



Department of Commerce
Office of Professional Licensure Review

2026 Periodic Review

Optometrists

Published October 2026

Executive Summary

Background

Optometrists are doctoral-level primary health care providers for the eye. They test, diagnose, manage, and treat many conditions and diseases of the human eye and visual system, including performing eye and vision exams, diagnosing vision problems, providing pre- and post-operative patient care, and providing certain treatments (e.g., vision therapy and low-vision rehabilitation).

All fifty states regulate optometrists through licensure. Requirements for licensure are generally uniform across states and include obtaining a doctoral degree in optometry and passing some or all parts of the national exam. While not a requirement, some optometrists may choose to complete a one-year optometric residency.

Despite this uniformity in the regulatory model and entry requirements, states differ in the scope of practice for optometry. The primary differences in scope relate to 1) laser surgical procedures (e.g., YAG laser capsulotomy, laser peripheral iridotomy (LPI), selective laser trabeculoplasty (SLT)), 2) minor surgical procedures, and 3) injections. As of June 2026, OPLR has verified that 14 U.S. states currently allow some form of optometrist laser privileges with additional certification or training. This is an increase of 5 states since 2023, the last time OPLR reviewed Utah's scope of practice for optometry. Utah statute explicitly prohibits optometrists from performing surgery, including laser surgery, and is ambiguous about minor surgical procedures and injections.

Regulatory Model Recommendation: Continue licensure

- A lower form of regulation than licensure could be considered for optometrists due to low to moderate potential for harm depending on the procedure
- However, the prevalence of independent optometrist practice and OPLR's recommended scope expansion support continued licensure

Recommended Regulatory Adjustments: Expand the scope of optometry to include YAG and SLT laser procedures and some minor surgical (ocular adnexa) procedures with appropriate training

- These procedures have the strongest evidence of safety, recognizing there are limitations to all studies on this topic
- They are also the most aligned with current optometrist training
- Based on available data, there have not been significant increases in patient harm or malpractice payments in the states that expanded scope to include laser procedures
- It may benefit access to services in Utah, particularly for areas lacking optometric and ophthalmic practitioners

Context

Consistent with its legislative mandate,¹ the Office of Professional Licensure Review (OPLR) reviewed Utah's laws for optometry. The review evaluated how well current regulations:

1. Protect the public from present and consequential physical and financial harm
2. Balance public and practitioner access to the occupation
3. Limit the economic impact of regulation on consumers, practitioners and the state²

OPLR's research for this review included analysis of Utah's current laws and rules, licensing and complaint data from the Division of Professional Licensing (DOPL), academic literature, regulations in other states, and other secondary analyses. OPLR also conducted interviews with prominent stakeholders. See [Appendix 1](#) for more information.

Background

Profession Overview

Optometrists are doctoral-level primary health care providers for the eye. They test, diagnose, manage, and treat many conditions and diseases of the human eye and visual system, including performing eye and vision exams, diagnosing vision problems, providing pre- and post-operative patient care, and providing certain treatments (e.g., vision therapy and low-vision rehabilitation).³ Given this scope, the practice of optometry ranges widely from performing routine eye exams to providing more specialized care such as fitting complex contact lenses, providing low-vision services, treating glaucoma and ulcers, and working with geriatric or pediatric patients. Medicare recognizes optometrists as a doctor-level provider for many eye care tasks given their role as the frontline provider supporting eye and vision care.⁴

Nationally, optometrists work primarily in private practice, or in a multidisciplinary practice with an ophthalmologist. While less frequent, optometrists also work in hospitals or in corporate practice.⁵

The licensing requirements for optometry are generally standard, with minor variations, across states. Generally, to become licensed as an optometrist, an individual must graduate with a doctoral degree from a recognized school of optometry accredited by the Accreditation Council on Optometric Education (ACOE).⁶ Applicants must also have passed Parts I, II, and III and the

¹ UCA 13-1b-203(2)

² UCA 13-1b

³ U.S. Bureau of Labor Statistics, "Optometrists."

⁴ Centers for Medicare & Medicaid Services, "Doctor & Other Health Care Provider Services."

⁵ According to the "2025 Optometrist Report" from Eyes On Eyecare, 52% of total respondents (543 total respondents) work in private practice, 24% work in an MD and OD multidisciplinary practice, 9% work in hospitals and HMOs, 8% work in a corporate practice (employed), and 5% work in corporate practice (sublease). Geller and Ison, "2025 Optometrist Report."

⁶ The ACOE was created by the American Optometric Association but is required to function independently as an accrediting body.

Treatment and Management of Ocular Disease (TMOD) items of the National Board of Examiners in Optometry (NBEO).^{7, 8}

While neither a requirement to become licensed nor to practice optometry, some optometrists may choose to complete a one-year optometric residency.⁹ This post-doctoral education program focuses on gaining advanced clinical training in eye and vision care.¹⁰ While a residency is an option for optometrists to attain advanced competencies, a 2025 survey of optometrists indicates that only about 25% completed a residency.¹¹ Optometrists already received extensive didactic education and clinical training during the required doctoral program, so any additional training is an opportunity to attain *advanced* clinical training and specialization.

In contrast to optometrists, ophthalmologists diagnose and treat *all* eye conditions and diseases and perform complex eye surgeries.¹² Ophthalmologists are medical doctors (MD/DO) who complete medical school, a post-graduate clinical year,¹³ and an additional three years of specialized medical and surgical training focused on the eye. In some respects, the scopes of practice in ophthalmology and optometry overlap. However, through specialized education and training, the practice of ophthalmology focuses on the medical and surgical evaluation and management of eye disease.

Optometrists work with and supervise unlicensed optometric assistants. Optometric assistants perform a variety of clinical and administrative work, such as collecting medical history, conducting preliminary testing, scheduling appointments, and maintaining patient records.

Optometrists also work with opticians.¹⁴ Opticians are unlicensed professionals that sell or provide contact lenses or prescription glasses based on a patient's eye prescription. Opticians in Utah may not perform refractions (the specific test to determine a precise prescription for eyeglasses or contact lenses) or attempt to test the eye, and they are barred from fitting contact lenses.

⁷ The three NBEO sections are: Part I (Applied Basic Science), Part II (Patient Assessment and Management and Treatment and Management of Ocular Disease (TMOD)), and Part III (Patient Encounters and Performance Skills).

⁸ Every state, except Oklahoma, requires the passage of all three parts of the NBEO exam. Oklahoma only requires applicants to have passed the NBEO Parts I, II, and TMOD items. Additionally, Alabama only requires applicants to have passed the NBEO Parts I, II, and III, but not the TMOD items.

⁹ Association of Schools and Colleges of Optometry, "FAQs about Residencies."

¹⁰ Residents may specialize in categories, such as: primary care optometry, pediatric optometry, cornea and contact lenses, low vision rehabilitation, vision rehabilitation, and ocular disease. Further, residents gain advanced competencies in emphasis areas such as: ocular disease, glaucoma, retina, neuro-optometry, and geriatric optometry.

¹¹ 26.2% of total respondents (543 total respondents) completed a residency, while 73.8% did not complete a residency. These are national estimates that OPLR applied to Utah, as no Utah-specific estimates on residency completion exist. Geller and Ison, "2025 Optometrist Report."

¹² Churchill and Gudgel, "What Is an Ophthalmologist." Feng, "Optometry Scope of Practice."

¹³ The post-graduate clinical year includes direct patient care experiences in fields such as emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery, or a transitional internship.

