
S.158 An act relating to optometrists' scope of practice

What's in it for Vermonters?

- Increased access for Vermonters to straightforward (5-minute or less) office-based procedures in the appropriate primary care setting.
 - Reduce barriers that block a more efficient delivery of care
 - Reduce the amount of time Vermonters need to take off from work (**Access & Cost**)
 - Coordinating transportation, childcare, and other logistics (**Access & frequently Cost**)
 - Reduce the dependency on others
 - Enhanced convenience for Vermonters: Optometry offers greater weekly availability as they are not challenged by the need to reserve certain days of the week for hospital-based or ambulatory surgical center-based surgery. (**Access & frequently Cost**)
 - Increased efficiency reduces and/or eliminates delays to care.
- Enhanced patient choice of available qualified providers (provider of choice)
- Eliminates redundancies in the provision of care (**Cost**)
- Reduce potential for Vermonters to be unnecessarily referred by ophthalmologists to other in-house ophthalmologists for ocular comorbidities already being managed by the referring optometrist. (**Cost**)
- Eliminates facility fees charged to many Vermonters by surgeon-owned ambulatory surgical centers as well as in and out-of-state hospitals (i.e., Dartmouth-Hitchcock). (**Cost**)
 - Patients would not be incurring facility fees at optometric offices (**Cost**)
 - Vermont health care dollars will stay in Vermont.
- Reduce and/or eliminate the lost income by Vermonters needing to take additional time off work. (**Cost**)
- Reduced transportation expenses for Vermonters when care is delivered more efficiently. (**Cost**)
- Reduced compliance issues through greater efficiency and/or reducing complexities in the system.
 - Missed appointments (this is multifactorial) (**Quality**, sometimes **Cost**, sometimes **Access**)
- Optometry holds a soundtrack-record of public safety in Vermont. (**Quality**)
- Vermont will better attract the profession's best and brightest with practice act that reflects a higher standard of care. An antiquated scope of practice will not. (**Quality, Access**)
 - It's been essentially 20 years since Vermont last updated optometry's practice act.
- Vermonters will have improved access to straightforward procedures in the appropriate primary care setting. (**Cost, Access**)
- Vermonters will realize cost reductions.
 - Especially important to Vermonters on a fixed income and/or in medical debt.
- The equipment used for the expanded procedures (i.e., laser platform) is commercially available to both optometry and ophthalmology.

Cost Comparison if Optometry Scope Expansion Passes:

The Medicare Numbers used in the calculations below are 2019 NATIONAL rates not adjusted for local areas. The rates in Vermont are likely 1% lower.

Sentiments regarding cost significance are relative to who's being asked. Is the Vermonter in a financial hardship? In the Vermonter on a fixed income? Is the Vermonter in Medical Debt? What does the public think?

NOTE: The procedure-specific reimbursements below include the Ophthalmologist's consult fee. The reimbursements below are respective to Medicare . **Commercial Payers reimburse at higher levels.**

YAG Laser Capsulotomy A 45-60 second office-based outpatient procedure CPT Code 66821

Optometrist.....	\$339.24	Possible SAME DAY
When the Patient is Referred...		
...to Ophthalmologist in his/her Private office	\$491.23	A 45% Increase
...to Ophthalmologist in Ambulatory Surgical Center*	\$574.09	A 70% Increase
...to Ophthalmologist in Hospital Outpatient Department*	\$824.82	Almost 2.5X Increase

Selective Laser Trabeculoplasty (SLT) A 2-minute office-based outpatient procedure CPT code 65855

Optometrist.....	\$252.27	
When the Patient is Referred...		
...to Ophthalmologist in his/her Private Office	\$404.26	60% Increase
...to Ophthalmologist in Ambulatory Surgical Center*	\$499.54	Almost Double
...to Ophthalmologist in Hospital Outpatient Department*	\$870.71	Almost 3.5X Increase

SLT is less costly than generic glaucoma drop treatment after 13.1 months – if done without a referral.

Laser Peripheral Iridotomy (LPI) 3-25 Laser Pulses pending energy used CPT code 66761

Optometrist.....	\$306.40	Possible SAME DAY
When the Patient is Referred...		
...to Ophthalmologist in his/her Private Office	\$458.39	55% Increase
...to Ophthalmologist in Ambulatory Surgical Center*	\$582.90	Almost Double
...to Ophthalmologist in Hospital Outpatient Department*	\$899.94	Almost Triple

Excision Benign Skin Lesion - Eyelid 0.5cm or Less CPT Code 11440

Optometrist.....	\$143.28	
When the Patient is Referred...		
...to Ophthalmologist in his/her Private Office	\$295.27	Double
...to Ophthalmologist in Ambulatory Surgical Center*	\$359.50	2.5X Increase
...to Ophthalmologist in Hospital Outpatient Department*	\$868.03	6X Increase

*Respective ASC and HOPD Facility Fees Applied.