



MINNESOTA ACADEMY
of OPHTHALMOLOGY

5865 Neal Avenue North, #217
Stillwater, MN 55082

February 21, 2022

Rep. Tina Liebling
477 Rev. Dr. Martin Luther King Jr. Blvd
State Office Building
St. Paul, MN 55155

Re: HF2022 – Optometric Scope of Practice

Dear Rep. Liebling:

On behalf of the Minnesota Academy of Ophthalmology and the 423 ophthalmologists across Minnesota, I write to share our continued opposition to HF2022. After numerous discussions within Minnesota's ophthalmology community and a thorough review of the most current data and medical literature, our position remains that optometrists do not have the necessary training and expertise to safely perform complex injections in and around the eyes and that unlimited prescribing of oral medications for optometrists is not necessary and raises safety concerns for quality eye healthcare for Minnesotans.

Education and Training

The training for ophthalmologists and optometrists is very different. Ophthalmologists are licensed medical doctors or doctors of osteopathy and have completed four years of an undergraduate degree program, four years of medical school, four years of residency training (completed by 100% of ophthalmologists) and an optional one to two years of fellowship training following residency. Ophthalmologists have not only the training of a medical doctor or doctor of osteopathy with the knowledge and understanding of the human body as a whole, but more importantly they have the skills and training necessary to understand when certain procedures are necessary and how to address complications as they arise.

Optometry education on the other hand involves four years of an undergraduate degree program and then a four year optometric school program. Only fifteen percent of optometrists pursue an additional year of training following completion of the optometry degree.

The recent report from the Office of Professional Regulation in Vermont summarized the training competencies most effectively when they concluded that optometry schools do not provide consistent and adequate education and training in the advanced procedures like the injections that are being advocated for in this bill.¹

Access to Eye Care Providers

Without question, Minnesotans across our state experience very high-quality eye care and enjoy access to ophthalmologists and primary care providers. Point of service data shows that over 95 percent of Minnesotans live within a 30-minute drive to an ophthalmologist. Currently, in Minnesota we enjoy a ratio of 79.5 ophthalmologists per 1M population. (The USA national average is 54.7 ophthalmologists per 1M.)

It is important to point out that Minnesota does not currently and has not over the last ten years had an issue with eye care providers leaving the state. In fact, data from the biennial report for the Health Licensing Boards shows that since 2010 the number of newly licensed optometrists has increased every year with almost double the number of new licensees in the 2018-2020 report compared to the same figures from 2008-2010. Additionally, the number of total renewed licensed optometrists over that same period has increased by almost 25%.² Minnesotans enjoy a very robust team of eye care professionals that meet the needs of citizens across the state.

¹ Available at: <https://sos.vermont.gov/media/dhlgd0ve/optometry-advanced-procedures-report-january-2020.pdf>

² Available at: <https://www.lrl.mn.gov/docs/2020/mandated/201208.pdf>

Beyond the well above average population ratios and the excellent geographic distribution of ophthalmologists, our state enjoys two Academic Medical Centers (AMCs) that produce 9 highly trained general ophthalmologists as well as 10-12 sub-specialty trained ophthalmologists per year, most of whom stay to practice in Minnesota.

Both AMCs have call lines for referral of both urgent and complicated cases. In addition, the AMCs emergency rooms always accept patients from community hospitals that require a higher level of care. Ophthalmologists in northern Minnesota work collaboratively to provide 24/7 on-call coverage for any patient requiring ophthalmological care. Beyond all this, most private Ophthalmology practices provide on-call services. There are no known cases of blindness because of lack of access to ophthalmology care if simple, timely, proper procedures have been followed.

Patient Safety

Without question, the advance procedures that would be allowed by eliminating the current restrictions on injections in and around the eye, pose risks to the health and well-being of the public if they are performed by untrained individuals. These are not simple and straightforward injections and conflating injections for COVID-19 vaccinations with complex injections into the sub regions in and around the eye – as would be allowed under this bill – is simply misleading.