¹⁴ UCA 58-16a-801 refers to opticians as contact lens and ophthalmic lens sellers and providers

Profession in Utah

Optometry is a licensed profession in Utah. The state has 693 actively licensed optometrists (See [Appendix 2.1](#)).¹⁵

In Utah, an optometrist's scope of practice includes providing optometric services that are not specifically prohibited if the services are within an optometrist's training, skills, and scope of competence.¹⁶ Statute then defines the practice of optometry as:

- Examination of the human eye and its adnexa (surrounding and supporting structures) to detect and diagnose defects or abnormal conditions,
- Determination or modification of the accommodative or refractive state of the human eye or its range or power of vision by administration and prescription of pharmaceutical agents or the use of diagnostic instruments,
- Prescription, ordering, administration, or adaptation of ophthalmic lenses, contact lenses, ophthalmic devices, pharmaceutical agents, laboratory tests, or ocular exercises to diagnose and treat diseases, defects, or other abnormal conditions of the human eye and its adnexa,
- Removal of a foreign body from the eye or adnexa, that is not deeper than the anterior half of the cornea.¹⁷

Statute explicitly prohibits optometrists from performing surgery, including laser surgery or prescribing or administering a Schedule II controlled substance, except for a hydrocodone combination drug.¹⁸

There are certain minor surgical procedures and types of injections that are left ambiguous in Utah's optometry scope of practice. These minor surgical procedures include: chalazion incision and curettage (persistent styte removal), excision and biopsy of skin lesions around the eye or ocular adnexa, cyst drainage/excision, punctal cautery, and laser suture lysis. Injections are also left ambiguous in Utah law, including: intraocular injections into the anterior chamber or vitreous cavity, periocular injections, Botox injection in periocular areas and ocular adnexa, and intravenous injection of fluorescein.

Approaches in Other Jurisdictions

All fifty states regulate optometrists through licensure. Requirements for licensure are uniform across states and include obtaining a doctoral degree in optometry and passing some or all parts of the NBEO.

Despite this uniformity in the regulatory model and entry requirements, states differ in the scope of practice for optometry. The primary differences in scope relate to 1) laser surgical procedures

¹⁵ OPLR's analysis of DOPL licensing data, accessed January 13, 2026.

¹⁶ UCA 58-16a-601(1)(a)

¹⁷ UCA 58-16a-102(11)

¹⁸ UCA 58-16a-601(2)

(e.g., YAG laser capsulotomy,¹⁹ laser peripheral iridotomy (LPI),²⁰ selective laser trabeculoplasty (SLT)²¹), 2) minor surgical procedures, and 3) injections.

As of June 2026, OPLR has verified that 14 U.S. states currently allow some form of optometrist laser privileges: Alaska, Arkansas, Colorado, Kansas, Kentucky, Louisiana, Mississippi, Montana, Oklahoma, South Dakota, Tennessee, Virginia, West Virginia, and Wyoming.²² This report will refer to these states as “post-expansion states”. Since 2023—the last time OPLR reviewed optometry laser privileges—five more states have expanded the scope of practice for optometry to include laser procedures. Most (10) of the post-expansion states allow optometrists to perform YAG, SLT, and LPI procedures. However, Arkansas, Kansas, and South Dakota exclude LPI from an optometrist’s scope of practice, and Mississippi only allows the YAG procedure. While much of the focus is on YAG, SLT, and LPI, OPLR conducted a policy scan on argon laser trabeculoplasty (ALT)²³ and photorefractive keratectomy (PRK).²⁴ Eight post-expansion states allow optometrists to perform ALT, while only two states allow optometrists to perform PRK. Please see [Appendix 2.2](#) for a table showing these details.

All post-expansion states require optometrists to receive additional certification or training to perform laser surgery. The requirements vary but generally include approved didactic and clinical coursework and passing a written and clinical skills assessment. Some states²⁵ recognize graduation from an accredited college or university of optometry where laser procedures are taught and passing a standardized exam on laser procedures. Since these states typically require graduation to be recent (e.g., graduation in 2019 or later), they also recognize a 32-hour certification program that includes both didactic and clinical or laboratory experiences and a testing requirement. Mississippi,²⁶ South Dakota,²⁷ and West Virginia²⁸ provide a pathway for optometrists that includes education, training, and completing a minimum number of laser procedures or a certain number of hours under a preceptor.

States also differ in whether they allow optometrists to perform minor surgical procedures and injections. Precise differences between allowable procedures are difficult to determine due to ambiguities in statutory language. Despite this challenge, a 2024 Eyes on Eyecare publication, supplemented by OPLR’s review of state laws and rules, identified that optometrists can perform

¹⁹ YAG laser capsulotomy is a laser procedure that may be necessary for some patients following cataract surgery. Following cataract surgery, the lens capsule can become cloudy or wrinkled, so YAG laser capsulotomy creates an opening in the cloudy lens capsule allowing light to pass through and provide clear vision.

²⁰ LPI is a laser procedure that treats and prevents angle-closure glaucoma.

²¹ SLT is a laser procedure that treats open-angle glaucoma.

²² The following analysis excludes Indiana and Wisconsin. Although OPLR has seen reports that optometrists are allowed to perform laser surgery procedures in those states, OPLR has not been able to verify those reports directly. This count also excludes Vermont, which passed legislation to allow optometrists to perform LPI and SLT starting in 2028.

²³ Similar to SLT, ALT uses a laser to treat open-angle glaucoma. However, ALT uses a higher-energy laser compared to SLT.

²⁴ PRK is a laser procedure to correct eyesight by making small changes to the shape of the cornea.

²⁵ States include: Colorado, Kansas, Mississippi, South Dakota, West Virginia, and Wyoming

²⁶ MS Code § 73-19-191 (2024)

²⁷ SD Codified L § 36-7-1.4 (2025) & SD Codified L § 36-7-1.5 (2025)

²⁸ WV Code § 30-8B-4 (2025)

treatment of or small excision surgery on chalazia/hordeola in 21 of 50 states.^{29, 30} For other procedures, OPLR scanned the laws and rules of the 14 post-expansion states to assess variations.³¹ Based on this scan, OPLR determined that about 11 out of the 14 states allow optometrists to perform excision and biopsy of skin lesions around the eye or ocular adnexa. About 10 states allow optometrists to drain and excise a cyst and remove a foreign body from the cornea and conjunctiva. Very few states allow optometrists to perform punctal cautery and laser suture lysis.

Approximately half of the 14 states OPLR reviewed allow optometrists to administer ocular or periocular injections, while a similar number of states allow optometrists to perform Botox. No states reviewed explicitly allow optometrists to perform intraocular injections into the anterior chamber or vitreous cavity. Please see [Appendix 2.2](#) for more details on this policy scan.

Regulatory Model Assessment

Framework

In an effort to standardize how appropriate regulatory models are determined for each profession (e.g. license, registry, no regulation, etc.), OPLR developed a framework which incorporates its statutory review criteria. Appropriate models are determined principally by an evaluation of the potential for harm and related factors that may aggravate or mitigate the potential for harm. These factors include the availability of consumer choice, vulnerability of patients, and independence of practice. See [Appendix 3.1](#) for potential regulatory models and the factors in OPLR's framework.

Potential for Harm

OPLR's analysis of a profession's potential for harm considers the severity, probability, and permanence of harm to the health, safety and financial welfare of the public.³²

Based on OPLR's analysis of these factors, OPLR characterized the potential for harm by an optometrist as generally low to moderate; however, the types of diagnoses and procedures within an optometrist's scope of practice vary significantly in the potential for harm. In considering the potential for harm, OPLR first evaluated the current scope of practice for optometry, including examining the eye and ocular adnexa to diagnose abnormalities, making determinations or modifications of the refractive state of the eye, and prescribing ophthalmic lenses, contact lenses, pharmaceutical agents, or ocular exercises.³³ Performing eye examinations to prescribe eyeglasses and contact lenses poses a relatively low potential for

²⁹ States that Eyes on Eyecare and OPLR's state scan determined allow optometrists to perform treatment of or small excision surgery on chalazia/hordeola include: AK, AR, CO, GA, ID, IN, KS, KY, LA, MS, MT, NM, OK, OR, SD, TN, UT, VA, WA, WV, and WY.

