

Nebraska Optometry Technical Review Committee

Testimony by Scott Ferguson, MD, Member, Board of Trustees, American Medical Association

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Good morning Mr. Chair and members of Optometrist Technical Review Committee. My name is Dr. Scott Ferguson, I'm a practicing radiologist from West Memphis, Arkansas and member of the American Medical Association Board of Trustees. It's an honor to be here today on behalf of the AMA. I'm pleased to provide our insight from a national perspective as you consider the Nebraska Optometric Association's proposal and its impact on patients in Nebraska. These issues are very important to the AMA and physicians across this country.

During my time today, I'm going to focus on two of the Criterion used by the Committee to review the application: Criterion 2: that enactment of the scope expansion would produce widespread benefits to the public – which outweighs any potential harm or danger to the public that might be caused by the scope expansion. And criterion 4: whether the current education and training adequately prepares practitioners to perform the new skill or service. We believe the evidence, facts, and data show the application fails to meet both of these criteria.

The application before you asks the Committee to allow optometrists to perform a specific type of surgery: Selective Laser Trabeculoplasty. SLT is an invasive surgical procedure on the eye with the use of a laser or light knife to help lower eye pressure for patients with glaucoma. It is neither a common surgery nor uncomplicated. Use of a laser as opposed to a metal knife or scalpel does not eliminate the inherent risk associated with any surgical procedure, including those around the eye which are by nature complicated. SLT is also not a common procedure. It has limited application impacting a very small percentage of the population. Granting optometrists the privilege to perform SLT will not produce widespread benefits to the public, as there is not a widespread need for this procedure and there is no evidence that Nebraska patients currently lack access to SLT.

Given these facts, we hope the committee will concur that the proposed scope expansion will not produce widespread benefits to the public. We also hope the committee will concur that any minimal benefits are outweighed by the potential harm or danger to the public based on optometrists' lack of education and training to perform this or any surgical procedure.

Given the inherent risks of SLT and typical patient for which SLT is medically appropriate, it is critically important that the health care professional performing the procedure has the education, training, and skills necessary to safely determine when the procedure is clinically appropriate based on the diagnosis and individual needs of the whole patient. As well as, the education, training, and skills in surgical preparation, in performing the surgery, in handling any complications if they arise during or after the procedure, and finally in postoperative patient care. This is why surgical procedures like SLT require the comprehensive medical education and specialized training that physicians receive.

Medical education and training that is also highly standardized and includes residency programs accredited by ACGME during which students move from direct supervision to progressively increased responsibility in providing hands-on patient care. Students must also pass a series of exams following graduation from medical school and continuing through residency. Many ophthalmologists also go on to obtain board certification. These steps from medical school throughout their specialized residency is what makes ophthalmologists uniquely qualified to perform eye surgery, including SLT.

SLT is not indicated for every patient with glaucoma and is often used in conjunction with other treatments such as eye drops. Given that glaucoma affects older patients and patients who also often suffer from co-morbidities, such as hypertension, diabetes and obesity, it is particularly important that the treating surgeon understand the wholistic needs of the patient and their health. This is true for any type of surgery. Developing this clinical judgment takes time and it takes direct hands-on experiential learning managing patients in all areas of medicine.

That's why the foundation of the medical school education and hands-on residency training of physicians is so vital to safe patient outcomes whenever surgery is a possibility.

This is simply not replicated by students of optometry. Optometrist education and training does not provide students with the wholistic education and training necessary to determine if surgery is appropriate nor to act if unforeseen complications arise. As a result, optometrists do not possess the comprehensive medical knowledge to safely perform surgical procedures on patients. Moreover, optometric education does not have the same standardized curriculum as medical education around surgery, the use of lasers, or SLT specifically. The courses that do exist are often limited, vary widely, and often exclude any practical labs or clinical experiences. In fact, under the proposal before the committee, optometrists will be allowed to perform this surgery on patients after a mere 16-hour course and nominal clinical training. Are you comfortable putting the eyes – the vision – of patients in the hands of someone with this minimal level of training?

We hope you will agree and find the application fails to meet the required criterion. Optometrists simply do not have the education, training, and skills to safely perform SLT. A patient's vision is too precious and the stakes are simply too high. We respectfully encourage the committee to oppose this application.