

2025 Federal Election Proposal

What is proposed

Reinstate two-yearly Medicare subsidised eye examinations for Australians aged under 65ⁱ. In addition, jointly fund a consumer awareness campaign in relation to childhood myopia.

Why this is necessary

Australia is seeing an alarming increase in the incidence of a range of debilitating eye conditions which it is predicted will continue over the rest of this decade. Most vision loss can be averted if eye conditions are diagnosed and managed on a timely basis.

Analysis of Medicare data shows that fewer Australians aged under 65 are accessing comprehensive eye examinations as clinically recommended. Between 2017-18 and 2023-24, there was an 18.1% reduction in initial comprehensive eye examinations nationally for people aged under 65 years. The number of Australians aged under 65 getting Medicare subsidised initial comprehensive eye examinations fell from 2,234,228 in 2017-18 to 1,956,402 in 2023-24. If the 2017-18 per capita rate for under 65s had been maintained in 2023-24, there would have been an additional 424,101 eye examinations.

If this issue is not addressed as a matter of urgency, an increasing number of Australians will face the health, quality of life and economic consequences of unnecessary vision loss. There will also be significantly increased costs and pressures across the broader health system.

Who will benefit from the proposal

All Australians aged under 65 stand to benefit from being able to access Medicare subsidised eye examinations once every two years rather than once every three years. As more than 90% of optometrists bulk bill, the vast majority of these, more frequent eye examinations will be provided without an out-of-pocket patient cost.

More frequent eye examinations increase the likelihood that a range of asymptomatic eye conditions in Australians aged under 65 will be identified earlier, enabling early intervention to reduce the risk of vision loss and impairment, which adversely impacts the ability to work, study, look after families, engage socially, and lead fulfilling lives.

This proposal will be particularly beneficial for low-income families who are less likely to have their eyes examined unless they are subsidised by Medicare due to cost-of-living pressures. It will assist priority populations who are more likely to have undiagnosed eye conditions, including Aboriginal and Torres Strait Islander Australians, people from Culturally and Linguistically Diverse Backgrounds, people living with disability, and residents of regional, rural and remote communities.

The proposal will deliver significant benefits to the broader health system through the earlier identification and more timely and effective management of a range of eye conditions. This will reduce the need for expensive surgical and specialist interventions as well as the potential for falls and other accidents that can require acute care.

A joint national childhood myopia awareness campaign between the Federal Government and Optometry Australia will benefit the increasing number of young Australians who have undiagnosed myopia. The prevalence of both myopia and high myopia has increased significantly in recent decades. In fact, experts predict it will affect 50% of the global population and 20 million Australians by 2050¹.

Myopia usually begins in school-age children and causes distant objects to become blurry, affecting a child's academic, sporting and social development in the short term. Concerningly, high levels of myopia can lead to glaucoma, cataract and myopic maculopathy (damage to the retina, the sensor layer at the back of the eye).

Thankfully a safe, effective and free public health intervention already exists. Research suggests that children need to spend at least two hours a day outside to help prevent myopia from developing – the proposed campaign will raise awareness of this fact. However, for those who do develop myopia, if it is detected early, new optical and pharmaceutical treatments can slow the progression of myopia to help avoid it increasing to high levels where it can impact the health of the eye or cause irreversible blindness later in life. A well-targeted childhood myopia awareness campaign will particularly help children in low-income families and priority populations.

What is the budget cost

Assuming the same usage rate of the relevant MBS item 10910 in two years as currently occurs in three years, providing Australians aged under 65 with access to Medicare subsidised comprehensive eye examinations once every two years would cost an estimated \$64.3 million a year. This amount would increase gradually with MBS indexation and increases in the population aged under 65 years.

The Commonwealth's contribution to the proposed childhood myopia joint awareness campaign with Optometry Australia would be \$1.5 million over three years.

Who will support the proposal

This proposal for two yearly Medicare subsidised initial comprehensive eye examinations for people aged under 65 years is likely to receive broad support from optometrists, consumer and patient groups, and the broader health system, including primary care providers, public and private hospitals, and state and territory governments.

The childhood myopia awareness campaign will also be widely supported by the eye care sector. It will also be seen as beneficial by education providers who are seeing significant increases in childhood myopia.

