AMA
AMERICAN MEDICAL ASSOCIATION

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February 17, 2017

The Honorable Thomas M. Middleton
Chair
Finance Committee
Maryland State Senate
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Re: AMA Opposition to Senate Bill 611

Dear Chairman Middleton:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to **oppose Senate Bill (SB) 611**. SB 611 proposes expanding optometrist scope of practice to include a new licensure category for optometrists – "Therapeutically Certified Optometrists II" – and expanding these newly categorized optometrists' scope of practice to include a range of services that optometrists simply do not have the education, training and experience to provide. These include the authority for this new category of optometrists to perform scalpel surgeries, laser surgeries, intraocular and other injections, as well as administer immunization for influenza, herpes zoster and pneumococcus. This letter will focus on the proposed surgical scope and prescriptive authority expansions.

Patient safety and quality of care demands that patients be assured that individuals who perform invasive procedures have appropriate medical education and training. Quite simply, safe use of lasers and scalpels requires extensive medical education and training. SB 611 would allow the new category of optometrists to perform scalpel and laser surgery on and around the eye after only a trivial number of training procedures and just a few days' worth of coursework.

Surgery on or around the human eye is not something to be taken lightly. The AMA believes that surgery is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue, which include lasers, ultrasound, ionizing radiation, scalpels, probes and needles. All of these surgical procedures are invasive, including those that are performed with lasers. The risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife or scalpel.

In addition, as has been well addressed by the American Academy of Ophthalmology, appropriate eye care includes not only training in the technical skills needed to perform the procedure itself, but also the medical knowledge needed to analyze when surgery may or may not be clinically indicated. Ophthalmologists' training includes four years of medical education, and an additional three to seven years in post-graduate residencies and fellowships. During that advanced training, physicians learn the most effective, safe and appropriate treatments, including surgical, pharmacologic and other interventions based on each patient's unique medical needs.

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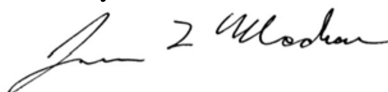
In sharp contrast to the seven to eleven years of ophthalmologic medical education and training, optometric education and training rarely goes beyond the post-graduate level and is focused almost entirely on examining the eye for vision prescription, dispensing corrective lenses and performing some eye screening functions. Optometrists, including the new "Therapeutically Certified Optometrists II," do not possess the comprehensive medical knowledge necessary to safely perform surgical procedures on patients. Students of optometry are not exposed to standard surgical procedure training, aseptic surgical technique or medical response to adverse surgical events as a part of their education. In fact, unlike ophthalmologists, optometrists are not required to partake in any post-graduate advanced training (ophthalmologists mandatorily pursue four years of residency training, with some continuing on to specialty fellowship training) where the knowledge and skills learned during school are clinically applied through actual patient care under the supervision of a licensed professional.

Moreover, SB 611 inappropriately equates this new category of optometrist with ophthalmologists. For example, SB 611 states that if an optometrist diagnoses an eye pathology the optometrist is not qualified to treat, the optometrist must refer the patient to an ophthalmologist, or a Therapeutically Certified Optometrist II. The AMA fails to see how the proposed new licensure category of optometrists would be better qualified to treat a condition that Maryland's current optometrists cannot.

SB 611 does all of this while **reducing the education required to practice optometry**. Specifically, SB 611 reduces by half the hours of pharmacology coursework an optometrist is required to complete (to 60 hours from 110 hours for therapeutically certified optometrists), and eliminates a requirement that optometrists complete an 8-hour course in the management of topical steroids. SB 611 tries to rectify this reduction in education by adding a requirement that this new category of optometrists complete 10 hours of advanced pharmacology and 10 hours of glaucoma coursework. In short, SB 611 proposes to expand optometrists' scope of practice while reducing optometrists' education and adding a weekend's worth of coursework. This is a dangerous proposition for Maryland's patients.

The AMA strongly opposes SB 611 because there is no way to safely perform surgical procedures without the comprehensive education and clinical training received in medical or osteopathic school. The education and training proposed by SB 611 come nowhere near this standard. Thank you for your consideration. If you have any questions, please contact Kristin Schleiter, JD, Senior Legislative Attorney, Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783.

Sincerely,



James L. Madara, MD

cc: MedChi, The Maryland State Medical Society
American Academy of Ophthalmology
Willarda V. Edwards, MD