³⁰ The Eyes on Eyecare report was published on July 17, 2024.

³¹ A state was included in this sample if its optometry scope of practice included at least one laser procedure.

³² UCA 13-1b-302(2)

³³ UCA 58-16a-102(11)

harm as the severity, probability, and permanence of harm is low. A wrong prescription may result in blurred vision, headaches, eye strain, or dizziness, but patients typically notice this quickly and can have the issue remedied with no long-term health impacts.

Optometrists also diagnose and develop treatment plans for more complex vision issues and eye diseases, such as astigmatisms, eye infections, glaucoma, and cataracts. The potential for harm related to delayed treatment or misdiagnosis of vision issues and eye diseases poses an elevated, yet moderate potential for harm. While the harm is relatively infrequent,³⁴ the severity and permanence of harm varies widely. For example, a missed diagnosis of glaucoma or age-related macular degeneration can lead to irreversible vision loss. Alternatively, some eye conditions, like chronic or temporary eye floaters or chalazia, are often harmless and may resolve on their own without any permanent consequences.

Since the severity and permanence of harm varies among conditions within an optometrist's scope of practice, delayed treatment or misdiagnosis by an optometrist can lead to negative future consequences. However, OPLR distinguishes between the potential for actively inflicting harm versus failing to benefit a patient due to ineffective or inappropriate care. This applies to conditions that are challenging to diagnose due to their presentation and an incorrect diagnosis could be reached even after conducting a thorough differential diagnosis. However, there is a difference between this and misdiagnosing or missing a standard diagnosis of a condition that causes permanent harm or vision loss as a result. Occupational regulation exists primarily to prevent active, direct harm of consumers by professionals. Since delayed treatment or misdiagnosis is the primary potential for harm for the practice of optometry, a less burdensome regulatory model than licensure could be appropriate, although this is just one factor.³⁵

The Occupational Information Network (O*NET), developed under the sponsorship of the U.S. Department of Labor, estimates an occupation's consequence of error based on how serious the result would be if a mistake was made.³⁶ Based on the methodology, the O*NET does not allow for fine comparisons across occupations, but may be directionally helpful in assessing higher versus lower risk. Optometrists have a consequence of error score of 55 out of 100, which is categorized by O*NET as "serious".³⁷ Speech-language pathologists, which OPLR recommended could be regulated by mandatory certification rather than licensure, have the same O*NET score as optometrists.

Related Factors

In conjunction with assessing the potential for harm, OPLR's regulatory model analysis

³⁴ A national analysis by Duszak et al. showed that over a roughly 25 year time period, about 415 malpractice payments (mean 15 cases/year) involving an optometrist were related to a 'failure to diagnose'. Duszak et al., "Malpractice Payments by Optometrists."

³⁵ OPLR considered mandatory certification or title protection for a less burdensome regulatory framework. OPLR reached a similar conclusion in its prior review of speech language pathology and audiology.

³⁶ National Center for O*NET Development, "Consequence of Error."

³⁷ O*NET scores are categorized as "extremely serious" (at 100), "very serious", "serious", "fairly serious", and "not serious at all" (at 0) based on an analysis of survey results examining how serious the result would be if a worker made a mistake that was not easily correctable.

considers the way an occupation's setting, context, and consumers may influence the potential for harm, and thus, the degree of oversight provided outside of licensure through DOPL.

Optometrists practice with a high level of both clinical independence and solo practice, heightening the rationale for regulation. As independent primary eye care providers, optometrists largely practice as solo practitioners or in small group practice. A large majority (about 75%) of optometrists nationally report working in a private practice or multidisciplinary practice.³⁸ Other sources indicate that optometrists are self-employed between ~60% to 70% of the time.^{39, 40} In addition to the high prevalence of solo and independent practice, optometrists have limited government oversight beyond that provided through licensure and reimbursement.

There is significant patient choice, which somewhat mitigates the potential for harm. Patients have the ability to choose their optometrist and to research an optometrist's quality of care.⁴¹ While patient choice is significant, limiting factors relate to affordability, insurance coverage, the availability of providers in a geographic area, and the acuity or immediacy of requiring optometric care.

For more details on OPLR's analysis of optometry according to the framework, see [Appendix 3.2](#).

Model Assessment Discussion

OPLR's analysis indicates that the role of an optometrist warrants continued licensure.

However, OPLR did consider whether a less burdensome form of regulation, like mandatory certification or title protection, would be appropriate. Mandatory certification aims to ensure safety and competence for occupations where the harm to the consumer is limited but entry qualifications are still needed. This regulatory model is less administratively burdensome than licensure and streamlines DOPL oversight. Similarly, title protection maintains entry requirements and competence. It is even less administratively burdensome since practitioners would not be required to prove their credentials with the state. Despite this, DOPL could still investigate complaints about inappropriate or unauthorized practice.

However, the prevalence of solo or independent practice by optometrists and OPLR's

³⁸ 52% of total respondents (543 total respondents) work in private practice, 24% work in an MD and OD multidisciplinary practice, 9% work in hospitals and HMOs, 8% work in a corporate practice (employed), and 5% work in corporate practice (sublease). These are national estimates that OPLR applied to Utah, as no Utah-specific estimates on employment or practice setting exist. Geller and Ison, "2025 Optometrist Report."

³⁹ A 2017 national workforce survey of 1,158 optometrists indicated that 57% reported being self-employed, while the rest reported being employed by others. Heath et al., "2017 National Optometry Workforce Survey."

⁴⁰ A 2014 Lewin National Survey of Optometrists (n=726) found that 70% of respondents were self-employed and 30% were employed by others. In this survey, self-employed included: solo owner or owner of a small or large group not affiliated with a regional/national retail company, solo or group franchise affiliated or adjacent to or within a regional/national retail company, and independent contractor or lessee. American Board of Certification in Medical Optometry, "Lewin National Survey."

⁴¹ Patients can read reviews of optometrists and investigate an optometrist's credentials prior to scheduling an appointment.

recommendations for scope expansion (see below) support continued licensure.

Model Adjustments

After determining an appropriate regulatory model, OPLR's framework also evaluates whether adjustments should be made within a recommended model to address any material and existing safety and access issues affecting the Utah public and practitioners. Regulatory model adjustments may include changing entry qualifications, the scope of practice, unprofessional or unlawful conduct, and/or supervision and independence provisions (see [Appendix 4.1](#)).

Safety: General

OPLR observed very low levels of reported harm from optometrists from available data. There are very few substantiated DOPL complaints regarding optometrists.⁴² Between 2017 and 2022, there were a total of six substantiated complaints, for a rate of 0.8 substantiated complaints per 100 optometrists. Of the six substantiated complaints between 2017 and 2022, five were categorized as 'ethical standards', while the remaining was categorized as 'substance use related'. No substantiated complaints during this timeframe were related to client harm or endangerment. Please see [Appendix 4.2](#) for OPLR's analysis of DOPL complaints.

A recent study using National Practitioner Data Bank (NPDB) data from 1996 to 2023 showed that the number of malpractice payments made due to optometrists was relatively low nationally.⁴³ From 1996 to 2023, there were a total of 1,040 malpractice payments involving optometrists recorded nationally (mean: 38.5 cases/year). About 40%, or 415, of these malpractice payments were related to a 'failure to diagnose', while about 6%, or 65, cases were related to a 'delay in diagnosis'.⁴⁴ To put these counts into perspective, in 2023, the estimated annual risk was 0.1% per optometrist.^{45, 46} In addition to the safe practice of optometrists, this low rate is also reflective of the less invasive scope of practice of optometrists compared to physicians or dentists. Given the low frequency and rate of malpractice payments nationally over a 27 year time frame, optometrists practice with a low level of reported harm.