Optometrists throughout Australia will strongly support the reinstatement of two years Medicare subsidised eye examinations for Australians aged under 65. They opposed the change to three yearly Medicare subsidised eye examinations for under 65s when it was announced in the 2014 Federal Budget.

Delivering the benefits of the proposal

Over 6,000 registered optometrists working in communities around Australia are well placed to deliver the benefits of the proposal for two yearly initial comprehensive eye examinations in a

highly accessible and equitable way. Comprehensive eye examinations are a core element of optometry scope of practice.

Optometrists have invested in the most up-to-date equipment to identify and diagnose asymptomatic eye conditions and are the first port of call for 80% of Australians with eye health issues. They are qualified to manage and monitor the vast majority of eye conditions and have direct referral rights to ophthalmology to treat more complex and acute cases.

Increasingly, optometrists are working collaboratively with ophthalmologists co-managing patients with a range of eye conditions, including glaucoma, cataract, age related macular degeneration, and diabetic retinopathy.

Are there any implementation issues

Optometry Australia does not envisage any implementation issues with reinstating two yearly Medicare subsidised eye examinations. Optometry practices have the workforce, infrastructure and clinical management and payments systems to deliver the additional eye examinations seamlessly. They have established referral and reminder systems to ensure that patients are receiving follow up care on a timely basis.

Optometrists are also likely to be an effective channel for informing patients about the change. Any increase in demand for specialist services is likely to be minimal and more than offset by the earlier identification of eye conditions which in many cases may be treatable within the community avoiding the need for referral to (expensive) tertiary care services.

Localising the proposal

The proposal for two yearly initial comprehensive eye examinations can be readily localised in terms of estimating the number of people aged below 65 years in individual communities or Federal electorates who stand to benefit from it. Working with Optometry Australia, there is the opportunity to engender the support of local optometrists and other relevant stakeholders in communicating the benefits of the proposal locally.

Enhancing the proposal

The benefits of reinstating two yearly Medicare subsidised eye examinations can be enhanced by maximising the awareness of Australians of the importance of regular eye examinations and by focussing attention on the very large increase in the prevalence of myopia particularly among school age children. Optometry Australia is committed to playing a strong leadership role in building greater awareness of childhood myopia and would welcome the opportunity to partner with the Federal and State and Territory Governments in the delivery of a jointly funded awareness raising campaign.

What is the relevant evidence

Attached is an evidence base that has been collated across five key areas:

- The alarming increase in debilitating eye conditions.
- The decline in Medicare subsidised eye examinations for under 65s
- The reasons why regular eye tests are crucial
- The impact of vision loss and vision impairment
- Clinical support for two yearly subsidised eye examinations for people aged under 65

ATTACHMENT 1

THE EVIDENCE BASE

The alarming increase in debilitating eye conditions

- It is estimated that over 13 million Australians have one or more chronic (long-term) eye conditions².
- Over 100,000 Australians are blind or have severe vision loss, and the numbers are rising.
- The greatest increase in the absolute number of Australians with vision loss is expected between 2020 and 2030, increasing by 39%³.
- Across all age groups, 59% of women have a chronic eye condition compared with 51% of men.
- One in seven healthy working-age adults have undiagnosed conditions like ocular hypertension, glaucoma, or hypertensive retinopathy that necessitate treatment ⁴.
- Half the world's population and 20 million Australians will be affected by myopia by 2050⁵.
- Robaei et al. found 10.4% of 12-year-old Australian children had visually significant refractive error⁶.
- Uncorrected refractive error is the most common finding in children and the simplest to correct but is not easily identified by simple screening. Estimating refractive error from distance visual acuity is not likely to be valid for low myopia and for all forms of hyperopia and mild-moderate astigmatism⁷.
- Recent evidence suggests approximately one-third of young adults will also experience myopia progression of at least 0.50 D between 20 and 28 years of age, although at lower rates than during childhood⁸. This study also showed that 14% of participants developed myopia after 20 years of age and this myopia incidence was associated with female sex, East Asian ethnicity and less sun exposure.
- The National Indigenous Eye Health Survey (NIEHS) reported that 54% of vision loss in Indigenous Australians aged 40 years and older was caused by uncorrected refractive error, and that treatment coverage rates were consistently low in all surveyed communities⁹.
- An exponential increase in global myopia prevalence between the ages 0 and 39 years may be due to significant lifestyle changes such as increasing hours of near work (e.g. reading, writing, computer use) related to intensive education or changes in occupations, and urbanisation resulting in reduced time spent outdoors¹⁰.
- An estimated 1.7 million Australians have diabetes, including 1.2 million who have been diagnosed. Diabetic eye disease, particularly diabetic retinopathy, is one of the most common conditions associated with both Type 1 and Type 2 diabetes. Over time, virtually all Type 1 and 60% of Type 2 diabetes sufferers are affected by diabetic retinopathy. Left untreated, diabetic retinopathy can cause blindness but, in most cases, can be successfully managed with laser therapy or injections. In its earlier stages, diabetic retinopathy is asymptomatic, emphasising the importance of a timely diagnosis. Unfortunately, there is a distinct lack of awareness in the general population and among people with diabetes about the risk of diabetic retinopathy. As a result, only about half of all Australians with diabetes get the eye examinations they need.

