

February 5, 2021

The Honorable Delbert Hosemann  
Lieutenant Governor  
State of Mississippi  
P. O. Box 1018  
Jackson, MS 39215

Re: **AMA Opposition to H.B. 1302**

Dear Lieutenant Governor Hosemann:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to express our **strong opposition to House Bill (H.B.) 1302**, which would expand optometrist scope of practice by allowing optometrists to perform surgery and allow Mississippi's Board of Optometry broad authority to unilaterally determine future scope expansions. 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 perform any type of surgery, including surgery involving the eye or tissues surrounding the eye. Allowing optometrists to perform surgery would pose a serious threat to the safety of patients in Mississippi. In addition, granting the Board of Optometry the authority to determine future scope expansions for their own profession removes critical checks and balances to ensure patient safety. For these reasons, the AMA strongly encourages you to oppose H.B. 1302.

Surgery on or around the human eye is not something to be taken lightly. As drafted, H.B. 1302 allows optometrists to perform surgical procedures including those involving injections or scalpels and includes a pilot project allowing optometrists to perform laser surgery. 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 associated with any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife or scalpel. Similarly, the injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system is also to be considered surgery.

Surgery on the human eye is not risk-free. While H.B. 1302 attempts to narrowly define acceptable procedures, including language limiting the size or depth of the lesion or foreign body in the eye, there **are no "uncomplicated" surgeries involving the eye or tissues surrounding the eye**. This is one of the many reasons why all surgical procedures, including those with a scalpel, laser, or needle injection administered to the eye, require specialized education and training. Such procedures also require medical supervision during surgical preparation, performance of the procedure, and postoperative patient care. Additionally, such training must include not only 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, 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. **Patients agree. In a poll of voters in Mississippi, 90% said they prefer to have any eye surgeries performed by a licensed medical doctor, while only 5% indicated they would prefer an optometrist.**

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." The OPR also found that most ophthalmologists and optometrists 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 concluded that 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, the 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." The 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. The OPR stated, however, that "it's not clear...that these costs savings are beneficial to the patient." Furthermore, the OPR focused on the fact that "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 all of these reasons, the OPR recommended "against expanding the optometrist scope of practice to include the proposed advanced procedures."** Specifically, the OPR concluded that "[a]t this time, the Office cannot conclude that optometrists have the education and training to

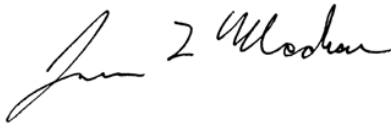
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**safely provide these procedures. Nor can it find that there is a need for expanded access to the proposed advanced procedures or a reduction in costs associated with scope expansion.”**

In conclusion, the AMA **strongly opposes H.B. 1302**. There is no way to safely perform surgical procedures without the comprehensive education and years of clinical training received in medical or osteopathic school. We believe that H.B. 1302 would set a dangerous proposition for Mississippi’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](mailto:kimberly.horvath@ama-assn.org).

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD

cc: Claude Brunson, MD  
Jennifer Bryan, MD  
W. Mark Horne, MD  
David W. Parke, II, MD