

**REPORT OF RECOMMENDATIONS AND FINDINGS
ON THE OPTOMETRISTS' PROPOSAL FOR A CHANGE IN SCOPE OF
PRACTICE**

By the Nebraska
State Board of Health

To the Director of the Division of Public Health of the Department of Health and
Human Services, and the Members of the Health and Human
Services Committee of the Legislature

November 18, 2013

Table of Contents

Part One: Preliminary Information.....	Pages	3-4
Part Two: Summary of Recommendations on the Proposal.....	Page	5
Part Three: Summary of the Optometrists' Proposal.....	Pages	6-8
Part Four: Discussion on the issues by the Board Members.....	Pages	9-11
Part Five: Recommendations of the Board of Health.....	Pages	12

Part One: Preliminary Information

Introduction

The Credentialing Review Program is a review process advisory to the Legislature which is designed to assess the need for state regulation of health professionals. The credentialing review statute requires that review bodies assess the need for credentialing proposals by examining whether such proposals are in the public interest.

The law directs those health occupations and professions seeking credentialing or a change in scope of practice to submit an application for review to the Department of Health and Human Services, Division of Public Health. The Director of this Division will then appoint an appropriate technical review committee to review the application and make recommendations regarding whether or not the application in question should be approved. These recommendations are made in accordance with statutory criteria contained in Section 71-6221 of the Nebraska Revised Statutes. These criteria focus the attention of committee members on the public health, safety, and welfare.

The recommendations of technical review committees take the form of written reports that are submitted to the State Board of Health and the Director of the Division along with any other materials requested by these review bodies. These two review bodies formulate their own independent written reports on the same credentialing proposals. All reports that are generated by the program are submitted to the Legislature to assist state senators in their review of proposed legislation pertinent to the credentialing of health care professions.

The Members of the Nebraska State Board of Health

Janet Coleman (public member)

Paul Salansky, OD (Secretary)

Wayne Stuberg, PhD, PT

John Tenuity, DPM

Gary Westerman, DDS

Daryl Wills, DC (Vice Chair)

Edward Discoe, MD

Anthony Moravec, DVM

Russell Hopp, D.O.

Diane Jackson, APRN

Kenneth Kester, PharmD, JD

Dale Michels, MD (Chair)

Debra Parsow (public member)

Roger Reamer, MBA (hospital administrator)

Rich Robinson, PE

Jeromy Warner, PsyD, LP

Meetings Held

The Meeting of the Credentialing Review Committee of the Board, Held November 1, 2013

The Meeting of the Full Board of Health, Held November 18, 2013

Part Two: Summary of Recommendations on the Proposal

Summary of the Technical Review Committee Recommendations

These committee members recommended against approval of the applicants' proposal.

The committee members approved the following ancillary recommendations:

- 1) 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. This committee would be created by the Legislature and placed under the Board of Optometry.
- 2) 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.
- 3) 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.

Summary of the Recommendations of the Nebraska State Board of Health

The outcome of the vote of the Credentialing Review Committee of the Board on the applicants' proposal was a tie.

The members of the full Board of Health recommended approval of the applicants' proposal.

The Board members approved 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 training program consist of 'hands-on' training on actual patients, and that it be taught in an accredited optometry program at an accredited college of optometry.

Part Three: Summary of the Optometrists' proposal

The original proposal sought to make the following changes to optometry scope of practice:

1. Removing specific restrictions on prescribing oral steroids, oral anti-glaucoma medications and oral immunosuppressive medications

Oral steroids are not typically used for chronic therapy in eye care. However, for short-term use, they are safe and extremely effective. There are inflammatory conditions of the eye for which topical steroids and oral non-steroidal anti-inflammatory medications (ibuprofen, e.g.) are not potent enough. The following conditions are much more effectively treated with short term (5-7 days) oral steroids;

- a. Acute periocular inflammatory dermatitis (inflammation of the eyelids - typically due to allergies) -most common
- b. Idiopathic orbital inflammation (inflammation of the eye socket tissue surrounding the eye)
- c. Scleritis (deep inflammation of the white part of the eye)

Currently, Doctors of Optometry prescribe topical immunosuppressive medications to control chronic ocular inflammatory conditions that tend to be more superficial. Oral immunosuppressive medications also have their place in the control of chronic ocular inflammation when that condition is not responsive to topical treatments.

Oral anti-glaucoma agents are typically not used in the treatment of chronic glaucoma. When they are used, they are not prescribed for long-term therapy, but they can be very beneficial to patients who need a rapid reduction of the pressure in their eye. The most common use for this would be in acute angle closure glaucoma, which has a potential to leave a patient with irreversible vision loss if not treated promptly. In this condition, the pressure inside the eye can be in the 60's-80's (normal is approximately 16), and reducing the pressure inside the eye with anti-glaucoma medications is needed in order to minimize visual damage.