- The proportion of Aboriginal and Torres Strait Islander people with diabetes or prediabetes is nearly four times higher than other Australians. However Aboriginal and Torres Strait Islander people with diabetes self-report 25% lower rates of timely eye examinations than non-Indigenous Australians.

The large drop off in Medicare subsidised eye examinations for under 65s

- Per capita initial comprehensive eye examinations nationally fell from 8,898 in 2017-18 to 7,284 in 2023-24, an **18.1% reduction nationally** for people aged under 65 years.
- The number of Australians aged under 65 getting Medicare subsidised initial comprehensive eye examinations fell from 2,234,228 in 2017-18 to 1,956,402 in 2023-24 (a 12.4% reduction)
- If the 2017-18 per capita rate for under 65s had been maintained in 2023-24, there would have been 2,461,284 initial comprehensive eye examinations (an additional 424,101 eye examinations)ⁱⁱ
- The financial year per capita drop off **between 2017-18 and 2023-24** occurred in every State and Territory:
 - In Qld, there was a 21.9% per capita fall between 2017-18 and 2023-24.
 - In NT, there was a 17.4% per capita fall between 2017-18 and 2023-24.
 - All States and Territories had lower per capita initial comprehensive eye examinations in 2023-24 than 2020-21 (during COVID).
 - In 2023-24, per capita initial comprehensive eye examinations in the NT were 19.4% lower than NSW and 20.9% lower than ACT.
- Per capita reductions **between 2022-23 and 2023-24** indicate that the cost-of-living crisis may be impacting Australians aged under 65 getting their eyes examined. The biggest year to year reductions occurred in NSW and Victoria.
- The calendar year and the financial year per capita reductions impacted both **males and females** aged under 65:
 - Nationally, per capita initial comprehensive eye examinations for **males** decreased from 7,791 in 2017-18 to 6,559 in 2023-24 **(15.8% fall).**
 - Nationally, per capita initial comprehensive eye examinations for **females** decreased from 9, 995 in 2017-18 to 8,000 in 2023-24 **(20.0% fall).**

The reasons why regular eye tests are crucial

- An estimated 90% of blindness or vision loss is preventable or treatable, if detected early.
- Regular eye examinations in combination with the provision of appropriate glasses is the most effective, economical and safest of measures to minimise vision loss in the Australian population¹¹.
- An increasing length of time between eye examinations is associated with increased risk of experiencing a change in ocular status, including requiring onward referral to a medical specialist.
- Not having an eye examination in the previous two years significantly increased the odds of having severe uncorrected refractive error (OR 1.50 in Indigenous Australians and 2.06 in non-Indigenous Australians)¹².
- Longer time since previous eye examination associated with higher rates of eye care referral in both non-Indigenous and Indigenous populations (OR = 1.15 per year and OR

= 1.10 per year, respectively). The three main reasons for referral in non-Indigenous participants were macular drusen or pigment, suspected glaucoma and non-adherence to diabetic ocular exam. For Indigenous participants the three main reasons were non-adherence to diabetic ocular examination, signs of glaucoma, and signs of diabetic retinopathy¹³.