The additional changes in the bill relative to up to 14 days of oral steroids, and unlimited prescribing of oral antivirals and oral carbonic anhydrase inhibitors are also very concerning. Optometrists play a very important role in the delivery of routine eye care, and in Minnesota they are permitted to prescribe certain oral medications with necessary limitations in place to protect patients. The conditions requiring use of these medications, proper clinical diagnosis, medication use, dosing, lab testing, physical examination, and proper follow-up are medically complex. Misdiagnosis and improper treatment or follow-up can have severe ramifications. Oral steroids, carbonic anhydrase inhibitors, and oral antivirals all have very significant side effects if prescribed for too long or if prescribed incorrectly.

- **Oral Antiviral Medications** (i.e. Acyclovir, Famvir, Valtrex)
 - Side Effects: nausea, vomiting, diarrhea, headaches, anemia, dizziness, kidney insufficiency requires dosing changes or may not be used, kidney function must be followed with prolonged courses of this medication

- **Oral Steroids** (i.e. Prednisone)
 - Side Effects: severe immunosuppression, hyperglycemia and diabetes, hypertension, weight gain, fluid retention, depression, mania, psychosis, anxiety, confusion, insomnia, peptic ulcer, osteoporosis, avascular necrosis of bones, adrenal suppression, body fat redistribution, muscle weakness, impaired wound healing, growth retardation in children, easy bruising, skin thinning, cataracts, glaucoma, increased susceptibility to infections, worsening or recurrence of latent viral, bacterial, and fungal infections of the eye (such as herpes keratitis) and other organ systems such as tuberculosis.

- **Oral Carbonic Anhydrase Inhibitors** (i.e. Diamox and Neptazane)
 - Side Effects: numbness and tingling of toes and fingers, excessive urination, loss of appetite, weight loss, nausea, vomiting, drowsiness, confusion, malaise, depression, dehydration, hypotension, low blood sodium, low blood potassium, metabolic acidosis, kidney stones, rare blood disorders, Stevens-Johnson syndrome, increased blood sugar levels in diabetes, there are several medications that oral carbonic anhydrase inhibitors can interact with resulting in cardiac arrhythmia and death. Oral CAIs can cause low platelet counts and inability to clot.

- **Contraindications:** sickle cell anemia, liver disease, kidney disease, high dose Aspirin therapy, pregnancy, adrenal gland failure. Perform periodic assessment of complete blood count, platelets, and serum electrolytes.

Patients and their respective eye conditions that require oral medications are not routine and it is important the physicians are a key part of a patient's care team after the existing days that oral antivirals and carbonic anhydrase inhibitors are currently limited. These time periods are adequate to be used in emergency situations but should not be used longer than this without confirmation of the disease process by a physician who may recommend alternative treatments and/or surgeries.

Oral steroids, even limited to 14 days, can have catastrophic adverse effects to a patient's vision and even life. Steroids can worsen some infections and can mask and prevent the proper diagnosis of some malignancies, such as lymphoma.

Fiscal Impact

Finally, this is not an issue of saving taxpayer dollars for public health care programs as reimbursement rates for evaluations and procedures performed by optometrists and ophthalmologists are the same for both Medicaid and Medicare as well as most commercial health insurers.

It is also important to point out that the fiscal impact of the proposed changes cited back to the Avalon Report which you were provided have specifically been found to be unsupported. The Vermont Office of Professional Regulation in a 2020 report on optometric scope of practice changes stated, "[t]his study provides no explanation about the 'cost-benefit analysis' that calculated the \$4.6 billion in savings, nor does it provide any additional information about what 'transaction costs' or 'access-related improvements in health outcomes' resulted in such savings."³

We urge you, as legislators, to ponder the excellent medical care that we have established in Minnesota and urge you not to support a significant and unnecessary expansion of scope of practice.

Sincerely,



John Chen, M.D., Ph.D.

President, Minnesota Academy of Ophthalmology

³ <https://sos.vermont.gov/media/dhlgd0ve/optometry-advanced-procedures-report-january-2020.pdf>, page 35