MINUTES OF SETTLEMENT

THE ONTARIO ASSOCIATION OF OPTOMETRISTS
(The "OAO")

-and-

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO, AS REPRESENTED BY THE MINISTER OF HEALTH
(The "MOH")

WHEREAS the Ontario Association of Optometrists (hereafter the "OAO') and the Ministry of Health (hereafter the "MOH") have now concluded their negotiations for the Memorandum of Settlement (the Agreement) for the period April 1, 2021-March 31, 2025;

AND WHEREAS the parties further agree that all other issues not addressed in the Minutes of Settlement are hereby withdrawn without prejudice to the positions of either party;

THEREFORE, THE PARTIES unanimously agree to recommend ratification of the Minutes of Settlement detailed below to their principals as full and complete settlement of all issues between the parties for the period from April 1, 2021 to March 31, 2025.

January 31, 2023

Subject to final Government approval, and ratification by the Ontario Association of Optometrists (OAO) membership, the Ministry of Health (ministry) and the OAO have agreed to the following Minutes of Settlement:

1. The terms of this Agreement are subject to final approval and ratification by both parties.

2. The term of the Agreement will run from April 1, 2021, to March 31, 2025.

3. The parties agree that renewal negotiations will commence on November 1, 2024.

Elements of the Agreement Implemented To-Date

4. The parties acknowledge that this Agreement includes the following elements which the parties agreed to implement early pending the conclusion of their final negotiations; these investments have already been implemented, including:

    4.1. An 8.48% increase applied to specific fee codes within the OHIP Schedule of Benefits for Optometry Services (the Schedule), which was implemented on March 10, 2022 but effective retroactive to April 1, 2021.

    4.2. A one-time distribution of $45 million by the ministry in August 2022, in equal payments to all eligible Ontario optometrists to allow for the modernization of the delivery of OHIP insured optometry services.

Joint Appropriateness Changes and Reinvestment in Optometric Care

Preamble

Following months of bilateral discussions as part of the Optometry Appropriateness and Modernization Working Group, the following changes to the Schedule of Benefits for Optometry Services ("Schedule") are jointly recommended for implementation based on clinical evidence, best practices and expert opinion:

5. Amend the description of existing publicly funded or OHIP insured optometry services in the Schedule, effective no later than September 1, 2023 (unless otherwise agreed upon by the Parties), as follows:

    5.1. *Major Eye Exam (MEE) (V409):* Remove the MEE requisition form as one of the conditions that satisfies the requirements for adults to receive OHIP insured eye exams.

5.2. *Ocular Drug Toxicity Screening (V409, V408):* Amend requirements for coverage for adult eye exams to include patients taking hydroxychloroquine, chloroquine, ethambutol or tamoxifen as eligible for an insured eye exam.

5.3. *Amblyopia and Strabismus (V409, V408):* Remove amblyopia, strabismus and visual field defects from the list of medical conditions for which adult eye exams are insured.

5.4. *Acquired Cranial Nerve Palsy / Acquired Strabismus (V409, V408):* Amend the requirements for coverage for adult eye exams to include exams for patients with acquired cranial nerve palsy and acquired strabismus but only during the acute phase or until the condition resolves or stabilizes.

5.5. *Diabetes (V409, V408):* Add Commentary that explains that when eye exams are insured for adult patients with a diabetes diagnosis, optometrists may use their discretion in how to determine whether a patient has diabetes, for example whether to request confirmation from a primary health care or other provider.

5.6. *Glaucoma (V409, V408):* Amend the conditions for which adult eye exams are insured for glaucoma to limit coverage only to patients diagnosed with glaucoma and who require or have had treatment using medication, laser (excluding prophylactic laser peripheral iridotomy), or surgical means.

5.7. *Cataracts / posterior capsular opacification (V409, V408):* Amend the conditions for which eye adult exams are insured to limit coverage only to patients with a visual acuity of 20/40 or worse in the best corrected eye, or when a surgery referral is made.

5.8. *Uveitis (V409, V408):* Amend the list of medical conditions for insured adult eye exams to include those patients with acute and chronic cases of uveitis but only during episodes of active inflammation.

5.9. *Retinal Disease (V409, V408):* Amend the list of medical conditions for insured adult eye exams to include those patients with retinal disease that is acute, or is chronically progressive.

5.10. *Corneal Disease (V409, V408):* Amend the list of medical conditions for insured adult eye exams to only insure for patients with corneal disease that is acute, or is chronically progressive.

5.11. *Optic Pathway Disease (V409, V408)*: Amend the list of medical conditions for insured adults eye exams to only insure for patients with optic pathway disease that is acute, or is chronically progressive.

5.12. *V410 (Child, Adult, Senior):* Amend the service description for this fee code so that it is an insured service for all age groups only when a patient has the following

conditions: retinal disease (including diabetic retinopathy), glaucoma, active optic pathway disease, ocular drug toxicity screening and/or acquired cranial nerve palsy.

5.13. *Adult Minor Assessment (V408):* Amend the service description for adult minor assessment to clarify the service is only insured when it is in connection with any medical condition listed for an insured major eye exam and present at the previous major eye exam, with a limit of 2 per 12-month period. After the limit of 2 per 12-month period the service is uninsured.

