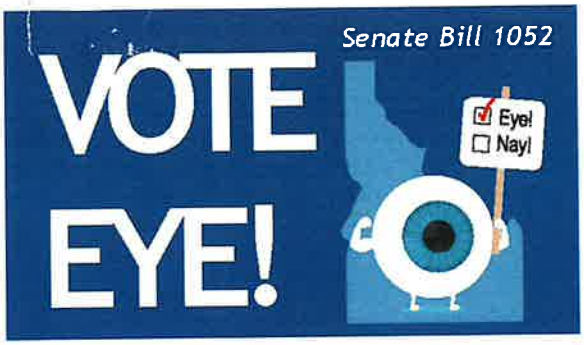


AccessEYEdaho.com

Lisa White, execdir@iopinc.org
Lance Giles, 208-972-0972

Three In-Office Laser Procedures to Treat Glaucoma & After Cataracts

These procedures have been performed over 100,000 times by optometrists in ten other states since the 1990s. Legislation specifically excludes all other in-office laser procedures, operating room surgeries, & surgeries requiring anesthesia.

Laser Trabeculoplasty

- In-office eye laser procedure is now offered as first line treatment for glaucoma.
- Can eliminate the need for traditional eye drops for up to five years.

Peripheral Iridotomy

- In-office care to treat the sudden onset of glaucoma.
- May result in irreversible vision loss without timely treatment.
- Only in-office treatment for this diagnosis. Eye drops can be used as a short duration option until procedure is performed.

Laser Capsulotomy

- In-office procedure performed in 5-35% of post cataract surgery patients.
- Immediately clears vision by removing the cloudy "film".

What is glaucoma?

Glaucoma, one of the leading causes of irreversible blindness, is caused by eye pressure inside the eye that builds up and causes damage to the optic nerve. Most cases of glaucoma do not present with any symptoms.

Glaucoma has been treated for decades with eye drops. In-office procedures are now a first line of treatment and improve treatment compliance compared to standard eye drops that must be taken daily.

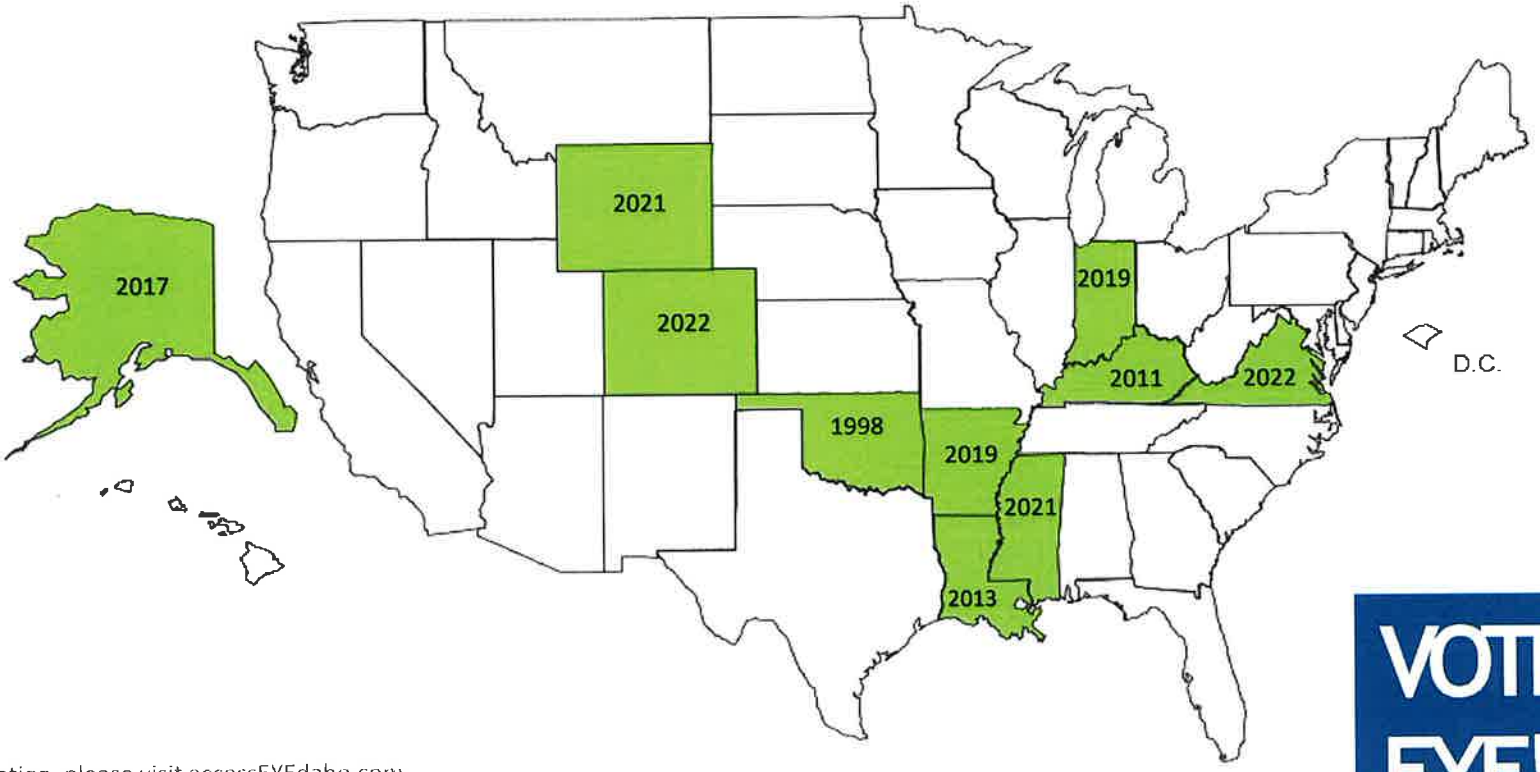
What is a cataract?

Nearly 100% of people develop cataracts between 60-80 years of age. The eye's lens gets cloudy, making it difficult to see. Optometrists diagnose and manage cataracts, then when visual quality of life is affected, refer the patient to an ophthalmologist for operating room surgery. Ophthalmologists remove the natural lens and replace it with a new, artificial lens - it's the most common surgery performed in the U.S. Optometrists see patients before surgery and as soon as the day after surgery to manage their care and any complications.

Roughly 5-35% of patients who have cataract surgery develop a film on the back of the bag holding the lens implant (commonly called an after-cataract). The laser is used in office to clean off the after-cataract, immediately clearing the vision.

Please vote to support Senate Bill 1052

States that allow Optometrists to Perform Laser Procedures



For more information, please visit accessEYEdaho.com
Lisa White, execdir@iopinc.org, 208-890-3556 or Lance Giles, 208-972-0972

COMMONWEALTH OF KENTUCKY
BOARD OF OPTOMETRIC EXAMINERS
CARSON KERR, EXECUTIVE DIRECTOR
2365 HARRODSBURG ROAD, SUITE A240
LEXINGTON, KY 40504
PHONE: (859) 246-2744 FAX: (859) 246-2746

Senator Julie VanOrden
Chair
Health and Welfare Committee
P.O. Box 83720
Boise, ID 83720-0081

Senator VanOrden,

In 2011 the Kentucky Legislature passed Senate Bill 110 or the "Better Access to Quality Eye Care" bill. The Kentucky law became effective on June 8, 2011 and constituted an expansion of Optometrists' scope of practice which allowed Kentucky Optometrists to perform certain laser procedures, remove benign lesions from the eyelid and granted increased authority to allow medicines to be delivered by injections or other appropriate forms. The law also allowed the Kentucky Board of Optometric Examiners the authority to determine the scope of optometric practice in Kentucky outside of the procedures excluded in KRS 320.210. To date the Kentucky Board of Optometric Examiners has credentialed over 430 Optometrists to perform expanded therapeutic procedures. This law has been successful in delivering much needed medical eye care to underserved areas of the state as Optometrists credentialed in expanded therapeutic procedures practice in over 75% of Kentucky's 120 counties.

To date, there have been over 60,000 laser and surgical procedures performed in Kentucky by Optometrists. The Board of Optometric Examiners has received no complaints and has not heard of any adverse outcomes relating to the performance of this expanded scope of practice.

Furthermore, there was no increase in malpractice rates with the passage of SB110. There is no difference in malpractice rates between Optometrists in Kentucky who have extended therapeutic privileges and those who do not and there is no difference in malpractice rates between Kentucky Optometrists and Optometrists in surrounding states without extended therapeutic privileges.

I hope this information has been helpful and should you require any additional information, please let us know.

Sincerely,

William T. Reynolds OD

William T. Reynolds, OD
President, Kentucky Board of Optometric Examiners

Board of Examiners in Optometry
State of Oklahoma
Office of the Executive Director

January 9, 2023

Senator Julie VanOrden
Chair
Health and Welfare Committee
P.O. Box 83720
Boise, ID 83720-0081

To whom it may concern,

In 1988 laser training was provided to optometrists at a joint meeting with ophthalmologists. Language in the Optometric Scope of Practice was interpreted to allow the Oklahoma Board of Examiners in Optometry to certify those who had received this laser training to perform laser surgery procedures. Between 1988 and 1998 the Board required the reporting of post-laser procedure outcomes and there were approximately 5,000 laser procedures performed with no negative outcomes.

