

Good morning, everyone. Thank you for the opportunity to speak to the Committee.

My name is John Peters J-O-H-N P-E-T-E-R-S. I am a solo private practice ophthalmologist and have practiced in Omaha for 29 years. I have also taught and trained ophthalmology residents throughout my career and also serve as adjunct clinical professor of surgery at UNMC's Department of Ophthalmology.

Unlike others testifying today, I have also been in your shoes. I was a member of the Technical Review Committee in 2009 that evaluated optometry's proposal to expand their scope of practice. That proposal was defeated on every criterion in the 407 review. The current proposal requests that optometrists, who are not medical doctors or formally-trained surgeons be allowed to perform laser surgery (selective laser trabeculoplasty) for the treatment of glaucoma.

I would like to provide some perspective regarding scope of practice based partly upon my work with the State Affairs division of the American Academy of Ophthalmology. I listen to, and review information such as that provided to this committee repeatedly, throughout the country. It is cause for great concern to me, my profession, and our citizens when regulations and lower standards jeopardize patient safety and the well-being of the public.

On a national basis, since 2015 optometry has failed 64 out of 70 times to pass legislation to expand their scope of practice. In Nebraska, such attempts have failed multiple times as they have tried to gain surgical authority. With evaluation of proposals and legislative bills we continue to see insufficient evidence for alleged cost savings, and in this proposal, we see the potential for increased costs and premature repeat procedures as noted in Joshua Stein's research on laser trabeculoplasty. Also, as noted in the ARVO study (previously submitted) access to care is not improved for SLT (and other ophthalmic laser procedures) in states that allow optometrists to perform them, even over the course of more than two decades (Oklahoma).

Our ophthalmology colleagues in states with expanded optometric scope of practice provide ample warning. The firsthand accounts from Dr. Van Meter in Kentucky illustrate a much different picture than offered by optometry in general, and the letter submitted to the committee from Kentucky. In contrast to that letter, a review of the National Practitioner Data Bank reveals there were 19 adverse action reports and 11 medical malpractice payment reports against optometrists in Kentucky since 2011 when scope of practice was expanded there (<https://www.npdb.hrsa.gov/analysisstool/>). Though we are not allowed to view the nature of these reports, if any of them were related to glaucoma or laser treatment, they would be applicable to the proposal before you. Dr. Van Meter's letter is a reminder that access to this information regarding optometric procedures performed, adverse outcomes and lawsuits is unfortunately not accessible for detailed evaluation.

As practicing physicians, ophthalmologists are very aware that the necessary standards to assure competency and patient safety entail the arduous process of ophthalmology training set by requirements from the ACGME (www.acgme.org) and our residency programs. During years of training we learn not only the technical aspects of performing surgery with one-on-one supervision on live patients, but the crucial analytical processes and judgment to maximize success and minimize risks. By contrast, the process typically offered by optometry is a 32-hour weekend course, but potentially just 16 hours for the course on lasers alone. My experience, that of our residents, professors, and the ACGME, is that the skills and judgment needed for laser surgery are developed in a process far more extensive than a weekend course. From review of optometry's course, the hands-on training appears to be a "lab"

using a laser on plastic model eyes, and for SLT it appears to be one hour. It is our experience that firing a laser at a plastic eye in a classroom or hotel ballroom, where these courses are often held, does not qualify as sufficient training. Plastic eyes do not present variations of anatomy, move, blink, bleed or lose their sight.

Allowing performance of surgical procedures after only a weekend of training represents a marked lowering of surgical standards. Permitting optometrists with little or no experience to perform laser surgery in rural communities on an intermittent, uncommon basis also represents a clear danger to the public. These optometrists would not have adequate patient volume to develop experience and maintain procedural skills.

Of additional importance in respect to training, only two of the twenty-three optometry schools in the United States are in states that permit the use of lasers by optometrists (Northeastern and Pikeville). It is therefore, unclear how optometry students could possibly gain adequate training when it is illegal for them to perform laser treatments on living human beings in the vast majority of their schools.

Dr. Havens provided information regarding the lack of feasibility of an optometrist buying and using the necessary laser equipment for SLT. We have also submitted a letter from a national laser distributor and service company (Laser Locators), noting that repeated transport and setup of these lasers in satellite clinics to allegedly improve access to care in rural communities is ill-advised and incurs added costs.

As noted in earlier testimony, many of our citizens do not understand the difference between ophthalmologists and optometrists. They may mistakenly seek the services of a provider whose qualifications they overestimate. In multiple surveys we find that the public clearly prefers that ophthalmologists perform their laser surgery. The public assumes that legislators, and committees, like this one, are making the right decisions to protect them and assure that only highly skilled surgeons are allowed to perform laser surgery.

My colleagues and I, respectfully request that the committee continues to protect our citizens by maintaining the long-proven standards of surgical training and experience that Nebraskans expect and deserve, by voting against this proposal. Thank you.