

I have the following questions for the hearing:

1. How many hours of actual live patient contact is required in the initial Optometry education?
2. In the NMA's opposition letter, they highlight the need for patients to be assessed for risks prior to surgery. They further state that optometrists do not have the training or expertise to be able to evaluate and identify risks before the surgery. Please explain the risks and what exams are needed. Do providers need medical training to understand and evaluate the risks or is the initial training and/or continuing education of optometrists sufficient to assure these risks are minimized?
3. Along this same line, if complications occur during or after the surgery, who can treat those complications? If the basis of the argument to expand the scope of practice because patients are too far away from ophthalmologists to access the surgery, how will they get the care they need if problems happen? How critical is it to have the care immediately versus waiting until the patient can get from the rural area to specialty care?
4. Explain what would be the procedure for an optometrist to do the first surgery? Who would be in the room, what is the first-time experience like? What practice have they had and what is the oversight?
5. Some of the information provided indicates that only 2 of the 23 optometry schools provide training on this procedure. If optometrists are not trained in one of these schools, how do they get the initial training? If it is a continuing education course, describe who teaches it, how is the actual procedure conducted under supervision for the first times it is performed, how is competency ensured?
6. In a slide presented by the opposition, this was stated-- *Giving practitioners surgical privileges legislatively, and THEN allowing them afterward to supposedly learn how to perform a surgery via a weekend course is inappropriate. Ophthalmologists achieve and demonstrate mastery of the surgical skills and disease management BEFORE being allowed to perform surgery independently.* How can we as a review committee be assured that the training of optometrists is sufficient prior to allowing surgery to happen?

Thanks! If you have any questions, please let me know.

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