

January 29, 2020

The Honorable Fred Wood
Chair
Health and Welfare Committee
Idaho Legislature
P.O. Box 1207
Burley, ID 83318-0828

Re: Idaho House Bill 317 – **Strongly Oppose**

Dear Chairman Wood:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to **strongly oppose House Bill (H.B.) 317** which would expand optometrist scope of practice by allowing optometrists to perform surgery, including laser surgery. 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 minimal requirements outlined in H.B. 317 are woefully insufficient. Allowing optometrists to perform these procedures would pose a serious threat to the safety of patients in Idaho.

Surgery on or around the human eye is not something to be taken lightly. As drafted, H.B. 317 prohibits optometrists from performing select ophthalmic surgical procedures, which in effect, permits optometrists to perform all other types of surgery related to the eye or ocular adnexa, including surgery performed with the use of therapeutic lasers. The AMA defines surgery as 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.**

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 7 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.

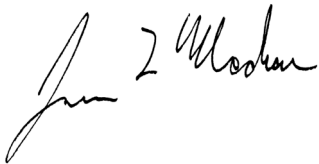
A [recent report issued by the Vermont Office of Professional Regulation](#) (OPR) found after extensive and thorough research that optometrists did not have the education and training to safely perform advanced procedures, including injections and procedures with a laser, noting the "lack of evidence showing that optometric education prepares optometrists to perform these advanced procedures." **The OPR ultimately concluded that permitting optometrists to perform these procedures poses a risk to the public's safety.** The OPR also found there was "insufficient evidence showing a need for expanded access to care that can be addressed by expanding optometric scope of practice," finding most ophthalmologists and optometrist, are located in the same places and in states where optometric scope expansion has occurred "few optometrists have chosen to perform these advanced procedures and those who do are located near ophthalmologists (typically near a population center)." Furthermore, the OPR found the public is often confused regarding the difference between optometrists and ophthalmologists and does not have the information necessary to make an informed choice between providers, stating "in this case, a move to expand the scope of optometric practice could actually create additional confusion for patients." Finally, OPR studied whether expanding optometrist scope would reduce costs, concluding "there will be little, if any, cost savings associated with the expansion of the scope of practice." OPR acknowledged there may be some minimal savings in the cost to see an additional provider, repeated exams and a patient's travel time to see another provider, however, OPR stated "it's not clear...that these costs savings are beneficial to the patient." Furthermore, "some studies have shown optometrists sometimes refer patients for unnecessary advanced procedures and show significantly more repeated procedures when the initial procedure is performed by an optometrist." **For these reasons, the OPR recommended "against expanding the optometrist scope of practice to include the proposed advanced procedures. At this time, the Office cannot conclude that optometrist have the education and training to safely provide these procedures. Nor can it find that there is a need for expanded access to the proposed advanced procedures or a reduction in costs associated with scope expansion."**

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The AMA strongly opposes H.B. 317. There is no way to safely perform surgical procedures without the comprehensive education and years of clinical training received in medical or osteopathic school. The bottom line is that performing five supervised laser procedures, as proposed by H.B. 317, comes nowhere near this standard. We believe that H.B. 317 would set a dangerous proposition for Idaho's patients and strongly urge your opposition.

Thank you for your consideration. If you have any questions, please contact Kim Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, 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 Welfare Committee