

Nebraska Credentialing Review
For the Profession of
OPTOMETRY

Application: February 21, 2022

Submitted to
Nebraska Department of Health and Human Services

Description of the Applicant Group and its Proposal and Identification of the Applicant Group

1) Provide the following information for the grant applicant group(s):

This application is submitted by the Nebraska Optometric Association on behalf of its member Doctors of Optometry.

Nebraska Optometric Association
3901 Normal Blvd, Suite 100
Lincoln, NE 68506
(402) 474-7716
<http://nebraska.aoa.org/>

American Optometric Association
243 N. Lindbergh Blvd., Floor 1
St Louis, MO 63141 -7881
1-800-365-2219
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The Nebraska Optometric Association membership is comprised of approximately 275 licensed Doctors of Optometry. The NOA is the state affiliate of the American Optometric Association and represents the interests of its member doctors.

2) Identify by title, address, and telephone number any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:

a) members of the same occupation or profession as the applicant group: NONE

b) members of the occupation dealt with in the application: NONE

c) employers of the occupation dealt with in the application: NONE

d) practitioners of the occupation similar to or working closely with members of the occupation dealt with in this application:

Nebraska Academy of Eye Physicians & Surgeons
233 S. 13th Ste 1200
Lincoln, NE 68508
402-474-4472

e) educators or trainers of prospective members of the occupation dealt with in the application:
NONE

f) citizens familiar with or utilizing the services of the occupation dealt with in the application:
NO ORGANIZED GROUPS OF WHICH WE ARE AWARE

g) any other group that would have an interest in the application:

Nebraska Medical Association
233 S. 13th Ste 1200
Lincoln, NE 68508
402-474-4472

The Applicant's Proposal

3) Describe the current scope of practice of this occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change.

Current scope of practice:

Doctors of Optometry (optometrists) in Nebraska practice under authority described in Sections 38-2601 to 38-2623 of Nebraska statute. Licensed Optometrists in Nebraska are responsible for diagnosing disorders or abnormal health conditions that affect the eyes and adjacent structures, vision, or human visual system. These diseases include acute conditions like seasonal allergies and eye infections to chronic conditions like macular degeneration, glaucoma, and keratoconus. These diseases can also include conditions like viral conjunctivitis with very low risk for vision loss to conditions like herpes keratitis and ischemic optic neuropathy that carry a significant risk for vision loss. The present scope of practice enables them to treat these disorders or conditions with any topical or oral medication as well as a range of medical procedures. In addition to their broad prescriptive authority for topical as well as oral medications, Optometrists' current scope of practice includes the use of instrumentation and procedures to remove foreign bodies from the eye, and to insert plugs into the tear ducts to treat ocular conditions such as dry eye.

Optometrists also evaluate vision and correct vision disorders and deficiencies by prescribing and fitting eyeglasses and contact lenses and providing vision therapy. All eyeglasses or contact lenses dispensed and sold in Nebraska require a valid prescription from an Optometrist or M.D.

Doctors of Optometry are primary care providers for eye conditions and the visual system. This means that optometrists see patients with all types of conditions and problems of the eye and general health. Because the eye and visual system is directly integrated into the other systems of the human body, optometrists understand and monitor overall patient health concerns that can impact, or be impacted by, eye disease or vision disorders. Doctors of Optometry are part of an integrated team of health care providers for our patients. That may mean referring to another optometrist who may have specific expertise in the treatment of a certain ocular condition, referring to ophthalmology subspecialists when a patient requires a surgical intervention or specialized care, or referring to an internist when a systemic disease like diabetes or hypertension is suspected. Optometrists communicate closely in the management of ocular and systemic conditions with internists, general physicians, rheumatologists, neurologists, and dermatologists to name a few, and they regularly provide post-surgical care and manage complications that arise for patients that have had ocular surgery. Many optometrists in the state are on staff and on call for the hospitals and emergency rooms in their communities.

See [Appendix A - Nebraska Optometry Practice Act](#).

Requested change in scope of practice:

The proposed change in scope of practice would authorize Doctors of Optometry to perform a procedure called Selective Laser Trabeculoplasty (SLT) for treatment of glaucoma. The current Optometric Practice Act contains a categorical prohibition on use of lasers and the proposed change would permit a single laser procedure used for treatment of a disease that Doctors of Optometry have been successfully treating in Nebraska since 1998. Authority to perform SLT, which is now considered one of the first line treatments for glaucoma, would enable optometrists to provide an accepted standard of care for this chronic disease. SLT is an in-office procedure that

involves use of a laser mounted on, or incorporated in, a piece of equipment that optometrists use every day in their practice.

Glaucoma is a progressive disease characterized by damage to the optic nerve and progressive visual loss that can lead to blindness if left untreated. It is a significant cause of visual morbidity, falls, traffic accidents, and loss of independence. There are approximately 2.7 million people in the U.S. who have glaucoma.

Lowering intraocular pressure can slow progression of the disease and is the only treatment available. Lowering pressure can be accomplished through long-term use of eye drops, but patient compliance and multiple ocular and systemic side effects are risk factors in achieving results. And, there are significant costs to the patient and/or third party payers for long-term use of eye drops.

SLT reduces intraocular pressure with a single, painless outpatient procedure. There is minimal recovery time and medical literature documents a good safety profile. The procedure has been approved by FDA since 2001. It can delay or prevent the need for eye drops, avoiding the associated side effects.

[See Appendix B – Explanation of SLT in the Treatment of Glaucoma](#)

4) If the profession is not currently credentialed in Nebraska, describe the proposed scope of practice, or the functions and procedures of this group.

Doctors of Optometry are currently credentialed in Nebraska.

5) Describe in detail the functions typically performed by practitioners of this occupation, and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why the Legislature created these restrictions.

Nebraska’s largest eye care profession includes more than 460 Doctors of Optometry with offices in more than 80 communities across the state. As primary eye care providers, Doctors of Optometry are trained to examine, diagnose, treat and manage disorders that affect the eye or vision.

Vision Correction

Doctors of Optometry provide correction of nearsightedness, farsightedness, a stigmatism, and binocular vision abnormalities through the use of spectacle lenses, contact lenses, visual orthoptics, and anti-suppression therapy techniques.

Pharmaceuticals

Therapeutically certified Optometrists (TPA certified) are currently authorized to prescribe or administer any topical eye drop that is appropriate to treat any eye disease, including glaucoma. This includes antibiotics, steroids, glaucoma medications, non-steroidal anti-inflammatory medications, immunosuppressive medications, and pharmaceuticals to treat viruses and allergies. They may also prescribe or administer oral medications (usually in the form of pills) that are appropriate for treating eye diseases or disorders, including Schedule III oral narcotics. Optometrists can also prescribe oral medications for treating glaucoma, as well as oral steroids and

oral immunosuppressive medications if needed to treat an ocular disease.

Lab Testing

TPA-certified Optometrists are also allowed to order diagnostic lab testing such as blood tests, MRI scans, X-rays, etc. that may be needed to diagnose or treat conditions or diseases of the eye and visual system.

Medical Procedures

Doctors of Optometry also treat diseases and disorders of the eye and surrounding structures (eyebrow, eyelids and glands) with various instrumentation and minor surgical procedures, including removal of superficial foreign bodies of the cornea and the membrane that covers the inner surface of the eyelid called the conjunctiva.

Limitations on laser procedures, as addressed in this proposal, were originally in place because when the Optometric Practice Act was adopted in Nebraska, the nature and scope of optometric training, education, and clinical experience had not advanced broadly into these areas of practice. Since that time, the evolution of the optometric profession has brought these procedures into the mainstream curriculum of schools of optometry and these procedures are performed daily in numerous other states.

[See Exhibit 1 - Nebraska Optometry History Timeline.](#)

6) Identify other occupations that perform some or all of the same functions or similar functions.

Licensed MDs are authorized to perform the same functions as Doctors of Optometry, regardless of their specialty, but most lack specific instrumentation and training needed to thoroughly evaluate and treat eye and vision health conditions. Ophthalmologists are the specialty most closely related to the practice of optometry.

7) What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?

By license, any M.D., including ophthalmologists, may provide the same care as a Doctor of Optometry. However, most non-ophthalmological M.D.s receive little specific training or education related to the eyes, vision, or visual system and lack the instrumentation needed to determine or remediate eye and vision disorders.

Doctors of Optometry earn a four-year undergraduate degree followed by four years of post-graduate education dedicated entirely to understanding and caring for the eyes and visual system, including general health and systemic conditions that impact the eye or visual system. Unlike non-ophthalmological M.D.s who study the eyes and visual system as a cursory component of their education, the Optometrist's practice and clinical experience is entirely based on eye and vision care and the impact of systemic diseases on the visual system.

Doctors of Optometry are also more numerous and more widely dispersed throughout the state and are, as a result, more easily accessible to the public than ophthalmologists. In addition, a substantive number of the state's ophthalmologists predominantly practice secondary or tertiary eye care, while Doctors of Optometry provide the majority of primary eye care in Nebraska.

[See Exhibit 2 -- NE Access to Eyecare overview](#)
[See Exhibit 3 – NE Access to Eyecare – map of OD locations](#)
[See Exhibit 4 – NE Access to Eyecare – map of OMD locations](#)

8) Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.

Optometry is a doctoral-level profession and licensees are authorized to practice independently in every jurisdiction in the United States.

Doctors of Optometry employ and/or supervise paraprofessionals who provide various forms of clinical assistance. Their work is supervised by Optometrists. Ophthalmic Technicians and opticians who perform diagnostic tests and fit corrective eyewear work under the prescriptive orders of Doctors of Optometry.

9) What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of its practice, autonomous?

As authorized by every state law, all aspects of the practice of Optometry are conducted without supervision.

10) Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?

There are more than 460 Optometrists currently licensed to practice Optometry in the state of Nebraska. Licensure is required for every person practicing this profession in the State. To be licensed, each candidate for licensure must be a graduate of a doctoral level College of Optometry accredited by the Accreditation Council on Optometric Education (ACOE)(recognized by the U.S. Department of Education and the Council on Higher Education Accreditation) and hold the Doctor of Optometry degree. Each candidate for licensure must pass all three parts of the standardized National Board of Examiners in Optometry (NBEO) examination, including the portion on Treatment and Management of Ocular Disease (TMOD); must pass a written examination over the current Nebraska state statute; and must be certified by the Board of Optometry in the state of Nebraska which is overseen by the Nebraska Department of Health & Human Services.

