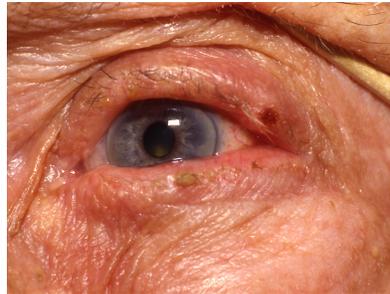# HF1031 & HF3602: March 21, 2024; Minnesota Academy of Ophthalmology
Optometrists Lack Sufficient Clinical Education and Training for Injections or Surgery
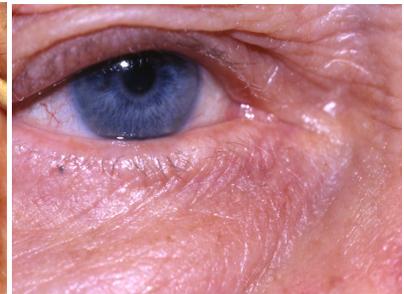
PROGRESS SUMMARY:

- We greatly **appreciate** and **respect** our colleagues in optometry. We **met with optometry leadership on three occasions** (1/22, 2/6, and 3/11). We heard optometry's key frustrations (#1, limitations for oral antivirals and #2 oral glaucoma medications). We **agreed** to an expanded scope for medication.

- However, we then learned that optometry is proposing **injections** and **invasive surgery**. We **strongly oppose expansion for invasive surgery**. Thus, we submitted our Surgery by Surgeons (**SxS, HF3602**) language.

- Comments from a world-renowned oculoplastic surgeon: . . . **removing a 'simple' eyelid lesion can result in scarring that requires complicated plastic surgery techniques to repair the resulting eyelid dysfunction. . . It is almost beyond comprehension that optometrists assert that they have the expertise to diagnose and treat such lesions**.

- When we asked our optometry leaders to produce or share their individual surgical cases, experience or surgical training, optometrists refused.

- Below, are benign looking **eyelid bumps that are cancerous** and **are lethal**. Such lesions are extremely challenging to diagnose. Small, innocent appearing bumps should be sent to a surgically trained ophthalmologist to diagnose, biopsy, prepare the specimen for pathology, manage the subsequent surgical needs, and properly address vision-related complications.
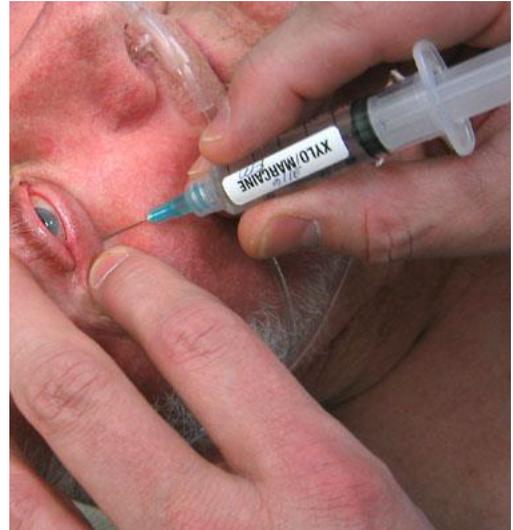
17 yo with bump: Cancer 73 yo with a stye: Cancer 52 yo with a bump: Cancer

Vision Healthcare in Minnesota:

- Fortunately, **there is no vision healthcare crisis** in Minnesota. We *train nine ophthalmologists* per year and have an excellent ratio and distribution of ophthalmologists in the population and across the state (95% of Minnesotans are within 30 min).

- Our optometry colleagues continue to confound **Access** & **Triage**. For example, emergency department physicians prioritize **Chest Pain** over **Sore throat**. This leads to an increased wait times for sore throat patients, yet expedited care for someone who may be having a heart attack. This example represents *effective* **Triage**, not *limited* **Access**.