

NEBRASKA OPTOMETRIC ASSOCIATION
RESPONSE TO QUESTIONS POSED BY DR. CHASEK
July 21, 2022

Dear Dr. Chasek:

Thank you for your questions. We appreciate the opportunity to address them. We re-printed them with our answers following each question.

1. How many hours of actual live patient contact is required in the initial Optometry education?

Answer: On average, during the four-year professional education beyond their bachelor's degree, optometry students will have approximately 10,000 direct contact hours with patients. It is important to note that optometric education and ophthalmology residency education are different from each other. Both are effective in what they do. Neither program spends the majority of its time training doctors to perform SLT but both programs teach the procedure. There is no objective evidence that either curriculum is superior to the other in training doctors to perform SLT.

2. In the NMA's opposition letter, they highlight the need for patients to be assessed for risks prior to surgery. They further state that optometrists do not have the training or expertise to be able to evaluate and identify risks before the surgery. Please explain the risks and what exams are needed. Do providers need medical training to understand and evaluate the risks or is the initial training and/or continuing education of optometrists sufficient to assure these risks are minimized?

- Answer: The risks and potential complications associated with SLT were described in detail during the initial meeting and can be found on page 28 of the "[NOA SLT 407 Presentation](#)" (which has been hyperlinked here and can be found on the 407 website). Optometrists in Nebraska already evaluate and identify risks for glaucoma, for SLT, and for a variety of other surgical procedures before procedures are performed or before patients are treated or referred. All of the skills for evaluating and determining risks—for every aspect of eye health and medical eye care-- are integral to optometric education and daily practice. Keeping current on this knowledge base and skill set dominates optometric continuing education programs and curriculum.

Opponents' assertions mistakenly stem from their belief that medical diagnosis, treatment, and procedures can only be taught within a medical school curriculum combined with a medical school-based residency. If this were true Dentistry, Podiatry, and Optometry would not exist and could not provide the excellent care that these professions provide on a daily basis across Nebraska and the rest of the country. While opponents may have their own opinion, no evidence has been provided that would show that optometric training for evaluating and identifying risks is insufficient in any of the states that allow SLT. And no evidence exists that Nebraska optometrists lack the training or capability to evaluate patients, utilize appropriate judgment and manage risks regarding any other aspect of patient care.

- 3. Along this same line, if complications occur during or after the surgery, who can treat those complications? If the basis of the argument to expand the scope of practice because patients are too far away from ophthalmologists to access the surgery, how will they get the care they need if problems happen? How critical is it to have the care immediately versus waiting until the patient can get from the rural area to specialty care?**

Answer: Of the three most common laser procedures being performed by optometrists in many other states, SLT has the lowest risk of complications. When complications occur, they are usually mild and easily managed by the optometrist. The most common would be mild iritis (inflammation of the iris – the colored part of the eye) and transient elevation of intraocular pressure (IOP) usually due to inflammation of the trabecular meshwork, the tissue that is being treated in SLT. Iritis in post SLT patients is usually very mild and typically responds well to topical steroid eye drops. Increased IOP is treated using additional glaucoma eye drops or possibly by increasing or changing to a stronger steroid. In the unlikely event that the post-op iritis or increase IOP is severe, oral medications may be needed. Optometrists are already authorized to use all topical and oral medications to treat these complications. Optometrists in Nebraska are already managing post-operative SLT complications when they arise.

It is important to note that complications are not unique to SLT and occur in many other eye procedures, most notably cataract surgery. In these instances, the severity is usually much worse than what is encountered post SLT. Therefore, optometrists are encountering, treating, and managing post-surgical complications on a wide variety of patients that present on any given day.

To emphasize the point, optometrists in Nebraska are already managing the complications of SLT and a host of other eye procedures on a daily basis with no need to refer them back to a distant ophthalmologist. Managing SLT complications is not a new skill set or body of knowledge to be learned by an optometrist who is being taught to perform SLTs. Additionally, there is no evidence from any other state that complication rates are higher or more severe when the SLT is performed by an optometrist.

- 4. Explain what would be the procedure for an optometrist to do the first surgery? Who would be in the room, what is the first-time experience like? What practice have they had and what is the oversight?**

Answer: Under our proposal, every doctor will have completed training in school and/or in a postgraduate course that involves doing SLT in a laboratory setting and many doctors will have also had an opportunity as students to perform the procedure on live patients. As part of Nebraska's SLT certification process, a doctor proctoring the optometrist would be physically in the room directly observing the optometrist perform the SLT on a patient, answering any questions, and providing guidance throughout the SLT. The proctor will be either an experienced ophthalmologist or optometrist already licensed to perform SLTs. The proctors will be approved by the Nebraska State Board of Optometry prior to any proctored procedures being performed. A minimum of three proctored patients will be required. However,

the proctor can request additional proctored procedures be performed prior to certification. Likewise, the optometrist being certified could request additional proctored procedures to obtain a higher comfort level. Documentation of the proctorship will be reviewed by the Board of Optometry prior to Board certifying any optometrist to perform SLTs.