11) Describe the general level of education and training possessed by practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?

Education Required for Initial Credentialing

The Doctor of Optometry degree is comparable to other doctorate disciplines in health care including Medicine, Dentistry, and Podiatry. After earning a bachelor's degree, optometry students must successfully complete 4 years of post-graduate education in optometry for a total of 8 years of study in order to earn the doctoral degree.

Colleges of Optometry are accredited by the Accreditation Council on Optometric Education which is recognized by the U.S. Department of Education and the Council on Higher Education Accreditation (CHEA). No optometrist can be licensed in Nebraska without having graduated from an accredited College of Optometry and having passed a standardized test by the National Board of Examiners in Optometry. This examination consists of three parts: two written, and one clinical covering all aspects of eye care including the SLT procedure addressed in this application. Passage of all three parts of the National Board of Examiners for Optometry (NBEO) examination is required. The NBEO also offers a Laser and Surgical Procedures Exam that may be required by specific states where such a scope of practice applies.

The curriculum at an accredited College of Optometry is competency based and is dedicated to study of the overall human health system, diagnosis and treatment of all forms of eye disease and vision abnormalities with medications and minor surgical procedures, management of post-surgical complications, and comprehensive pharmacology, in addition to determination and correction of refractive errors.

The first two years of optometry school are primarily intensive classroom study in subjects that include human anatomy, physiology and pharmacology equivalent to the courses taken by medical students. In many instances, optometry and medical students take these same general classes together. During those first two years, optometry students also take many courses unique to optometry. These include ocular pharmacology, ocular anatomy, ocular physiology, and ocular microbiology. Doctors of Optometry are the only health care providers that receive graduate level academic courses on these topics. Optometric education and training is not a subset of ophthalmology. Optometrists are uniquely trained to care for their patients. The most comparable profession to optometry in terms of length and style of training would be dentistry or podiatry.

Clinical training starts in the second year of optometry school. The 3rd year is about half direct patient care and half classroom study. The 4th year is totally dedicated to patient care. During this 4th year, students rotate through a variety of settings including multidisciplinary health care institutions such as VA medical centers and community health centers. **Core competencies required for graduation from all colleges of optometry include laser procedures.**

[See Exhibit 5 – Sample optometric education curriculum \(Northeastern State University Oklahoma College of Optometry\)](#)

[See Exhibit 6 – LSPE Exam content](#)

Additional Education & Training Anticipated Under This Proposal

In addition to the fundamental requirements for licensure and core education and training described above, additional provisions are being recommended related to the specific competencies addressed in this proposal. The proposed additional requirements are a supplement to education and training that every optometrist has received in school and a supplement to optometrists' current daily experience performing similar procedures in their clinics and will provide additional assurance to the public of skills-based competency. These provisions are described in Exhibit 7 and consist of a 16-

hour course. The 16-hour course has already been developed and implemented in multiple states that have authorized these procedures to be performed by optometrists and has been proven in these states to be adequate and effective in preparing optometrists to appropriately and safely perform the procedures. The anticipated additional education recognizes the fact that the SLT procedure relies heavily on the use of a piece of equipment which optometrists already use on a daily basis.

[See Exhibit 7: Proposed Additional Training & Education Requirements](#)

12) Identify the work settings typical of this occupation (e.g., hospitals, private physician's offices, clinics, etc.) and identify the predominant practice situations of practitioners, including typical employers for practitioners not self-employed (e.g., private physician, dentist, optometrist, etc.).

Doctors of Optometry practice in various settings. Optometrists are commonly self-employed, practicing in privately owned offices. Self-employed Doctors of Optometry may also choose to lease space in a retail setting where they establish their private practice. There are Optometrists who are employed by other Optometrists in private offices, or by multi-disciplinary practices that include Ophthalmologists. Some Optometrists are employed by corporate entities which may own the offices in which the doctor practices. There are some Optometrists who choose to practice in a hospital setting such as the Veterans Administration Hospital and University of Nebraska Medical Center. Many optometrists have hospital privileges providing both emergency out-patient and in-patient eye care.

13) Do practitioners routinely serve members of the general population? Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)? If so, please specify the type of population served.

Doctors of Optometry serve the entire population, providing primary eye care to every economic, social, geographic and age demographic. They provide the majority of the primary eye care in the state.

14) Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions or situations that would be likely to require the services of a practitioner? If so, please specify.

Much like dental care, many people see Optometrists on a regular basis for comprehensive eye health and vision care. Outside of routine examinations, an individual would typically see an Optometrist for abnormalities in their vision and/or any problem associated with their eyes. Examples would include blurry vision, eyestrain, intermittent or sudden loss of vision, flashes of light, floaters, spots in vision, eye pain, irritation of the eyes, eye infections, diseases such as glaucoma, age-related macular degeneration, foreign bodies that get in the eye, and headaches that they believe are associated with their vision. Doctors of Optometry see patients with eye turns (strabismus), eyelid lesions, and dysfunctions of the eyelid. Patients would seek periodic care to monitor ocular manifestations of certain systemic disorders such as diabetes, hypertension and thyroid disease or be examined for ocular toxicities and side effects from certain systemic medications such as hydroxychloroquine that are prescribed by other medical providers or specialists.

In addition, patients may have a family history of eye diseases, or have heard media reports of eye disorders, that compel them to get a comprehensive eye health evaluation to ensure they do not have

early signs of such a problem. Examples of these would include glaucoma, cataracts and macular degeneration.

Children entering school in Nebraska are required by state law to get a visual evaluation which includes assessment of vision and eye health and Doctors of Optometry see a large percentage of the state's kindergartners each year for these evaluations. In addition, over two-thirds of the state's Doctors of Optometry voluntarily offer free vision assessments to 3-year-olds and Optometrists are key providers of eyecare to the state's Medicaid population.

Relative to the new authority being requested in this proposal, glaucoma patients seek the care of a Doctor of Optometry because glaucoma is a chronic disease that requires regular, ongoing monitoring and treatment in order to manage intraocular pressure. Since optometrists are the most prevalent and accessible providers of primary eyecare, they are an important resource for glaucoma patients who need ongoing care.

15) Identify typical referral patterns to and from members of this occupational group. What are the most common reasons for referral?

Typical referrals into an Optometric practice come from:

- school nurses suspecting vision disorders in students;
- physician assistants, nurse practitioners, family practice doctors and internal medicine doctors wanting to rule out eye problems relating to visual tension headaches;
- emergency room doctors seeking assistance with specific ocular conditions;
- rheumatologists seeking ocular monitoring of potential side effects of prescribed medications or for ocular treatment and management of autoimmune conditions such as Sjogren's syndrome;
- endocrinologists seeking opinion on a systemic diseases impact on the eyes and visual system; and
- public health nurses in settings such as "Head Start" or immunization screenings where one might notice eye turns or signs of nearsightedness, such as squinting.

Referrals from an Optometrist, when appropriate, are handled via intra-professional referrals to other Doctors of Optometry who specialize in areas such as pediatrics, low vision, ocular disease, vision therapy and rehabilitation, etc. Optometrists will typically refer to an ophthalmologist for patients requiring ocular surgical intervention, or for cases involving unusual or severe forms of ocular disease.

16) Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?

No. Optometry is a doctoral-level profession and licensees are authorized to practice independently in every jurisdiction. Doctors of optometry write prescriptions and orders on their own authority within their scope of practice. No orders or prescriptions from another health profession are required for Optometrists to practice.

17) How is continuing competence of credentialed practitioners evaluated?

Doctors of Optometry are required to obtain forty-four (44) credit hours of continuing education on clinical aspects of the profession every two years in order to maintain their license. Continuing

education credits must be approved by the Board of Optometry and licensees must be able to provide verification of satisfactory completion at each two-year license renewal interval.

18) What requirements must the practitioner meet before his or her credentials may be renewed?

A practitioner must obtain the required continuing education as noted above. An Optometrist must have no criminal record and must submit required licensing fees to the State in a timely manner.

19) Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.

Doctors of Optometry are licensed to practice in all fifty states, the District of Columbia, and all territories of the United States. Optometrists' scope of practice in all these jurisdictions includes diagnostic and therapeutic pharmaceutical privileges. Even though Nebraska optometrists are educated at the same schools and trained in the same way as their counterparts in other states, twenty-three states allow a scope of practice greater than Nebraska, including advanced surgical procedures, and seven states allow laser procedures that at least include SLT. Exhibit 8 illustrates current scope of practice in other states relative to use of lasers or others procedures that are currently not authorized in Nebraska.

[See Exhibit 8 – Scope Map](#)

Additional Questions an Applicant Group Must Answer about their Proposal

1) What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?

The problem for patients is that many are significantly inconvenienced by having to make an additional appointment, travel to a different office and see a new doctor in order to get the SLT procedure done. This inconvenience causes many patients to choose medications, which in turn result in patient non-adherence and additional costs for pharmaceuticals.

The problem for optometrists is that based on current law, they are prevented from providing a form of care that is now a first line treatment option for a disease they have been treating and managing in Nebraska for more than 20 years. Because of this limitation, they are unable to meet what is now accepted as a standard of care in treating glaucoma.

The problem for Nebraska's health care system, including the State's Medicaid budget, is that extra costs are being incurred now when patients have to undertake a second office visit and an additional exam in order to get the SLT procedure done. If patients use medications instead of the SLT procedure, payers incur additional costs for the pharmaceuticals. And, if patients use drops, there is increasing risk of ocular surface irritation, which leads to more costs for treating the irritation.

2) If the application is for the regulation of a health professional group not previously regulated, such methods on the public, must be considered. For each of the following evaluate the

feasibility of applying it to the profession and the extent to which the regulatory method would protect the public.

This application is for a health profession that is currently regulated.

3) What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?

There are 4 essential benefits of the proposed change in scope of practice:

- Increased access to care for patients
- Greater cost effectiveness
- Maintenance of doctor-patient relationships
- Reduced costs for the health care system

These benefits will be achieved as follows:

Increased access to care

The proposal will provide more expedient care for many Nebraska patients, especially in rural settings, with less time and costs for travel. In order to benefit from the SLT procedure today, most Nebraska glaucoma patients need to make a second appointment, incur costs of a duplicative eye examination, and accept the time and inconvenience of going to another office or clinic.

