MARYLAND IS UNDERUTILIZING AN UNTAPPED RESOURCE IN THE DELIVERY OF HEALTH CARE TO ITS CITIZENS.

Outdated and restrictive scope of practice laws in Maryland create cost and access issues for patients and prevent doctors of optometry from caring for patients to the full extent of their training and education.

MODERNIZING THE SCOPE OF PRACTICE OF OPTOMETRY IN MARYLAND WILL:

• Improve patient access to eye and vision care for ALL Marylanders (not just those receiving care at federal facilities in the State).
• Reduce health care costs and improve patient outcomes.
• Enhance State healthcare reform efforts related to preventative care.

SUMMARY OF SCOPE EXPANSION:

• **Prescribe all FDA Approved Therapeutic Agents** (drugs, vitamins, other ocular-related therapies).
• **Independently Treat Glaucoma** (development of treatment plan & delivery of pre/post-operative care).
• **Order & Perform Diagnostic Tests** (blood work, MRI, x-ray, sonogram, other ocular related lab work).
• **Remove Foreign Bodies** (eliminate Alger Brush and central axis restrictions).

SCOPE OF PRACTICE FACTS – A NATIONAL PERSPECTIVE:

• Optometrists prescribe controlled substances in **44 states**; oral anti-fungals in 43 states. oral immunosuppressives in **40 states** and oral steroids in **36 states**.
• Optometrists have oral and topical prescriptive authority to treat glaucoma in **42 states**.
• **Maryland is the only state that requires permanent co-management of the treatment of glaucoma**, which is expensive, burdensome and unnecessary.
• Optometrists can order diagnostic tests in **46 states**.
• The Federal Government has long-recognized the benefit of an expanded optometry scope of practice by allowing optometrists working at Federal facilities to practice under any state license they hold. Simply because they happen to be located on federal property, optometrists caring for active duty, retired service members and their families at Walter Reed National Military Medical Center in Bethesda can perform all of the tasks (e.g., treating glaucoma, prescribing drugs, etc.) that optometrists are prohibited from performing under Maryland law.

OPTOMETRISTS - EDUCATION & TRAINING:

• 4-year Undergraduate degree with emphasis in science and biology, 4-year Doctorate degree & 1-2-year optional residency; all colleges of optometry are accredited.
• Upon graduation, students will have completed greater than: 1500 classroom/lab hours and 3000 clinical hours.
• Graduating students must pass written and clinical, 3-part National Board Exam.
• Maryland law requires 50 hours of continuing education every 2 years to maintain licensure – Maryland’s continuing education requirement is one of the highest of any state.
BENEFITS OF EXPANDING THE SCOPE OF PRACTICE OF OPTOMETRY

OPTOMETRY’S ROLE IN PREVENTATIVE MEDICINE
• The Institute of Medicine’s Primary Care: America’s Health in a New Era recognized optometrists as providing first-contact care for basic health services needed by most, if not all, of the population at some point in their lifetime suggesting the focus of primary care should include good vision care as part of the primary care model.
• For some patients, their optometrist is the only contact they have with the health care system all year.
• Optometrists are often the first to diagnose a systemic disorder based on an ocular examination.
• Optometrists regularly refer patients to the appropriate health care professional when examination findings indicate further testing is needed to rule out life-threatening conditions such as cardiovascular disease and hypertension.

IMPROVED PATIENT HEALTH OUTCOMES & CONTINUITY OF CARE
• Optometrists are skilled in the cooperative management of eye and vision care.
• As principal providers of eye and vision care, optometrists are accessible, continuous, comprehensive, family-centered and culturally-effective health care professionals.
• Most Optometry practices provide evening and weekend hours, enhancing accessibility for patients.
• In some of Maryland’s more rural jurisdictions, optometrists are the only accessible provider of eye and vision care.
• Quality of care improves as patients receive proper treatment on their initial visit to an eye care provider with appropriate referrals to an ophthalmologist or another health care.
• Optometric care enhances the range and quality of services provided by the primary care model. Optometrists regularly communicate with a patient’s primary care provider; and as Medicare or Medicaid Meaningful Use providers, are accustomed to reporting patient health care quality measures and outcomes.

PATIENT & INSURER COST SAVINGS:
Providing the Right Care at the Right Time at the Right Place Saves Money

Through accurate diagnosis followed by the appropriate and timely treatment…
• Optometrists reduce unnecessary and redundant care including duplicative visits, prescriptions, tests and treatment.
• Optometrists reduce emergency department and urgent care clinic admissions and readmissions.
• Optometrists facilitate early and effective preventative care, lowering health care costs.
• Optometrists provide care that saves patients time and money (time off work, additional copays and unmet deductibles) increasing patient satisfaction and improving outcomes.