It should be noted that except for Wyoming, Nebraska will be the only state requiring proctored SLT procedures for certification prior to being certified to perform them. Additionally, it should be noted that in all other states where SLT was implemented into the scope of practice of optometry without a proctoring requirement, no problems or issues of safety occurred when SLT was performed by the newly certified doctors. We included proctoring in our proposal as an added measure of assurance for the Technical Review Committee and Legislature.

- 5. Some of the information provided indicates that only 2 of the 23 optometry schools provide training on this procedure. If optometrists are not trained in one of these schools, how do they get the initial training? If it is a continuing education course, describe who teaches it, how is the actual procedure conducted under supervision for the first times it is performed, how is competency ensured?**

Answer: All accredited schools or colleges of optometry teach and test students on the principles of the SLT laser and technology, the indications for SLT, the complications of SLT and how to treat them as part of the post-graduate didactic and clinical courses they must pass in order to earn their doctorate degree. In addition, the National Board of Examiners in Optometry (NBEO) tests students on SLT and provides a laser skills examination to test students under direct observation in performing the SLT as outlined in Exhibit 6 in our application. If an optometry school is located in a state that does not allow optometrists to perform SLT, external rotation sites are available in states that authorize optometrists to perform SLTs so that students obtain training on live patients.

The Nebraska Board of Optometry will require colleges of optometry to provide attestation and documentation that their graduates meet the requirements for SLT certification described in our proposal before their graduates can be certified to perform SLT. Any doctors unable to prove successful passage of the NBEO laser skills examination, including doctors who were licensed prior to implementation of the laser examination, will be required to take the laser skills education course described in our proposal, pass all examinations associated with that education, and successfully perform the proctored procedures before being considered by the Board for certification in SLT. The nature and contents of that course are outlined in Exhibit 7 in our application.

- 6. In a slide presented by the opposition, this was stated-- Giving practitioners surgical privileges legislatively, and THEN allowing them afterward to supposedly learn how to perform a surgery via a weekend course is inappropriate. Ophthalmologists achieve and demonstrate mastery of the surgical skills and disease management BEFORE being allowed to perform surgery independently. How can we as a review committee be assured that the training of optometrists is sufficient prior to allowing surgery to happen?**

Answer: As previously described in the answers to Questions 4 and 5, no optometrist will be performing SLTs “BEFORE” they are trained and certified. When passed, the legislation will have no practical effect until that training and certification has been achieved under the guidance and direction of the Nebraska Board of Optometry. Legislation does not equate to authorization.

In addition, The Technical Review Committee only needs to look at the successful implementation of SLTs being performed by certified optometrists in Oklahoma, Kentucky, Louisiana, Alaska, Indiana, Wyoming, Mississippi, Arkansas, Colorado and Virginia. Our proposal is not asking for anything that has not been proven effective and safe, in some cases, for decades. In all of these states there have been no increase in malpractice cases, no significant number of complaints to the Boards of Optometry or Departments of Health and Human Services or Boards of Health. There has been no rise in disciplinary actions related to competency to perform SLT or any other laser procedure.

Our opponents have used this argument for over 40 years opposing each and every enhancement to the scope of practice of optometry in all 50 states. In all instances their opinions and warnings have proven to be unfounded and unsubstantiated. No state legislature has rescinded or scaled back enhancement to the scope of practice of optometry. This includes every state that has authorized optometrists to perform SLT. The reasons for this are:

- a. Optometric training and education has consistently been proven to be adequate and appropriate for providing enhanced levels of patient care.
- b. Optometrists possess excellent professional judgement. It is fundamental to our education and training to refer any patient that is not within our comfort zone even if we can legally treat that patient within our scope of practice.
- c. Adequate safeguards are in place to discourage optometrists from taking unnecessary risks including:
 1. potential loss of licensure or other disciplinary actions by the Nebraska Board of Optometry.
 2. risk of a malpractice suit
 3. loss of reputation in the community impacting their livelihood.

In summary, the assertions by ophthalmology and the NMA against our proposal have no basis in fact. No objective data or studies have been presented to contradict any of our answers to your questions or anything in our proposal. In keeping with the Legislature’s intent in establishing the Credentialing Review Process, we only ask that the Technical Review Committee make its decision about our proposal based on factual evidence and the proven track record of optometry in multiple other states in implementing the change to our scope of practice that is described in this proposal.

Thank you again, Dr. Chasek, for the opportunity to address your questions.

The Nebraska Optometric Association