Examples abound of the importance, value, and benefit of increasing accessible health care for the public. The proliferation of urgent care clinics, satellite medical offices, outpatient surgical centers, health clinics in shopping malls, etc. validates the emphasis of society and health care providers on bringing health care—at primary as well as tertiary levels—closer to the public.

As noted in [Exhibit 3](#), Doctors of Optometry are currently practicing in 61 of the 93 Nebraska counties and county equivalents, providing eye care access to 66% of the state's total population. Doctors of Optometry are the only local eye care provider in 49 Nebraska counties, providing access to eye care for 180,123 urban residents and 281,203 rural residents. Thirty-one of the Nebraska counties with no local Doctor of Optometry also have no local Ophthalmologist, and account for 15,217 urban residents and 69,394 rural residents.

Currently, the United States has 14.4 practicing doctors of optometry per 100,000 population. Nebraska is above the national average with 18.5 practicing Doctors of Optometry per 100,000 population. Using the Nebraska Medical Association data, only 12 of the state's 93 counties are currently being served daily by Ophthalmologists ([See Exhibit 4](#)). The relatively small number of Ophthalmologists, the fact that many Ophthalmologists primarily practice secondary or tertiary care, and their poor distribution throughout the state results in delays in treatment in many areas of Nebraska. It means that patients are forced to wait to schedule a second visit with an Ophthalmologist when he or she comes to their community or when patients must travel to the Ophthalmologist's office.

Relative to access to SLT, the distribution is even more limited than the distribution of Ophthalmologists and their satellite clinics. An SLT laser is currently only available in Lincoln, Omaha Metro Area, Columbus, Grand Island, Kearney, North Platte, Scottsbluff, and

Norfolk. Whether in these cities or in rural Nebraska, patients often have limited financial resources to travel or limited leeway in taking additional time off from jobs to go to multiple appointments to get care that can be provided by their local Doctor of Optometry in a safe and effective manner.

[See Exhibit 9 – Examples of Access to SLT for Rural Nebraskans](#)

Per a study conducted by Merritt Hawkins, the average wait time to see a Doctor in a rural setting is 32 days and it is even longer for Medicare and Medicaid patients since there are fewer providers for that population. (<https://www.healthline.com/health-news/why-you-have-to-wait-longer-to-get-a-doctors-appointment>.)

The proposal will also benefit family members who often have to drive elderly patients to appointments. Glaucoma is a disease that affects primarily older populations. The prevalence of glaucoma increases with advancing age. African-Americans age 40 and older are at the highest risk of developing the disease compared with people of other races. By age 69, nearly six percent of black Americans have glaucoma; their risk rises to nearly 12 percent after age 80. From 2010 to 2050, the number of people in the U.S. with glaucoma is expected to increase by more than double, from 2.7 million to 6.3 million. (Glaucoma Data and Statistics, 2019)

Cost Effectiveness

Selective Laser Trabeculoplasty is a more cost effective treatment option for patients if they can receive this treatment from their primary eye care provider.

When evaluating to cost of duplicated services that occur when a patient is referred to an ophthalmologist for an SLT we must consider the cost of the office visit and any additional tests that need to be performed to manage glaucoma. Common tests used in the diagnosis and management of glaucoma include an optic nerve optical coherence tomography (CPT - 92133), gonioscopy (92020) and threshold visual field (92083). Based on Medicare (WPS) and private payor insurance in Nebraska, this could range from \$280-\$510 in duplicated services at a minimum before any procedure is performed.

When taking into consideration additional exam fees, additional testing from another provider, and travel cost, SLT would save \$278-\$509 for the patient depending on the insurance provider.

Selective laser trabeculoplasty is also a more cost-effective treatment for the patient compared to topical (eye drop) medications. As a first line treatment, this procedure can save the patient up to \$2,645 per quality adjusted life year. (Craven, 2014). Not to mention the safety of the procedure is likely to have less side effects than topical medications (eye drops) that can cause redness, irritation, dry eye syndrome, and multiple systemic side effects. “Compared with medication, SLT provided a stable, drop-free IOP control to 74.2% of patients for at least 3 years, with a reduced need for surgery, lower cost and comparable health related quality of life. Based on the evidence, SLT seems to be the most cost-effective first-line treatment option for glaucoma and ocular hypertension, also providing better clinical outcomes.” (Gazzard, 2019).

In addition to the duplicated services, we can also calculate the transaction costs associated with

obtaining duplicated services. Transaction costs associated with medical care consist mainly of time; according to the American Time Use Survey, individuals in the U.S. spend an average of 2.06 hours each time they obtain medical care.⁴⁵ The average U.S. hourly wage, as of April 2019, is \$27.77. Thus, the average medical care transaction cost (in terms of time only), is \$57.21. (Based on the Bureau of Labor Statistics, Table B-3. Average hourly and weekly earnings of all employees on private nonfarm payrolls by industry sector, seasonally adjusted)

Maintaining patient-doctor relationships

The proposal will enable patients to receive care from primary care doctors with whom they have an established relationship and trust. The state’s shortage of primary care physicians in rural areas has been widely reported. Given this shortage—and the limited geographic distribution of ophthalmologists--utilization of Optometrists for additional primary care is an efficient, effective response by the State.

Poor access to specialist care can be detrimental to patients’ health. Excessive wait times and delays in care can cause anxiety in patients and their families. They can also reduce patients’ ability to carry out day-to-day activities and lead to deterioration in patients’ overall health as important diagnoses are delayed. In addition, many tests or services may be duplicated needlessly, causing frustration for patients and providers alike. (Liddy, 2016).

Reduced costs for the health care system

The proposed enhancements will also reduce costs to patients and insurers—including the State’s financially-challenged Medicaid program--because fewer patients will require referral to another healthcare provider for treatment or procedures, often saving the State or insurer the cost of a second office visit and professional fees for re-diagnosis of a condition that has already been diagnosed by an Optometrist. There will also be cost savings based on eliminating the need for recurring use of topical eye drops. Optometry is a front line, ‘primary care’ health care profession and it is important that Optometrists be able to respond to patient needs with a standard of care based on the continuing evolution of healthcare and rapidly changing advancements in healthcare technology.

4) What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?

All surgical procedures have potential side effects and risks associated with them, however all possible risks associated with selective laser trabeculoplasty (SLT) are currently being managed by optometrists in optometry and ophthalmology practices since patients are typically referred back to optometrists for post-operative care. We can supply articles as needed that explain that the procedure is short, it is an outpatient procedure, risks are low, and there is a quick recovery for patients. “SLT is a repeatable procedure for which the vast majority of complications are mild and self-limiting. With effective IOP (intra-ocular pressure) reduction, low complication rates and the potential to repeat the procedure, SLT offers the possibility of delaying the introduction of medical therapy and other more invasive treatment modalities while simultaneously avoiding the accompanying complications. (Aleksandra, 2021).

One study by Greninger indicated that untrained residents performing selective laser trabeculoplasty

perform just as well with low complication rates as trained attending physicians, indicating the safety profile of this procedure. (Greninger, 2014)

Opponents may cite a study from Oklahoma that purports to show that optometrists had to repeat the SLT procedure more often than MDs and performed higher numbers of procedures as a result. Should the committee be presented with this information, it is important to know that the study is highly flawed as summarized in [Exhibit 10](#).

There are hundreds of articles that can be referenced on the safety of selective laser trabeculoplasty.

Other states that allow Optometrists the authority described in this proposal provide the best evidence that there is no undue patient harm or risk associated with the procedures and prescriptive rights described in this proposal. Legislators in these states have never retracted or rescinded authority granted to Optometrists for these procedures or prescriptive rights. Regulators report no issues with disciplinary actions or patient complaints relative to this authority. And insurers—who set rates based on risk *experience*--have not increased malpractice insurance premium rates in these states.

[See Exhibit 11 – Letter from Kentucky Board of Optometric Examiners](#)

[See Exhibit 12 – Letter from Louisiana Board of Optometry Examiners](#)

[See Exhibit 13 – Letter from Oklahoma Board of Examiners in Optometry](#)

Despite assertions from organized medicine of potential risks associated with the authority addressed in this proposal, there is no evidence from other states to support a claim that public safety is at risk.

5) What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?

Maintenance of competency will be ensured as Doctors of Optometry are required to obtain forty-four (44) credit hours of continuing education every two years in order to maintain their license. Continuing education credits must be approved by the Board of Optometry and licensees must be able to provide verification of satisfactory completion at each two-year license renewal interval. Continuing education for Optometrists addresses pharmacology and clinical procedures that reflect the standard of care for all aspects of the practice including SLT.

6) What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?

Third party payers and government assistance programs pay directly to providers. Reimbursement is available from payers for SLT to providers who are licensed to provide the service. The direct impact of allowing the enhanced scope of practice would be a cost savings to third party providers and government-funded programs due to fewer referrals, less duplication of services, and a decreased number of office visits for patients who need SLTs.

7) What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.

As noted earlier, legislators in other jurisdictions that allow similar authority have never retracted or rescinded such authority and regulators in these states report no evidence of patient harm or public risk connected with such authority. Letters from regulators in other states are available for review by the committee in [Exhibit 11](#), [Exhibit 12](#) and [Exhibit 13](#).

In Nebraska, there have been no complaints reported to the Nebraska Department of Health and Human Services since 1998 regarding the treatment and management of glaucoma by Doctors of Optometry. In fact, over the past 10 years, there have been no complaints filed with the department involving any aspects of clinical care by Doctors of Optometry, as shown in the department's report of disciplinary actions from 2011-2021. [See Exhibit 14.](#)

8) What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and to the general public of implementing the proposed legislation?

Optometry is already a regulated profession in Nebraska and we are aware of no additional net costs or financial impact to the State from this proposal. The level or cost of regulation of the profession should not be impacted. Regulatory and compliance costs for the profession are already supported by licensing fees paid to the State by Doctors of Optometry. The credentialing process resulting from this proposal will be developed and approved by the Nebraska Board of Optometry. Any costs of development would be covered by licensing and examination fees paid to the State by Doctors of Optometry or by the testing agency approved by the Board to administer such exam.

9) Is there any additional information that would be useful to the technical committee members in their review of the proposal?

Doctors of Optometry now entering the profession are receiving training in optometry schools pertaining to the changes addressed in this proposal. It is important to note that passage of this bill will encourage the “best and brightest” of young doctors who wish to practice Optometry to the full extent of their training to return or come to Nebraska. Without continual updates to Nebraska's law, optometry school graduates may seek to practice in other states where the scope of practice already authorizes the services they are taught in schools—and potentially leave Nebraska in a situation where retiring optometrists are not replaced in the same numbers by newly-graduating practitioners.