Legislation, which took effect November 1, 1998, authorized the statutory definition of optometry to include laser surgery procedures. Since 1998 there have been an additional estimated 50,000 laser surgery procedures in which there were no complaints registered. The Board has been informed there were only two (2) insurance settlements made involving PRK. In those two cases a confidentiality agreement was in place. In total, Optometrists in Oklahoma have been providing laser surgery procedures for 32 years.

Additionally, laser eye care is provided by optometrists in a majority of the 77 counties in the State of Oklahoma. The accessibility of this care provides an economical benefit to the citizens of the state since travel expenses are greatly reduced. Oklahoma optometrists may also work together in the same offices as ophthalmologists. These optometrists provide care at the level of their laser certification. Insurance providers authorize payments for laser procedures for Oklahoma licensed optometrists which includes senior citizens covered by Medicare.

Today laser training is provided to students of optometry in all Colleges of Optometry, most of which are state supported. The Oklahoma Board of Optometry certifies all optometrists upon successful passing of Oklahoma State Board Exams. The laser exams are conducted at the time of the annual Board Exams. The National Board of Examiners (NBEO) provides laser testing on the laser education being taught in optometry schools for state Boards of Optometry.

Surgeries Performed by Idaho Optometrists for Over 20 Years

Code	Procedure Name & Description
68020	Incision of Conjunctival Cyst; Cutting into a superficial cyst on the conjunctiva (clear covering on top the white front part of the eye) using a needle or scalpel to drain it.
65430	Scrape Cornea Diagnostic for Smear and/or Culture; Scraping off a small portion of an infected part of the cornea to diagnose what type of infection needs to be treated.
67800	Chalazion Excision -Single [Meibomian Cyst Removal; Using a scalpel, a small cut is made on the eyelid and the inflamed tissue is removed with an ophthalmic instrument; dissolvable sutures are used to close the incision if needed.
65210	Removal Foreign Body - External Eye - Conjunctival Embedded, Subconjunctival, or Scleral No perforating; Removal of a foreign body from the conjunctiva with tools such as a scalpel, needle, Alger brush (medical grade tissue drill), etc.
68801	Dilation of Lacrimal Punctum, w/ or w/o Irrigation [Removal of Plug]; Insertion of a punctual dilator (pointy instrument) into the lower eyelid drainage duct, irrigation entails using a cannula and saline-filled syringe to push fluid through the duct to clear out obstructions in the lacrimal system
65600	Multiple Punctures of Anterior Cornea for Corneal Erosion; Peripheral cornea (superficial layer of the window of the eye) is punctured with a needle to help with recurrent corneal injury
65220	Removal Foreign Body - Cornea WITHOUT Slit Lamp; Removal of a foreign body from the cornea with whatever tools necessary
65222	Removal Foreign Body - Cornea WITH Slit Lamp
65275	Repair Laceration Cornea Non-Perforated w/ or w/o Foreign Body Removal; Repairing an injured cornea using debridement, amniotic membrane, or bandage contact lens
65286	Repair Laceration Cornea and/or Sclera, Application Tissue Glue; Patching an injured cornea or sclera (white part of the eye) using tissue glue
67820	Correction of Trichiasis - Epilation - Forceps only; Removing eyelashes with tweezers
67825	Correction of Trichiasis - Epilation by Other than Forceps - Electro/Cryotherapy/Laser; Destroying a hair follicle with electrolysis; using a small probe with an electric current to prevent regrowth of the eyelash.
67850	Destruction Lid Margin Lesion (up to 1 cm); Removal of a lesion from the eyelid using scalpel or Ellman unit (radiofrequency)
67938	Remove Foreign Body - Embedded Lid; Removal of a foreign body that has been embedded in the eyelid with whatever tools necessary
68040	Expression of Conjunctival Follicles
68761	Closure of Lacrimal Punctum by Plug; Inserting a plug into the drainage duct of the eyelid to treat dry eye
68810	Probing of Nasolacrimal Duct, With or Without Irrigation; Insertion of a probe into the drainage duct of the eyelid
65435	Removal Corneal Epithelium w/ or w/o Chemo Cauterization [Corneal Debridement] - Removing corneal tissue with various surgical instruments: scalpel blade, spud, Weck-cel sponge, Kimura spatula
65436	Removal Corneal Epithelium with Application of Chelating Agent; Removing corneal tissue followed by application of a chemical that removes calcium deposits off the cornea
65778	Placement of Amniotic Membrane on Ocular Surface - Without Sutures; Dressing corneal tissue disease with amnion or the innermost layer of the placenta.

This is an incomplete list of some of the more common surgical procedures currently being performed in Idaho by optometrists for over 20 years.

For more information, please visit accessEYEdaho.com

Lisa White, IOP Executive Director execdir@iopinc.org, 208-890-3556 or Lance Giles, IOP Lobbyist, 208-972-0972

Know the Facts: Senate Bill 1052

IOP IDAHO OPTOMETRIC PHYSICIANS

AccessEYEdaho.com

Lisa White, execdir@iopinc.org
Lance Giles, 208-972-0972

What the bill does.
The bill will allow Idaho optometrists to perform three in-office laser procedures (laser trabeculoplasty, laser capsulotomy and laser iridotomy).

What the bill does not do.
The bill does not allow optometrists to perform cataract surgery, LASIK or any "operating room" surgeries that may be alluded to in "scare" ads from the opposition. One example of this kind of misleading messaging is a video about a woman who no longer has the vision to be able to knit. What is not mentioned is that the surgical procedure that likely was done, vitreolysis, is not allowed by this bill.

Are optometrists educated and trained to do these procedures, even if they did not go to medical school?
Yes! Optometrists complete four years of eye-centric, accredited doctor of optometry school and train for nearly 10,000 hours to learn how to diagnose and treat glaucoma, cataracts and other diseases. There are affidavits from optometry schools stating these three laser procedures are a part of the training optometrists receive. Idaho optometrists must pass three national board examinations and maintain their license with annual continuing education. Additionally, optometrists in Idaho will be required to pass the national Laser and Surgical Procedures Examination (LSPE) board examination. This exam is designed to assess optometric knowledge and hands on skill in appropriately managing these three therapeutic laser procedures.

Will it increase patient access and consumer choice?
Yes! Allowing patients to choose to have their local optometrist perform these procedures helps to address a growing access to care problem patients are facing in Idaho. The current law forces patients to expend extra resources and time to unnecessarily see an additional specialist. Not only can significant travel be reduced in rural areas, time to wait for a procedure will be reduced in larger cities.

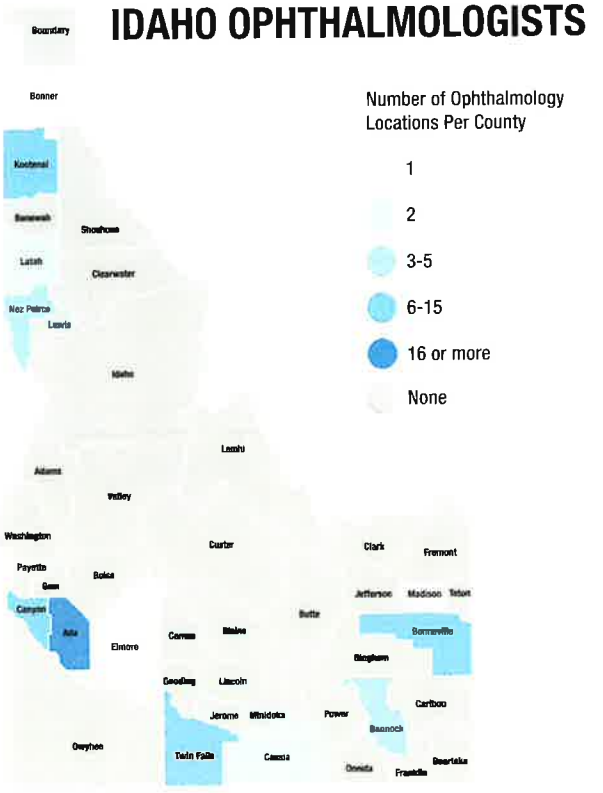
Is it safe for optometrists to perform these in-office laser procedures?
Yes! Since 1998, optometrists in three states have performed over 100,000 in-office eye laser procedures with an excellent record of safety and effectiveness. Since 2017, seven additional states have passed crucial legislation allowing their optometrists to perform in-office laser procedures. In fact malpractice insurance rates have not been raised in any of the states that have expanded their scope of practice to include these procedures. States that allow in-office laser procedures are Oklahoma, Kentucky, Louisiana, Indiana, Alaska, Arkansas, Wyoming, Mississippi, Virginia and Colorado.

