



July 25, 2022

Department of Health
and Human Services
407 Technical
Review Committee

To Whom it May Concern:

I am writing to request that you oppose the proposal before you today that if enacted, would allow optometrists— who have not attended medical school or surgical residency—to perform Selective Laser Trabeculoplasty, a type of eye surgery.

In 2011, I witnessed first-hand how a similar “Access to Care” initiative in the form of a legislative bill was rushed through the Kentucky State Legislature in one week with scant discussion of the legislation. Newspapers from Kentucky’s largest cities noted the impropriety of lowering the standard of care and putting the eyes of Kentucky citizens at risk. In the aftermath, we have seen unnecessary surgeries using the type of lasers that are included in this scope expansion proposal.

For example, optometrists in Kentucky have performed needless YAG capsulotomies on patients who did not require that type of surgery. In other cases, we have seen complications from YAG capsulotomies such as a worsening of macular degeneration. In other words, we have seen a rise in surgical complications from the enactment of the Kentucky optometric scope legislation. But, we really do not know the true complication rate because optometric surgeries in Kentucky are performed outside the auspices of the Kentucky Board of Medical Licensure, which oversees all other surgical procedures, performed by doctors of medicine.

These recent optometric surgical complications are in addition to numerous misdiagnoses, inappropriate therapy and overlooked problems I have treated, while optometrists have proudly stated they have had “no problems” resulting from prescribing prescription drugs. There are multiple cases of missed corneal infections, inappropriately treated corneal ulcers, and missed glaucoma that were never reported because there is no medical board oversight or supervision of optometrists in Kentucky.

Optometrists in both Kentucky and Nebraska have stated that “over 25,000 procedures have been performed without complication or complaint” and that is simply *not* true. We have no way of knowing how many procedures have been performed by optometrists nor what those procedures were since there is no database or surgical log like those maintained by hospitals or outpatient surgical centers produced. Likewise, these “procedures” without being more specific, most likely include pulling an eyelash out, removing a non-embedded foreign body from the eye, or placing a bandage contact lens on the cornea.

In Kentucky as in Nebraska, optometrists often cry out “Access to Care” as a priority reason to push forward surgery scope expansion. In Nebraska as in Kentucky, the “Access to Care” statement upon examination does not hold water. For example, in Kentucky, it's not uncommon at all for folks to drive forty minutes or more to shop at a Walmart or a shopping mall. It is very likely the same shopping patterns hold true in rural Nebraska. To drive approximately 30 to 60 minutes for something as critical as ensuring your eyes are being operated on by a medical physician and surgeon is not exactly the “lack of access” that optometry often paints it to be.

There is an established pathway for people interested in performing eye surgery to learn about the eye and its relation to the human body: Go to medical school and complete an ophthalmology residency. Please do not put patients at risk.

Respectfully submitted,



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