Patient access to services available from Optometrists will be increased under this proposal. Optometrists are already the most prevalent, geographically distributed, and therefore accessible providers of primary eye care in the state. This proposal will allow Doctors of Optometry to enhance the quality care and provide the best treatment options for their patient population while reducing medical costs for the patient.

2019

STATE OF NEBRASKA

**STATUTES RELATING TO
OPTOMETRY PRACTICE ACT**



Department of Health and Human Services
Division of Public Health
Licensure Unit

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STATUTES PERTAINING TO THE OPTOMETRY PRACTICE ACT

38-2601. Act, how cited.

Sections 38-2601 to 38-2623 shall be known and may be cited as the Optometry Practice Act.

Source:Laws 2007, LB463, § 872.

38-2602. Definitions, where found.

For purposes of the Optometry Practice Act and elsewhere in the Uniform Credentialing Act, unless the context otherwise requires, the definitions found in sections 38-2603 to 38-2605 apply.

Source:Laws 2007, LB463, § 874.

38-2603. Board, defined.

Board means the Board of Optometry.

Source:Laws 2007, LB463, § 875.

38-2604. Pharmaceutical agents, defined.

(1) Pharmaceutical agents, for diagnostic purposes, means anesthetics, cycloplegics, and mydriatics.

(2) Pharmaceutical agents, for therapeutic purposes, means topical ophthalmic pharmaceutical agents which treat eye diseases, infection, inflammation, and superficial abrasions, or oral analgesics, including oral analgesics enumerated in Schedules III and IV of section 28-405 necessary to treat conditions of the eye, ocular adnexa, or visual system, or oral pharmaceutical agents for the treatment of diseases or infections of the eye, ocular adnexa, or visual system, or oral anti-inflammatory agents to treat conditions of the eye, ocular adnexa, or visual system.

(3) Pharmaceutical agents, for therapeutic purposes, includes an epinephrine autoinjector for treatment of anaphylaxis and an oral steroid, oral glaucoma agent, or oral immunosuppressive agent.

Source:Laws 1979, LB 9, § 4; Laws 1986, LB 131, § 2; Laws 1993, LB 429, § 4; Laws 1998, LB 369, § 4; R.S.1943, (2003), § 71-1,135.01; Laws 2007, LB463, § 876; Laws 2014, LB526, § 1.

38-2605. Practice of optometry, defined.

(1) The practice of optometry means one or a combination of the following:

(a) The examination of the human eye to diagnose, treat, or refer for consultation or treatment any abnormal condition of the human eye, ocular adnexa, or visual system;

(b) The employment of instruments, devices, pharmaceutical agents, and procedures intended for the purpose of investigating, examining, diagnosing, treating, managing, or correcting visual defects or abnormal conditions of the human eye, ocular adnexa, or visual system;

(c) The prescribing and application of lenses, devices containing lenses, prisms, contact lenses, ophthalmic devices, orthoptics, vision training, pharmaceutical agents, and prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye, ocular adnexa, or visual system;

(d) The dispensing and sale of a contact lens, including a cosmetic or plano contact lens or a contact lens containing an ocular pharmaceutical agent which an optometrist is authorized by law to prescribe and which is classified by the federal Food and Drug Administration as a drug;

(e) The ordering of procedures and laboratory tests rational to the diagnosis or treatment of conditions or diseases of the human eye, ocular adnexa, or visual system; and

(f) The removal of superficial eyelid, conjunctival, and corneal foreign bodies.

(2) The practice of optometry does not include the use of surgery, the use of laser surgery, or the treatment of infantile/congenital glaucoma, which means the condition is present at birth.

Source:Laws 1927, c. 167, § 111, p. 487; C.S.1929, § 71-1601; R.S.1943, § 71-1,133; Laws 1979, LB 9, § 1; Laws 1986, LB 131, § 1; Laws 1987, LB 116, § 1; Laws 1993, LB 429, § 2; Laws 1998, LB 369, § 1; R.S.1943, (2003), § 71-1,133; Laws 2007, LB236, § 20; Laws 2007, LB463, § 877; Laws 2010, LB849, § 6; Laws 2014, LB526, § 2.

38-2606. Board; members; qualifications.

The board shall consist of four members, including three licensed optometrists and one public member.

Source:Laws 2007, LB463, § 878.

38-2607. Practice of optometry; activities not included.

The practice of optometry shall not be construed to:

(1) Include merchants or dealers who sell glasses as merchandise in an established place of business or who sell contact lenses from a prescription for contact lenses written by an optometrist or a person licensed to practice medicine and surgery and who do not profess to be optometrists or practice optometry;

(2) Restrict, expand, or otherwise alter the scope of practice governed by other statutes; or
(3) Include the performance by an optometric assistant, under the supervision of a licensed optometrist, of duties prescribed in accordance with rules and regulations adopted and promulgated by the department, with the recommendation of the board.

Source:Laws 1927, c. 167, § 112, p. 487; C.S.1929, § 71-1602; R.S.1943, § 71-1,134; Laws 1979, LB 9, § 2; Laws 1998, LB 369, § 2; Laws 2002, LB 1062, § 30; R.S.1943, (2003), § 71-1,134; Laws 2007, LB236, § 21; Laws 2007, LB463, § 879.

38-2608. Optometry; license; requirements.

Every applicant for a license to practice optometry shall: (1) Present proof that he or she is a graduate of an accredited school or college of optometry; and (2) pass an examination approved by the board. The examination shall cover all subject matter included in the practice of optometry.

Source:Laws 1927, c. 167, § 113, p. 487; C.S.1929, § 71-1603; R.S.1943, § 71-1,135; Laws 1979, LB 9, § 3; Laws 1989, LB 323, § 3; Laws 1998, LB 369, § 3; Laws 1999, LB 828, § 95; R.S.1943, (2003), § 71-1,135; Laws 2007, LB236, § 22; Laws 2007, LB463, § 880.

Cross References

- **Credentialing**, general requirements and issuance procedures, see section 38-121 et seq.

38-2609. Applicant for licensure based on license outside the state; requirements; military spouse; temporary license.

(1) In addition to the standards set by the board pursuant to section 38-126, an applicant for licensure based on a license in another state or territory of the United States or the District of Columbia must have been actively engaged in the practice of optometry for at least two of the three years immediately preceding the application for licensure in Nebraska and must provide satisfactory evidence of being credentialed in such other jurisdiction at a level with requirements that are at least as stringent as or more stringent than the requirements for the comparable credential being applied for in this state.

(2) An applicant who is a military spouse may apply for a temporary license as provided in section 38-129.01.

Source:Laws 2007, LB463, § 881; Laws 2008, LB972, § 1; Laws 2017, LB88, § 84.

38-2610. License; renewal; statement as to use of pharmaceutical agents.

In issuing a license or renewal, the department, with the recommendation of the board, shall state whether such person licensed in the practice of optometry has been certified to use pharmaceutical agents pursuant to section 38-2613, 38-2614, or 38-2615 and shall determine an appropriate means to further identify those persons who are certified in the diagnostic use of such agents or the therapeutic use of such agents.

Source:Laws 1979, LB 9, § 7; Laws 1986, LB 131, § 4; Laws 1993, LB 429, § 5; Laws 1998, LB 369, § 7; Laws 1999, LB 828, § 98; R.S.1943, (2003), § 71-1,135.04; Laws 2007, LB236, § 24; Laws 2007, LB463, § 882.

38-2611. Continuing competency requirements; waiver.

The department, with the recommendation of the board, may waive continuing competency requirements, in part or in total, for any two-year licensing period when a credential holder submits documentation that circumstances beyond his or her control prevented completion of such requirements as provided in section 38-146. In addition to circumstances determined by the department to be beyond the credential holder's control pursuant to such section, such circumstances shall include situations in which:

(1) The credential holder has submitted proof that he or she was suffering from a serious or disabling illness or physical disability which prevented completion of the required continuing competency activities during the twenty-four months preceding the renewal date; or

(2) The credential holder was initially licensed within the twenty-six months immediately preceding the renewal date.

Source:Laws 1965, c. 415, § 2, p. 1325; Laws 1985, LB 250, § 14; Laws 1986, LB 926, § 46; Laws 1988, LB 1100, § 42; Laws 1997, LB 307, § 123; Laws 1999, LB 828, § 99; Laws 2001, LB 209, § 10; Laws 2002, LB 1021, § 21; R.S.1943, (2003), § 71-1,136.01; Laws 2007, LB236, § 27; Laws 2007, LB463, § 883; Laws 2008, LB972, § 2.

38-2612. Fees.

The department shall establish and collect fees for credentialing under the Optometry Practice Act as provided in sections 38-151 to 38-157.

Source:Laws 2007, LB463, § 884.

38-2613. Optometrist; diagnostic pharmaceutical agents; use; certification.

(1) An optometrist licensed in this state may use topical ocular pharmaceutical agents for diagnostic purposes authorized under subdivision (1)(b) of section 38-2605, if such person is certified by the department, with the recommendation of the board, as qualified to use topical ocular pharmaceutical agents for diagnostic purposes.

(2) Such certification shall require (a) satisfactory completion of a pharmacology course at an institution accredited by a regional or professional accrediting organization which is recognized by the United States Department of Education and approved by the board and passage of an examination approved by the board or (b) evidence provided by the optometrist of certification in another state for use of diagnostic pharmaceutical agents which is deemed by the board as satisfactory validation of such qualifications.

Source:Laws 1979, LB 9, § 5; Laws 1986, LB 131, § 3; Laws 1987, LB 116, § 2; Laws 1988, LB 1100, § 41; Laws 1994, LB 987, § 1; Laws 1996, LB 1044, § 439; Laws 1998, LB 369, § 5; Laws 1999, LB 828, § 96; Laws 2003, LB 242, § 50; R.S.1943, (2003), § 71-1,135.02; Laws 2007, LB236, § 23; Laws 2007, LB247, § 73; Laws 2007, LB296, § 341; Laws 2007, LB463, § 885.

38-2614. Optometrist; therapeutic pharmaceutical agents; certification of courses of instruction; board approval.

(1) An optometrist licensed in this state may use topical ocular pharmaceutical agents for therapeutic purposes authorized under subdivision (1)(b) or (c) of section 38-2605 if such person is certified by the department, with the recommendation of the board, as qualified to use ocular pharmaceutical agents for therapeutic purposes, including the treatment of glaucoma.