What about federal payers?
Medicare, Medicaid and all major medical insurance carriers recognize that these procedures are within the scope of optometry and reimburse accordingly. The Veterans Administration recognizes the ability of appropriately licensed doctors of optometry to provide therapeutic laser eye procedures to patients in states where are optometrists can perform the procedures.

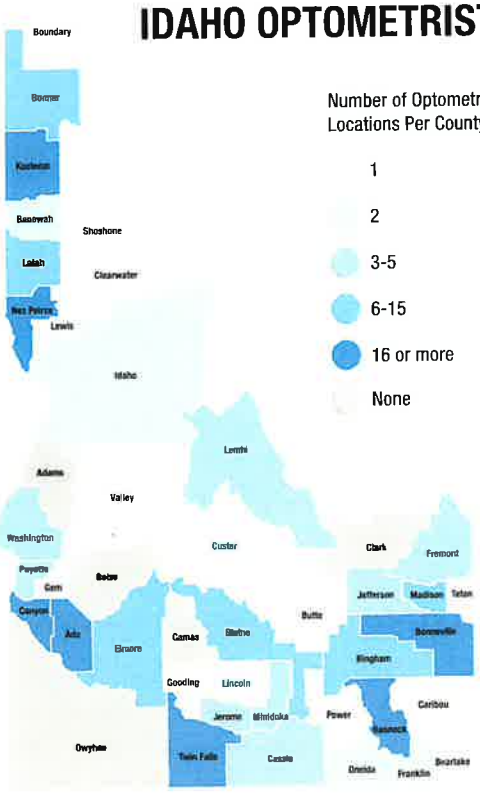
What's the bottom line?
Optometrists, Idaho's primary eye care providers, are in the perfect position to help fill the need for improved access to necessary eye care, but an update in the law is required. Allow Idahoans to have the freedom to choose to continue to receive care from their local optometrist, who they know and trust and who has made the diagnosis and is fully trained to safely perform these in-office laser procedures, just as they can in other states.

Please vote to support Senate Bill 1052!

IDAHO OPHTHALMOLOGISTS



IDAHO OPTOMETRISTS



Senate Bill 1052: Pediatric Patients

AccessEYEdaho.com
Lisa White, execdir@iopinc.org
Lance Giles, 208-972-0972

Optometrists evaluate children's eye health and vision to identify and treat any vision-impairing medical conditions. They are trained to diagnose diseases of the eye that can cause serious problems, perform in-office minor surgical procedures and therapy, and prescribe eyeglasses or contact lenses. If the optometrist suspects a surgical problem, the child will be referred to a very specific ophthalmologist who specializes in that particular issue.

Did you know?

- There were **21,316 babies born in Idaho** between July 1, 2020 to July 1, 2021. *https://247wallst.com/state/how-idahos-birth-rate-compares-to-the-nation/*
- Childhood cataract in the developed world is an uncommon cause of lifelong visual impairment. The prevalence of visually significant infantile cataract has been estimated to range from 3.0 to 4.5 per 10,000 live births, **affecting up to 2000 infants annually in the United States.** *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5121052/*
- The incidence of childhood glaucoma is estimated to be 2.29 per 100,000 patients younger than 20 years old based on a defined U.S. Population. Primary congenital glaucoma is the most common form of childhood glaucoma, with a reported prevalence of **2.85 cases per 100,000 births.** *https://www.reviewofophthalmology.com/article/pediatric-glaucoma-a-review-of-the-basics*
- ...in young children, developmentally delayed older children, and developmentally delayed adults may be unable to sit for a Nd:YAG laser posterior capsulotomy in the clinic and, thus, **require general anesthesia.** *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6520283/*
    - Optometrists in Idaho do not perform procedures that require general anesthesia.

What do Idaho optometrists say?

- I really can't think of any pediatric patient our practice has ever done these procedures on. If we have, it has been a very rare instance over the past 28 years I've been involved with this ophthalmology group. *- Dr. Rick Davis, Twin Falls*
- I can't imagine doing any laser procedure on a pediatric patient. NAG, glaucoma and YAG are all problems of elderly. There can be pediatric glaucoma cases, but I've never even seen one in my entire career. Obviously, those with true pediatric glaucoma would be referred to glaucoma or pediatric OMDs. *- Dr. Aaron Bronner, Boise*
- Optometrists have no interest in doing any laser or surgical procedure on a child. *- Dr. Rod White, Nampa*
- I don't see kids. If I did, I would definitely not treat them. *- Dr. Alisha Heaton, Coeur d'Alene*

Where are pediatric cases referred?

- Moran Eye Institute, Salt Lake City
- Oregon Health & Science University, Portland
- St. Luke's Children's Ophthalmology, Boise
- Northwest Pediatric Ophthalmology, Spokane

STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL
LAWRENCE G. WASDEN

February 4, 2022

TRANSMITTED VIA EMAIL

The Honorable C. Scott Grow
Idaho Senate
Idaho State Capitol
P.O. Box 83720
Boise, ID 83720-0081
SGrow@senate.idaho.gov

RE: State Board of Optometry, Idaho Code section 54-1501(3)

Dear Senator Grow:

This letter is in response to your recent request for legal analysis of the words "any means" contained in Idaho Code section 54-1501(3). You also requested legal analysis on whether the Idaho State Board of Optometry ("Board") or Idaho Legislature can further define the words "any means" in the relevant statute.

Analysis of "Any Means"

The "practice of optometry" in part means:

> To employ in the examination, diagnosis or treatment of another, **any means**, including the use of diagnostic pharmaceutical agents and pharmaceutical agents for therapeutic use, for the measurement, improvement or development of any or all functions of human vision or the assistance of the powers of range of human vision or the determination of the accommodative or refractive status of human vision or the scope of its functions in general.

Idaho Code § 54-1501(3) (emphasis added). The above language provides for a broad definition of the practice of optometry, including any means of examination, diagnosis or treatment for any

and all functions of human vision, as well as to "[t]o engage in the profession of examining, testing, measuring, treating, correcting, developing or improving the human visual apparatus[.]" Idaho Code § 54-1501(1), (3). "Any means" is a broad description that appears to include all mechanisms or processes by which optometry examination, diagnosis, or treatment is accomplished. As to your request regarding the limits, no limitation is found in this section on future procedures not yet developed falling within the scope of this statute; provided that those future procedures meet this definition and are not in conflict with another law.

Board or Legislative Action

As to your second question regarding potential interpretations of the scope of the statute by the Board or Legislature, the words "any means" may be further defined either by statute or administrative rule. An administrative rule, by definition, "implements, interprets, or prescribes: (a) Law or policy; or (b) The procedure or practice requirements of an agency. . . ." Idaho Code § 67-5201(19).[1] Administrative rules cannot create, or expand upon, any authority that does exist in statute.[2] This doctrine would prohibit a rule from permitting an action that is explicitly prohibited by statute. To the extent that the Board desires to limit or define "any means," that could be accomplished by rule. However, this will be a highly fact-dependent situation that would require analysis of the specific language of the intended clarification.[3]

In addition to the above limitations, there are other limitations that may apply depending on the proposed language of the statute or rule. The language may not conflict with any preempting federal laws. Additionally, in *North Carolina State Board of Dental Examiners v. FTC*, 574 U.S. 494, 135 S. Ct. 1101, 191 L. Ed. 2d 35 (2015), the United States Supreme Court held that professional licensing boards may not engage in inappropriate anti-competitive activities, as discussed in more detail in the case.

I hope you find this analysis helpful. Please let me know if you have any additional questions or if I can provide further assistance.

Sincerely,

ALI BRESHEARS
Deputy Attorney General

---

[1] *See Asarco Inc. v. State*, 138 Idaho 719, 723, 69 P.3d 139, 143 (2003) (discussing which agency actions require an administrative rule where no specific statute exists).

[2] *See Yaden v. Gem Irrigation Dist.*, 37 Idaho 300, 216 P. 250, 252 (1923) (stating that state entity actions done in excess of the express or implied provisions of the statute is ultra vires and void); *see also Mead v. Arnell*, 117 Idaho 660, 664, 791 P.2d 410, 414 (1990) (stating that while administrative rules are given the "force and effect of law," they do not rise to the level of statutory authority).

[3] *See J.R. Simplot Co. v. Idaho State Tax Comm'n*, 120 Idaho 849, 862-63, 820 P.2d 1206, 1219-20 (1991) (examining the level of deference applied to agency interpretation of statutes).

IDAHO EYE and LASER CENTER

Bradley P. Gardner, M.D.
Eric K. Romriell, D.O.
Richard P. Cannon, M.D.
Bradley A. Hansen, M.D.
James R. Davis, O.D.
Shane L. Wynn, O.D.
Kurt P. Hepworth, O.D.

