



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

January 22, 2020

The Honorable Sara Howard
Chair
Health and Human Services Committee
Nebraska Legislature
Room 1510
State Capitol
Lincoln, NE 68509

Re: Legislative Bill 828 – **Oppose**

Dear Chairwoman Howard:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to **strongly oppose Legislative Bill (L.B.) 828**. L.B. 828 proposes expanding optometrist scope of practice by allowing optometrists to perform surgery, including laser surgery and injections in and surrounding the eye. Patient safety and quality of care demand that patients be assured that individuals who perform invasive procedures have appropriate medical education and training. Optometrists do not have the education, training, or experience to provide these services and the mere 8-16 hours of training outlined in L.B. 828 is woefully insufficient. Allowing optometrists to perform these procedures would pose a serious threat to the safety of patients in Nebraska.

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. Similarly, injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system also is considered to be surgery.

Surgery on the human eye is not risk free. **There are no “uncomplicated” surgeries involving the eye or tissues surrounding the eye.** Complex surgical procedures, such as laser eye surgery and needle injections administered to the eye, require specialized education and training, in addition to medical supervision during surgical preparation, performance and postoperative patient care. 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 postgraduate residencies and fellowships. During that advanced training, physicians learn the most effective, safe and appropriate treatments, including surgical, pharmacologic and other interventions

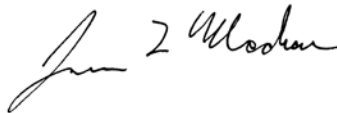
based on each patient's unique medical needs. In sharp contrast to the seven to 11 years of ophthalmologic medical education and training, optometric education and training rarely go beyond the postgraduate level and are focused almost entirely on examining the eye for vision prescription, dispensing corrective lenses and performing some eye screening functions.

Optometrists 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. In short, there is no substitute for the level of experience and education attained by a fully trained ophthalmologist.

A [recent report issued by the Vermont Office of Professional Regulation](#) found after extensive and thorough research that optometrists did not have the education and training to safely perform advanced procedures, including laser and injections, and there was little need for and minimal costs savings associated with expanding the scope of practice of optometrists. In regards to education and training, they noted the "lack of evidence showing that optometric education prepares optometrists to perform these advanced procedures." Ultimately concluding that permitting optometrists to perform these procedures poses a risk to the public's safety.

The AMA strongly opposes L.B. 828. 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 the mere hours of education and training proposed by L.B. 828 come nowhere near this standard. We believe that L.B. 828 would set a dangerous proposition for Nebraska'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,

A handwritten signature in black ink, appearing to read "Jim L Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD

cc: Members of the Health and Human Services Committee
Amy Reynoldson, Executive Vice President, Nebraska Medical Association
Todd Hlavaty, MD, President, Nebraska Medical Association