(2) In order to be certified by the department under subsection (1) of this section, the optometrist shall show (a) satisfactory completion of classroom education and clinical training which emphasizes the examination, diagnosis, and treatment of the eye, ocular adnexa, and visual system offered by a school or college approved by the board and passage of an examination approved by the board or (b) evidence of certification in another state for the use of therapeutic pharmaceutical agents which is deemed by the board as satisfactory validation of such qualifications.

Source:Laws 2007, LB247, § 74; Laws 2007, LB463, § 886; Laws 2014, LB526, § 3.

38-2615. Optometrist; applicability of requirements.

After January 1, 2000, only an optometrist licensed in this state prior to April 30, 1987, may practice optometry without meeting the requirements and obtaining certification required by sections 38-2613 and 38-2614.

Source:Laws 2007, LB247, § 75; Laws 2007, LB463, § 887.

38-2616. Optometry; approved schools; requirements.

No school of optometry shall be approved by the board as an accredited school unless the school is accredited by a regional or professional accrediting organization which is recognized by the United States Department of Education.

Source:Laws 1927, c. 167, § 114, p. 488; C.S.1929, § 71-1604; R.S.1943, § 71-1,136; Laws 1965, c. 415, § 1, p. 1325; Laws 1979, LB 9, § 8; Laws 1994, LB 987, § 3; Laws 1996, LB 1044, § 440; R.S.1943, (2003), § 71-1,136; Laws 2007, LB236, § 26; Laws 2007, LB296, § 342; Laws 2007, LB463, § 889.

38-2617. Use of pharmaceutical agents or dispensing of contact lens containing ocular pharmaceutical agent by licensed optometrist; standard of care.

(1) A licensed optometrist who administers or prescribes pharmaceutical agents for examination or for treatment shall provide the same standard of care to patients as that provided by a physician licensed in this state to practice medicine and surgery utilizing the same pharmaceutical agents for examination or treatment.

(2) An optometrist who dispenses a contact lens containing an ocular pharmaceutical agent which is classified by the federal Food and Drug Administration as a drug shall comply with the rules and regulations of the board relating to packaging, labeling, storage, drug utilization review, and record keeping. The board shall adopt and promulgate rules and regulations relating to packaging, labeling, storage, drug utilization review, and record keeping for such contact lenses.

Source:Laws 1993, LB 429, § 3; Laws 1998, LB 369, § 8; R.S.1943, (2003), § 71-1,135.06; Laws 2007, LB236, § 25; Laws 2007, LB463, § 890; Laws 2010, LB849, § 7.

38-2618. Optometric assistants; authorized.

Any licensed optometrist may employ optometric assistants. Such assistants, under the supervision of a licensed optometrist, may perform such duties as are prescribed in accordance with rules and regulations adopted and promulgated by the department, with the recommendation of the board.

Source:Laws 2002, LB 1062, § 31; R.S.1943, (2003), § 71-1,135.07; Laws 2007, LB463, § 891.

38-2619. Optometry; patient's freedom of choice.

No agencies of the state or its subdivisions administering relief, public assistance, public welfare assistance, or other health service under the laws of this state, including the public schools, shall in the performance of their duties, interfere with any patient's freedom of choice in the selection of practitioners licensed to perform examinations and provide treatment within the field for which their respective licenses entitle them to practice.

Source:Laws 1967, c. 431, § 1, p. 1319; R.S.1943, (2003), § 71-1,136.04; Laws 2007, LB236, § 28; Laws 2007, LB463, § 892.

Cross References

- **Provisions for insuring cost of service of optometrist**, see section 44-513.

38-2620. Nebraska Optometry Education Assistance Contract Program; purpose.

There is hereby established the Nebraska Optometry Education Assistance Contract Program for the purpose of providing opportunities for citizens of this state desiring to pursue study in the field of optometry at accredited schools and colleges outside the state. Eligibility for the program shall be limited as provided in sections 38-2622 and 38-2623.

Source:Laws 1974, LB 911, § 1; R.S.1943, (2003), § 71-1,136.05; Laws 2007, LB463, § 893; Laws 2011, LB334, § 3.

38-2621. Program; Board of Regents; administer; rules and regulations; adopt; reports; conditions.

The program established by section 38-2620 shall be administered by the Board of Regents of the University of Nebraska. The Board of Regents shall adopt appropriate rules and regulations to carry out sections 38-2620 to 38-2623 and negotiate contract arrangements with accredited schools and colleges of optometry, as provided in section 38-2616, for the admission and education of qualified applicants who are citizens of Nebraska and who have demonstrated their interest, aptitude, and readiness for study in the field of optometry. The Board of Regents shall require reports each year from institutions receiving payments showing the progress and suitability of each student being aided and containing such other information as such board deems proper.

Source:Laws 1974, LB 911, § 2; R.S.1943, (2003), § 71-1,136.06; Laws 2007, LB463, § 894.

38-2622. Program; financial assistance; number of students.

Annual financial payments made under sections 38-2620 to 38-2623 shall be limited to students who participated in or were accepted into the program in the academic year 2010-11 and shall continue for the remaining academic year or years that any such student is enrolled in an accredited school or college of optometry subject to the limitation provided in section 38-2623.

Source:Laws 1974, LB 911, § 3; R.S.1943, (2003), § 71-1,136.07; Laws 2007, LB463, § 895; Laws 2011, LB334, § 4; Laws 2011, LB637, § 23.

38-2623. Program; financial assistance; limitation.

Financial assistance under sections 38-2620 to 38-2623 shall be continued not to exceed four years until the enrolled student has received a degree in optometry. Contracts with schools and colleges shall set forth terms and provisions for continuation of such payments.

Source:Laws 1974, LB 911, § 4; R.S.1943, (2003), § 71-1,136.08; Laws 2007, LB463, § 896.

An Explanation of Selective Laser Trabeculoplasty (SLT) in the Treatment of Glaucoma for the Layman

Glaucoma: A progressive, irreversible disease of the main nerve in the back of the eye (the optic nerve) that, if untreated, causes a gradual, painless loss of vision. Glaucoma is one of the leading causes of blindness in the U.S. and World. It is usually, but not always, associated with an abnormally elevated pressure inside the eye (intraocular pressure). If diagnosed early by an optometrist or ophthalmologist, the progressive nerve damage can be stopped or substantially slowed. The only proven method of treatment at this time for glaucoma is to lower the intraocular pressure (IOP). Treatment options to lower intraocular pressure are topical, oral, and intraocular medications, laser procedures, and a variety of surgical procedures. In Nebraska, certified optometrists have been authorized to treat glaucoma using topical eye drops since 1997. The authority to prescribe oral glaucoma medications was granted in 2014.

What is Selective Laser Trabeculoplasty (SLT)?

Clear fluid is constantly being produced and drained from the inside of the eye. Most of the fluid drains through a sophisticated filter located in anterior portion of the eye near the outer edge of the colored part of the eye called the iris. If this filter is not working properly or is compromised, the pressure in the eye can increase causing glaucoma. Improving the drainage through the filter lowers the pressure in the eye. Therefore, using medications, laser procedures, or surgery to increase drainage through the filter are methods of treatment for glaucoma. This filter is called the trabecular meshwork. Using a laser to help this filter work better to lower intraocular pressure is called laser trabeculoplasty.

The current standard of care in laser trabeculoplasty is Selective Laser Trabeculoplasty (SLT). Within the drainage filter (the trabecular meshwork) are tiny cells with pigment in them. The advantage of SLT is that the laser is only absorbed by the pigmented cells. Since most of the cells in the filter are non-pigmented cells, SLT does not damage those cells essentially eliminating scarring and making any post-laser complications infrequent and more easily managed. Because SLT only impacts (selects) the pigmented cells it is called “Selective” Laser Trabeculoplasty.

It is important to note that SLT is only used for the treatment of glaucoma. This type of laser is not a “hot” or “cutting” laser that can damage other eye tissue like the retina. It only works when the pigmented cells absorb the laser energy creating a small amount of heat in a microscopic area of the trabecular meshwork with each pulse. Its safety record is excellent.

How is SLT performed and what is an optometrist’s training to perform SLT?

SLT is outpatient and can be performed in an office setting. Only topical anesthetic eye drops are needed immediately prior to SLT. No sedation is needed. The procedure takes less than five minutes.

SLT is performed using an instrument called a slit lamp biomicroscope (“slit lamp”). Slit lamps are found in every optometrist’s examination room and are used on every patient they examine throughout the week. Using a slit lamp has been integral to optometric education and practice for over a half century. The SLT laser is simply an attachment to a slit lamp and uses the same optical system to deliver the SLT treatment.

In order to view, examine, or treat the trabecular meshwork a special mirrored lens needs to be placed on the eye after instilling a topical anesthetic eye drop. This procedure is called gonioscopy. Gonioscopy is a routine procedure that optometrists and ophthalmologists use as part of the glaucoma evaluation. It has likewise been integral to optometric education since the 1970’s. Therefore, the technical skills to perform SLT are already well established into every optometrist’s practice. In addition, the education, training, and experience to know who is a good candidate for SLT and how to care for them after SLT has been part of optometric education since the invention of laser trabeculoplasty.

A BRIEF HISTORY OF NE OPTOMETRY

OPTOMETRY SCOPE OF PRACTICE HAS EVOLVED OVER THE YEARS TO REFLECT THE EVOLVING KNOWLEDGE, EDUCATION AND TRAINING OF DOCTORS OF OPTOMETRY.

1896

Lincoln's Cotner University, through its Medical College, issued its first diploma in optometry.

1907

The first optometric practice act was signed into law. This recognized the profession.

1978

NE Optometric Practice Act was updated to include the utilization of topical pharmaceutical agents for diagnostic purposes.

1986

NE Optometric Practice Act was updated to include the utilization of topical pharmaceutical agents for therapeutic purposes.

1992

NE Optometric Practice Act was updated to include the utilization of oral medications and the performance of certain minor surgical procedures.

1998

NE Optometric Practice Act was updated which removed restrictions on treating glaucoma.

2014

NE Optometric Practice Act was updated which removed remaining restrictions on oral prescriptive authority.

2021

NE Optometric Association seeks to update the Practice Act to remove restrictions on treating glaucoma using selective laser trabeculoplasty..