Medical, Laser, and Surgical Eye Center

Blade Free LASIK
Cataract Surgery
Corneal Transplants
Diabetic Retinopathy
Glaucoma Surgery
Macular Degeneration
Ocular Injuries
Ocular Allergy & Infections
Ocular Inflammation & Uveitis
Oculoplastic Surgery
Retinal Detachment Surgery
Strabismus Surgery
Vitreous Surgery

Idaho Falls
2025 E. 17th Street
Idaho Falls, ID 83404
208/524-2025
Fax 208/529-1924

Pocatello
1157 Call Place
Pocatello, ID 83201
208/232-2008
Fax 208/232-4020

Rexburg
491 First American Circle
Rexburg, ID 83440
208/359-1130
Fax 208/359-2254

Twin Falls
426 Parkview Loop E
Twin Falls, ID 83301
208/933-2039
Fax 208/933-2035

AAAHC Accredited
Toll-Free 1-800-233-9336

December 12, 2022

Dear Idaho State Legislator,

I am a Board-Certified, Fellowship-Trained Ophthalmologist, who has practiced in Eastern Idaho for over 25 years. I currently own and operate four ambulatory surgery centers in Eastern and Southern Idaho, where we routinely perform ocular surgery every week.

During my time in practice in Idaho, I have worked closely with over 100 local Optometric Physicians, and have comanaged over 50,000 cases with these same Doctors. I strongly attest to their sense of professionalism and have always been impressed as to their level of training.

Currently, the Idaho state law that governs their scope of practice, is outdated and not up to the standard of care that they are trained for in their doctoral education. Specifically, there are surgical laser procedures that they are trained to do in their educational programs, and should be allowed to utilize in clinical practice.

In 2023, the Optometric Physicians in Idaho are promoting legislation that allows them to practice to the fullest extent of their training. I fully support this legislation, and am happy to make myself available to answer any questions or address concerns regarding this.

Please let me know if I can be of assistance in any way and thank you for your time and consideration regarding this issue.

Sincerely,

Bradley P. Gardner, M.D.
Owner, Idaho Eye and Laser Centers

IDAHO EYE and LASER CENTER

Bradley P. Gardner, M.D.
Eric K. Romriell, D.O.
Richard P. Cannon, M.D.
Bradley A. Hansen, M.D.
James R. Davis, O.D.
Shane L. Wynn, O.D.
Kurt P. Hepworth, O.D.

Medical, Laser, and Surgical Eye Center
Blade Free LASIK
Cataract Surgery
Corneal Transplants
Diabetic Retinopathy
Glaucoma Surgery
Macular Degeneration
Ocular Injuries
Ocular Allergy & Infections
Ocular Inflammation & Uveitis
Oculoplastic Surgery
Retinal Detachment Surgery
Strabismus Surgery
Vitreous Surgery

Idaho Falls
2025 E. 17th Street
Idaho Falls, ID 83404
208/524-2025
Fax 208/529-1924

Pocatello
1157 Call Place
Pocatello, ID 83201
208/232-2008
Fax 208/232-4020

Rexburg
491 First American Circle
Rexburg, ID 83440
208/359-1130
Fax 208/359-2254

Twin Falls
426 Parkview Loop E
Twin Falls, ID 83301
208/933-2039
Fax 208/933-2035

AAAHC Accredited
Toll-Free 1-800-233-9336

December 12, 2022

Dear Idaho State Legislator,

I am an Ophthalmologist practicing in Eastern Idaho, and work as a surgeon at the Idaho Eye and Laser Center, with surgical practices in Idaho Falls, Pocatello, Rexburg, and Twin Falls. During my time of practice, I have had the opportunity to work closely with the local Optometric Physicians, and have comanaged thousands of cases with them.

As a surgeon, my skills and training best serve our patients in the operating room. There are, however, many surgical procedures that justifiably can be, and are done, in a clinical setting. Some of these procedures involve lasers to treat certain visually detrimental conditions of the eye.

In my time of practice, I have come to understand and appreciate that many of these procedures fall under the level of training that the local Optometric Physicians can provide; however, their current scope of practice law, prohibits them from practicing to the full extent of their training and expertise.

It has come to my attention that in 2023, the Optometric Physicians will seek to rectify this outdated law by introducing legislation that would allow them to practice to the fullest extent of their training. I wish to extend my full support regarding this legislation.

Please feel free to reach out to me if there are any questions or concerns that you have regarding this issue. Thank you for your service.

Sincerely,

Richard P. Cannon, M.D.
Idaho Eye and Laser Centers

EMPIRE EYE
PHYSICIANS
EmpireEye.com

COEUR D'ALENE OFFICE
2175 N. Main St. (Riverstone), Coeur d'Alene, ID 83814
Phone (208) 664-9888 | Fax (208) 666-0816

SPOKANE VALLEY OFFICE
1414 N. Houk Rd., Suite 103, Spokane Valley, WA 99216
Phone (509) 928-8040 | Fax (509) 928-0784

Health and Welfare Committee
Idaho House of Representatives
700 West Jefferson Street
Boise, ID 83702

December 21, 2022

Dear Health & Welfare Committee,

The purpose of this letter is to express my support of the Optometry Scope of Practice bill that is under consideration. I am an ophthalmologist specializing in cataract and refractive surgery. I am the newest partner of Empire Eye Physicians, an MD/OD practice with offices in Coeur d'Alene and Spokane Valley, Washington.

I have worked alongside optometrists in the Air Force and since joining Empire Eye Physicians. I currently work alongside 3 optometrists and the great majority of my surgical referrals are from the community optometrists.

The current law proposal hinges on the education an optometrist receives. I am in favor of a law that will give the Idaho Board of Optometry authority to oversee what is permitted in Idaho. This allows optometrists to practice to the highest level of their education and benefit Idaho citizens. Healthcare is an ever evolving arena, the optometric law needs to be nimble and allow optometrists to evolve as new procedures & treatments do.

Idaho is a rural state and North Idaho has many communities that do not have an ophthalmologist. Empowering optometrists to practice to their highest capability in primary care is essential to providing care to Idahoans. As the population continues to age the projected numbers of ophthalmologists will not meet the demand. We must continue to partner with optometry to serve the population effectively. This will allow me to provide care at the secondary and tertiary level that I was trained to do.

Thank you for your leadership. Please contact me if you have any questions.

Sincerely,

Jason A Croskrey

Jason Croskrey, MD

EMPIRE EYE
PHYSICIANS
EmpireEye.com

COEUR D'ALENE OFFICE
2175 N. Main St. (Riverstone), Coeur d'Alene, ID 83814
Phone (208) 664-9888 | Fax (208) 666-0816

SPOKANE VALLEY OFFICE
1414 N. Houk Rd., Suite 103, Spokane Valley, WA 99216
Phone (509) 928-8040 | Fax (509) 928-0784

Representative Fred Wood, Chair
Health and Welfare Committee
Idaho House of Representatives
700 West Jefferson Street
Boise, ID 83702

January 18, 2020

Dear Chairman Wood,

The purpose of this letter is to express my support of the Optometry Scope of Practice bill that is under consideration. I am an ophthalmologist specializing in cataract and refractive surgery. I am the senior partner of Empire Eye Physicians, an MD/OD practice with offices in Coeur d'Alene and Spokane Valley, Washington.

I have worked alongside optometrists since joining Empire Eye Physicians for the past 25 years & currently employ 2 optometrists. I was the first ophthalmologist in north Idaho to co-manage cataract & refractive surgery with optometrists. My extensive experience with optometry makes me uniquely qualified to provide my support of their proposed Scope Expansion.

The current law proposal hinges on the education an optometrist receives. I am in favor of a law that will give the Idaho Board of Optometry authority to oversee what is permitted in Idaho. This allows optometrists to practice to the highest level of their education and benefit Idaho citizens. Healthcare is an ever evolving arena, the optometric law needs to be nimble and allow optometrists to evolve as new procedures & treatments do.

Idaho is a rural state and North Idaho has many communities that do not have an ophthalmologist. Empowering optometrists to practice to their highest capability in primary care is essential to providing care to Idahoans. As the population continues to age the projected numbers of ophthalmologists will not meet the demand. We must continue to partner with optometry to serve the population effectively. This will allow me to provide care at the secondary and tertiary level that I was trained to do.

Thank you for your leadership. Please contact me if you have any questions.

Sincerely,

Mark Kontos, MD

The Armed Forces Optometric Society

Serving Federal Service Optometrists since 1970

P.O. Box 270545
Louisville, CO 80027
720-442-8209
www.afos2020.org

December 27, 2022

The Honorable John Vander Woude
Chair Health & Welfare Committee
Idaho House of Representatives
P.O. Box 83720
Boise, ID 83720-0038

Re: Idaho House Health and Welfare Committee, Support of Optometric Scope Expansion

Dear Representative Vander Woude,

This letter is in support of the Idaho Optometric Physicians' (IOP) efforts to expand the scope of practice for the doctors of optometry; the success of which will enable them to serve their communities and patients of Idaho. The Armed Forces Optometric Society (AFOS) encourages and supports the IOP in this important effort.

AFOS represents and supports all federal service optometrists, including our doctors serving in the Air Force, Army, Navy, Veterans Health Administration, Public Health Service Corp, and Indian Health Services and we have several members work as Optometrists in Idaho. Our doctors of optometry are on the frontlines providing the overwhelming majority of primary and medical eye care to their federal service beneficiaries, including active-duty soldiers, our nation's Veterans, American Indians and Alaska Natives.

