

June 22, 2016

The Honorable Rudy Salas, Jr.
Chair
Committee on Business and Professions
California State Assembly
P.O. Box 942849
Sacramento, CA 94249-0032

Re: Senate Bill 622 – Oppose

Dear Chairman Salas:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to **oppose Senate Bill (S.B.) 622**. S.B. 622 proposes 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, laser surgeries, intraocular and other injections, as well as administer immunization for influenza, herpes zoster and pneumococcus. This letter will focus on the proposed surgical scope expansion.

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. S.B. 622 would allow 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.

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

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Page 2

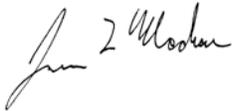
In sharp contrast to the seven to eleven years of ophthalmologic medical education and training, optometric education and training rarely goes beyond the post-graduate level and is focused almost entirely on examining the eye for vision prescription, dispensing corrective lenses and performing some eye screening functions.

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 (ophthalmologists mandatorily pursue four years of residency training, with some continuing on to 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.

The AMA strongly opposes S.B. 622 because there is no way to safely perform surgical procedures without the comprehensive education and clinical training received in medical or osteopathic school. The additional education and training proposed by S.B. 622 come nowhere near this standard.

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: Jack Resneck, Jr., MD
California Medical Association
American Academy of Ophthalmology