Nebraska 2021 Access to Eye Care

Doctors of Optometry are currently practicing in 61 of the 93 Nebraska counties and county equivalents, providing eye care access to 66% of the state’s total population^{1,2}. Doctors of optometry are the only local eye care provider in 49 Nebraska counties, providing access to eye care for 180,123 urban residents and 281,203 rural residents. Thirty-one of the Nebraska counties with no local doctor of optometry also have no local ophthalmologist³, and account for 15,217 urban residents and 69,394 rural residents.

Currently, the United States has 14.4 practicing doctors of optometry per 100,000 population. Nebraska is above the national average with 18.5 practicing doctors of optometry per 100,000 population, and when practice locations are evaluated, there are 24.5 doctors of optometry in multiple locations per 100,000 population within the state.

Nebraska has three counties or county equivalents with populations over 100,000 residents. Each of these jurisdictions have two optometrists per 10,000 population while only one of these counties has 1.0 ophthalmologist per 10,000 populations (see Table 1).

Table 1: Eye Care Provider Locations per 10,000 Population among Largest Nebraska Counties and County Equivalents

County	Total Population	Eye Care Providers per 10,000 Population		
		Optometrists	Ophthalmologists	Eye Care Providers
LANCASTER	313,158	1.9	0.4	2.4
SARPY	181,232	2.2	0.2	2.4
DOUGLAS	560,617	2.3	1.0	3.4

Fifty-two Nebraska counties are 100% rural populations. Optometrists have locations in 24 of these counties and are the only local eye care provide in all 24. Table 2 provides the 100% rural counties that have a local eye care provider and the eye care provider locations per 10,000 population.

¹ American Optometric Association (AOA) Doctor of Optometry Master Data File. St. Louis, Missouri. July 1, 2021.

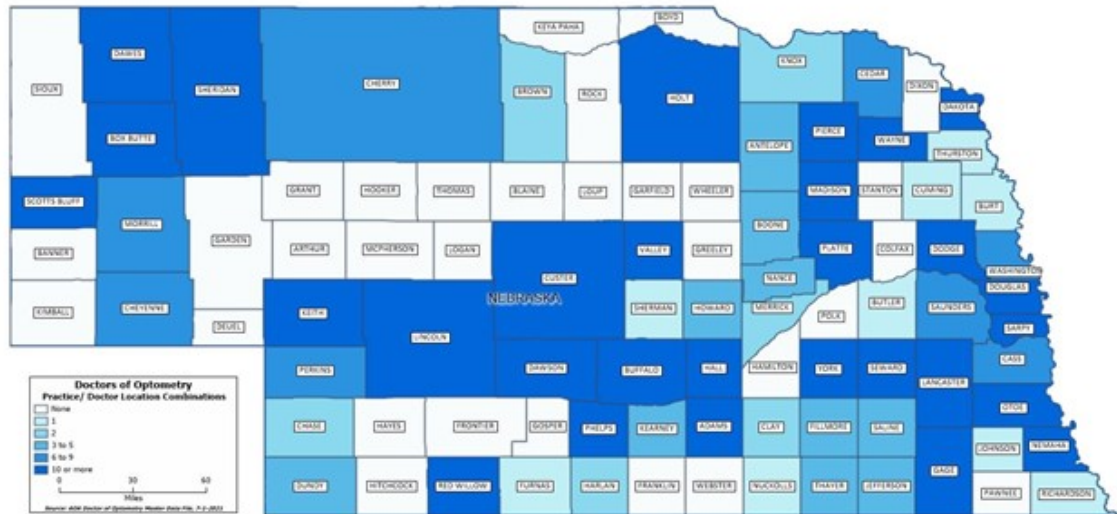
² U.S. Census Bureau. 2010 ZCTA to County Relationship File. https://www2.census.gov/geo/docs/maps-data/data/rel/zcta_county_rel_10.txt. Accessed July 2, 2021.

³ American Medical Association (AMA) Masterfile Physician Professional Data 2019. Chicago, Illinois. Available from: Medical Marketing Services, Inc. October 2020.

Table 2: Eye Care Provider Locations per 10,000 among Nebraska Counties with 100% Rural Populations

County	Total Population	Eye Care Providers per 10,000 Population		
		Optometrists	Ophthalmologists	Eye Care Providers
ANTELOPE	6,341	4.7	0.0	4.7
BOONE	5,279	5.7	0.0	5.7
BROWN	3,015	3.3	0.0	3.3
BURT	6,510	1.5	0.0	1.5
CEDAR	8,498	7.1	0.0	7.1
CHASE	3,783	5.3	0.0	5.3
CLAY	6,203	1.6	0.0	1.6
DUNDY	1,913	5.2	0.0	5.2
FILLMORE	5,547	5.4	0.0	5.4
FURNAS	4,747	2.1	0.0	2.1
HARLAN	3,415	2.9	0.0	2.9
HOWARD	6,417	4.7	0.0	4.7
JOHNSON	5,161	1.9	0.0	1.9
KNOX	8,426	1.2	0.0	1.2
MORRILL	4,781	6.3	0.0	6.3
NANCE	3,544	2.8	0.0	2.8
NUCKOLLS	4,244	2.4	0.0	2.4
PERKINS	2,901	6.9	0.0	6.9
PIERCE	7,144	21.0	0.0	21.0
SHERIDAN	5,231	5.7	0.0	5.7
SHERMAN	3,033	3.3	0.0	3.3
THAYER	5,057	2.0	0.0	2.0
THURSTON	7,181	1.4	0.0	1.4
VALLEY	4,206	4.8	0.0	4.8

Nebraska Access to Eye Care 2021- Doctors of Optometry



NSUOCO Curriculum

Total Credit Hours - 172

First Professional Year

Fall (21 hours)

4101 Introduction to Optometry
4126 Geometric and Physical Optics
4133 Clinical Immunology and Microbiology
4167 Human Anatomy and Physiology
4184 Optometric Clinical Methods I

Spring (22 hours)

4203 General Pathology
4213 The Human Nervous System
4234 Vision Science I: Optics
4264 Ocular Anatomy and Physiology
4271 Interpersonal Communications
4283 Optometric Clinical Methods II
4291 Introduction to Clinic I
5103 General Pharmacology

Second Professional Year

Fall (21 hours)

5113 Binocular and Refractive Anomalies
5134 Vision Science II: Sensory Aspects
5153 Contact Lenses I
5164 Ophthalmic Optics I
5183 Optometric Clinical Methods III
5191 Introduction to Clinic II
5273 Ocular Disease I: Cataracts, Corneal, and External Ocular Disease

Spring (22 hours)

5203 Ocular Pharmacology
5215 Vision Science III - Motility/Binocular
5223 Ophthalmic Optics II
5233 Pediatrics
5253 Contact Lenses II
5291 Clinical Practice I
6023 Ocular Disease II: Glaucoma and Anterior Uveal Disease
6111 Research Methodology

Third Professional Year

Summer (10 hours)

6031 Physical Diagnosis
6051 Environmental Vision
6061 Functional Analysis
6081 Optometric Case Studies I
6093 Clinical Practice II
6122 Optometry Project I
6141 Gerontology

Fall (22 hours)

6153 Binocular and Perceptual Disorders
6163 Healthcare Systems and Epidemiology
6173 Ocular Disease III: Vitreal, Choroidal and Retinal Disease
6182 Systemic Disease
6195 Clinical Practice III
6251 Optometric Case Studies II
6262 Optometry Project II
6283 Vision Rehabilitation

Spring (17 hours)

6223 Strabismus and Amblyopia
6231 Optometric Clinical Methods IV
6243 Practice Development and Administration I
6272 Ocular Disease IV: Orbital and Neurological Disease
6295 Clinical Practice IV
7062 Optometry Project III
7081 Optometric Case Studies III

Fourth Professional Year

Summer (8 hours)

7031 Ophthalmic Applications of Lasers
7042 Office-Based Surgery
7095 Clinical Practice V

Fall (16 hours)

7101 Systemic Therapy in Ocular Disease and Trauma
7132 Differential Diagnosis of Ocular Disease and Trauma
7143 Practice Development and Administration II
7153 Contact Lenses III
7171 Optometric Case Studies IV
7196 Clinical Practice VI

Spring (13 hours)

7293 Clinical Practice VII

LSPE CONTENT OUTLINE

LASER SECTION		
Content/Skills	Multiple-Choice Portion* 50 items 60 minutes	Clinical Skills Portion 40 minutes
Selective Laser Trabeculoplasty	35% (approx. 18 items)	31%
Laser Peripheral Iridotomy	30% (approx. 15 items)	31%
YAG Capsulotomy	35% (approx. 18 items)	38%

*The multiple-choice exam can include, but is not limited to, the following:

- Complications/Contraindications
- Laser Settings
- Pre- and Post-Op Ophthalmic Drugs
- Indications for Treatment
- Treatment Protocols
- Follow-Up Protocols

SURGICAL SECTION			
Content	Multiple-Choice Portion* 50 items 60 minutes	Skills	Clinical Skills Portion 30 minutes
Suturing	19% (approx. 10 items)	Suturing	30%
Eyelid Surgery	31% (approx. 16 items)		
Injections	24% (approx. 12 items)	Chalazion Excision	70%
Anesthesia	26% (approx. 13 items)		

*The multiple-choice exam can include, but is not limited to, the following:

- Surgical Site Infections
- Neoplasia Screening
- Biopsies and Report Interpretation
- Complications/Contraindications
- Indications for Treatment
- Follow-Up Protocols
- Universal Precautions
- Topical and Injectable Anesthetics
- Intramuscular Injections
- Subconjunctival Injections
- Intralesional Injections
- Management of Lid Lesions

**Recommended Educational Requirements
For Nebraska Certification to Perform
Selective Laser Trabeculoplasty
For Treatment & Management of Glaucoma**

The Nebraska Optometric Association recommends to the State Board of Optometry that the following educational standards and requirements be adopted as the minimum requirements for Doctors of Optometry to be certified for the enhanced scope of practice described in our application.