Doctors of optometry deliver 85% of the primary eye health care in America, practicing in more than 10,100 communities or counties accounting for 99% of the U.S. population. This sweeping geographic accessibility, as well as the ability for a comprehensive eye exam to uncover the ocular manifestations of 276 systemic diseases, position doctors of optometry favorably to serve the citizens of both urban and rural areas.

Despite many advances in health care, access to eye care remains a logistical challenge for many Americans living in rural settings. Currently I work as an Optometrist in rural Montana and truly understand the challenges of serving a rural population. I have seen firsthand the logistical and financial challenges a patient may face when at times their nearest referral center is many hours away. The realities of an aging population coupled with the needs of rural patients has resulted in scope expansion for optometry in many states across the country, including your neighboring states of Wyoming and Colorado.

AFOS continually advocates for doctors of optometry to practice to their full scope of education, training, and certification. Many states have already passed laws authorizing their state's doctors of optometry to provide a wide range of needed medical eye care, including procedures such as injections, removal of foreign bodies, and therapeutic laser eye procedures. These states also cite that this authority has led to an increase in access to care that patients need, particularly in their state's underserved and rural areas. For example, Oklahoma optometrists, have been providing this care since 1988, with no reported complaints. In fact, malpractice premiums for states with this authority are roughly identical to rates in states without, highlighting the safety and efficacy of this care provided by optometrists.

Medicare, Medicaid, and the Indian Health Service have for many years have covered and ensured patient access to a wide range of medical eye care provided by doctors of optometry trained and licensed to do so, such as treatment for glaucoma and other sight-threatening conditions, as well as advanced procedures including injections and therapeutic laser eye care. All major private payers cover and pay for this care provided by optometrists operating within the bounds of their state scope of practice. The Veterans Administration recently removed language that limited community care doctors of optometry from providing so-called "invasive" procedures, and replaced the directive with language asserting that the "services may be provided by an ophthalmologist or optometrist based on state licensure of the provider."

We support and encourage your organization's efforts to help best serve the eye care needs of the patients of Idaho. We urge the legislators of Idaho to pass legislation to allow patients to have access to the full scope of services that doctors of optometry are able to safely provide.

Sincerely,

Greg Smith, OD
AFOS President

OPEN ACCESS
ARVO Annual Meeting Abstract | June 2022

Evaluating access to laser therapy by driving distance using Medicare data and Geographic Information Systems mapping

Jamie Shaffer; Darby D Miller; Aaron Y Lee; Cecilia S Lee

+ Author Affiliations & Notes

Investigative Ophthalmology & Visual Science June 2022, Vol.63, 3090. doi:

Abstract

Purpose : To address concerns about regional variation in access to eye care, several states allow optometrists to perform laser procedures previously limited to ophthalmologists, including selective laser trabeculoplasty (SLT) and Nd:YAG laser procedures. We evaluated access to care for residents of three such states by comparing driving distances to optometrists versus ophthalmologists.

Methods : Medicare Fee For Service Data was obtained from the Centers for Medicare & Medicaid Services for 2016 to 2020 for Oklahoma, Kentucky, and Louisiana. Nine digit zip codes for the offices where YAG and SLT were performed were geocoded into GPS coordinates using GEODATA from Melissa (Rancho Santa Margarita, CA) matched by the year of service. Using TomTom historical traffic data, isochrones for 10, 20, and 30 minute driving times were generated for each office location. Population weighted centroids at the census block level from the US Census 2020 data were then used to measure the proportion of the population within 30 minutes of an optometrist or ophthalmologist performing YAG and SLT procedures.

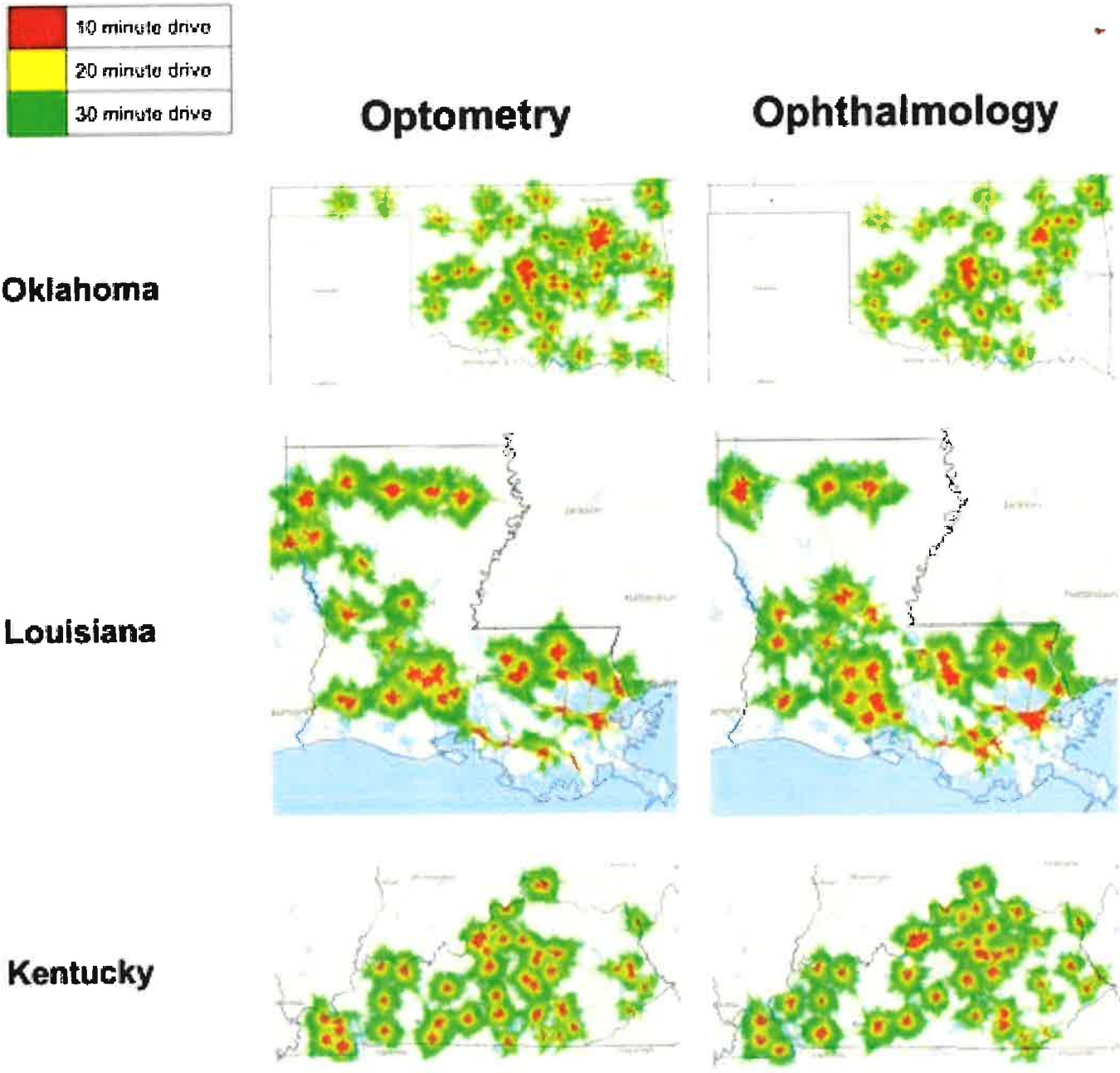
Results : Isochrones for optometrists and ophthalmologists show that optometrists cover an area similar to that covered by ophthalmologists for SLT (Figure 1) and YAG (Figure 2) laser procedures. For SLT, the percent of population covered within 30 minutes of driving time by optometrists was 73.40% (95% CI 73.38 - 73.42), compared to 84.05% (95% CI: 84.03 - 84.07) for ophthalmologists. For YAG, the percent of population covered by

optometrists was 84.77% (95% CI 84.75 - 84.79), compared to 85.25% (95% CI: 85.23 - 85.27) for ophthalmologists. For both laser procedures, the percent of the population covered exclusively by optometrists was 5.63% (95% CI 5.62 - 5.64), compared to 6.06% (95% CI: 6.05 - 6.07) by ophthalmologists. The odds ratio for coverage by optometry was 0.92 (95% CI: 0.92 to 0.93).

Conclusions : Despite expansion of laser privileges to optometrists in Oklahoma, Kentucky, and Louisiana, ophthalmologists continue to serve a statistically significant higher percentage of the population for both laser procedures. The expansion of laser privileges to optometrists has not resulted in a statistically significant increase in access to laser procedures.

This abstract was presented at the 2022 ARVO Annual Meeting, held in Denver, CO, May 1-4, 2022, and virtually.

-



View Original Download Slide

Figure 2. Patient access to YAG by provider type and region.