Access: General

There appears to be a sufficient number of optometrists and ophthalmologists both nationally and in Utah. Due to significant overlap in scopes of practice, OPLR considered both professions in its analysis.

According to the 2024 U.S. Health Resources and Services Administration (HRSA) workforce

⁴² DOPL Complaint Data.

⁴³ Duszak et al., "Malpractice Payments by Optometrists."

⁴⁴ While 'failure to diagnose' and 'delay in diagnosis' were the two most frequent malpractice payments, 'failure/delay in referral' (5.5%), 'improper performance' (5.2%), and 'improper management' (4.4%) rounded out the top five.

⁴⁵ In 2023, there were only 41 malpractice payments among approximately 41,390 optometrists practicing in the U.S. Duszak et al., "Malpractice Payments by Optometrists."

⁴⁶ In 2023, osteopathic or allopathic physicians had a rate of 1.12%, and practicing dentists had a rate of 0.81%. Duszak et al., "Malpractice Payments by Optometrists."

projections, the national supply and demand of optometrists and ophthalmologists is nearly in balance (99% for optometrists and 96% for ophthalmologists adequacy).⁴⁷ However, national demand is projected to outpace the supply of both optometrists and ophthalmologists by 2038 assuming, for example, there is no expansion of programs. Projected adequacy in 2038 under HRSA's assumptions declines to 90% for optometrists and 72% for ophthalmologists.

A similar trend is observed in Utah. HRSA's 2024 estimates show a healthy supply of optometrists and ophthalmologists (104% and 115% adequacy, respectively). This seems to be supported by licensing data. Roughly 480 of nearly 700 active licensees show a Utah address, which equates to HRSA's 2024 demand estimate of 470 FTEs, although not all licensees may be fully active in the workforce.⁴⁸ Similar to HRSA's national estimates, by 2038, adequacy of supply in Utah is projected to decline to 81% for optometrists and 86% for ophthalmologists. This implies a deficit in eye care for the Utah public by 2038.

While there appears to be adequate numbers of optometrists and ophthalmologists in Utah currently, the geographic distribution of practitioners may also pose a challenge. This affects a relatively small number of (mostly rural) Utahns, particularly for optometry services. DOPL licensee data indicates that roughly 25% of Utah counties (representing 1.1% of Utah's population) have no optometrists,⁴⁹ while roughly 45% of counties (representing 3.7% of Utah's population) have no ophthalmologist.⁵⁰ Utahns in these counties may experience challenges accessing optometric and ophthalmic services, although OPLR's analysis does not take driving distance into account. See [Appendix 4.3](#) for a county by county breakdown.

Recommendation: Expand the Scope of Optometry to Include YAG and SLT Laser Procedures and Some Ocular Adnexa Procedures

OPLR's analysis supports expanding the scope of practice for an optometrist to include YAG and SLT laser procedures and the following minor surgical procedures: chalazion incision and curettage, cyst drainage/excision, and excision and biopsy of skin lesions around the eye or ocular adnexa (collectively referred to below as ocular adnexa procedures). These procedures have the strongest evidence of safety across academic literature, other state adoption, and optometry education and training.

⁴⁷ Health Resources and Services Administration, "Workforce Projections."

⁴⁸ OPLR analysis of DOPL licensing data. HRSA estimates supply based on full-time equivalent (FTE). The U.S. Bureau of Labor Statistics (BLS) uses employment surveys and estimates the supply of optometrists in Utah as 410, or an adequacy of 87% based on HRSA's estimated demand for optometry services. The Utah Department of Workforce Services (DWS) similarly uses employment surveys and estimates the supply of optometrists in Utah as 357, or an adequacy of 76% based on HRSA's estimated demand.] HRSA projections may overestimate the supply of optometrists in Utah, although optometrists may also not be adequately captured in BLS/DWS employment surveys given the prevalence of solo practice in that profession.

⁴⁹ Counties with no optometrist include: Daggett, Garfield, Millard, Morgan, Piute, Rich, and Wayne counties.

⁵⁰ Counties with no ophthalmologist include: Beaver, Daggett, Emery, Garfield, Grand, Juab, Kane, Morgan, Piute, Rich, San Juan, Wasatch, and Wayne counties.

In addition to the evidence around safety, OPLR's analysis must also consider current and future patient access. Despite evidence of adequate patient access to optometrists in Utah, OPLR may still recommend scope expansions that could improve patient access further.

The details of how to implement this recommendation may vary. The range of options for implementing this expanded scope could include the following.

- In addition to completing specified education related to laser procedures and ocular adnexa procedures, either:
 - require an optometrist to complete a residency or clinical experience under the supervision of an ophthalmologist or an optometrist trained in the specific procedures (laser procedures and ocular adnexa treatments); or
 - require optometrists to demonstrate competence by performing a certain number of each laser procedure and ocular adnexa treatment under the direct supervision of an ophthalmologist or optometrist experienced in those procedures; or
- Require optometrists to have graduated from an accredited college or university of optometry recently where the laser procedures and ocular adnexa treatments were taught, or complete a training course approved by the DOPL Optometry Board and satisfactorily complete a written exam and proctored clinical session.

Recommendation Discussion

Safety: Laser Procedures, Minor Surgical Procedures, and Injections

In addition to assessing the overall safety of optometry, OPLR analyzed the safety implications of scope expansions related to laser procedures, minor surgical procedures, and injections. OPLR finds evidence that optometrists can safely perform some laser and some minor surgical procedures when appropriately educated and trained.

In 2023, OPLR performed a comprehensive review of laser surgical procedures, encompassing safety data from other post-expansion states, academic literature, and state and federal disciplinary action data.⁵¹ The previous report concluded that optometrist-performed YAG and SLT procedures were generally safe and effective in the U.S. Based on data from post-expansion states at the time, optometrists had performed just under 200,000 laser procedures with one negative patient outcome, one disciplinary action, and one confirmed malpractice case recorded.^{52,53} The academic literature also indicated that optometrist-performed YAG and SLT are being safely and effectively done. A study from the U.S. found that visual acuity and subjective assessments of vision improved without complications among patients that received capsulotomy procedures performed by

⁵¹ Utah Office of Professional Licensure Review, Optometrist Laser Surgery Privileges.

⁵² Administrative data provided directly to OPLR by regulators in post-expansion states. This analysis was done in 2023, using data from that time period.

⁵³ From the 2023 review, four malpractice cases were reported in Oklahoma in connection with optometrist-performed laser procedures, but only one of these was confirmed to be relevant to this review (a YAG procedure).

optometrists.⁵⁴ Additional literature from outside of the U.S. indicated a similar safety trend for optometrist- and allied health professional-performed SLT.^{55,56} The academic literature available at the time did not show frequent or serious risks to patients of optometrist-delivered YAG and SLT; however, the literature has limitations, such as low statistical power, few direct comparisons of optometrists and ophthalmologists, and research generalizability.

OPLR's current review builds upon this work and incorporates new data and literature since the publication of the 2023 report. Similar to the 2023 report, OPLR finds that in post-expansion states optometrists continue to perform high volumes of YAG and SLT laser surgery procedures with very low rates of negative patient outcomes. A new review published in 2025 highlights that optometrists have performed over 145,000 laser procedures in the U.S. and there have only been two documented negative outcomes, or 0.001%.^{57,58} Furthermore, the recent study mentioned earlier using NPDB data compared the number of malpractice payment events per year before and after a state expanded the optometry scope of practice (i.e., laser procedures).^{59, 60} Only one state out of the 11 post-expansion states analyzed saw a statistically significant difference in the mean number of malpractice payment events per year before and after scope expansion, indicating that expansion of laser privileges to optometrists has not resulted in compromised patient safety.