1. The doctor must be a graduate of a school or college of optometry accredited by the Accreditation Council on Optometric Education (ACOE) and has passed the National Board of Examiners in Optometry.
2. The Doctor of Optometry must be certified to use both diagnostic and therapeutic pharmaceutical agents in Nebraska or be eligible to be certified to use both diagnostic and therapeutic pharmaceutical agents.
3. For those doctors graduating after enactment of the bill, the accredited school or college of optometry from which they have graduated must submit evidence and certify to the State Board of Optometry of Nebraska that the didactic, laboratory, and clinical curriculum of that institution is in compliance with the educational requirements described in this proposal. If the school or college of optometry cannot certify that their institution is in compliance with any and all parts of the curriculum described in this proposal, the doctor must take any additional coursework described below to become in compliance.
4. For doctors already licensed in Nebraska, he/she must:
 - A. submit evidence of completion of the following Continuing Education Curriculum described below
 - B. Pass a written and practical examination administered by the accredited school or college of optometry providing and certifying the continuing education in accordance with guidelines set forth by the Nebraska State Board of Optometry.

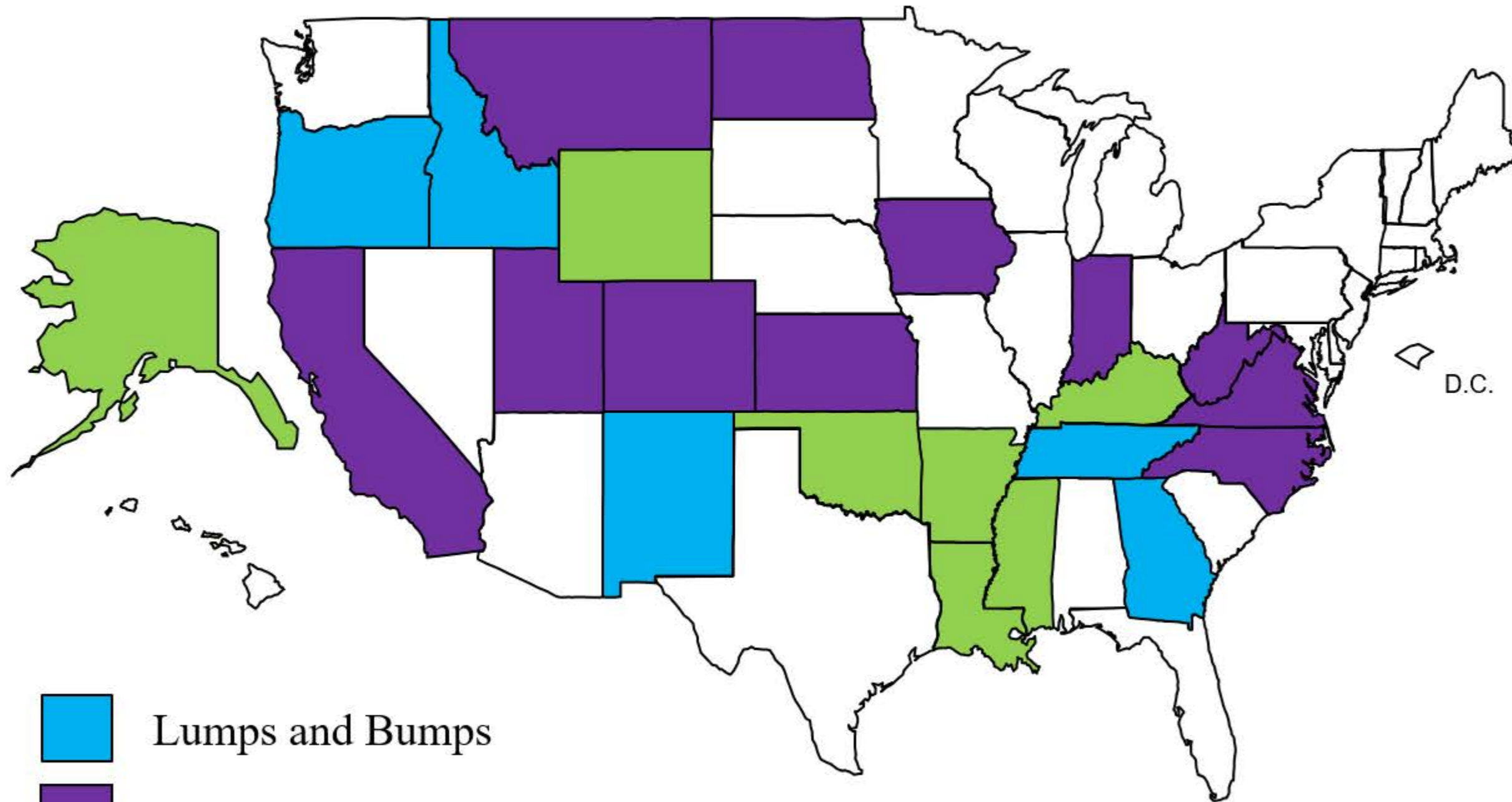
Each Continuing Education Program described below must meet the following criteria:

1. All didactic, laboratory, and clinical education must be taught by faculty or adjunct faculty of a school or college of optometry accredited by the ACOE.
2. All didactic and laboratory education must be certified by the Council on Optometric Practitioner Education (COPE) administered by the Association of Regulatory Boards of Optometry (ARBO).
3. All clinical education must comply with the educational goals, objectives, and guidelines of the certifying school or college of optometry. Such certifying school or college of optometry must be accredited by the ACOE.
4. Competency based testing will be administered by the accredited school or college of optometry providing and certifying the continuing education in accordance with guidelines set forth by the Nebraska State Board of Optometry.
5. The Continuing Education Program must meet requirements established in Statute and by the Rules and Regulations of the Department of Health and Human Services and implemented by the Nebraska State Board of Optometry.

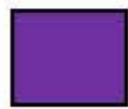
Steps required for certification in the performance of laser trabeculoplasty:

1. Complete Advanced procedures course provided by an accredited college of optometry and certified by COPE (16 hours) similar to courses required by other states that allow comparable scope of authority. (Sample course outline is in Exhibit 5 -- "NSUOCO Advanced Procedures Course".)
2. Proctored treatment on three patients. Proctors will be assigned by Nebraska Optometry Board – either Ophthalmologists or previously-certified Optometrists in Nebraska.
3. Certification by the Nebraska Optometry Board to perform selective laser trabeculoplasty. Certification would be separate and in addition to current Therapeutic Certification.

Ophthalmic Procedures Beyond Foreign Body Removal and Treatment of the Lacrimal System



Lumps and Bumps



Performance of Additional Ophthalmic Procedures as Authorized by State



Laser Privileges, includes Lumps and Bumps



Examples of Access to SLT for Rural Nebraskans

Background: There are a limited number of locations for SLT lasers in Nebraska. Even though SLT can be performed in any outpatient clinical setting ophthalmologists typically place them in their own surgery centers. This allows them to bill a facility fee for the use of the laser in addition to their professional fee for performing the procedure. Because of this, patients are frequently required to make two trips to the ophthalmologist to obtain an SLT for one eye. Billing and coding policies for SLT procedures also promote this two-visit practice. Therefore, whenever an optometrist refers a patient for an SLT procedure two trips are typically required by the ophthalmologist. The first visit is to examine the patient and schedule the SLT. The second visit is to perform the SLT.

Lasers to perform SLTs are currently located in the following cities: the Greater Omaha Metro Area, Lincoln, Columbus, Norfolk, Grand Island, Kearney, North Platte, and Scottsbluff. (See distribution map) With that limited access for rural Nebraskans, the table below gives examples of representative round trip mileage that patients must travel from various Nebraska communities to currently obtain an SLT.

Rural Community	Nearest SLT Location	Round Trip Mileage	Actual Mileage Impact for Two Trips
Alliance	Scottsbluff	106	212
Auburn	Omaha	142	284
Beatrice	Lincoln	84	168
Broken Bow	Kearney	130	260
Chadron	Scottsbluff	196	392
Gothenburg	North Platte	76	152
Holdrege	Kearney	62	124
Grant	North Platte	144	288
Lexington	Kearney	72	144
McCook	North Platte	138	276
Nebraska City	Lincoln	100	200
O'Neill	Norfolk	150	300
Sidney	Scottsbluff	154	308
York	Grand Island	88	176
Valentine	North Platte	264	528
Wayne	Norfolk	62	124

Important Note: The above chart is for drive time only. It does not consider the amount of time spent in waiting rooms, exam rooms waiting for the doctor, examination time, patient counseling and scheduling for the SLT, and other things typically associated with a visit to a health care practice or facility.

Please note that that the actual time needed to perform an average SLT is less than ten minutes.

Trabeculectomy Surgery Comparison in Oklahoma: Highlighting Inaccuracies and Flawed Data

(Original study was presented March 3, 2016-March 6, 2016 at the American Glaucoma Society Annual Meeting)

Original Study Stated Purpose:

“Oklahoma is one of the few states where optometrists have surgical privileges to perform laser procedures on the eye. Optometrists in other US states are actively lobbying to obtain permission to obtain privileges to perform these procedures. The purpose of this study is to compare Medicare claims data regarding laser trabeculectomy (LTP) surgeries performed by ophthalmologists to those performed by optometrists to determine whether differences exist among procedures performed by the two provider groups.”

Inaccuracies and Flawed Data:

- **The study was undertaken in an attempt to justify and perpetuate a national anticompetitive monopoly by ophthalmologists, who perform more than 99 percent of these procedures in the United States.** The authors acknowledge the purpose of the study arises because optometrists are seeking to compete with ophthalmologists to provide this service. The authors conclude self-servingly that policymakers should refrain from allowing optometrists to compete with ophthalmologists.
- **According to a media report of a presentation by one of the study authors, they did not prove there is any difference in quality of care provided by optometrists and ophthalmologists.** The study focused on follow-up visits billed by the eye surgeons, but does not determine whether the rate of follow-up care reflects higher or lower quality, nor does it compare the functional outcome or patient satisfaction with the care. The study also fails to account for other procedures that ophthalmologists might have done in place of a repeat trabeculectomy.
- **The sample size of the survey is too small for a valid comparison.** During a period of 6 years, the study found the procedure was provided 274 times in Medicare by optometrists, an average of 45 per year. According to AOA’s research, only 5 optometrists in Oklahoma performed this procedure as many as 10 times in a year for Medicare patients. The study is invalid because it fails to compare optometrists with ophthalmologists who have performed the service at a similar rate, and after a comparable amount of time in practice.
- **The study failed to account for difference in patients.** Valid medical studies adjust the results based on patient populations. Patients can present with widely varying health and medical histories, as well as different demographics. The study does not account whatsoever for such patient or systemic variations.

