

August 10, 2022

The Honorable Anthony J. Portantino  
Chair  
Senate Committee on Appropriations  
California Senate  
State Capitol, Room 412  
Sacramento, CA 95814

**Re: AMA Opposition to A.B. 2236**

Dear Chairperson Portantino:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to express our **strong opposition to Assembly Bill (A.B.) 2236**, which would expand optometrist scope of practice by allowing optometrists to perform surgical procedures on the eye, including procedures that require use of a scalpel, injection, or the use of lasers. 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 California. As such, the AMA strongly encourages you to oppose A.B. 2236.

Surgery on or around the human eye is not something to be taken lightly. As drafted, A.B. 2236 allows optometrists to perform “Anterior segment laser” and minor procedures which involve use of a scalpel or injections. 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.

Surgery on the human eye is not risk-free and 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. Additionally, surgery on the eye requires medical supervision during surgical preparation, performance of the procedure, and postoperative patient care. 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 four to six 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.

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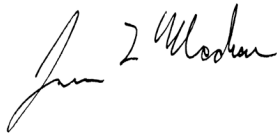
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Optometrists do not possess the comprehensive medical knowledge necessary to safely perform surgical procedures on patients. Students of optometry are not exposed to standard surgical procedure training, aseptic surgical technique, or medical response to adverse surgical events as a part of their education. In fact, unlike ophthalmologists, optometrists are not required to partake in any 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.

In conclusion, the AMA **strongly opposes A.B. 2236**. 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 A.B. 2236 would set a dangerous proposition for California's patients and strongly urge your opposition.

Thank you for your consideration. If you have any questions, please contact Kim Horvath, JD, Senior 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 fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

cc: Jack Resneck, Jr., MD  
David H. Aizuss, MD  
Toluwalasé A. Ajayi, MD  
Drayton Charles Harvey  
California Medical Association