While these studies present compelling evidence that optometrists can safely perform YAG and SLT laser procedures when appropriately educated and trained, there are limitations to their analysis related to underreporting. For example, complaint reporting thresholds vary among states and complaints rely on self- and patient-reporting. Additionally, malpractice claims are an imperfect surrogate for patient safety as not all adverse events result in litigation.

OPLR's 2023 report concluded that the evidence for safety of optometrist-delivered LPI is weak. The evidence base for optometrist-delivered LPI has not significantly changed since that report. There was one additional study published in 2026 showing that optometrists safely and effectively performed LPI; however, the study only included two optometrists and was set in

⁵⁴ Lighthizer et al., "Nd:YAG Laser Capsulotomy."

⁵⁵ The optometry structure and practice settings differ in non-U.S. locations, particularly in the United Kingdom where much of the research was performed.

⁵⁶ The UK's National Health Service (NHS) has produced research on the safety of laser procedures delivered by optometrists and other non-physician providers. One study found that efficacy outcomes of SLT are comparable between eyes treated by optometrists compared to ophthalmologists. Additionally, a study from Scotland determined that experienced allied health professionals delivered SLT in a manner that was at least as safe as the previous ophthalmologist delivered SLT. A scoping review of the literature found that optometrist-performed SLT procedures may help strengthen the overall glaucoma care service, but more evidence and research is required to assess the outcomes. Lee et al., "Comparative Outcomes"; Chadwick et al., "Establishing an Allied Health Professional"; Jones et al., "Selective Laser Trabeculoplasty."

⁵⁷ Lighthizer et al., "Establishment and Review."

⁵⁸ This study used a sample of seven expansion states (OK, KY, LA, AK, AR, MS, WY), while the 2023 OPLR figure used in the 2023 report included nine states. Additionally, data from Oklahoma and Kentucky represent a floor number of procedures, rather than an actual count, and the Oklahoma data is only included from 1988-1998.

⁵⁹ Duszak et al., "Malpractice Payments by Optometrists."

⁶⁰ States included in this analysis had expanded the scope of practice before 2023 (range: 1998 to 2022). Since the data were not normally distributed, pre- and post-expansion malpractice occurrences were compared using the nonparametric Mann-Whitney rank-sum test.

England, where the practice of optometry differs from the practice in the U.S.⁶¹ The literature on the safety and effectiveness of optometrist-delivered ALT and PRK is also weak.⁶²

Aside from these new studies, there have been few updates since 2023 regarding the ability of optometrists to safely perform laser procedures. Therefore, OPLR concludes, as it did in 2023, that there is evidence that optometrists safely and effectively perform YAG and SLT procedures when appropriately educated and trained, while the evidence that they can safely perform LPI procedures is weaker.

OPLR's analysis also examined whether optometrists safely perform minor surgical procedures and found some support for certain procedures. There is extremely limited peer-reviewed literature and data regarding comparisons of safety and patient outcomes between optometrists and ophthalmologists for these procedures. In lieu of literature on safety, OPLR's analysis examined the training of optometrists to evaluate the minor surgical procedures. Optometrists are trained in their doctoral programs to safely perform chalazion incision and curettage, cyst drainage/excision, and excision and biopsy of skin lesions around the eye or ocular adnexa. The curriculum of Rocky Mountain University's Doctor of Optometry program, Utah's only school of optometry, includes required courses in surgery. An objective of the 'surgery II' course requires that students will be able to evaluate and perform chalazion management, including incision and curettage under local anesthesia. To achieve this objective, the course dedicates both didactic and lab time to educate and train students to administer local anesthesia, perform chalazion injection, chalazion incision and curettage, cyst removal, and eyelid biopsy.

In evaluating the other minor surgical procedures (e.g., punctal cautery, laser suture lysis) and various injections, OPLR concluded that there is a significant lack of safety literature and comprehensive education and training on these procedures.

Access: Laser Procedures

While the data appear to generally indicate a sufficient number of optometrists and ophthalmologists both nationally and in Utah in 2024 estimates, OPLR evaluated how scope expansion to include laser procedures may impact access, particularly in areas without ophthalmologists. A recent study of Medicare beneficiaries receiving YAG found that scope expansion positively impacts service utilization, access, and the provision of eye care.⁶³ The study identified a statistically significant increase in the utilization of YAG procedures performed by optometrists in post-expansion states, while no statistically significant effect was observed for ophthalmologists, indicating a net gain for patient access.⁶⁴ Additionally, YAG scope expansion resulted in a large and statistically significant increase in the proportion of counties with at least

⁶¹ Swystun et al., "Optometrist Delivered Laser Peripheral Iridotomy."

⁶² While captured in the 2023 report, a study by Stein et al. examines the outcomes of laser trabeculoplasty performed by optometrists compared to ophthalmologists. However, the authors were not able to distinguish between argon LTP, selective LTP, and micropulse LTP in the data so beneficiaries that underwent any of these procedures were included. Bae and Sigaud, "A Clearer View."

⁶³ Shaffer et al., "Evaluating Access to Laser Eye Surgery."

⁶⁴ When considering both optometrists and ophthalmologists together, the study found no significant overall effect of scope expansion on YAG utilization.

one YAG-performing optometrist. The study also found that post-expansion states have a higher number of optometrists compared to non-expansion states, resulting in post-expansion states experiencing slightly shorter wait times for optometry services. Furthermore, the study estimates that wait times for ophthalmology services declined by about 9 days, likely because as the share of laser procedures performed by optometrists increases, ophthalmology practice may shift to more advanced procedures, expanding access to specialty care. In sum, this study broadly supports the notion that scope expansion has resulted in increased patient access and reductions in patient wait times for ophthalmology services.

While the aforementioned study provides insights regarding the impact of scope expansion on access, other literature found insufficient evidence that scope expansion led to improved access, specifically regarding travel times.⁶⁵ A 2023 study found that optometrists and ophthalmologists generally practice in similar geographic areas. While there is variation among states, this study also found that there is a greater percentage of the population that is exclusively within a 30-minute drive to only an ophthalmologist compared with only an optometrist. Despite mixed evidence from the literature, some, although a somewhat small proportion (OPLR estimates that about 3.7% of Utah's population reside in a county with no ophthalmologist) of the Utah public, could benefit from optometrists performing select laser procedures.

As the number of post-expansion states continues to increase, Utah may face challenges recruiting and retaining optometrists, although data shows many optometrists do not practice expanded laser surgical procedures. Despite the findings from the study of Medicare beneficiaries receiving YAG, post-expansion states' experiences show that only a subset of optometrists will choose to perform laser procedures. For example, the Wyoming Optometric Association reported that nearly 45% of optometrists in Wyoming perform YAG, SLT, and LPI laser procedures.⁶⁶ However, the Colorado Optometric Association reported that roughly 20% of optometrists in Colorado have completed the statutory requirements to perform YAG, SLT, LPI, and ALT laser procedures.⁶⁷ In a separate study, just under 50% of optometrists in post-expansion states nationally performed YAG procedures independent of an ophthalmologist.⁶⁸ If optometrists prefer to practice in states where they have a scope of practice that aligns with their education and training, Utah may become a less attractive practice location as more states adopt laser procedure scope expansions

⁶⁵ Shaffer et al., "Evaluating Access to Laser Eye Surgery."

