DIRECTOR'S REPORT ON THE PROPOSAL TO EXPAND THE SCOPE OF PRACTICE OF OPTOMETRISTS

From: **Joseph Acierno, M.D., J.D., Chief Medical Officer**
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To: **The Speaker of the Nebraska Legislature**
The Chairperson of the Executive Board of the Legislature
The Chairperson and Members of the Legislative Health and Human Services Committee

Date: **March 10, 2014**

Introduction

The Regulation of Health Professions Act (as defined in Neb. Rev. Stat., Section 71-6201, et. seq.) is commonly referred to as the Credentialing Review Program. The Department of Health and Human Services Division of Public Health administers the Act. As Director of this Division, I am presenting this report under the authority of this Act.

Description of the Issue under Review

The applicant group is seeking to enhance the scope of practice of Nebraska optometrists by: 1) removing current restrictions on prescribing oral steroids, oral anti-glaucoma medications, and oral immune-suppressive medications, 2) allowing the injection of medications for the treatment of anaphylaxis and the injection of pharmaceutical agents into the eyelid for the treatment of cysts, infected or inflamed glands of the eyelid, 3) allowing minor surgical procedures to remove cysts, and to treat infected or inflamed glands of the eyelid.

Summary of Technical Review Committee and Board of Health Recommendations

The Technical Review Committee members recommended against approval of the applicants' proposal. The committee members recommended approval of the following ancillary recommendations:

- That a special committee be created consisting of physicians, pharmacists, and optometrists that would be granted authority to create a formulary for the purpose of defining which pharmaceutical agents optometrists would be allowed to use.

- That a standard be defined for the utilization of surgical procedures by optometrists, and that this standard would require that optometrists who want to provide such services complete an accredited surgical residency program, or equivalent program, that would provide practical, hands-on training for optometrists on live patients.

- That an integrated approach be developed among eye care professionals pertinent to the utilization of immunosuppressants in which optometrists would be required to work with

ophthalmologists to co-manage the use of such drugs when they are treating the eye care needs of patients who have either complex eye diseases, or who have other complex health conditions that complicate their eye care treatments.

The Board of Health recommended approval of the applicants' proposal. The members of the Board of Health recommended approval of the following ancillary recommendation:

- That a standardized training program in minor surgical procedures be required as a minimum requirement for Nebraska optometrists who seek to perform such procedures, and that this program consist of 'hands-on' training on actual patients, and that it be taught at an accredited optometry program in an accredited college of optometry.

The Director's Recommendations on the Proposal

I recommend against the proposal, and the following discussion is intended to clarify my recommendation.

The proposed changes to optometric scope of practice, if approved, would represent a significant expansion of this scope of practice. Before I can recommend approval of such an extensive expansion of optometric scope of practice, I would need compelling evidence that the new scope elements are adequately supported by current optometric education and training. As discussed in prior credentialing reports, licensees need to assure the citizens of the State of Nebraska that they possess sufficient education and training to safely expand their scope of practice.

The results of my review of optometric education and training, as it relates to this proposal, are as follows:

- Compelling evidence indicating the existence of an accreditation standard for the proposed changes to the scope of practice could not be found.

- Compelling evidence indicating that optometrists are already adequately educated and trained to uniform standards to prescribe all the oral immune-suppressive medications or proposed surgical procedures could not be found.

- There appears to be no consistent 'across-the-board' training among optometry schools.

During the review, applicant representatives, at the urging of both the Technical Review Committee and the Board of Health agreed to augment the education and training of Nebraska optometrists to address concerns about their ability to safely and effectively perform the proposed scope elements. According to these representatives, additional training elements would be provided by an optometry school in Oklahoma or by an entity with comparable standards. All optometrists in Nebraska would be required to take this additional training, unless they had already done so. The applicants clarified that this additional training would occur via an 'outreach' program from that school, and that it would not be 'on-campus' training. The applicants did not clarify the settings in which such training would likely occur. The following comprise my concerns about this proposed additional training:

- These additional training elements, as described by the applicant group, indicate to me that this training would likely consist of what has been referred to by some commentators as 'weekend courses'. Pursuant to the proposal, the training requirements would vary depending

on whether the training was for oral medications (4 hours minimum), injectable medication (8 hours minimum) or surgical procedures (16 hours minimum). It is unknown whether the clinical abilities of current optometry practitioners are likely to be enhanced by such training. Acceptable training would need to have a significant 'hands-on' component, especially regarding the surgical components of the training, for example.

- There is no indication that the proposed additional training would be accredited.

- Both the content and the standards for this training would be provided by institutions such as the optometry school located in the State of Oklahoma and the optometry school located in the State of Kentucky, for example. The evidence shows that the pool of institutions with comparable standards appears to be quite limited. All optometrists in Nebraska would be required to satisfy these standards. There would be no "grandfathering" pursuant to the proposal. This seems narrow and restrictive. Why should all Nebraska optometrists be required to satisfy this standard in order to continue practicing? Why not create something similar to a special certification for those who want to practice the new scope elements while allowing the rest of the profession to continue practicing as they do now? This might make the proposal less restrictive, if it were to pass.

- The applicants propose requiring all existing and future licensees to complete education and clinical training prescribed by the Board of Optometry. The Board would have the responsibility to assess the education provided by each optometry school. Prior to having such responsibility, the members of the Board must be trained to the level of the new standard. Making the Board of Optometry responsible for implementing the additional training components, in effect, turns the Board into a would be school of optometry or accrediting body, which is not the proper role of a credentialing board.

- The applicants opine in their application that optometrists are appropriately trained to perform the enhanced scope of practice. At the same time, the applicants attempted to reassure the review committee that all licensees will be fully prepared to take on the additional authority by requiring additional training. This appears to be contradictory and reinforces the fact there is limited consistency in education requirements among the optometry schools.

- Considering that the standards for Nebraska would be based on the school located in Oklahoma, how would this impact graduates of other schools who want to practice in Nebraska, and whose schools do not meet the standards for licensure defined in the proposal?

Like the members of the technical review committee I have struggled with the question of whether the proposal would benefit the public. Might the proposal improve access to eye care services for Nebraskans, especially for those Nebraskans who live in medically underserved areas? This question hinges on whether or not there is an access to care problem in the first place. Both sides submitted data to support their contention on access to care, including maps showing the location of outreach clinics and eye care professionals. In my opinion, none of this evidence was conclusive. The ability of the proposal to address access to care problems, if there are any, is not clear. What is clear, however, is that the applicant group did not establish that optometrists can perform the procedures and prescribing practices they are proposing safely and effectively. Therefore, I must recommend against approval of the proposal.