2. Allowing the injection of medication for the treatment of anaphylaxis, and the injection of pharmaceutical agents into the eyelid for the treatment of cysts, or infected or inflamed glands of the eyelid

Anaphylaxis is a rare, sudden severe allergic type reaction that can lead to death. It can be triggered by foods, environmental agents, or certain drugs. Someone who is at risk for this type of reaction would ideally carry a prescription device called an Epi-Pen. The Epi-Pen contains epinephrine which, in the case of an attack, can be self-injected by a needle into the person's thigh. If the person is too weak and unable to do their own injection, any lay person, without any formal training, can do this for them. However, under the current law, even though a patient in the optometrist's waiting room could give the injection, the optometrist cannot.

The proposal would also allow the injection of pharmaceuticals into the eyelid for treatment of cysts and infected or inflamed glands. In the continuum of care for the treatment of these conditions it can be beneficial to inject medications into the gland. In many cases, an injection into the gland allows for treatment and resolution of the condition without the need for removal

of the cyst.

3. Removing the restriction on minor surgical procedures to allow the treatment of cysts, or infected or inflamed glands of the eyelid.

The proposed change in scope of practice would authorize simple, in-office procedures that would treat various types of cysts or styes on the eyelid. These cysts or styes are fairly common when glands become infected and the procedures that would be allowed by this proposal would be for cases where other options, including simple application of pressure or injections into the infected gland, are not sufficient. The procedures involve a minute incision in the back of the eyelid, where it is not visible, so no stitches are needed. The procedures would be done in the optometrist's office and would involve use of localized anesthetic, similar to what dentists use, so the patient doesn't feel the incision. Therapeutic eye drops or oral antibiotics, which optometrists already prescribe, would be used as needed following the procedure. Many times, the procedure just involves release of material in the gland, not removal of tissue. But, although these cysts are typically benign, any removed tissue would be sent to a laboratory. Since 1986, optometrists have been authorized to treat eyelid conditions with topical and oral medications. They have also been authorized to treat infected or inflamed glands through expression. The proposed new authority would allow a small incision in order to treat conditions that don't respond to pressure or medications

The original proposal was amended to include the following:

AMENDMENT 1

Optometrists should be held to the same standard of care as a physician relative to the proposed new authority.

The following language would be intended for inclusion in Section 38-2605 of Nebraska statutes defining the practice of optometry:

"With respect to the practice of optometry as defined in this section, a licensed optometrist shall provide a standard of care to patients comparable to that provided by a physician licensed in this state to practice medicine and surgery."

AMENDMENT 2

After initial implementation of new statutory authority relative to this proposal, members of the Board of Optometry must themselves be certified at the highest level of practice authority in order for the Board to appropriately oversee and monitor competence of other licenses.

AMENDMENT 3

All licensees (existing and future) would be required to complete education and clinical training prescribed by the Board of Optometry and described in this application. The Board would then be charged with assessing the education provided by each optometry school and if graduates from that school could not show evidence of having completed specific education and training required by Nebraska, they would need to complete such education and training before being granted a Nebraska license.

AMENDMENT 4

The Board of Optometry would be directed to adopt competency standards comparable to optometric training courses required by the State Board of Optometry in Oklahoma in determining acceptable education and training for Nebraska optometrists relative to the new authority described in this proposal. Regardless of which accredited college of optometry provided training for Nebraska licensees, standardized content and outcomes assessment would be required.

AMENDMENT 5

In place of language describing requested authority for “procedures to allow treatment of cysts or infected or inflamed glands of the eyelid,” a more specific description of this requested authority is substituted as follows:

“Procedures to allow treatment of chalazions, hordeolums, sweat gland cysts, and oil gland cysts of the eyelid by lancing, small incision and curettage.”

AMENDMENT 6

Faculty used by an accredited College of Optometry to provide the education and training for the certification process should include a pharmacist, primary care physician, and an ophthalmologist to teach material and procedures within their respective disciplines. In addition, the course syllabus would include education from each of these health care providers on issues of consultation and collaboration in the delivery of quality eye and vision care.

Part Four: Discussion on the issues by the Board Members

Proponent Comments:

The applicants stated that the proposal seeks the removal of restrictions on optometric practice pertinent to the treatment of cysts and the utilization of oral steroids and oral immunosuppressants to treat eye diseases. The applicants stated that the procedures defined in the proposal pertinent to treatment and removal of benign cysts are low risk procedures, and are no more complex than procedures optometrists are currently allowed to perform in removing obstructions on the surface of the eye, for example. They stated that optometrists are sufficiently trained and educated to provide these kinds of procedures, and that no evidence has been presented to show that any harm to the public has occurred as a result of optometrists providing these services. They stated that the safety record of optometry shows that graduating from medical school is not necessary to perform the procedures in under review safely and effectively.

The applicants stated that optometrists have no intention of using the most powerful oral immunosuppressants. They also stated that their education and training to perform the proposed minor surgical procedures would include 'hands-on' training on live patients, contrary to comments that were made during the review of the technical committee.

