



March 12, 2025

Dear Members of the Kansas House Health and Human Services Committee,

As Dean of the Northeastern State University Oklahoma College of Optometry, I am testifying in support of House Bill 2223, which modernizes the Kansas Optometry Practice Act to include injections, eyelid lesion removal, and certain laser procedures for the front half of the eye. While in optometry school, we received top notch education, both didactically and clinically, in all aspects of optometry including contact lenses, low vision, vision therapy, primary care optometry, ocular disease of the anterior segment (front half of the eye), ocular disease of the posterior segment (back half of the eye), pediatric optometry, systemic disease as it relates to the eyes, injections in and around the eyes, and laser procedures. These office-based procedures are part of the contemporary optometric education and training provided for students at all schools and colleges of optometry.

I furthered my education after graduating from Pacific University in 2009, by doing a one-year residency in Oklahoma in 2009-2010. Since Oklahoma has had laser privileges for optometrists for over 20 years, I was able to take my wonderful training at Pacific University and build upon that by doing laser procedures in Oklahoma, specifically YAG laser capsulotomies, laser peripheral iridotomies (PI's), and selective laser trabeculoplasties (SLT's). In total, I have done, or supervised students and residents doing, well over 5,000 laser procedures in the nearly 16 years that I have been in Oklahoma.

The three laser procedures specified in HB 2223 (YAG laser capsulotomy, laser PI, and SLT), are all procedures which optometrists are well equipped and trained to handle and perform. The laser procedures are done with laser slit lamps that require the exact same skill set as performing a slit lamp to examine the eyes. This is a skill that optometrists spend four years of optometry school working to master! Optometrists are masters of slit lamp exams. I can assure you that the most prominent skills needed to do a YAG cap, laser PI, or SLT are slit lamp skills and being able to focus on various structures in the eyes. Optometry students and optometrists do this every single day.

Optometrists in Oklahoma have been safely performing eyelid lesion removal and in-office laser procedures since 1998. The benefits we have seen in Oklahoma are that patients can be treated locally, they can receive a more timely treatment and that money is saved for the patient and for the healthcare system. We have been able to provide more comprehensive care for our patients, especially in the rural parts of our state. As primary eye care providers, optometrists are often the first to diagnose and initiate treatment for glaucoma. As such, for all of the laser procedures mentioned, it would be a huge public

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health win for the Kansas public to have increased access to these procedures from eye doctors that are well trained to do them, and especially for the SLT procedure.

SLT originated as a glaucoma laser procedure that was done once a patient had exhausted eye drop therapy, usually meaning they were already on two, three or even four eyedrops. Over the past decade SLT, due to its safety and efficacy, has emerged as a first-line glaucoma treatment option with numerous advantages over eyedrops in that it removes the non-compliance aspect from glaucoma treatment. Many glaucoma patients struggle with putting in their eyedrops on a daily basis for glaucoma, or even remembering to put them in. An SLT laser done one time every 2-4 years has been shown to be equivalent to the best class of eye drops that we have for glaucoma. The recent groundbreaking LiGHT trial, released in March 2019 in The Lancet, concluded: “Selective laser trabeculoplasty (SLT) **should** be offered as a first-line treatment for open angle glaucoma and ocular hypertension, **supporting a change in clinical practice.**” Who usually treats glaucoma first? Optometry does. Kansas optometry is currently forced to treat their glaucoma patients with eye drops, when in many instances an SLT is just as good if not a better option due to patient compliance issues with drops, side effects of drops, etc. Kansas citizens deserve to have their primary eye doctor be able to treat their glaucoma with the best and most current options available which now includes SLT.

Just like any other aspect of medicine, education and training has evolved in optometry school over the years as technology has evolved and new procedures advanced.

Students that go to optometry school today currently receive training on laser procedures at 4 levels:

1. Didactically in the classroom where students take full courses on laser procedures. In those courses, they listen to lectures, watch videos of actual procedures and get to interact with instructors/professors, ask questions and learn.
2. In the laboratory where students get hands-on training with actual lasers. Model eyes are used that simulate the procedure. Students are doing procedures and training on model eyes in the lab to simulate actual procedures. (see figure #1 below)
3. Students are tested both on the classroom portion via written exams, and the laboratory hands-on portion via practicals/proficiencies where they are observed and graded by a faculty member/professor as they are doing the simulated procedures.
4. Doing live cases/laser procedures on real life patients under the supervision of attending doctors. (see figure #2 below) This occurs for all of our 4<sup>th</sup> year optometry students here in Oklahoma where I am a faculty member. We also train students from other colleges of optometry where they send their 4<sup>th</sup> year students to us for live case training and education of laser and surgical procedures.

So we all probably agree that the training is better in 2025 than it was in 1980. The question could then be reasonably posed “well what if a doctor graduated from optometry school in 1990 and wants to do laser procedures now? How do we get them trained?” I would answer that question with this: if an ophthalmologist finished their ophthalmology training in 1990, how did he/she get trained on the SLT laser which came about after their formal training ended? The answer: they went to a weekend course or a 1-day course or were trained on how to do the SLT by a technician from the company that makes the laser. In other words, they built upon their education and training, and when a new procedure came about, they took a course to become certified and added a new skill to their arsenal. An optometrist who graduated 30+ years ago would be doing the exact same thing.

