ILLINOIS SOCIETY OF EYE PHYSICIANS & SURGEONS

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November 3, 2017

To: The Honorable Pamela Althoff
The Honorable Michael Zalewski
The Honorable Anna Moeller

From: Illinois Society of Eye Physicians & Surgeons (ISEPS)
Sohail Hasan, MD PhD; *Task Force Representative*
Balaji Gupta, MD; *President*

Dear Senator Althoff, Representative Zalewski and Representative Moeller:

Thank you for your letter dated October 26, 2017, concerning further recommendations from ISEPS for the additional "advanced optometric procedures" discussed at the last Task Force meeting. As you know, these items involve surgical treatment of chalazion, cysts, superficial benign lesions and squamous papilloma, as well as surgical biopsies and administration of local anesthetic (topical or by injection) as required for the procedure.

Our overriding concern throughout the deliberations of the task force – and last year during consideration of the previous legislation – has been and remains the safety of patients. Of course, patient safety is a direct result of the proficiency of the individual providing care which is a function of training. These are not trivial conditions, and any surgery to treat them involves risk. In particular, cancerous tumors may be mistaken easily for one of these conditions. In those cases, improper or incomplete treatment can result in a major deformity of the eye and surrounding structures, as well as substantial or even fatal health problems for the patient. The oath each of us has taken as a physician requires that we "first, do no harm." That oath applies also to our involvement in the development of public policy. Accordingly, we have approached the deliberations of the Task Force with the seriousness that this matter deserves.

You will recall that ISEPS submitted our initial recommendations at the August Task Force meeting which proposed a definition of surgery and a definition of "Advanced Optometric Procedures." The latter is required since there is no existing definition of that term in state statutes, and all of the items that have been discussed in relation to advanced optometric procedures are surgical. The Optometric Practice Act prohibits surgery. We were disappointed that this proposal was rejected by the optometry representatives; the only discussion that took place was the request to remove the definition of surgery, which we agreed to, only to have the proposal rejected anyway.

We presented a second proposal in October after the optometry representatives resubmitted their original list of procedures from the February meeting with the same 30-hour course. Our revised proposal removed the definition of surgery, but added a list of 11 procedures we suggested should be included in the Act as "advanced optometric procedures." Some of these are not now specifically authorized in the Act, but according to the optometry representatives, have been performed by optometrists for some time even though they were identified as "surgical" by the Department. We felt these should be protected and codified. We suggested several other procedures which are surgical in nature be *added* to the optometry scope of practice. Among all of these items, several would not require additional training requirements, and others should be subject to minimal additional training. ISEPS continues to support making these additions to the practice act.

That leaves the eye surgeries noted above: chalazion, cysts, superficial benign lesions, squamous papilloma, and surgical biopsies. During the discussion at the last meeting, the two options given to ISEPS were to stand by the current licensure standards for these surgeries or to suggest a reduced standard that potentially could be achieved by optometrists that would fall somewhere between the current requirements of medical school and residency (8 years of training), and the 30-hour course that had been proposed by the optometry representatives.

ISEPS gave very serious consideration to the concept of the reduced standards and what it would take to achieve a level of training that assures the safety of patients. We were mindful of the fact that the IOA task force member (Mr. Horstman) already flat-out rejected teaching by and/or collaboration with ophthalmologists. He also previously had stated they felt that even the 30-hour course was "overkill."

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It was obvious that, of necessity, these major changes in training standards for eye surgeons would need to have the "buy-in" from the six major university ophthalmology training programs here in Illinois, as well as medical licensing board members, the certifying bodies for ophthalmology and other affected surgical specialties, the state medical society and our own ISEPS/AAO leadership. In consulting with these groups, there was no support for reducing the standards, especially in the absence of any evidence from the proponents that there is a public need or that any patients in Illinois are unable to find qualified surgeons to provide care. The only viable way to learn surgery is for it to be taught by those already trained and experienced to do it (i.e., a medical doctor/surgeon). Knowing that the optometrists already had rejected the idea of training or collaboration with physician ophthalmologists, our national association, the American Academy of Ophthalmology (AAO) and the ISEPS leadership were extremely concerned about the risk of setting a national precedent for reduced standards without backing from ophthalmic educators, even if left unimplemented in Illinois.

During the Task Force meetings last summer, the Illinois College of Optometry presented a fairly detailed review of their curriculum, as well as the clinical opportunities available to students. This revealed the wide gap between current optometric training and what all of the educational experts we consulted feel is required to produce a competent eye surgeon. It became clear to us that the differences are so extreme that it simply is not possible to create a "shortcut" outside of accredited surgical residency programs presently available.

This has been a frustrating process for us as our physician clinician task force delegate has attempted repeatedly to discuss the public need and the risk/benefits that would result from reducing the current licensure standards for the surgical procedures under consideration. ISEPS has presented several options which we felt were reasonable, which would expand the optometric scope of practice, and potentially could benefit patients. We are disappointed that those offers have been rejected with only minimal or no consideration given.

Senator Altoff and Representatives Zalewski and Moeller, we know you very much want to get an agreement from the Task Force concerning establishing a list of advanced optometric procedures and the training requirements that would apply to them. In the spirit of compromise, we have made several offers that, frankly, go far beyond our comfort level. Unfortunately, this seems to have been a one-sided negotiation. The only items we have been unable to include are serious eye surgeries and injections with substantial potential risk to the patient. As physicians, we cannot ethically take actions that would jeopardize patient care, and especially when there is no demonstrated public benefit.

Once again, we are very appreciative of the time and effort you have devoted to these matters over the past two years. ISEPS and its members throughout the state remain ready to continue discussing how the availability of quality medical and surgical eye care can be expanded or improved for Illinois citizens.