

April 19, 2021

Ambassador Susan Rice
Assistant to the President for Domestic Policy
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear Ambassador Rice,

On behalf of the American Optometric Student Association, National Optometric Student Association, National Rural Health Association, National Optometric Association and the American Optometric Association, we thank you for your leadership throughout the pandemic. As we look to the future and recovery from the pandemic, we believe there are certain specific domestic policy actions that would be beneficial to strengthen our health care provider workforce and increase access to care. If we are to build a more inclusive and accessible health care system that employs individuals with a wide range of socioeconomic and racial backgrounds, action must be taken to reduce student debt and increase loan forgiveness opportunities through the National Health Services Corps (NHSC).

We greatly appreciate the previous efforts that have been undertaken to suspend payments and interest on all federally owned and direct student loans. We also are grateful for the Administration's recent action to acknowledge the key role that doctors of optometry and optometry students can play in providing COVID vaccines during the current public health emergency. We would welcome the opportunity to work with the Administration to build upon these successes.

With the average optometry student's loan debt at graduation being close to \$200,000, we fully support the ongoing efforts to develop longer-term solutions to student debt hardship. This is critical in the wake of the COVID-19 pandemic, which has led to disrupted education, an uncertain job market, and delays in optometry school graduates' ability to practice. Additionally, there are well-documented¹ racial disparities in student borrowing and defaults as well as evidence that racial gaps in total debt are far larger now than in the past. Studies have shown that Black students hold substantially more debt by age 25 compared to their white peers.² These loan trends contribute to a young workforce where only certain demographics are free to make financial decisions like buying a home, saving for retirement, investing, moving to more expensive cities with lucrative career prospects, starting a family, or investing in a graduate education. Others are forced to work multiple jobs, postpone graduate school, or abandon genuine career interests in pursuit of a paycheck. During this time of crisis, it has been made especially clear that a strong and well-trained primary care health care workforce is critical for our country's success. A long-term solution to student debt is essential.

Efforts are also needed to reexamine current policies in our nation's loan forgiveness programs. The National Health Service Corps (NHSC) is the flagship health workforce program at the Health Resources and Services Administration (HRSA). Doctors of optometry are the frontline primary eye care providers across the nation. However, though doctors of optometry were originally included in the NHSC at its inception, today they are not eligible to receive loan repayment or scholarships through this program. The NHSC is a powerful recruiting tool for health centers and have been shown to be successful in both recruiting and retaining providers to care for patients in underserved communities.

¹ <https://www.brookings.edu/research/black-white-disparity-in-student-loan-debt-more-than-triples-after-graduation/>

² <https://link.springer.com/article/10.1007/s12552-016-9162-0>

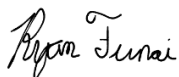
Providing more than two-thirds of all primary eye and vision health care in the United States, doctors of optometry deliver up to 80 percent of all primary vision and eye health care provided through Medicaid. Recognized as Medicare physicians for more than 25 years, doctors of optometry provide medical eye care to over six million Medicare beneficiaries annually. These valued primary care providers are an important access point to the health care system for many patients. However, they are now being excluded from the definition of primary care for the NHSC program.

HRSA has proven willing in recent years to take a more expansive approach in some cases for program eligibility. For example, pharmacy is not included specifically in the definition of primary care but was added as an option for the state loan repayment program.^{3,4} The phrase, “if needed by the Corps,” provides adequate justification for including other disciplines. Recent research has very clearly quantified the downstream financial and health impacts that come as a result of barriers to primary eye care. When patient eye health is left unaddressed, hospital costs increase. An April 2019 study found, in a study of 12,330 Medicare beneficiaries and 11,858 commercial health insurance enrollees with or without vision loss, “severe vision loss was associated with longer mean length of stay, higher readmission rates, and higher costs during hospitalization and 90 days after discharge.”⁵ We are also concerned that lack of access to primary eye care provided by doctors of optometry in health centers exacerbates disparities that already exist. Research indicates, “Minority race and ethnicity and lower socioeconomic position pose barriers to accessing primary eye and vision care and could potentially compromise access to vision rehabilitation services as well.”⁶


For over a decade the AOA and other organizations have been urging HRSA to reevaluate doctors of optometry eligibility for the NHSC. In 2009, the National Rural Health Association issued a policy brief that advocated for increased efforts to incentivize optometrists to practice in rural areas, and also highlighted that funding for the NHSC would be necessary to achieve this goal. Additionally, the American Public Health Association recommended that Congress improve access to primary eye and vision care in medically underserved communities by “reinstating doctors of optometry in the National Health Service Corps” and by including “optometry as a named primary health care discipline in CHCs [community health centers].” Vision and eye care are important components of primary care and we encourage the Administration to take swift action to include doctors of optometry in the NHSC in order to encourage primary eye care providers to practice in underserved communities and to increase access to needed care for patients.

We thank you for your consideration of these important policy issues. If you have any questions, please contact Kara Webb at kcwebb@aoa.org.

Sincerely,



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President, American Optometric Student Association



Walter L. Jackson II
National President, National Optometric Student Association

³ 42 USC § 254d(a)(3)(D)

⁴ <https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/clinician-eligibility-requirements.html>

⁵ Morse et al, 2019 Association of Vision Loss With Hospital Use and Costs Among Older Adults. JAMA Ophthalmology

⁶ Zhang et al., 2012, 2013b



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CC: Dr. Miguel Cardona, United States Secretary of Education
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