In conclusion, I am sure you are very proud to represent the citizens of Kansas as an elected member of the Kansas House. It goes without saying that you want what’s best for your constituents. You want the best and brightest optometrists caring for your citizens whether it pertains to laser procedures, infant eye exams, contact lens eye exams, low vision exams, or general eye exams. I was the valedictorian of my Pacific University optometry class of 2009, voted top clinician in my class, one of the top 4 residents


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in my residency class nationwide in regards to national boards scores, and recently was named one of top 250 optometrists in the nation (out of nearly 45,000). I don't say any of that to brag or pat myself on the back. Frankly, it does not matter. I say it for this reason: I practice in Oklahoma because the law in Oklahoma allows me to do what I have been trained to do. Kansas's current optometry law does not. Passing this law in Kansas will only help the Kansas citizens receive top notch care from well qualified optometrists, and also will facilitate Kansas being a location where the best and the brightest future eye doctors practice.

If you have any questions, please do not hesitate to contact me anytime.

Sincerely,

 O.D.

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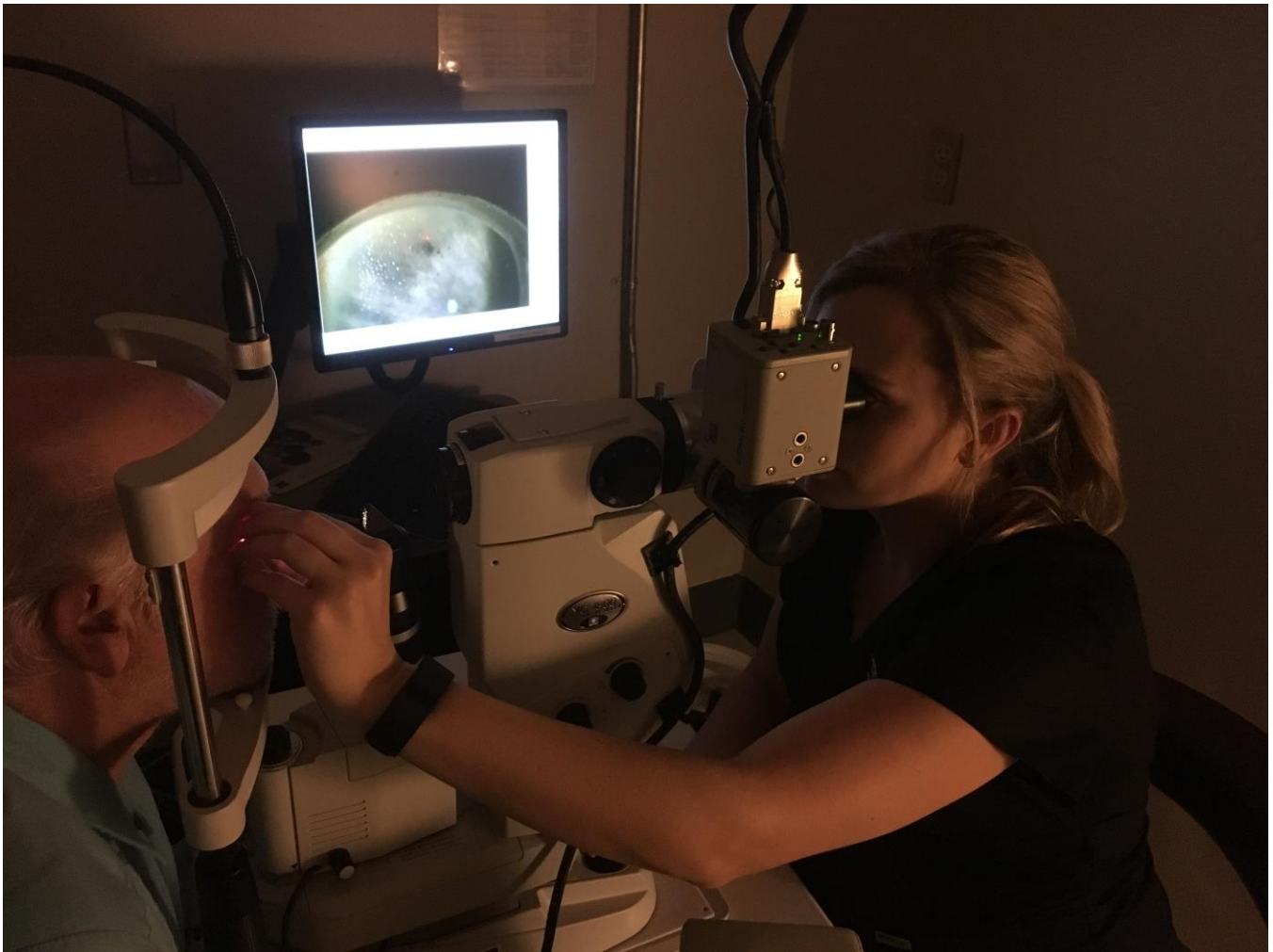
Figure #1 – Students receiving hands on laser procedure training in the laboratory. The students seen here are doing an SLT procedure on model eyes.

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Figure #2 – An optometry student performing a laser peripheral iridotomy (laser PI) on a patient under my supervision.



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