The applicants stated that previous expansions of optometry scope of practice over the last thirty years have been implemented successfully without any harm to the public, contrary to the predictions of those opposed to optometry's efforts to expand its scope of practice. They added that there is no reason to believe that any harm to the public would result from the current proposal for expansion in optometry scope of practice, if it were to pass.

The applicants stated that the Board of Optometry has done an excellent job in overseeing the implementation of previous expansions of optometry scope of practice, and that there is no reason to believe that they would do anything less than an excellent job in overseeing the changes being proposed in the current optometry proposal, if they were to pass.

Opponent Comments:

The opponents stated that current access to eye care services in Nebraska is adequate to meet patient needs, and that there is no need for the applicants' proposal. They stated that the proposal would increase risk of harm to the public without providing any benefit. They stated that optometry education and training is not adequate to enable them to safely and effectively perform the new procedures requested in their proposal.

Regarding oral immunosuppressants, the opponents stated that the proposal would place no restrictions on the use of these kinds of drugs by optometrists, and that the applicants have not clarified which of these kinds of drugs they intend to use. The opponents stated that some of these drugs are so powerful that ophthalmologists do not use them. The opponents stated that the current education and training of optometrists does not support either their use of powerful immunosuppressants or their use of minor surgical procedures.

Discussion by the Board Members:

The applicants were asked to discuss optometric education and training to perform the minor surgical procedures described in their proposal. The applicants responded that every optometry school teaches about minor surgical procedures, and that there are items on the national board examination about these procedures. An applicant representative added that every optometry program teaches about the treatment of cysts. The only thing new in the proposal in this regard is the provision for making incisions to remove them.

The applicants were asked to clarify which immunosuppressant drugs they intend to use, and which would be excluded. The applicants responded that they would use appropriate standards of care in determining which drugs they would use to treat eye conditions and diseases. One Board member responded that this does not clarify exactly which drugs would or would not be used by optometrists under the terms of the proposal. An applicant representative responded that optometrists know their limitations and do not need a 'laundry list' of drugs to guide them regarding which medications to use to treat their patients eye conditions. They went on to state that optometrists practice in a manner similar to podiatrists and dentists, making the observation that these professionals possess wide-open scopes of practice as regards the medications they are allowed to use. Like these practitioners, optometrists consult with a wide range of licensed providers, including pharmacists, ophthalmologists, and rheumatologists to ensure that their patients receive the right drug in the right dosage to treat their eye care problems.

The opponents were asked to explain why optometrists have been able to safely implement scope of practice elements similar to those being proposed in Nebraska in as many as a dozen other states if optometrists are not adequately trained to provide these scope elements safely and effectively. An opponent representative indicated that they are not well informed about optometry scope of practice in states other than Oklahoma and Kentucky, for example.

The opponents were asked if any of the ancillary recommendations made by the technical review committee might address at least some opponent concerns about the proposal. An opponent representative responded that they were not sure if these recommendations would address these concerns or not.

The opponents were asked to comment on why other health professionals such as podiatrists and dentists, with analogous scopes of practice, are not similarly restricted in terms of the medications they are allowed to prescribe. An opponent representative responded that they have not examined the scopes of practice of professions other than optometry for the purposes of this review, but that, in general, optometrists lack sufficient education and training in systemic medical issues to prescribe the drugs described in their proposal. The Board member responded that all health professionals know their limits and will consult with other health professionals, or refer to other health professionals, if they experience difficulties in treating a patient.

The applicants were asked if any of the scope elements being proposed could be done by an optometrist under current law under physician supervision. An applicant representative responded that, as currently written, Nebraska statutes would not allow this to occur, even under standing orders from a physician.

The applicants were asked how many optometrists in Nebraska would be able to satisfy the standards defined in the proposal, given that there is no school of optometry in Nebraska. An applicant representative responded that those who are not currently able to satisfy these standards would be able to get the additional training they need at optometry schools with a curriculum similar to those of the Oklahoma school or the Kentucky school. He added that there would be no grandfathering under the terms of the proposal.

Part Five: Recommendations of the Board of Health

The members of the full Board of Health voted to recommend approval of the applicants' proposal. Voting to approve the proposal were Coleman, Salansky, Tennity, Westerman, Wills, Jackson, Kester, Robinson, and Warner. Voting against approval of the proposal were Hopp, Michels, Parsow, and Discoe. Dr. Moravec abstained from voting.

Ancillary Recommendations:

The Board members approved 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 training program consist of 'hands-on' training on actual patients, and that it be taught in an accredited optometry program by an accredited college of optometry.

Voting to approve this ancillary recommendation were Coleman, Salansky, Tennity, Westerman, Wills, Jackson, Kester, Robinson, Warner, Hopp, Michels, Parsow, Discoe, and Moravec.