- Most patients with glaucoma are asymptomatic until the advanced stages of the disease, and current therapeutic modalities fail to reverse the structural and functional vision loss in these patients. Therefore, early detection followed by treatment is paramount to alleviate the individual and societal burden of glaucoma.
- NEHS found that only 52.4% of non-Indigenous Australians and 28.0% of Indigenous Australians with glaucoma self-reported a known history of glaucoma. Our findings suggest general health promotion, in addition to specific strategies to facilitate early detection and timely treatments, may reduce the burden of major eye diseases in Australia¹⁴.
- Those examined more than five years ago were 29 times more likely to be unaware of their cataracts, strongly emphasising the importance of regular eye examinations. Considering that cataract is the second leading cause of reversible vision loss in Australia and that approximately two-thirds of participants were unaware of their cataracts, these individuals represent a substantial proportion of Australians with reversible vision loss. Individuals who are unaware of their eye diseases are at particularly high risk of vision loss. Improving eye disease literacy and the frequency of eye examinations may improve disease awareness and treatment, thereby reducing Australia's burden of vision impairment and blindness¹⁵.
- The Waterloo Eye Study database contained 6397 patients, 3913 (61%) of which presented for a routine eye exam (REE). Overall, there were 1078 (41%) asymptomatic REE patients with a spectacle prescription change, 434 (16%) with a new critical diagnosis, and 809 (31%) with a new management. In total, 1535 (58%) patients had one or more of these outcomes. As the assessment interval (time between eye examinations) increased, the odds of having a significant change increased. The longer a patient waits for their next assessment, the older they will be at presentation, increasing the risk of age-related conditions.
- Whilst higher levels of myopia confer the greatest risk for associated ocular pathology, even low levels of myopia (- 0.75 to - 3.00D) pose an increased risk of glaucoma, cataract, retinal detachment and myopic maculopathy. Strategies are therefore needed to delay the onset of myopia and slow its progression to avoid visual impairment⁷.
- Presbyopia starts to become functionally apparent around 40 years and affects individuals for a considerable part of their working life. Uncorrected presbyopia affects patients' vision-related quality of life due to difficulty in performing near-vision-related tasks¹⁴.
- UK: Participants aged 40–60 years of age were more likely to have presbyopia progression than those aged ≥65. Given that individuals aged between 40 and 60 years are typically still working and have relatively higher visual demand for near work, this group of individuals may potentially benefit from more frequent optometric examinations and updates on near vision prescription¹⁶.
- UK: Increasing length of time between eye examinations is associated with increased risk of experiencing a change in ocular status, including requiring onward referral. The

confidence in this finding is high as three studies reported this as a prognostic factor for similar outcomes¹⁷.

- Individuals with eye diseases and visual impairment have lower health related quality of life, visual acuity, and worsened mental health compared to individuals without eye diseases and those with good vision. Our results suggest that the spreading of awareness of the potential hazards of vision-threatening diseases have very little effect on these parameters compared to the benefits of early diagnosis of these diseases, and therefore should be strengthened to prevent the declining effect of visual impairment on quality of life and increasing healthcare costs¹⁸.

The impact of vision loss and vision impairment

- Vision impairment is associated with emotional and psychological distress, depression, sadness, loss of independence and self-esteem, isolation, loneliness, fear of accidents and vulnerability. Vision impairment is also associated with a higher risk of physical injury and mortality, due to an increased risk of falls, hip fractures and motor vehicle crashes. Vision impairment is the cause of 5.8% of the disability in Australia which reduces an individual's ability to perform everyday activities, affects their social interaction, and hampers their economic and educational opportunities¹⁹.
- In its 2009 report, Access Economics estimated the total economic cost of vision loss to be \$16.6 billion or \$28,905 per person with vision loss aged over 40. This impact would be significantly higher in 2024.
- Annual global productivity losses due to uncorrected and under-corrected presbyopia in working-age population (<50 years) were estimated at US\$ 11 billion (0.016% of the global domestic product (GDP) in 2011, which increased to US\$ 25.4 billion if all people aged <65 years were assumed to be productive¹⁴.
- Without optical correction, presbyopia can have multiple effects on quality of life, such as problems reading (inability to read fine print, need for increased lighting, double vision, watery eyes, headache, fatigue or asthenopia), and other tasks, such as threading a needle or seeing fine details on near objects. Uncorrected or under-corrected presbyopia has a substantial impact on quality of life, regardless of the nature of daily activities performed. However, affected individuals can experience a dramatic increase in productivity in their daily activities when provided with an appropriate correction²⁰.
- Numerous studies have reported that uncorrected hyperopia is associated with poorer performance on academic-related outcome measures such as reading ability, educational or academic achievement test outcomes and literacy scores²¹.
- The overall prevalence of uncorrected vision conditions in a cohort of 280 students from rural primary and secondary schools (aged 4 to 18 years), of whom 40% identified as being of Aboriginal and/or Torres Strait Islander descent was 35%. The odds of previously having had an eye examination were 2.3× higher for non-Indigenous compared with Indigenous children despite both groups exhibiting high rates of uncorrected vision conditions. A number of vision conditions, such as reduced distance and near visual acuity, uncorrected refractive error, amblyopia, and vergence and accommodative disorders, have been associated with reduced performance on various tests of reading and literacy in children²².

