

April 27, 2023

Dear House and Senate Leadership and SF2995 Conference Committee Members:

On behalf of nearly 1000 Doctors of Optometry in Minnesota and the tens of thousands of patients they serve, the Minnesota Optometric Association (MOA) requests inclusion of the optometry scope update language in SF2995 as part of the final conference report.

This bill was first introduced in 2019. Countless patients have shared the hardship of seeking eye care from multiple providers due to ongoing, unnecessary limitations in Minnesota's scope of practice. Legislators have heard frustration from their constituents about making multiple appointments, driving to other states and missing work due to additional appointments with other healthcare specialties; rather than having their eye care needs met by their local Doctor of Optometry.

Each year the scope for optometry is not updated, patients endure unnecessary delays and face access barriers for urgent eye care. Patients wait for extra referrals to other providers and referrals are often outside of the local community. This delayed care adds significant expense to individuals and the health care system. Patients and oftentimes a family member miss work to travel to extra appointments. As Minnesota faces a critical shortage of healthcare providers, optometry is well positioned in all of our communities to meet these needs.

MOA is bringing this language forward for two primary reasons: to improve patient access to high quality, urgent eye care, and to elevate Minnesota from the current lower percentile of scope privileges in the country. Specifically, the scope update would:

- Remove the 10-day restriction on prescribing oral antivirals. This class of medication is used to treat and manage Herpetic Eye Disease. Often conditions need long term oral therapy to keep the disease under control. Continuous flare ups can lead to vision loss and even blindness. Doctors of Optometry have been using this class of medication safely and effectively for 20 years in the 10-day window and can prescribe without limitation on duration in 47 other states.
- Remove the 7-day restriction on prescribing oral carbonic anhydrase inhibitors (CAIs). This class of medication is used in eyecare as the only oral glaucoma medication. Currently doctors of optometry have privileges to prescribe this medication without limitation in 44 other states.



- Remove the restriction on prescribing oral steroids with a 14-day limit. Oral steroids are needed for managing conditions with deep inflammation. Currently optometrists are allowed to prescribe this class of medication in 43 other states.
- Remove the restriction on administering legend drugs by injection. This would include a restriction on performing intravitreal injections. Most commonly this would allow injection into the eyelid for removing lumps and bumps involving the eyelid. Currently 22 other states allow optometrists to perform injections.

Opponents to this proposal will ask you to maintain the status quo and not include this language in the final HHS Omnibus bill. They deny that patients experience delays in urgent care and state that there is adequate coverage across the state to meet patient need. The fact, however, is that there are nearly three times as many optometrists as ophthalmologists, and optometrists are located in 80 of our 87 counties. Ophthalmology practices are less than half that number.

We ask your support of the optometry scope update language included in SF2995 as part of the final conference report. Doing so would remove a growing barrier for many residents who are unable to receive appropriate eyecare in a timely manner. It would bring Minnesota to a standard of care taught and tested in optometry schools for decades and improve recruitment of Doctors of Optometry to Minnesota.

Thank You,

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