- The study focuses on “sessions” without acknowledging that ophthalmologists successfully changed the description of the service to no longer mention “sessions.”** The change in coding descriptor was approved by the AMA after the study period. The study might be biased by different coding practices of ophthalmologists and optometrists. In any event, analysis using the old code descriptor no longer has much relevance.
- The study author who presented the paper is biased.** Dr. Joshua D. Stein disclosed that he receives funding support from the American Academy of Ophthalmology, an advocacy organization that seeks to limit competition for ophthalmologists. With such inherent and inescapable bias, the authors were predisposed to the study’s conclusion regardless of the evidence.

By the Numbers:

- As noted in the table below, these were the only doctors of optometry across the country who were paid for the code 65855 at least 10 times in 2013 in Medicare. It’s important to note that Dr. Williams of Oklahoma is the only optometrists who provided more than 2 procedures per patient.

Table: Optometrists Reimbursed in 2013 for 65855

NPI	Last Name	First Name	State	Provider Type	# of Services	# of Beneficiaries	Services/Bene
1831173988	PEPLINSKI	LEE	KY	Opt	62	49	1.27
1902802895	WILLIAMS	BRIAN	OK	Opt	62	19	3.26
1932102894	HENRY	LARRY	OK	Opt	14	11	1.27
1952304586	SOLORZANO	JORGE	OK	Opt	25	16	1.56
1962405928	ELLEN	JASON	OK	Opt	61	39	1.56
1992729909	MASSENGALE	CURT	OK	Opt	25	14	1.79

- In comparison to the optometrists above, below are the numbers of all doctors across the country who billed 65885 for at least 10 Medicare patients and more than 3 services per beneficiary.
- Along with Dr. Williams, there are 13 ophthalmologists who report to have continued treatments for the same patient. Along with Dr. Weir in Oklahoma who authored this study, repeat rates are substantially higher than Dr. Williams among the ophthalmologists.

Table: Physicians Reimbursed for 65855 in 2013 with a Services/Beneficiary ratio of 3±

NPI	Last Name	First	Provider Type	# of Services	# of Beneficiaries	Services/Bene
1295799849	CROLEY	JAMES	OPHTH	50	15	3.33
1407916927	CAPLAN	DANIEL	OPHTH	54	15	3.60
1508924580	FARGNOLI	DONALD	OPHTH	150	50	3.00
1548207426	FERREIRA	CLAUDIO	OPHTH	47	12	3.92
1548283930	ORIZU	IFEANYI	OPHTH	420	128	3.28
1578513024	GINSBERG	BARRETT	OPHTH	43	12	3.58
1710956925	KRASINSKY	WALTER	OPHTH	49	15	3.27
1730181561	SHAFFER	SHAUN	OPHTH	50	15	3.33
1801968011	PELTAN	HAROLD	OPHTH	440	117	3.76
1821273137	BAHRI	SEAN	OPHTH	303	92	3.29
1831294651	THORBURN	DAVID	OPHTH	492	137	3.59
1841200037	WEIR	KURT	OPHTH	71	19	3.74
1851386395	NEWSOM	THOMAS	OPHTH	51	17	3.00
<u>1902802895</u>	WILLIAMS	BRIAN	Opt	62	19	3.26

Conclusion:

- **This is a biased study with reported data and information, skewed to support an agenda of suppression of increased optometric medical care.**



COMMONWEALTH OF KENTUCKY
BOARD OF OPTOMETRIC EXAMINERS
CARSON KERR, EXECUTIVE DIRECTOR
2365 HARRODSBURG ROAD, SUITE A240
LEXINGTON, KY 40511

PHONE: (859) 246-2744

FAX: (859) 246-2746

June 2, 2021

To Members of the Optometry Technical Review Committee,

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 410 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 40,000 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,

A handwritten signature in blue ink that reads "Jonathan L. Shrewsbury, OD".

Jonathan Shrewsbury, OD
President, Kentucky Board of Optometric Examiners

June 30, 2021

Members of the Optometric Technical Review Committee

Re: La. Optometric Laser Procedures

Dear Members,

In response to your request, I can report that Louisiana Act 398 of the 2014 Louisiana legislature expanded the scope of practice of Optometry allowing Doctors of Optometry who qualified, with additional training, to perform advanced ophthalmic surgery procedures, including laser procedures.

In promulgating the rules to administer the act, the Louisiana State Board of Optometry Examiners (LSBOE) included a provision that all Doctors of Optometry who perform laser procedures were required, as a provision of renewal of their license to practice Optometry, to keep a log of the number of laser procedures performed, and any adverse outcomes noted, and report that to the Board.

Of the 502 Doctors of Optometry practicing in Louisiana, 305 have become certified to perform the procedures to date.

The data from the years 2015-2020 show that Louisiana Doctors of Optometry have performed 14,311 laser procedures with zero negative outcomes reported.

In addition, there have been no complaints to the Board regarding Doctors of Optometry performing these procedures from patients or other doctors, and the Board is not aware of any malpractice suits filed regarding this.

The LSBOE participates with the National Practitioner Data Bank/Health Care Integrity and Protection Data Bank (NPDB/HIPDB) in sharing data regarding Doctors of Optometry and any disciplinary actions committed or reported. The LSBOE has received no communication from the NPDB/HIPDB regarding any malpractice suits, licensure suspension/revocations or other adverse actions

regarding Louisiana Doctors of Optometry performing these advanced ophthalmic surgical procedures including laser procedures.

It is clear to the Board that the law has been of great benefit to the citizens of Louisiana, allowing greater access to these procedures, especially in the rural areas of the state.

If I can be of further assistance, please feel free to contact me at any time.

Sincerely,

Dr. James D. Sandefur

Secretary

La. State Board of Optometry Examiners



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

June 1, 2021

Members of the Optometry Technical Review Committee,

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.

Dr. David Cockrell, President
1711 West 6th Street
Stillwater, Oklahoma 74076

Dr. M. Patrick Day, Vice-President
565 South 30th
Clinton, OK 73601

Dr. Brandon Hadel, Board Member
244 S. Gateway Place Suite 401
Jenks, OK 74037

Dr. D. J. Riner, Board Member
9720 E. 31st St., Suite A-1
Tulsa, Oklahoma 74146

James Coburn, Secretary-Treasurer
PO Box 1665
Muskogee, Oklahoma 74402

Optometrists practicing in Veteran hospitals through the nation routinely provide laser procedures to our veterans if the optometrist's scope of practice by licensure will allow. Therefore, many optometrists practicing in VA hospitals will have an Oklahoma optometry license or license from another state that has an equivalent scope of practice.

The Board of Examiners in Oklahoma no longer requires ophthalmic laser treatment reporting since this is a routine procedure in optometric offices in our state.

Oklahoma optometrist's malpractice insurance rate is listed as one of the lowest in the nation.

Sincerely,

A handwritten signature in cursive script that reads "Russell Laverty, OD." The signature is written in dark ink and is positioned above the typed name.

Russell Laverty, OD, Executive Director
Oklahoma Board of Examiners in Optometry

DISCIPLINARY ACTIONS AGAINST PROFESSIONAL AND OCCUPATIONAL LICENSES

June '11-June '21

Print Date: 7/6/2021

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To review the disciplinary action document for any licensee on this report, you may go to our license lookup web site at:
 The disciplinary action documents are located in the 'Disciplinary/Non-Disciplinary Information' section of the licensee's record.

<https://www.nebraska.gov/LISSearch/search.cgi>

PROFESSION						
LICENSE TYPE						
NAME	LIC NO	TYPE OF DISCIPLINARY ACTION	START DATE	END DATE	VIOLATION	
Superficial Thermal Agents						
Pena, Susan K Gering, NE	STA685	Probation	11/19/2015	11/19/2016	Unlicensed Practice	
Rath, Bridget Ann Yutan, NE	STA640	Probation	4/8/2015	4/8/2016	Unlicensed Practice	
Rimpley, Sarah L Holdrege, NE	STA667	Probation	8/28/2015	8/28/2016	Unlicensed Practice	
Rolls, Janelle Jo Alliance, NE	STA678	Probation	10/1/2015	10/1/2016	Unlicensed Practice	
Schroeder, Erin R Kearney, NE	STA664	Probation	8/25/2015	8/25/2016	Unlicensed Practice	
Splitt, Robyn Lynelle Juniata, NE	STA677	Probation	9/28/2015	9/28/2016	Unlicensed Practice	
Torrentez, Emily Pinkerton Papillion, NE	STA665	Probation	8/25/2015	8/25/2016	Unlicensed Practice	
Wragge, Nicole M Omaha, NE	STA641	Probation	4/8/2015	4/8/2016	Unlicensed Practice	
Temp OTA						
Pohl, Megan LeRae BURWELL, NE	900336	Probation	7/30/2014	8/29/2014	Misdemeanor Conviction(s)	
Optometry						
Optometrist						

DISCIPLINARY ACTIONS AGAINST PROFESSIONAL AND OCCUPATIONAL LICENSES

June '11-June '21

Print Date: 7/6/2021

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<https://www.nebraska.gov/LISSearch/search.cgi>

PROFESSION	LICENSE TYPE	NAME	LIC NO	TYPE OF DISCIPLINARY ACTION	START DATE	END DATE	VIOLATION
Optometrist							
		Brown, Thomas Dean, OD Fremont, NE	1019	Probation	1/10/2016		Alcohol Use Disorder, Severe Probation Violation
				Suspension	3/23/2020		Alcohol Use Disorder, Severe Probation Violation
Sturtevant, Dwayne F, OD Weston, NE							
			754	Probation	10/15/2016	10/15/2021	Alcohol Abuse Misdemeanor Conviction(s)
Walter, Julie Rachelle, OD Omaha, NE							
			1250	Suspension	1/30/2021		Alcohol Addiction Alcohol Use Disorder, Severe Failure to Comply With Aftercare
Pharmacy							
Dispensing Practitioner Pharmacy License							
		Gregory, Darin Michael, MD Omaha, NE	1002433	Civil Penalty	2/6/2017		Practice in Unlicensed Premises
		Hollins, Ronald Ray, MD Omaha, NE	1002416	Civil Penalty	2/14/2019		Permitting Aiding & Abetting
		Raikar, Soubrata V, MD Fremont, NE	1002429	Civil Penalty	11/13/2019		xViolation of Practice Act
Pharmacist							
		Barth, Donald Dene, RP Omaha, NE	9087	Revocation	12/13/2019		Failure to File Report-38-1,124,38-1,125 Unprofessional Conduct Violation of UCSA