⁶⁶ As of December 2024, out of 1,112 total procedures performed by optometrists in Wyoming, 71% were YAG, 27% were SLT, and 2% were LPI.

⁶⁷ Spiegle, "How Scope Expansion is Shaping Optometry's Future."

⁶⁸ Dramatic expansion in optometry laser capsulotomy and selective laser trabeculoplasty following scope of practice legislation, June 2025

Rule Review

In accordance with Utah Code 13-1b-203(5), OPLR conducted an in-depth review of DOPL's optometry rules, found in R156-16a.

The rule review covered potential rule changes needed to:

1. Address specific rules that may be overly burdensome (e.g., for individuals seeking to practice a profession or given the potential risk to public safety from a profession, etc) or insufficient (e.g., to ensure safe practice);
2. Address rules misaligned with statutory language, clarify language, and correct references to statute or other rules; or
3. Support OPLR's recommendations

OPLR's review of R156-16a found:

1. Rules are not overly burdensome
2. Five incorrect references to other rules, outlined in Appendix 5.1; and two uses of outdated language, outlined in Appendix 5.2
3. New rules regarding expanded scope of YAG, SLT, and minor laser surgeries would need to be added

Appendix

Contents

1. Context

[1.1 General Research Methodology](#)

2. **Background**

[2.1 DOPL Licensee Data](#)

[2.2 OPLR Policy Scan](#)

3. **Regulatory Model Assessment & Recommendation**

[3.1 Menu of Regulatory Models and Factors Considered in Framework](#)

[3.2 Assessment of Optometry](#)

4. **Regulatory Model Adjustments & Recommendation**

[4.1 Possible Adjustments](#)

[4.2 DOPL Complaint Analysis](#)

[4.3 Optometrists and Ophthalmologists Density by County](#)

5. **Rule Review**

[5.1 Incorrect References](#)

[5.2 Outdated Language](#)

6. **Stakeholder Engagement**

[6.1 OPLR Stakeholder Series](#)

7. **References**

[7.1 References](#)

1. Context

1.1 General Research Methodology

OPLR's methodology combines qualitative and quantitative methods with robust stakeholder engagement. Methods include:

- Conducting quantitative analysis of DOPL licensee and complaint data and publicly available data from other state and federal government entities and private entities
- Reviewing academic literature and reports on a profession's practice, efficacy, and safety
- Scanning education and credentialing requirements, programs and content
- Reviewing state occupational regulation policies across the U.S.
- Engaging with a wide range of stakeholders, including: Utah governments and agencies, industry organizations, researchers, practitioners, and business owners and employers within a variety of settings.

2. Background

2.1 DOPL Licensee Data

OPLR used DOPL licensee data queried on January 13, 2026 to conduct analyses on the number of licensees per year and the inflow and outflow of licensees. The dataset included individuals first licensed after 1970 to those actively licensed as of January 2026. Each row in this dataset was a unique combination of individual and license type and contained information regarding when the license was issued, the status of the license, the date the status was last updated, and the sex and year of birth of the individual. OPLR estimated the number of licensees in each year by summing the number of unique individuals whose licenses were active during any point in each year. Additionally, OPLR excluded any individual with a null or incorrect value for their license issue date and license expiration date, as OPLR could not determine how long or for what years they were actively licensed. License counts may slightly underestimate the true number of licensees due to this, but the effect is fairly negligible given OPLR's use of the data to determine trends over time rather than estimate with precision for specific dates.

2.2 OPLR Policy Scan

To better understand the regulatory environment for optometrists, OPLR conducted a review of state occupational regulation in the United States.

OPLR used Westlaw Advantage's AI Jurisdictional Survey tool to help determine how jurisdictions regulated optometrists and defined the scope of practice, particularly around laser procedures, minor surgical procedures, and injections. OPLR analysts then manually validated every state's results by reviewing the linked statutes and administrative rules, and details not included by the AI tool were added during verification. The validated sources were then used to

map the national policy landscape, find patterns in regulation, make cross-state comparisons, and discover outliers. OPLR also used the data to help inform recommendations.

This review does contain limitations related to normal human error. It is possible that there is slight misreporting of some data due to limited accessible state information, errors in data entry, or mistakes made by Westlaw's AI tool that were not caught by OPLR's manual verification. Additionally, in OPLR's review of the minor surgical procedures and injections, OPLR made informed assumptions, since many of these procedures are not explicitly detailed in a state's statute or rule. For example, if a state's optometry statute or rule did not explicitly prohibit optometrists from performing incisions or excisions and it did not explicitly list chalazion excision or biopsy of skin lesions as an allowed practice, OPLR inferred that the state's scope of practice would allow optometrists to perform these procedures. Potential bias or measurement error introduced by these limitations likely did not substantially alter any information, as OPLR engaged in rigorous validation.

State	Year Enacted	YAG	SLT	LPI	ALT	PRK
Oklahoma	1998	✓	✓	✓	✓	✓
Kentucky	2011	✓	✓	✓	✓	✗
Louisiana	2014	✓	✓	✓	✓	✗
Alaska	2017	✓	✓	✓	✓	✓
Arkansas	2019	✓	✓	✗	✓	✗
Mississippi	2021	✓	✗	✗	✗	✗
Wyoming	2021	✓	✓	✓	✗	✗
Colorado	2022	✓	✓	✓	✓	✗
Virginia	2022	✓	✓	✓	✗	✗
South Dakota	2024	✓	✓	✗	✗	✗
Montana	2025	✓	✓	✓	✓	✗
West Virginia	2025	✓	✓	✓	✗	✗
Kansas	2026	✓	✓	✗	✓	✗
Tennessee	2026	✓	✓	✓	✗	✗

3. Regulatory Model Assessment & Recommendation

3.1 Menu of Regulatory Models and Factors Considered in Framework

Please see [this working document](#), OPLR's Occupational Regulation Framework, for a more detailed explanation of OPLR's approach to assessing occupational regulation and evaluating different regulatory models.⁶⁹

3.2 Assessment of Optometry

The following table summarizes OPLR's analysis of optometrists according to factors that OPLR determined should influence the appropriate regulatory model for an occupation. Factors that OPLR considered as particularly determinative in its assessment of optometry are highlighted in bold.

Model Assessment of Optometry	
Harm Factors	
Mechanism of Harm	Optometrists perform a wide range of tests and procedures, ranging from routine vision exams to diagnosing complex disorders of the eye. The primary mechanism of harm relates to delayed or incorrect diagnoses of vision issues and eye diseases.
Severity, Permanence, and Likelihood of Harm	The severity of harm is typically low to moderate, although it largely depends on the type of care being given. Likewise, the permanence varies significantly, ranging from an incorrect eyeglass prescription to irreversible vision loss due to misdiagnosis or delayed diagnosis. However, the likelihood of high severity and permanent harm is relatively low.
Consequence of Error	55 out of 100*
Downstream Impact	Misdiagnosis or delayed treatment may result in irreversible downstream impacts, but these are relatively infrequent. Most downstream impacts can be reversed (e.g., correcting an incorrect prescription, managing a chalazion)
Consumer & Setting Factors	
Patient Vulnerability	Optometrists work with patients of all ages, ranging from pediatric and the elderly. Some patient vulnerability is inherent in medical settings, but it is relatively low in optometry.
Frequency of Physical Touch	Optometrists rarely physically touch patients during examinations. When physical touch does occur, it is limited to contact around the

⁶⁹ The document is also available on OPLR's website in the "About OPLR" section, accessible here: <https://oplr.utah.gov/about-oplr/>

	head and area surrounding the eyes.
Frequency of Private Setting	Many optometrists work in private practice or a multidisciplinary practice. There is some frequency of working with patients in a private setting or private examination room.
Information Asymmetry	Optometrists perform specialized testing and treatment. A typical patient likely does not have the knowledge to evaluate the specific tests performed by an optometrist. However a patient would have the knowledge to know if their vision or eye conditions are improving.
Related factors	
Independence	Optometrists practice with a high degree of both clinical independence and solo practice.
Patient Choice	In general, patients have significant choice in their optometrist. However, a patient's options may be limited by affordability, insurance coverage, proximity to providers, and the acuity or immediacy of care.
Information Availability	
Level of Oversight	Government: Federal oversight is low. Under Section 1861(r) of the Social Security Act, optometrists are considered physicians. While Medicare oversees and sets optometry reimbursement regulations, federal regulation relies on the state to authorize the legal practice of optometry. State oversight is high, as the practice of optometry is regulated via licensure. Employers: In general, oversight by employers is low. The majority of optometrists work in private practice or in a multidisciplinary practice. Private: There is limited private oversight. Optometrists have optional private certifying bodies (e.g., American Board of Optometry, American Board of Certification in Medical Optometry).