Original Investigation

October 2016

Comparison of Outcomes of Laser Trabeculoplasty Performed by Optometrists vs Ophthalmologists in Oklahoma

Joshua D. Stein, MD, MS[1,2,3]; Peter Y. Zhao, MD[4]; Chris Andrews, PhD[1]; et alGregory L. Skuta, MD[5]

Author Affiliations Article Information

JAMA Ophthalmol. 2016;134(10):1095-1101. doi:10.1001/jamaophthalmol.2016.2495

Key Points

Question Are there differences in the frequency and likelihood of undergoing additional laser trabeculoplasty among Medicare enrollees in Oklahoma who underwent this procedure by an ophthalmologist vs others who underwent the procedure by an optometrist?

Findings Among the 1384 eyes receiving laser trabeculoplasty, the proportion of eyes treated by optometrists requiring additional laser trabeculoplasty in the same eye (35.9%) was more than double the proportion of those treated by ophthalmologists (15.1%). Optometrist-treated eyes had a 189% increased risk of requiring additional laser trabeculoplasty.

Meaning Future work seems warranted to substantiate whether the differences identified affect clinical outcomes and costs.

Abstract

Importance Oklahoma is one of the few states where optometrists have surgical privileges to perform laser trabeculoplasty (LTP). Optometrists in other states are lobbying to obtain privileges to perform LTP and other laser procedures. Little is known whether outcomes of patients undergoing this procedure by optometrists are similar to those undergoing LTP by ophthalmologists.

Objective To compare outcomes of LTPs performed by ophthalmologists with those performed by optometrists to determine whether differences exist in the need for additional LTPs.

Design, Setting, and Participants This retrospective longitudinal cohort study used a health care claims database containing more than 1000 eyes of Medicare enrollees with

glaucoma who underwent LTP in Oklahoma from January 1, 2008, through December 31, 2013. For each procedure, the data specify the type of eye care professional who performed the LTP. The rate of LTPs performed by ophthalmologists that required 1 or more additional LTPs in the same eye was compared with the rate of LTPs performed by optometrists. Regression models determined factors affecting risk of undergoing more than 1 LTP in the same eye.

Main Outcomes and Measures Proportion of enrollees requiring additional LTPs, hazard ratio with 95% CIs of undergoing additional LTPs.

Results A total of 1384 eyes of 891 eligible patients underwent LTP from January 1, 2008, through December 31, 2013. There were 1150 eyes that received LTP (83.1%) by an ophthalmologist and 234 eyes (16.9%) that had the procedure performed by an optometrist. The mean (SD) age at the initial LTP was 77.7 (7.5) years for enrollees with ophthalmologist-performed LTP and 77.6 (8.0) years for those with optometrist-performed LTP ($P = .89$). Among the 1384 eyes receiving LTP, 258 (18.6%) underwent more than 1 LTP in the same eye. The proportion of eyes undergoing LTP by an optometrist requiring 1 or more subsequent LTP session (35.9%) was more than double the proportion of eyes that received this procedure by an ophthalmologist (15.1%). Medicare beneficiaries undergoing LTP by optometrists had a 189% increased hazard of requiring additional LTPs in the same eye compared with those receiving LTP by ophthalmologists (hazard ratio, 2.89; 95% CI, 2.00-4.17; $P < .001$) after adjusting for potential confounders.

Conclusions and Relevance Considerable differences exist among the proportions of patients requiring additional LTPs comparing those who were initially treated by ophthalmologists with those initially treated by optometrists. Health policy makers should be cautious about approving laser privileges for optometrists practicing in other states until the reasons for these differences are better understood.

To read the full article, please visit:
https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2535226

IMA IDAHO MEDICAL ASSOCIATION

OPPOSITION TO SURGICAL AUTHORITY FOR OPTOMETRISTS

IMA is opposed to legislation that would give optometrists the authority to perform eye surgery

Optometrist training is inadequate to perform surgery

- IMA believes optometrists are not adequately trained to perform surgery. If this legislation passes, optometrists will obtain the legal right to perform surgery without the minimum necessary surgical training to do so. Ophthalmologists treat, manage, and perform surgery on live patients with real conditions as part of their training under direct supervision of an attending surgeon.
- For roughly 95% of optometrists, their training never involves operating on human eyes. A written exam and practicing on prosthetic eyes are not a sufficient basis for surgery privileges that lack practical grounding.
- Optometry education programs simply lack the necessary medical education, surgical residency training, and clinical experience to train optometrists to safely perform laser eye surgeries. During their training, ophthalmologists obtain substantial amounts of surgical experience, which teaches them to safely identify who qualifies for surgery, how to perform the surgery safely, and what to do if surgical complications arise. They get many first-hand experiences performing these surgeries on live patients prior to graduation.
- Due to these deficiencies in the optometric education and surgical training model, and the unnecessary safety risks these deficiencies pose to patients, the IMA opposes this legislation.

Granting optometrists surgical privileges will not improve access to eye surgery in rural areas

- Machines that perform laser eye surgeries are very expensive. They simply won't be located in small rural communities. The cost and number of patients living in rural areas who require these surgeries will not be enough to allow the machines to be fully utilized to get an appropriate return on investment.
- The optometric lasers will likely be limited to more urban areas such as Idaho Falls and Boise to support their more frequent use. This proposal is not a solution for concerns about rural access.
- Unfortunately, complications do happen to even the best of surgeons. If complications arise during these surgeries, in many cases, optometrists will not have the knowledge nor surgical authority to correct them. The complications that arise from these surgeries can threaten the patient's vision and require additional emergency surgery that only a licensed ophthalmologist can provide.

Who are Ophthalmologists vs. Optometrists?

- Ophthalmologists are medical doctors (MDs) or doctors of osteopathy (DOs) who have attended four years of medical school plus a one-year internship; they then must complete an additional three to five years of residency/fellowship training in eye surgery. IMA represents physicians who have attended medical school.
- Optometrists attend four years of optometry school during which they have one year of clinical rotations that do not include surgery on human eyes, and they do not have a separate residency training program for eye surgery.

Please Oppose Granting Surgery Privileges to Optometrists

Kentucky Academy of Eye Physicians and Surgeons

DATE: February 15, 2023

The Honorable Julie VanOrden
Chair, Senate Health and Welfare Committee
P.O. Box 83720
Boise, ID, 83720-0081

Dear Chairwoman VanOrden:

We are writing in response to a letter submitted to your committee from the Kentucky Board of Optometric Examiners (KBOE) about our state's so-called Access to Quality Eye Care legislation (Kentucky Senate Bill 110). Similar to Idaho's Senate Bill 1052, the bill in Kentucky allowed optometrists—who are not medical doctors or trained surgeons—to perform a wide range of surgery on and around the eyes using lasers and scalpels. Since its enactment, the law has in no measurable way expanded access to quality eye care as it was sold to our lawmakers at the time.

Most alarming about KBOE's letter was the misleading implication that there have been "no complaints" or "no adverse outcomes" from optometrists performing the surgeries authorized as a result of their scope of practice expansion. Unfortunately, for many patients across the entire state, this is simply not true. The following cases are just the tip of the iceberg after consulting with only a few ophthalmologists, as many more exist:

- Central KY: In an adult patient who had pediatric cataract surgery and was stable for decades, an optometrist lasered the vital capsule that was separating the two chambers of the eye, causing a severe glaucoma with eye pressures three times what is normal, resulting in permanent harm to the optic nerve. Fixing this tragedy took two operations by ophthalmologists (medical doctors and trained eye surgeons).
- Eastern KY: While attempting to perform a YAG capsule surgery, another "teacher of optometric surgery" subjected a patient to a multi-hour procedure. This procedure takes a seasoned ophthalmologist about 5 minutes. These struggles yield multiple laser injuries to the lens of the eye and corneal abrasions.
- Central KY: A patient who saw an optometrist for a peripheral iridotomy on one eye was subjected to having the procedure done multiple times, over multiple visits. For her second eye, the patient begged the practice to have an ophthalmologist perform the surgery so it would be performed correctly the first time.
- Central KY: An optometrist performed a laser peripheral iridotomy (PI) on a patient with neovascular glaucoma, when laser PI isn't indicated at all! This delayed a patient's care causing further glaucoma damage.
- Eastern KY: While performing a needle injection of anesthesia into an eyelid, a Kentucky optometrist and "teacher of optometry surgery" accidentally went through the eyelid and directly into the eye. This is a grave complication, yielding endophthalmitis (blinding eye infection) a retinal detachment, or toxic issue from the drug in the needle.

The primary reason that the KBOE seems to be unaware of any "adverse outcomes" or has received "no complaints" from patients harmed by an optometrist performing surgery is that many patients rarely, if ever, contact the licensure board when there has been a problem. Often, they are referred to an ophthalmologist who corrects the complication or mismanagement by the optometrist. Furthermore, optometrists in Kentucky are not required to report adverse outcomes to the KBOE. The absence of a recorded complaint or complication to the Board of Optometry does not equate to the absence of harm to the patient.

