometry must discard its original concept of being a drugless profession dedicated solely to function and must expand its responsibilities... "

**No. 2.** "Optometric education should be encouraged to enrich its curriculum and provide the necessary courses of study that would sustain all challenges to provide the optometrist with the expertise to become a primary eye care provider ... "

**No. 3.** "The state laws that govern the practice of optometry in the United States must be brought up to date and include provisions that would allow the optometrist to practice that which he or she is taught... "

Rhode Island became the first state to bestow optometric DPA permission in 1971. This event sparked a movement, and by 1998 all states had granted DPA and therapeutic

pharmaceutical agent (TPA) rights. Further, in 1998, Oklahoma became the first state to authorize optometrists to use lasers for certain treatments. This momentum has led to more states with expanded scope that includes laser use—as of today, Oklahoma, Kentucky, Louisiana, Alaska, and Arkansas.<sup>1-4</sup>

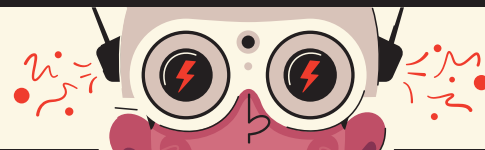
What can we learn from the ceiling-shattering conclusions that began with the strategic planning session of 1968? How do they translate to the flavor of today? We offer the following thoughts.

## OPTOMETRIC EDUCATION

Six new optometry schools have emerged in the past decade without increases in applicant volume. Some worry that educators may consequently be faced with a weaker pool of candidates.<sup>5</sup> Optometric educational leaders and administrators are thus challenged to be progressive and to educate students to the highest level of scope. Programs including continuing education must evolve to maintain a high caliber of graduates and attendees. Knowledge and learning gaps must be identified, and education must adapt to emerging trends [personal communication, Chris Wroten, OD].

## REGULATORY BOARDS

The movement of states toward expanded scope is significantly affected by both the laws and those who administer them by interpretation [personal communication, DAC].<sup>1</sup>



Optometry is recognized in the United States as a regulated profession for the first time, in Minnesota.

1901

In the first push for optometric scope, a bill is proposed in Pennsylvania to authorize the use of DPAs. This bill was defeated.

1961

Rhode Island becomes the first state to bestow optometric DPA permission.

1971

All states have been granted DPA and TPA rights. Oklahoma becomes the first state to authorize optometrists to use lasers for certain treatments.

1998

Optometrists in Oklahoma, Kentucky, Louisiana, Arkansas, and Alaska can use lasers to treat ocular conditions.

2019

There is a delicate balance in establishing proper restrictions, mandated to protect the public, while also adapting to the demands and changes of health system capacity.

A report by the US Department of Health and Human Services to facilitate efficient high-quality care in the health care system concluded that, “states should consider changes to their scope-of-practice statutes to allow all healthcare providers to *practice to the top of their license, utilizing their full skill set* [emphasis added].”<sup>6</sup>

## RELATIONSHIPS

Optometrists, this means you. This means us. This means participating with our state and provincial associations. Every increase in scope of practice leans on the political relationships between each of us and our legislators.

In an interview with the authors of this article, David A. Cockrell, OD, the American Optometric Association Advocacy Chair, shared wise reflections from his extensive experience in this area. Relationships, he said, fostered by support and investment, are critical to the passing of legislation. These foundational relationships mark the difference between a trusted authoritative voice and just another lobbyist. As optom-

etrists have a duty to care for their patients, legislators have a duty to look out for their constituents. They do so by making decisions based on information from those they trust.

When it boils down to your word against another's, then, with equivocation and careful wording stacked up against your stance, who will be believed? When you take your car in for maintenance, which mechanic do you choose: the one whose character you trust from past experience, or one you hardly know? Walk alongside your legislators. Be invested in what they do because we are all constituents. From there, authenticity will come. Merit and trust must go before the ask. The ask must be founded on a mutual goal of taking care of people [personal communication, DAC].

## RESPONDING TO CHANGE

Perhaps the biggest question of all is this: “Do we believe that optometry must keep moving forward?”

The reality is that the eye care industry is changing. With respect to scope, many signs point to a shift toward more disease-focused eye care performed by optometry, catalyzed by technological advances [personal communication, CW].

