

June 13, 2017

The Honorable Bill Rabon
Chair
Rules and Operations of the Senate Committee
North Carolina Senate
16 West Jones Street
Room 2010
Raleigh, NC 27601

Dear Chair Rabon:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to **oppose** amended North Carolina House Bill (HB) 36. Amended HB 36 calls for the North Carolina Institute of Medicine to study the issues presented in the original HB 36, which we also opposed. Original HB 36 proposed expanding optometrist 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 optometrists to perform scalpel surgeries and laser surgeries. This letter will focus on the surgical scope expansion proposed in original HB 36 and proposed to be studied by amended HB 36.

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. Surgery on or around the human eye is not something to be taken lightly. The AMA believes that surgery is defined 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.

In addition, 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 five years in post-graduate residency and fellowship training. 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 nine 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.

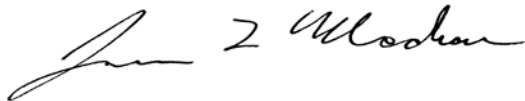
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Optometrists do not possess the comprehensive medical knowledge necessary to safely perform surgical procedures on patients. Students of optometry are not exposed to standard surgical procedure training, aseptic surgical technique or medical response to adverse surgical events as a part of their education. In fact, unlike ophthalmologists, optometrists are not required to partake in any post-graduate advanced training, where the knowledge and skills learned during school are clinically applied through actual patient care under the supervision of a licensed professional.

The AMA strongly opposes original and amended HB 36 because there is no way to safely perform surgical procedures without the comprehensive education and clinical training received in medical or osteopathic school.

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,

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

James L. Madara, MD

cc: North Carolina Medical Society
American Academy of Ophthalmology
North Carolina Society of Eye Physicians and Surgeons
Albert J. Osbahr, III, MD