*O*NET Consequence of Error Ranking

4. Regulatory Model Adjustments & Recommendation

4.1 Possible Adjustments

Please see [this working document](#), OPLR's Occupational Regulation Framework, for a more detailed explanation of how OPLR approaches whether adjustments should be made within a recommended regulatory model.⁷⁰

4.2 DOPL Complaint Data

The Division of Professional Licensing (DOPL) receives complaints from individuals, other state agencies, co-workers, professional associations, and licensing boards. DOPL is required to "investigate unlicensed practice in regulated professions, acts or practices inconsistent with recognized standards of conduct, allegations of gross negligence or incompetence, and patterns of gross negligence or incompetence".⁷¹ Violations that meet the criteria for investigation are then prioritized and assigned to an investigator. DOPL may resolve investigations in a variety of ways, including: closing an investigation due to a lack of evidence; referring the case to another agency or to law enforcement if appropriate; carrying out informal or formal administrative sanctions or stipulated agreements; issuing a citation; or denying, suspending, or revoking an individual's license.

To analyze complaints sent to DOPL, OPLR used My License Office (MLO) to access closed complaints investigated by DOPL between 2017-2022 for all licenses/professions. This data contains information on the license name, the complaint type, and the disposition of the complaint, among many other data fields not relevant to OPLR's analysis. DOPL personnel helped code the complaint dispositions as either substantiated, unsubstantiated, or no jurisdiction. Substantiated complaints are those where a disposition includes some type of disciplinary action, whether formal or informal (e.g., letter of concern, verbal warning, surrender of license). Unsubstantiated complaints have dispositions without a disciplinary action (e.g., dismissed, lack of evidence, unfounded). 'No jurisdiction' complaints are complaints that may or may not have basis, but DOPL was not able to take action on the case.

OPLR filtered complaints to exclude any likely duplicates and then used substantiated complaints to calculate the number of complaints per license type or profession. OPLR estimated the complaint rate for each license type by dividing the number of substantiated complaints by the number of unique individuals who held that license type over the same period.

⁷⁰ The document is also available on OPLR's website in the "About OPLR" section, accessible here: <https://commerce.utah.gov/wp-content/uploads/2025/12/OPLR-Occupational-Regulation-Framework-Dec-2025-vPOS TED.pdf>

⁷¹ Utah Division of Occupational and Professional Licensing, Complaint Handling Process.

Complaint Case Notes Analysis

A more detailed analysis of historical case notes was conducted on optometry complaints closed between 2017-2022. OPLR analysts read through case notes from all complaints and for each complaint summarized the issue, noted whether or not client harm occurred or potentially occurred, and if harm was present, the type and severity.

Limitations

There are significant limitations to this analysis, and the information collected should not be interpreted as a precise estimate of harm caused by optometrists. DOPL data likely underestimates true harm, as many instances of harm may be handled in other ways (e.g., directly by employers), reported to other entities, or may never be reported. Additionally, some unsubstantiated complaints may have resulted in harm but the necessary evidence was not produced.

There could also be latent factors correlated with both the likelihood of complaint and the profession, systematically biasing the comparisons across professions. This is especially true in healthcare, as certain professions, by their nature, include a greater potential for harm and may generate more complaints. For example, surgeons have a higher likelihood of causing severe harm to a patient than optometrists because surgery is inherently far riskier, not because surgeons are “less safe” or less competent than optometrists.

For these reasons, OPLR uses DOPL complaint data as directionally informative, but avoids direct comparisons across professions wherever possible. Fine comparisons across professions are unwarranted and unsupported by these data.

4.3 Optometrists and Ophthalmologists Density by County

Both optometrists and ophthalmologists are concentrated in urban areas. Seven (or about 25%) Utah counties have no optometrists, while 13 (or about 45%) Utah counties have no ophthalmologists. The counties with an optometrist but not an ophthalmologist represent areas where improvements in patient access to additional procedures could be seen.

5. Rule Review

5.1 Incorrect References

OPLR identified the following incorrect references in the R156-16a Optometry Practice Act Rule:

Rule	Incorrect Reference	Correct Reference
R156-16a-502	Refers to Subsection 58-1-203(5)	58-1-203(1)(e)
R156-16a-304(2)(a)	The Council on Professional Education	The Council on Practitioner Education
R156-16a-304(2)(a)	The American Optometry Association	The American Optometric Association
R156-16a-502	Section 58-16a-307	Strike this
R156-16a-304(7)	R156-37-402	Does not exist

5.2 Outdated Language

R156-16a-302(1) sets 100 clock hours of pharmacology for applicants who graduated before July 1, 1996. Considering this was nearly 31 years ago, it could be time to retire this.

R156-16a-102(1) defines practitioner but rule never uses the term.

6. Stakeholder Engagement

6.1 OPLR Stakeholder Series

OPLR relied heavily on stakeholder engagement and qualitative interview data, combined with OPLR's other analyses, to conduct this review and develop recommendations. OPLR engaged with optometrists, optometry educators, industry associations, Utah legislators, and Utah and other state regulators. OPLR prioritized diversity of perspective and relevance to the industry in selecting stakeholders. Variety in practice setting was also prioritized.

Interviews were conducted via video conferencing using semi-structured interview methods; they were conducted one-on-one and with multiple members. Extensive notes were taken for all interviews.

OPLR conducted initial interviews to understand the optometry industry, determine the largest issues related to safety and access, and identify potential areas for change. OPLR will engage with stakeholders later in its review to test initial findings from analysis and preliminary

recommendations. OPLR will reflect on and synthesize feedback across multiple discussion sessions to develop clear and achievable evidence-based recommendations.

Limitations

This interview sample was not randomly selected and, therefore, is not completely representative. OPLR spoke to individuals most likely to represent the broad aims and concerns of their groups. Additionally, OPLR did not contact “consumers” of optometry services (i.e. patients), so their perspectives were not incorporated into this review. Thus, the stakeholder engagement and findings from these interviews should not be understood to be fully representative of the views of all Utahns, optometrists, educators, employers, or any other person, group, or population.

Note that stakeholders’ views are not always reflected in OPLR’s recommendations. OPLR is directed by Utah Code 13-1b-302 to apply specific review criteria. These can and do lead to recommendations that diverge from stakeholder preferences. A stakeholder’s appearance here is not an endorsement of OPLR’s recommendations as such.

