

Proponents Response to the Ancillary Recommendations of the Technical Review Committee's Final Report

Recommendation 1—creating a special committee of the Board of Optometry comprised of ODs, MDs, and pharmacists to create a formulary for additional pharmaceutical agents that would be allowed for optometry.

We understand the intent of this recommendation was to settle future disputes over prescriptive authority for Doctors of Optometry, rather than to address the pharmacological components of the current proposal. However, we are not aware of any precedent for this type of requirement for other professions. Our state's regulatory structure with licensing boards for the respective professions, including the Board of Optometry, has made responsible determinations about the parameters of authority for the profession. There is nothing that precludes licensing boards from seeking opinions and information from other professions when making decisions. However, the idea of a statutory requirement for several professions to agree in order for one profession's licensing board to act is unwarranted and inappropriate, in our view. Further, we believe the practical realities of creating a 'special committee' as outlined in this recommendation are problematic, given the statutory responsibilities of the Board of Optometry itself. If the Board of Health still believes this recommendation should be adopted, it would be more appropriate to include it in the context of recommended revisions for the Credentialing Review Process as a whole.

Recommendation 2—developing a standard for utilization of surgical procedures by optometrists that would require completion of a residency program or the equivalent.

The TRC's intent behind this recommendation was to make sure that optometrists would not be certified to perform the procedures described and amended in this application unless a competent professional skilled in these same procedures actually observed the optometrist perform the procedure on an actual patient to assure that the optometrist is competent. We are not opposed to such a requirement. In fact, it is our position that the Rules and Regulations developed by the Board of Optometry and approved by the Board of Health should include appropriate provisions to achieve this direct observational component.

However, in drafting the language of this recommendation, the TRC did not understand the nature of optometric residencies and did not ask us for clarification. They assumed that current optometric residencies were surgical in nature similar to ophthalmology residencies. Although some optometric residencies have an emphasis on surgical procedures, many do not. In addition, very few optometrists could afford to leave their current practice to complete a one year residency and there are not enough residencies around the country to certify the optometrists in Nebraska. Most importantly, considering the extensive experience all optometrists have in doing a variety of complex procedures on the eye including corneal and conjunctival foreign body removal, the procedures in our application do not require anything approaching the need for a one year residency. This fact has been repeatedly demonstrated by the successful implementation of this same, or very similar, scope of practice in other states.

A much more practical method of achieving the observational component would be a requirement for the optometrist to complete a defined preceptorship program under the instruction of an ophthalmologist or a certified optometrist who is experienced in performing these procedures. This same concept was successfully implemented in 1986 when the first topical therapeutics bill was passed. The preceptorships would be administered by an accredited School or College of Optometry in compliance with the Rules and Regulations established by the Board of Optometry and the Board of Health.

Therefore, we would recommend that the Board of Health not adopt this ancillary recommendation of the TRC and in its place adopt the following recommendation:

The Board of Health recommends that optometrists certified to perform the procedures described as amended in this proposal must successfully complete a preceptorship that includes direct supervision, training and observation of the optometrist performing these procedures on actual patients. This preceptorship will be part of the educational program utilized to train and certify all optometrists for all aspects of this proposal and will be administered by an accredited School or College of optometry in accordance with the Rules and Regulations developed and approved by the Board of Optometry.

Recommendation 3—developing an integrated approach involving co-management with an ophthalmologist for using immunosuppressives to treat complex conditions.

There was significant discussion by the TRC about the importance of optometry collaborating with ophthalmology and other health care providers throughout the process. We agree that this is an important aspect in caring for patients within our health care system and, in fact, such collaboration is integral to our optometric education. Optometrists already collaborate daily with ophthalmologists, family physicians, internists, rheumatologists, APRNs, PAs, and other health care professionals.

In the discussion related to this recommendation, the TRC was referring to particularly powerful oral immunosuppressive medications (such as antimetabolites, alkylating agents, purine synthesis inhibitors, etc.) that theoretically could be prescribed by an optometrist should the prohibition on oral immunosuppressive medications be eliminated from our current statute as we propose. However, this ancillary recommendation does not make sense for the following reasons:

1. The standard of care for these certain types of powerful oral immunosuppressive medications is that they be prescribed by a rheumatologist, internist, immunologist or other highly specialized providers. They are rarely prescribed by ophthalmologists and our opponents have testified repeatedly to that fact. Since neither optometrists or ophthalmologists prescribe these medications why would an optometrist collaborate to prescribe them with an ophthalmologist as stated in this recommendation?
2. By statute, optometrists are held to the same standard of care as a physician for any medication we prescribe or use. For an optometrist to prescribe these medications to treat an eye disease would be a clear violation of the standard of care since ophthalmologists do not prescribe these medications. No optometrist is going to risk losing their optometry license or be sued for malpractice in order to prescribe the oral immunosuppressive medications that the TRC was concerned about.
3. If an optometrist encounters a patient who needs these particular types of oral immunosuppressive medications to help manage an eye disease, they would refer the patient to a rheumatologist or immunologist for care. That is what we currently do and removing the prohibition on oral immunosuppressive medications would not change that practice. Forced collaboration in statute with another health care provider of any type is not necessary.
4. Optometrists are no more likely to prescribe these types of oral immunosuppressive medications than a Dentist or Podiatrist in Nebraska. Both of these professions have no such restriction in their statutes.
5. Over 25 states have no language restricting optometrists from prescribing oral immunosuppressive medications. No issues of safety or misuse of the medications have arisen in those states.

Therefore, we respectfully recommend that the Board of Health not endorse or recommend this ancillary recommendation of the TRC.