

KANNARR Eye Care

The Clear Choice

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Family Practice Optometry • Contact Lenses • Ocular Disease

VISION SOURCE - PITTSBURG, GIRARD, & FORT SCOTT

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Chairwoman Gossage and Members of the Senate Public Health and Welfare Committee:

Thank you for the opportunity to provide proponent testimony in support of House Bill 2223, which seeks to modernize the Optometry Scope of Practice in Kansas to reflect current education and training. This bill is important to me because it will have a significant impact on my patients and profession. I am an optometrist and the managing member of a group optometric practice with multiple locations in Southeast Kansas, including our main office in Pittsburg, Kansas. Along with providing optometric care to our region, we are providing on-call services for the two area hospitals covering Crawford and Bourbon Counties. We are also very engaged in clinical research, having participated in more than 175 clinical trials. My partners and I grew up in Kansas and attended optometry school at the University of Missouri-St. Louis (UMSL). Soon after graduating, I was able to return to Kansas and raise my family here.

HB 2223 will modernize the profession of optometry by allowing Doctors of Optometry in Kansas to perform procedures that they have been educated, trained and certified to do. Specifically, HB 2223 allows optometrists to provide in-office procedures including removing lid lesions such as cysts, styes and skin tags and to use injectable medications (excluding intraocular). The bill will also allow us to perform three specific laser procedures: laser capsulotomy (YAG), selective laser trabeculoplasty (SLT), and laser peripheral iridotomy (PI). These procedures should be utilized in primary eye care offices. In addition, HB 2223 excludes an extensive list of procedures that are not currently included in contemporary optometric education and training.

This bill is needed because, in my experience, there is an access issue with ophthalmology for patients, including long wait times for appointments, multiple trips to offices an hour or more away for many, and days of work missed by caregivers taking their family members to appointments. With the number of ophthalmologists practicing in Kansas declining, at the same time the population is aging and experiencing a higher incidence of eye health issues, we are concerned about challenges accessing care in the future. And while this would seem to be mostly affecting rural patients, there are challenges in our urban areas as well, as is indicated by the fact that glaucoma specialists who see patients in Wichita come in from Kansas City and even out of state. Without an increase in access to the types of procedures included in this bill, patients may struggle to find timely care in the near future. And speaking of workforce, it is becoming increasingly challenging to recruit newly graduated optometrists to Kansas when our doctors can't practice to the level of their education and training, but other nearby states allow them to do so.

The training and ability of optometrists to provide these procedures is a key component of this bill. As an optometrist, I spent four years in optometry school after completing an undergraduate degree at Pittsburg State University. (Some optometrists complete an additional year of residency.) This included 10,000 hours of education and more than 2,000 proctored patient encounters. While all of today's optometry students are trained to perform the procedures included in HB223, I received my training while in clinical practice. It is important to note that I became certified on these procedures in a continuing education course after graduation, which is common practice in healthcare fields. This was only possible due to the extensive training I received in optometry school, learning anatomy, pharmacology, and many facets of patient care such as identifying lesions and determining their need for removal with a straightforward procedure and/or referral to a tertiary care provider for more extensive treatment. I also mastered the ability to do an array of physical tasks, such as working under a microscope (slit lamp), performing gonioscopy (key component of SLT), and removing embedded foreign bodies from the eye, including the cornea, one of the most critical parts of the visual system. This provided the knowledge and physical dexterity to allow me to become proficient in these procedures in a continuing education program, much as an ophthalmologist would learn a new skill or technique at a continuing education course. In fact, that is why continuing education is required of all health care providers – to continually update skills and training to provide the best care possible to our patients.

It is important to note that when any healthcare profession attempts to modernize its scope of practice, medical doctors in opposition point to concerns of safety for patients. While concern for their patients is a worthy cause, the facts must be examined, and this argument must be deemed unsubstantiated. Thirty years ago, when the Kansas optometry scope of practice was modified to include use of topical and oral medications, organized medicine argued that patient safety would be compromised. These concerns proved to be unfounded. The Kansas State Board of Examiners in Optometry regulates the profession and verifies that Kansas licensed optometrists are educated, trained and certified to perform procedures within the optometric scope of practice, all with the goal of ensuring public safety.

Kansas optometrist put the needs and safety of their patients above all else. We are confident in modernizing our scope of practice because we have a historical perspective that proves optometrists will safely provide these procedures. A few key points include, but are not limited to, the following:

- The malpractice rates for optometrists in the 12 states where optometrists perform these procedures have not increased in comparison to the states where these procedures are not allowed. In fact, Kansas optometrists pay the same rates as optometrists in Oklahoma do, despite a near 30-year history of doctors in Oklahoma providing these services.
- Complications can arise as a result of any medical procedures, and it is the desire of every health care provider to minimize these wherever possible. In the more than 146,000 procedures performed by optometrists, the complication rate was minimal and not greater than with these procedures were performed by ophthalmologists. If an increase in complications was occurring, it would be reflected in rising malpractice rates.
- Currently, optometry is providing post-operative care for patients undergoing these procedures by ophthalmologists and they deal with complications for patients by providing care that is within their scope or referring to a specialist to address the concerns. So, managing these complications is not a new aspect of care for optometrists.
- No state that has modernized their optometry scope has seen a need to revoke the new scope of practice. This data directly illustrates the quality outcomes that occur when optometrists perform these procedures.

Optometrists are often the primary eye care provider in the U.S. The main roles include completing most eye exams, identifying, and providing treatment for most eye conditions, and referring when a level of care outside of their education and training is indicated. HB 2223 allows optometrists to continue to do exactly this. In the last 30 years since the optometry scope of practice has been modified, changes in both education and technology have impacted the level of care that we are able to provide.

Those in opposition to this bill will highlight the differences in training between optometrists and ophthalmologists. I would never argue nor question the training of an ophthalmologist; but the question is not the level of education of a medical doctor; nor is it a question of who has the highest level of surgical training. The question is: are optometrists well-educated, trained, and certified to perform the procedures in HB 2223? The answer is a resounding YES! This is supported by more than 146,000 procedures performed safely by optometrists in 12 states. The optometric community is not merely speculating impact that HB 2223 will on the safety of Kansas citizens, we are examining known facts, confirming our track record, and holding our profession to the highest standards necessary to ensure the outcomes our patients deserve.

I strongly and respectfully ask this committee to pass HB 2223 out of committee for consideration by the Kansas House of Representatives, thus allowing for the modernization of optometric scope in Kansas. HB 2223 allows Kansas optometrists the ability to provide care for our patients in the way we were educated and trained to provide, continuing to deliver the patients of Kansas access to the quality care they deserve.



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