- Working-age adults with visual impairment were significantly more likely to report lower levels of mental health, social functioning and quality of life. Studies regarding the prevalence of depressive symptoms produced inconsistent results but had methodological limitations²³.
- The results of a UK study indicate that sight loss and blindness in the adult population places a large economic cost on the UK, estimated to total £28.1 (24.0 to 32.5) billion in 2013 using 2004 disability weights, or £15.8 (13.5 to 18.3) billion using 2010 disability weights. Comparing 2008 and 2013, the cost of sight loss and blindness in the UK is estimated to have increased by 27.8%. The estimated 49% rise in productivity losses was due to a fall in the employment rate for people with sight loss and blindness, thereby widening the employment gap compared to the general population²⁴.

Clinical support for subsidised eye examinations every two years for people aged under 65

- The final Optometry Services Clinical Committee Report to the MBS Review Taskforce recommended that the frequency of comprehensive eye exams be changed from three years to two years for people aged 50 to 64 years old²⁵.
- RANZCO recommends people with diabetes should have their eyes examined every 1-2 years²⁶.
- RANZCO also acknowledges the increased risk of uncorrected refractive error, if patients have not had an eye examination in last 2 years²⁷.
- Ninety-eight percent (238/242) of responding ophthalmologists think that adults should be routinely screened for eye disease, most commonly annually (52%, 124/239) or every two years (36%, 85/239), beginning at the age of 40 (63%, 151/238)²⁸.
- Glaucoma Australia recommends an eye examination every 2 years aged over 50²⁹.
- American Academy of Optometry recommended comprehensive eye examinations every 1-2 years²⁹.
- American Optometrists Association recommends eye examinations annually.
- Health Alberta recommends eyes examinations every 1-2 years³⁰.
- Canadian Association of Optometrists recommends eye examinations every 2 years aged over 40³¹.
- College of Optometrists UK recommends eye examinations every 2 years³².
- Current UK guidelines from 2002:
 - Under 16 years in the absence of any binocular vision anomaly 1 year
 - Under 7 years with binocular vision anomaly or corrected refractive error
 6 months
 - 7 years and over and under 16 with binocular vision anomaly or rapidly progressing myopia - 6 months
 - 16 years and over and under 70 years 2 years
 - 70 years and over 1 year
 - 40 years and over with a family history of glaucoma or with ocular hypertension and not in a monitoring scheme 1 year
 - Diabetic patients 1 year¹⁷
- Canada: Periodic optometric eye examinations have long been recognized as the "backbone" of strategies to prevent vision loss and blindness. An optometric eye examination is a comprehensive assessment of an individual's visual ability, vision and eye health and is considered the "gold standard" in the early detection of visual problems.

- Infants and toddlers should undergo their first eye examination between the ages of 6 and 9 months;
- preschool children should undergo at least one eye examination between the ages of 2 and 5 years;
- school children aged 6 to 19 years should undergo an eye examination annually;
- adults aged 20 to 39 years should undergo an eye examination every 2 to 3 years;
- adults aged 40 to 64 years should undergo an eye examination every 2 years, and;
- adults aged 65 years or older should undergo an eye examination annually³³.

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ⁱ Medicare subsidised comprehensive eye examinations for Australians aged under 65 were two yearly until a 2014 Federal Budget decision to make them three yearly. Medicare subsidised eye examinations for Australians aged 65 and over are every year.

ⁱⁱ The overall population increased by 10.2% from 24.6 million in June 2017 to 27.1 million in March 2024. Approx 84% of the Australian population is under 65 years.