5.14. *Complex Specialty Care (Amendments):* Amendments to clarify that the following services are not part of an insured periodic oculo-visual assessment (V404, V406) or a major eye examination (V409). The *Health Insurance Act* does not prohibit patient charges for uninsured services.

a. Comprehensive binocular vision assessment;
b. Myopia control management;
c. Dry eye assessment and treatment procedures;
d. Macular pigment optical density;
e. Aberrometry;
f. All forms of anterior and posterior segment imaging, including but not limited to: retinal imaging, optical coherence tomography and meibography;
g. Pachymetry;
h. Screening visual fields;
i. Low vision assessment/rehabilitation;
j. Services by virtual means, including telephone, video or text;
k. Foreign body removal;
l. Corneal topography;
m. Eyelash epilation;
n. Vision therapy;
o. Axial length measurements;
p. Travel expenses incurred to provide services outside of the usual geographic area of practice.
q. Note: Gonioscopy is not currently listed as an element of an insured service

5.15. *Complex Specialty Care (Commentary):* Add Commentary to reference Section 24 of Regulation 552 to note that some services are not part of an insured periodic oculo-visual assessment (V404, V406) or major eye examination (V409). The *Health Insurance Act* does not prohibit patient charges for uninsured services.

a. Preparing or providing a drug or other substance used for treatment (e.g., in-office treatment of demodex blepharitis, Betadine treatment for viral conjunctivitis);
b. Drug prescription renewals unrelated to an insured service;

c. Additional copies of the optical prescription;
d. No show fees and/or rebook fees;
e. Those 3rd parties requests/reports as amended in commentary as a result of the work of the Insured Optometry Services Committee.

5.16. *Additional Annual Assessments/Exams:* Add Commentary that additional periodic oculo-visual assessments and major eye exams within the 12-month period, whether provided by the same optometrist or a different optometrist, are uninsured. Ministry is in agreement to include similar Commentary to Schedule language with respect to 5.17 below.

5.17. *Frequency of Senior POVA (V406):* Amend to change the eligibility period from every 12 months to every 18 months for seniors who don't meet the other requirements for a major eye exam in the Schedule. Seniors with the same eligible medical conditions as adults would continue to be eligible for an insured annual exam.

5.18. *Senior Minor Assessments (V402):* Amend the description of an insured minor assessment for seniors to limit the frequency to two (2) per 12-month period for seniors with the same eligible medical conditions as adults, and two (2) per 18-month period for seniors who don't meet the other requirements for a major eye exam in the Schedule. After the limit is reached, the service is uninsured.

5.19. *Ministry of Children, Community and Social Services Codes (V450/V451):* Increase payments for services publicly funded by the Ministry of Children, Community and Social Services to align with comparable OHIP rates.

Chronic Disease Management

6. To support increased patient access to optometric care, it is recommended to insure new OHIP optometry services to support the management of chronic diseases, effective no later than September 1, 2023 (unless otherwise agreed upon between the parties):

6.1. *New Glaucoma Complexity Code:* Create a new fee code for patients with glaucoma in recognition that some glaucoma patients require increased complexity of care.

6.2. *New Diabetes Complexity Code:* Create a new fee code for diabetes patients with ocular complications in recognition that some diabetic patients require increased complexity of care.

6.3. *New Pediatric Cycloplegic Complexity Code:* Create a new fee code for children under 15 years of age with strabismus or amblyopia in recognition that these patients require increased complexity of care.

Recommended Fee Increases

7. Following the recommendations from the Optometry Appropriateness and Modernization Working Group, the parties agree that these changes will help improve chronic disease management and permit for reinvestments to complex care and seniors eye health care. Accordingly, the resulting fee code reinvestments will be as follows and implemented according to the following timelines:

    7.1. Increase existing fee codes (V404, V406, V409): Effective April 1, 2023 (implemented ASAP, with retroactive regulation and system changes, if required).

    7.2. Create new fee codes (diabetes complexity, glaucoma complexity and child cycloplegic complexity) and changes to coverage by no later than September 1, 2023, unless otherwise agreed upon.

    7.3. The recommended fee increases are outlined in the table below:

Code	Description	Current Fees	Proposed Fees
V402	Oculo-visual minor assessment for patients age 19 years or less or age 65 years or more	$25.15	$25.15
V404	Periodic oculo-visual assessment for patients age 19 years or less	$48.60	$51.00
V406	Periodic oculo-visual assessment for patients age 65 years or older	$60.00	$80.00
V408	Oculo-visual minor assessment for patients age 20 to 64 years	$25.15	$25.15
V409	Major eye examination for patients age 20 to 64 years	$43.80	$55.00
V410	Automated Visual Field Assessment	$25.15	$25.15
Vxxx	Diabetes complexity code	N/A	$40.00
Vxxx	Glaucoma complexity code	N/A	$30.80
Vxxx	Child Cycloplegic complexity code	N/A	$25.00
V450	MCCSS – Ontario Disability Support Program	$39.15	$48.00
V451	MCCSS – Ontario Works	$39.15	$48.00

Establish an Optometry Services Committee

8. The Parties agree to establish an Insured Optometry Services Committee to, among other things, provide a forum for ongoing consultation and to:

8.1. Provide a mechanism for the parties to continue to discuss on a quarterly basis (at least) general health care policy and system issues affecting optometrists.

8.2. Work collaboratively on the development of educational material prior to implementation of any fee code changes.

8.3. Commit to further discussion between the Parties regarding direct referrals from optometrists to physician specialists other than ophthalmologists (neurology, rheumatology, endocrinology, dermatology).

8.4. The Parties will work jointly to develop a Terms of Reference for the Optometry Services Committee.

Implementation of the Agreement

The Parties agree to work together to effectively implement and communicate the changes set out above to ensure full awareness of the changes both among the profession and among Ontarians.

Dated at Toronto, this 10th day of February, 2023

FOR THE OAO

John Mastronardi
Lead Negotiator OAO

FOR THE MOH

Teresa Buchanan
Assistant Deputy Minister
Physician and Provider Services Division