OPLR Stakeholder Series - Optometry	
Government Stakeholders	
Utah Department of Commerce	Larry Marx , Bureau Manager, Division of Professional Licensing Mark Steinagel , Director, Division of Professional Licensing
Division of Professional Licensing (DOPL) Board	Michael Judkins , Chairperson, Optometrist Licensing Board
Optometric Regulators	David Cockrell , President, Oklahoma State Board of Examiners in Optometry Karen Phelan , Program Director, Colorado State Board of Optometry Suzette Weast , Executive Director, Arkansas State Board of Optometry
Industry Stakeholders	
Industry Associations	Rob Jolley , Managing Partner, Lobbyist for Utah Ophthalmology Society Katie Mansell , Executive Director, Utah Ophthalmology Society Mark Taylor , Executive Director, Utah Optometric Association
Higher Education	Adam Hickenbotham , Founding Dean, Rocky Mountain University of Health Professions College of Optometric Medicine
Subject-Matter Experts	
Academics, Researchers, & Clinicians	Richard Corey , Ophthalmologist, Retina and Vitreous Surgeons of Utah/Utah Ophthalmology Society B. Travis Dastrup , Ophthalmologist, True Vision/Utah

Ophthalmology Society
Roya Garakani, Ophthalmologist, University of Utah Health/Utah
 Ophthalmology Society
Katherine Hu, Ophthalmologist, University of Utah Health/Utah
 Ophthalmology Society
Jared Parker, Ophthalmologist, Ungricht Parker Eye
 Associates/Utah Ophthalmology Society
Jason Rupp, Ophthalmologist, True Vision/Utah Ophthalmology
 Society
Darcy Wolsey, Ophthalmologist, Apex Vision/Utah Ophthalmology
 Society

References

7.1 References

- American Board of Certification in Medical Optometry. "The Lewin National Survey of Optometrists." August 22, 2018.
<https://abcmo.org/lewin-national-survey-of-optometrists/>.
- Association of Schools and Colleges of Optometry. "FAQs about Residencies." Accessed [date].
<https://optometriceducation.org/current-students/residency-programs/faqs-about-residencies/>.
- Bae, Kihwan, and Liam Sigaud. "A Clearer View: Scope-of-Practice Expansion and Access to Eye Care." *Journal of Regulatory Economics* 69, no. 1 (2026), article 14.
<https://doi.org/10.1007/s11149-026-09513-3>.
- Centers for Medicare & Medicaid Services. "Doctor & Other Health Care Provider Services." Medicare.gov. Accessed September 2026.
<https://www.medicare.gov/coverage/doctor-other-health-care-provider-services>.
- Centers for Medicare & Medicaid Services. "National Downloadable File." Doctors and Clinicians, Provider Data Catalog. Accessed April 7, 2026.
<https://data.cms.gov/provider-data/dataset/mj5m-pzi6>.
- Chadwick, Oliver, Seen Nee Chia, and Alan Rotchford. "Establishing an Allied Health Professional Delivered Selective Laser Trabeculoplasty Service in Scotland." *Ophthalmic and Physiological Optics* 39, no. 3 (2019): 216–23. <https://doi.org/10.1111/opo.12611>.
- Churchill, Jennifer, and Dan T. Gudge. "What Is an Ophthalmologist vs Optometrist?" *American Academy of Ophthalmology*, January 22, 2026.
<https://www.aao.org/eye-health/tips-prevention/what-is-ophthalmologist>.
- Duszak, Robert S., Molly S. Phan, and Richard Duszak. "Malpractice Payments by Optometrists in the United States: An Analysis of the National Practitioner Data Bank from 1996 to 2023." *Optometry and Vision Science* 103, no. 4 (2026): e70049.
<https://doi.org/10.1002/ovs2.70049>.

- Feng, Ryan. "Optometry Scope of Practice in the United States." Eyes On Eyecare. Updated August 3, 2026.
<https://eyesoneyecare.com/resources/optometry-scope-of-practice-united-states/>.
- Geller, Matt, and Donna Ison. "The 2025 Optometrist Report." Eyes On Eyecare, November 17, 2025. <https://eyesoneyecare.com/resources/2025-optometrist-report/>.
- Health Resources and Services Administration, National Center for Health Workforce Analysis. "Workforce Projections." Accessed [date].
<https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections>.
- Heath, David A., Jennifer S. Spangler, Timothy A. Wingert, et al. "2017 National Optometry Workforce Survey." *Optometry and Vision Science* 98, no. 5 (2021): 500–511.
<https://doi.org/10.1097/OPX.0000000000001688>.
- Jones, Lee, Evgenia Konstantakopoulou, and Gus Gazzard. "Selective Laser Trabeculoplasty (SLT) Performed by Optometrists for Patients with Glaucoma and Ocular Hypertension: A Scoping Review." *BMJ Open Ophthalmology* 6, no. 1 (2021): e000611.
<https://doi.org/10.1136/bmjophth-2020-000611>.
- Lee, Chan Ning, Graham Freeman, Mohith Shamdas, et al. "Comparative Outcomes of Selective Laser Trabeculoplasty (SLT) Delivered by Optometrists Compared to Ophthalmologists in the United Kingdom (UK): A Multi-centre Observational Study." *ARVO Annual Meeting Abstract. Investigative Ophthalmology & Visual Science* 64, no. 8 (2023): 4899. <https://iovs.arvojournals.org/article.aspx?articleid=2789845>.
- Lighthizer, Nathan, Spencer Johnson, Jared Holthaus, et al. "Nd:YAG Laser Capsulotomy: Efficacy and Outcomes Performed by Optometrists." *Optometry and Vision Science* 100, no. 10 (2023): 665–69. <https://doi.org/10.1097/OPX.0000000000002057>.
- Lighthizer, Nathan, Komal Patel, David Cockrell, et al. "Establishment and Review of Educational Programs to Train Optometrists in Laser Procedures and Injections." *Clinical and Experimental Optometry* 108, no. 3 (2025): 248–57.
<https://doi.org/10.1080/08164622.2024.2380075>.
- National Center for ONET Development. "Work Context: Consequence of Error." ONET OnLine. Accessed September 2026. <https://www.onetonline.org/find/descriptor/result/4.C.3.a.1>.
- Shaffer, Jamie, Anand Rajesh, Michael W. Stewart, et al. "Evaluating Access to Laser Eye Surgery by Driving Times Using Medicare Data and Geographical Mapping." *JAMA Ophthalmology* 141, no. 8 (2023): 776–83.
<https://doi.org/10.1001/jamaophthalmol.2023.3061>.
- Spiegle, Leanne. "How Scope Expansion Is Shaping Optometry's Future." *Review of Optometry*, January 15, 2025.
<https://www.reviewofoptometry.com/article/how-scope-expansion-is-shaping-optometrys-future>.

Swystun, Alexander Geoffrey, David Burton, Alison Edwards, and Pouya Alaghband. "The Safety and Effectiveness of Optometrist Delivered Laser Peripheral Iridotomy." *Eye* 40, no. 4 (2026): 512–14. <https://doi.org/10.1038/s41433-025-04207-0>.

U.S. Bureau of Labor Statistics. "Optometrists." *Occupational Outlook Handbook*. U.S. Department of Labor. Last modified August 27, 2026. <https://www.bls.gov/ooh/healthcare/optometrists.htm>.

Utah Division of Occupational and Professional Licensing. *An Explanation of the Complaint Handling Process for the Division of Occupational and Professional Licensing*. N.d. Posted with Utah Legislature 2014 interim committee materials. <https://le.utah.gov/interim/2014/pdf/00004741.pdf>.

Utah Office of Professional Licensure Review. *Legislative Inquiry Report: Optometrist Laser Surgery Privileges*. Utah Department of Commerce, January 2023; updated January 29, 2024. <https://commerce.utah.gov/wp-content/uploads/2021/10/OPLR-Legislative-Inquiry-Report-Optometrist-Laser-Surgery-Privileges-PDF-for-Publication-Updated-1-29-2024-1.pdf>.