



American Optometric Association

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President

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May 31, 2013

Paul R. Fowler D.O., J.D.
Risk Management Officer
801 Thompson Avenue, TMP, Suite 331
Rockville, MD 20852

Subject: Indian Health Service Medical Staff Credentials and Privileges Files

Dear Dr. Fowler,

The American Optometric Association (AOA) submits these timely comments in response to the public comment period for the Indian Health Service Medical Staff Credentials and Privileges Files. The AOA represents approximately 36,000 doctors of optometry, optometry students and paraoptometric assistants and technicians. Optometrists serve patients in nearly 6,500 communities across the country, and in 3,500 of those communities are the only eye doctors. Optometry has a long history of involvement in the federal hospital system. Optometrists have trained in and staffed hospitals in the Indian Health Service (IHS), Department of Veterans Affairs and those affiliated with all branches of the military. Given this experience, the AOA appreciates the opportunity to provide input regarding the "Optometric Privileges Request Form." We believe the form collects appropriate information about optometrists and the variety of services optometrists provide within the IHS, but we do have several recommendations.

The AOA is primarily concerned that IHS does not recognize optometrists as physicians and in the "Optometric Privileges Request Form" the IHS defines physicians and optometrists separately. Optometrists are considered physicians under Medicare at Section 1861(r) of the Social Security Act. Under the Federal Employees' Compensation Act that governs federal workers compensation, optometrists are also recognized as physicians. The Joint Commission also considers optometrists as physicians and defers to the Medicare definition of physician. The AOA urges the IHS to recognize optometrists as physicians as is done in other federal health and other nationally recognized programs.

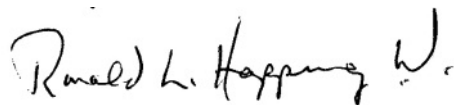
The "Optometric Privileges Request Form" indicates that patients admitted to an IHS hospital for ocular procedures must have an admission history and physical exam conducted by a physician member of that hospital's medical staff. The AOA is concerned with the IHS policy to preclude all optometrists from performing history and physical exam services. The AOA believes that optometrists should be allowed to perform services that he/she is licensed and trained to perform, including history and physical exam services. While optometrists should not be required or expected to perform these services, those who are appropriately licensed and trained to perform history and physical exam services should be eligible to do so. Furthermore, the AOA notes that the IHS policy is contrary to the Centers for Medicare & Medicaid Services (CMS) Medical Staff Conditions of Participation for hospitals. The CMS policy at Section 482.22(c)(5) of the

Code of Federal Regulations indicates that a physician (as defined in section 1861(r) of the Act), oromaxillofacial surgeon, or other qualified individual can complete the required history and physical examination in accordance with State law and hospital policy. In 2006, CMS revised their policy regarding the practitioners who are able to perform history and physical examinations to allow a range of health care practitioners to perform these services in an effort to reduce burden and increase the number of individuals who are available to perform these services. Similarly, the Joint Commission indicates that medical history and physical examinations should be completed by a physician, an oralmaxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. The Joint Commission notes that their definition of "physician" is the same that is used by CMS.[1] The AOA urges the IHS to update their policy regarding the practitioner types eligible to perform an admission history and physical exam to ensure that optometrists that are licensed and trained to perform those services, in accordance with state law and hospital policy, are eligible to do so. Additionally, AOA requests that IHS align their policy with the CMS and Joint Commission policies. As was recognized under the CMS program, by allowing a broader range of practitioner types to perform the history and exam, the burden placed on hospital staff members can be reduced. Again, the AOA does not suggest that optometrists must do their own H&Ps when ocular patients are admitted into IHS facilities, but that IHS allow an OD who is appropriately licensed and trained to perform this service to do so, just as Medicare allows.

Finally, the accrediting body for schools or colleges of optometry is now known as the Accreditation Council on Optometric Education (ACOE), not the COEAOA referenced several times in the form. See http://www.chea.org/pdf/Recognition/Summaries_2013/ACOE.pdf for more information.

Thank you for the opportunity to provide comments on this important topic. Please contact Rodney Peele, Esq., Assistant Director for Regulatory Policy and Outreach at rpeelee@aoa.org or (703) 837-1348 if you have questions or need additional information.

Sincerely,

A handwritten signature in black ink, reading "Ronald L. Hopping, O.D., M.P.H." with a stylized flourish at the end.

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President
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