As was the case in Kentucky, you are probably hearing that a similar bill in Idaho will expand rural access for patients requiring surgical eye care. While there was already sufficient coverage of ophthalmologists statewide prior to the bill introduction in Kentucky, its enactment over a decade ago has not expanded rural access to these procedures in any

Kentucky Academy of Eye Physicians and Surgeons

Benjamin Mackey, M.D., President
John Franklin, M.D., President-Elect
Ryan Smith, M.D., Secretary/Treasurer
William Richardson, M.D., Immediate Past President

statistically significant manner. After a thorough review of Medicare claims data, peer-reviewed research has shown that despite expansion of laser privileges to Kentucky optometrists, ophthalmologists continue (as they had prior to 2011) to serve an overwhelmingly higher percentage of the population for these procedures. This conclusion comes as no surprise considering there are only about 33 optometrists statewide performing these procedures, and most of them are in our populous urban cities like Louisville and Lexington.

While the KBOE states that malpractice insurance premiums have remained flat for optometry since being allowed to perform surgery, this is in no way indicative of whether these procedures are safe for them to perform. The stability of optometric malpractice rates is proportional in nature. The majority of optometrists in the United States do not perform laser surgery. A statistically miniscule number of individuals performing these procedures on and around the eye will yield a very small number of opportunities for malpractice compared to the rest of the entire profession. Therefore, this will have a minimal impact on insurance rates. This does not mean that the procedures are safe for optometrists to perform, but rather there are statistically so few of them doing these procedures (which in turn, does not expand access to any significant degree).

There is nothing "simple" about eye surgery and that is why an ophthalmology resident-in-training spends three years diagnosing, treating, and operating on live patients with real conditions under direct one-on-one supervision of an attending ophthalmologist after completing medical school. Regardless of what KBOE may imply, there are frequent complications when it comes to surgery, and it takes the proper level of medical education and training to immediately handle those complications as they arise. This clinical experience prepares the resident to handle immediate complications that may arise during surgery.

For example, a critical rescue procedure for managing a surgical complication simply cannot be experienced in an optometry school when 23 of the 25 optometry schools are in states where optometrists are prohibited from performing laser surgery. One cannot possibly learn how to become an eye surgeon and manage surgical complications with such an inadequate training curriculum. That's why medical school, internship, and surgical residency exist and are vitally important components of surgical eye care.

In the interests of patient safety, we do not want to see the state of Idaho make the same mistakes as the Commonwealth of Kentucky—mistakes which have led to increased costs for patients, threats to their vision, and no meaningful increase in "rural access" to medical eye care. We ask that you give our comments full consideration, and that you vote "no" on SB 1052.

Sincerely,

Ben Mackey, M.D.
President

John Franklin, M.D.
President-Elect

Ryan Smith, M.D.
Secretary/Treasurer

William Richardson, M.D.
Immediate Past President

P.O. Box 920 . Pewee Valley, KY 40056 Tel: 859-300-2213

James L. Madara, MD
CEO, EXECUTIVE VICE PRESIDENT

February 17, 2023

The Honorable Julie VanOrden
Chair, Senate Health and Welfare Committee
Idaho Senate
425 S 1100 W
Pingree, ID 83262

Re: AMA Opposition to Senate Bill 1052

Dear Chair VanOrden:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to express our **strong opposition to Senate Bill 1052 (SB 1052)**, which would expand optometrist scope of practice by allowing optometrists to perform surgical procedures on the eye, including laser surgery. 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 laser surgery involving the eye or tissues surrounding the eye. Allowing optometrists to perform laser surgery would pose a serious threat to the safety of patients in Idaho. As such, the AMA strongly encourages you to oppose SB 1052.

Eye surgery is invasive and complicated and must be taken seriously

Surgery on or around the human eye is not something to be taken lightly. As drafted, SB 1052 allows optometrists to perform laser capsulotomy, peripheral iridotomy, and laser trabeculoplasty. 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, 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 (physicians) and optometrists (non-physicians) are not interchangeable

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.

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.

For these reasons, the AMA **strongly opposes SB 1052**. 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 SB 1052 would set a dangerous proposition for Idaho'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.

Sincerely,

James L. Madara, MD

cc: Idaho Medical Association

AMERICAN ACADEMY
OF OPHTHALMOLOGY

20 F Street NW
Suite 400
Washington, DC
20001-6701

P.O. Box 7424
San Francisco, CA
94120-7424

T: +1 202.737.6662
aao.org

February 17, 2023

The Honorable Julie VanOrden
Chair, Health and Welfare Committee
Idaho State Senate
P.O. Box 83720
Boise, Idaho 83720-0081

Dear Chairperson VanOrden:

We are writing on behalf of the American Academy of Ophthalmology, the world's largest association of eye physicians and surgeons. A global community of 32,000 medical doctors and surgeons—including over 104 members in Idaho. As part of our mission to protect sight and empower lives, we are dedicated to advocating for our patients and the public to ensure the highest standards of patient safety and quality eye care. It is for these reasons that we respectfully ask you oppose Senate Bill 1052 (S 1052). This bill places patient safety and quality surgical care at risk in Idaho by authorizing optometrists—who are not medical doctors or trained surgeons—to perform delicate surgery on and around the eye.

This legislation undercuts current standards of medical education and clinical training required to practice medicine and perform eye surgery that has kept Idahoans safe for decades. By enacting S 1052, Idaho would be creating a two-tiered system of access to surgical eye care. This is not just a theoretical risk. A 2016 study published in the Journal of the American Medical Association Ophthalmology, a leading peer-reviewed medical journal, found that patients were twice more likely to require a repeat laser surgery in the same eye when performed by an optometrist as opposed to an ophthalmologist. This suggests that surgery by optometrists would lead to both increase costs and increase risks to patients. Further, S 1052 cannot feasibly decrease costs because ophthalmologists and optometrists are reimbursed at the same rate by private and public payers.

Additional studies have shown that in states which have enacted similar legislation, there has been no statistically significant increase in rural access. Very few optometrists in these states are performing these procedures, and the ones who do are mostly located in close proximity to an ophthalmologist. Fortunately, nearly 85 percent of Idaho's population is within a 30-minute drive to an ophthalmologist, while 94 percent are within one hour.

Surgical technology does not mean that the structures of the eye are more forgiving in terms of imperfect healing or that the many surgical judgments before, during and after surgery are any less important or that the eye diseases being treated are any less serious. Undoubtedly, optometrists are a valued component of the eye care team, but no matter how well-intentioned they are with this legislation, the optometric education model does not provide this vital knowledge base of medical expertise to determine who is and who is not a proper candidate for surgery. Additionally, their education and training model does not provide a sufficient foundation to safely perform these procedures and immediately handle serious complications that must be addressed during surgery.

For these reasons, we respectfully ask that you uphold Idaho's high standards of patient safety by opposing S.1052.

Sincerely,

Stephen D. McLeod, MD
Chief Executive Officer

Daniel J. Briceland, MD
President

ICOM
Idaho College of Osteopathic Medicine

February 8, 2023
Senate Health and Welfare Committee
Idaho State Legislature
Boise, ID
Re: S1052

Dear Idaho Senate Health and Welfare Committee,

As the current Dean and Chief Academic Officer of the Idaho College of Osteopathic Medicine (ICOM) in Meridian, ID, I write in opposition to S1052 regarding expanding the surgical role of optometrists. While optometrists play an important role in the care of patients with ophthalmologic conditions, their training does not include significant training in surgical and invasive procedures that are standard for board certified ophthalmologists who complete four years of medical school and 5 years of internship, residency, and fellowship training with thousands of hours of supervised surgical instruction.

We stand with the Idaho Medical Association and the American Medical Association in opposition to this legislation. Please join with us in protecting the safety of Idaho patients.

Respectfully,

Kevin Wilson DO. FACOI, FACP
Acting Dean and Chief Academic Officer
Professor of Internal Medicine

Feb. 15, 2023

To whom it may concern,

I am writing to submit testimony in support of House Bill No. 83, which amends existing law to revise eligibility requirements for the Conrad J-1 Visa Waiver Program and the National Interest Waiver Program. These amendments will ensure that the State of Idaho and each health care facility in the State will have the opportunity to recruit sufficient numbers and specialties of physicians, thus ensuring that the critical health care needs of the citizens of Idaho are met.

Portneuf Medical Center serves the Southeast Idaho Region and beyond in many cases, and the recruitment of physicians using the J-1 Waiver Program has been critical throughout the years, as well as recently, to successfully recruit physicians in hard-to-fill specialties to the Region. These physicians almost always have stayed in the community and are critical to the health care infrastructure. They often become leaders in the health care facility, as well as in their communities.

Portneuf has recently hired 2 General Cardiologists and 1 Interventional Cardiologist under the J-1 Waiver Program. To demonstrate the effectiveness of the program in attracting talent, we recently opened up the recruitment of Neurology to J-1 Waiver candidates and saw the number of applicants more than double.

We recently received the following testimonial from a patient who received care from one of the recently recruited J-1 Waiver cardiologists:

> I am trying to write a review for my boyfriend's dr because i personally and professionally think the dr he just saw was amazing. Jays dr was [redacted]. We were treated like family, he explained everything and had an amazing bedside manner. His nurse was amazing as well, although i didn't catch her name, she also had an amazing bedside manner. I was very impressed by his work ethic and his down to earth attitude. I will differently recommend this office and this dr.

