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February 19, 2019

The Honorable Shane E. Pendergrass
Chair
House Health and Government Operations
Maryland General Assembly
Room 241
6 Bladen Street
Annapolis, MD 21401

Re: House Bill 471 – Oppose

Dear Chairman Pendergrass:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to **strongly oppose House Bill (H.B.) 471**. H.B. 471 proposes expanding optometrist scope of practice and creates a new licensure category for optometrists – Therapeutically Certified Optometrists II. As proposed H.B. 471 would expand 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 administer or prescribe a delivery mechanism, drug, therapy, device or treatment of the eye or adnexa and to remove foreign bodies or residual particulate matter from the eye or adnexa of the eye. It is important to note that many key terms in this bill are not defined, leaving them open to interpretation by the Board of Optometry. This level of ambiguity is very concerning to the AMA. Make no mistake, H.B. 471 lays the groundwork to allow optometrists to inject medications, perform surgery and treat chronic and complex disease and conditions. The AMA believes that this sets a dangerous precedent for Maryland's patients.

This letter will focus on the proposed surgical scope of practice and prescriptive authority expansions in H.B. 471. Patient safety and quality of care demand 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. H.B. 471 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.

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Ophthalmologists' training includes four years of medical education, and an additional three to seven years in postgraduate 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.

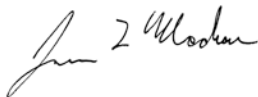
In sharp contrast to the seven to 11 years of ophthalmologic medical education and training, optometric education and training rarely go beyond the postgraduate level and is focused almost entirely on examining the eye for vision prescription, dispensing corrective lenses and performing some eye screening 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 postgraduate advanced training (ophthalmologists mandatorily pursue four years of residency training, with some continuing to complete 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. This distinction is critical.

Even more surprising is the fact that H.B. 471 does all of this while **reducing the education required to practice optometry**. Specifically, H.B. 471 reduces by half the hours of pharmacology coursework an optometrist is required to complete (from 110 to 60 hours for therapeutically certified optometrists), and eliminates a requirement that optometrists complete an eight-hour course in the management of topical steroids. H.B. 471 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 coursework on the treatment and management of patients with eye diseases and conditions. In short, H.B. 471 proposes to expand optometrists' scope of practice while reducing optometrists' education and adding a weekend's worth of coursework.

The AMA strongly opposes H.B. 471. There is no way to safely perform surgical procedures without the comprehensive education and clinical training received in medical or osteopathic school. The bottom line is that the education and training proposed by H.B. 471 come nowhere near this standard. We believe that H.B. 471 would set a dangerous proposition for Maryland's patients and urge your opposition. Thank you for your consideration. If you have any questions, please contact Kim Horvath, JD, Senior Legislative Attorney, at kimberly.horvath@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