Based on a survey conducted by financial services firm Harris-Williams, it has been estimated that chains and mass manufacturers capture almost 50% of primary eye care revenue, despite providing less than 33% of all eye care services.<sup>7</sup> This indicates increasing competition and decreasing market share for independent optometrists within the prescription eyewear market. Conversely, the fastest growing population segment through 2020 is people older than 55 years, leading to an increase in age-related and lifestyle-related eye diseases. A projected 28% increase in demand for ophthalmologic services will outpace the 0% growth in the number of ophthalmologists through 2020.<sup>7</sup> By contrast, a 27% increase in optometrists is projected from 2014 through 2024,<sup>8</sup> supporting the assertion made by Harris-Williams that the “shortage of ophthalmologists creates opportunities for optometrists to provide a greater role in delivery of services.”<sup>7</sup>

## BETTERING HUMAN WELFARE

So, what's an optometrist? We leave this question for each reader to ponder, along with some timeless words from Alden N. Haffner, OD, PhD, FAAO, one of the pioneers of scope  
(Continued on page 54)

(Continued from page 33)

expansion who attended the pivotal La Guardia conference and who continued to be a beacon of direction for optometry's direction thereafter.

"Progress in science, in a profession, or in any field of human endeavor was, and is, always difficult. I did not raise this issue for the purpose of adding difficulties to our profession or, indeed, to those of interprofessional relations. Rather, I felt it was more from a sense of intellectual honesty, a compassion to better human welfare, and from a desire to see the professional discipline of optometry smoothly make the transition to a more meaningful and utilitarian role within the framework of a developing public utility health care system."<sup>9</sup>

What will be written 120 years from now about the optometric profession that we know today? Our colleagues across the nation continue to make

efforts to educate legislators and the public on what optometrists are trained to do. Perhaps the archives of the future will boast of how those efforts led to optometry's expanded scope, making care accessible to all patients everywhere.

May we maintain gratitude and respect for those who dared to dream differently, paving the way in the past, and for those who continue to pave the way today. ■

1. American Optometric Association. History of optometry. <http://fs.aoa.org/optometry-archives/optometry-timeline.html>. Accessed December 9, 2019.
2. Bennett I. The meeting that changed the profession. *Optometry Cares - The AOA Foundation*. [www.aoafoundation.org/ohs/hindsight/the-meeting-that-changed-the-profession/](http://www.aoafoundation.org/ohs/hindsight/the-meeting-that-changed-the-profession/). Accessed December 9, 2019.
3. Goss DA. A note on some aspects of optometric education in the 1980s and 1990s. *Hindsight: The Journal of Optometry History*. 2017;48(2):56-60.
4. Lyerly J. What happened in Oklahoma: Expanding scope of practice and protecting what has been earned. April 23, 2019. *Optometry Times*.
5. Kekevan B. How the diploma deluge is reshaping optometry. *Review of Optometry*. February 15, 2018.
6. US Department of Health and Human Services. Azar A, Mnuchin S, Acosta A. Reforming America's healthcare system through choice and competition. December 3, 2018. [www.hhs.gov/about/news/2018/12/03/reforming-americas-healthcare-system-through-choice-and-competition.html](http://www.hhs.gov/about/news/2018/12/03/reforming-americas-healthcare-system-through-choice-and-competition.html). Accessed December 9, 2019.
7. Vision Industry Update. March 2017. Harris Williams and Co. [www.harriswilliams.com/system/files/industry\\_update/vision\\_industry\\_update\\_hcls.pdf](http://www.harriswilliams.com/system/files/industry_update/vision_industry_update_hcls.pdf). Accessed December 9, 2019.

riswilliams.com/system/files/industry\_update/vision\_industry\_update\_hcls.pdf. Accessed December 9, 2019.

8. Access to Clinical Vision Services: Workforce and Coverage. In: Teutsch SM, McCoy MA, Woodbury RB, Welp A, eds. *Making Eye Health a Population Health Imperative: Vision for Tomorrow*. Washington, DC: The National Academies Press; 2016:271-324, 427-472. [www.nap.edu/read/23471/chapter/8#273](http://www.nap.edu/read/23471/chapter/8#273). Accessed December 9, 2019.

9. Haffner A. La Guardia: the meeting that changed the profession. *Hindsight: The Journal of Optometry History*. 2010;41(1):17-20.

## SOPHIA LEUNG, OD, FAAO

- Ocular Disease and Refractive Surgery Resident, Oklahoma Medical Eye Group, Jenks, Oklahoma
- Member, Alberta Association of Optometrists Council, Canada
- [sophialeung.od@gmail.com](mailto:sophialeung.od@gmail.com)
- Financial disclosure: None

## NATHAN R. LIGHTHIZER, OD, FAAO

- Associate Professor, Associate Dean, Director of Continuing Education, and Chief of Specialty Care Clinics, Oklahoma College of Optometry at Northeastern State University, Tahlequah, Oklahoma
- Member, *Modern Optometry* Editorial Advisory Board
- [lighthiz@nsuok.edu](mailto:lighthiz@nsuok.edu)
- Financial disclosure: None