Portneuf Medical Center is in full support of House Bill No. 83 and believes the amendments will enable the health care facility to continue to meet the needs of the citizens of Idaho.

Thank you

Jordan Herget

President & CEO
Portneuf Medical Center
Pocatello, ID 83210

AMERICAN SOCIETY OF PLASTIC SURGEONS
THE PLASTIC SURGERY FOUNDATION
444 East Algonquin Road • Arlington Heights, IL 60005-4664
847-228-9900 • Fax: 847-228-9131 • www.plasticsurgery.org

Northwest Society of Plastic Surgeons

February 16, 2023

The Honorable Julie VanOrden, *Chair*
The Honorable Glenneda Zuiderveld, *Vice Chair*
Senate Committee on Health & Welfare
700 W. Jefferson St., Room WW54
Boise, ID 83702

Re: ASPS Opposition to Senate Bill 1052

Dear Chair VanOrden and Vice Chair Zuiderveld:

On behalf of the Northwest Society of Plastic Surgeons (NWSPS) and the American Society of Plastic Surgeons (ASPS), we are writing in opposition to S. 1052. ASPS is the largest association of plastic surgeons in the world, and in conjunction with NWSPS, represents more than 8,000 members and 92 percent of all board-certified plastic surgeons in the United States – including 37 board-certified plastic surgeons in Idaho. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

As surgeons, we encourage you to maintain the high level of patient care that has been established and preserve current standards that permit surgery in the ocular region only by licensed medical doctors (MDs) or doctors of osteopathic medicine (DOs) who meet appropriate education, training, and professional standards. If passed, S. 1052 would allow non-physician optometrists to perform surgical procedures that fall squarely within the practice of medicine.

Surgical procedures should only be performed by surgeons, a descriptor only granted following a core medical and surgical education that includes seven-to-ten years of training, increased responsibility, and decision-making authority in the hospital setting, and at least three years of specialized surgical experience. It is through the depth and duration of residency training that physicians learn how to perform surgical procedures. Moreover, data shows that patients do not want optometrists doing these procedures. A recent survey shows that 79 percent of U.S. voters oppose allowing optometrists without medical degrees to perform eye surgery.[1]

Optometrists – who are not medical doctors – complete four years of optometry school education, with significantly less clinical exposure and responsibility and no medical school. It also includes no surgical training, which clearly makes optometrists unqualified to perform any ophthalmic surgical procedures, including those by injection. Due to this, optometrists are not equipped to diagnose or manage surgical complications, posing a direct threat to patient safety. Sadly, this threat was realized in the case of the many veterans at the Stanford/Palo Alto VA who lost vision due to inadequate recognition and care of glaucoma by optometrists.[2]

Unfortunately, our members are all too familiar with the nightmarish stories of patients who fall victim to undertrained individuals who perform procedures that fall squarely outside of their scope of practice. These patients are forced to deal with life-altering consequences, such as disfigurement and loss of vision, following

[1] https://www.ama-assn.org/system/files/patient-sentiment-scope-practice-survey.pdf
[2] https://www.mercurynews.com/2009/07/21/va-says-glaucoma-patients-at-palo-alto-facility-suffered-severe-vision-loss-due-to-mistreatment/

botched surgical procedures, even when the procedures are only administered by injection. We encourage you to find and look at these stories[3] yourself before proceeding with S. 1052.

Allowing optometrists to practice medicine and perform surgical procedures would jeopardize patient safety and lower the standard of care in Idaho. It is critical that ophthalmic surgical procedures are only performed by physician surgeons who have the comprehensive training and board certification to safely treat patients and triage complications. Therefore, we urge you to oppose S. 1052.

Thank you for consideration of our comments. Please do not hesitate to contact Gabrielle Koenig, ASPS State Affairs Manager, at gkoenig@plasticsurgery.org or (317) 847-6115 with any questions or concerns.

Sincerely,

Gregory Greco, DO, FACS
President, American Society of Plastic Surgeons

Emily Williams, MD
President, Northwest Society of Plastic Surgeons

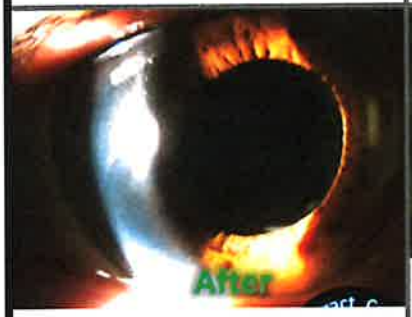
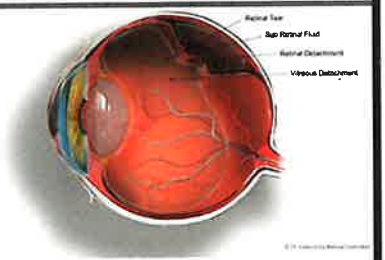
cc: Members, Senate Committee on Health & Welfare

[3] https://www.plasticsurgery.org/video-gallery/carols-story-who-to-trust-with-your-plastic-surgery-journey

Prepared by Daniel Gealy, MD
in opposition to SB 1052
Feb 2023

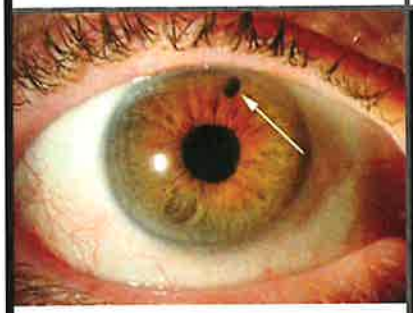
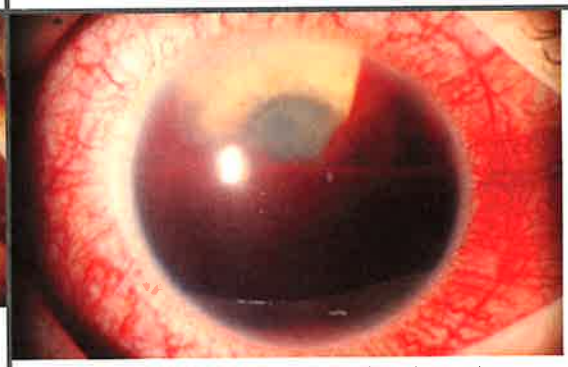
Complications of Laser Eye Surgery

Nd:YAG Capsulotomy

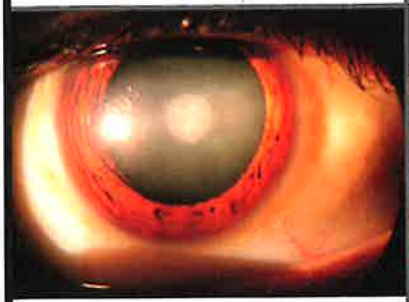
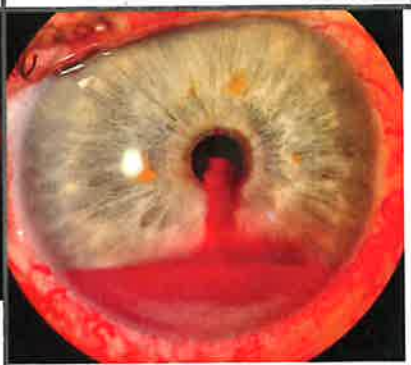
Normal outcome	*Complications*	
		
	Lens damage *rate: 15-33%*	***Retinal detachment*** *rate: <1.5%*

Other complications: increased eye pressure (5%), decline in vision (4%), Retinal swelling (<1.5%)

Nd:YAG Peripheral Iridotomy

Normal outcome	*Complications*	
		*Other complications:* ***increased eye pressure*** *(6-10%), visual dysphotopsias (2-16%), cataract progression, macular hole, foveal burn, retinal swelling*
	Bleeding in the eye *(hyphema) rate: up to 18%*	

SLT (Selective Laser Trabeculoplasty)

Normal outcome	*Complications*	
		*Other complications:* ***increased eye pressure*** *(5%),* ***inflammation*** *(up to 80%), retinal swelling, foveal burn*
	Bleeding in the eye *(hyphema) rate: <1%*	

1. Steinert RF, Puliafito CA, Kumar SR, Dudak SD, Patel S. Cystoid macular oedema, retinal detachment and glaucoma after Nd: YAG laser posterior capsulotomy. Am J Ophthalmol. 1991;112:373–378.
2. Kam JP, Zepeda EM, Ding L, Wen JC. Resident-performed laser peripheral iridotomy in primary angle closure, primary angle closure suspects, and primary angle closure glaucoma. Clin Ophthalmol. 2017 Oct 16;11:1871-1876. doi: 10.2147/OPTH.S148467. PMID: 29081648; PMCID: PMC5652920.
3. Song J. Complications of selective laser trabeculoplasty: a review. Clin Ophthalmol. 2016 Jan 14;10:137-43. doi: 10.2147/OPTH.S84996. PMID: 26834456; PMCID: PMC4716769.