

Anne Ko, MD
7603 SE 29th Street
Mercer Island, WA 98040

September 23, 2021

Ms. Cori Tarzwell, Optometrist Sunrise Review Lead
Health Systems Quality Assurance Washington State Department of Health
P.O. Box 47850
Olympia, WA 98504

Re: Optometrist scope of practice sunrise review

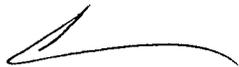
Dear Ms. Tarzwell:

I am writing with regard to the sunrise review of S-3085.2 regarding an increased scope of practice for optometrists in Washington state.

I have been involved in the training of ophthalmology residents, all of whom have graduated from a medical or osteopathic school, for over 15 years. The three to four years of full time residency training that follows their graduation from school involves real life, supervised experience in the diagnosis and management of conditions of the eye. During that time, trainees diagnose and treat 10 or more patients a day. They become knowledgeable as to how to do procedures as well as when to offer alternative therapies. They learn how to manage unexpected results and complications and they also learn when procedures might be harmful. (After all just because you can do something doesn't mean the patient will benefit.)

In contrast, optometrists attend four years of optometry school. Some then may go on to a one-year residency during which they are not taught surgical procedures, their indications, or management of complications. For all of the reasons above, I believe that it is in the best interest of the citizens of Washington to reject an increased scope of practice for optometrists.

Sincerely,



Anne Ko, MD

September 27, 2021

Cori Tarzwell

Health Systems Quality Assurance

Washington State Dept. of Health

PO Box 47850

Olympia, WA 98504

Dear Ms. Tarzwell:

I strenuously object to the Optometrists in our state trying to expand their scope of practice, way beyond their training and experience, and with clear danger to the safety of the public. There is no public request for this expansion; it is coming purely from the self interest of the Optomestrists.

The safety of the public has to come first—

Sincerely yours,

A handwritten signature in black ink that reads "D. Barr MD". The signature is written in a cursive style with a horizontal line extending from the left side.

David H. Barr MD

4520 West Laurel Dr. NE

Seattle, WA 98105

Friday, October 1, 2021

RE: OPPOSE - DOH Optometry Sunrise Review

Dear Ms Tarzwell,

I am a Board Certified, University of Washington educated ophthalmologist and I have been practicing in the Seattle area for over 20 years. I am writing in **OPPOSITION** to the scope expansion requested by the OPW. In particular, injections and scalpel/laser eye surgery privileges should not be granted to Washington optometrists. Further, legislative oversight over optometric scope of practice and the Board of Optometry (BOO) is critical to maintaining public health and safety. BOO independence advocated for in the Sunrise Review is unconstitutional and should not be advanced.

I have served the Washington Academy of Eye Physicians and Surgeons (WAEPS) and the American Academy of Ophthalmology (AAO) in numerous roles during my career - public education, local and national politics, and optometric scope of practice. With this experience, I can assure you that the optometric scope of practice in WA does not need to be “brought up to a national standard” that includes eye surgery and injected medicines. There is no such standard.

I noted that in the DOH Draft Report, that the DOH interpreted letters from the Deans of both the Illinois and Southern California Schools of optometry to mean that their students are appropriately taught to surgical standards. However, in both IL and CA, optometrists lack surgical scope of practice. Because of this, students at these institutions may not perform these requested surgeries on patients. Optometric surgical education is classroom and lab-based. Their education is in NO WAY comparable to the 6-8 years of carefully proctored and scaled responsibility that results in an ophthalmic surgeon.

In 2003, I sat across the table from the OPW leadership with other ophthalmologists, and together we created the language that defines “ophthalmic surgery” in Washington. Together we wrote the prohibition on optometrists performing ophthalmic surgery. The optometrists agreed that surgery was not a part of optometric practice. Now the OPW claims that the language that they co-wrote is unclear and needs to be removed. The definition and prohibitions that the OPW co-authored are crystal clear.

The OPW proposal would have the DOH and public believe that the Washington optometric scope of practice is much more narrow than that present in the majority of states - this is simply not true. Their proposal purports to modernize the scope to include “advanced procedures” and bring them up to “national standards”. “Advanced procedures” is code for eye surgery, and optometrists are not trained in surgery. In fact, only two (2) of 23 optometry schools in the US are in states where optometry students have hands-on patient experience with the surgeries that they wish to perform (OK and KY). Those programs account for <5% of annual optometry graduates. To put this another way, **>95% of optometry students have NO hands-on laser surgical experience at graduation**. In light of this statistic alone, it is not possible that surgery is the “national standard” for optometric scope of practice.

This attempt to increase scope of practice is not being driven by a public outcry. It is being driven by the profession of optometry and the OPW. While the OPW wants the DOH to believe that the requested scope increase will give rural Washingtonians better access to eye care, the vast majority of optometrists who wrote-in to support this Sunrise Review review were those in urban centers and those who are employed by ophthalmologists in surgical practices. Of the 195 letters of support, only 11 came from optometrists practicing >30 miles from an

ophthalmologist or major center (four of those were from a single practice). The geographic distribution of these letters shows that urban and ophthalmology-proximal optometrists are more likely to advocate for and perform surgeries than rural practitioners. This scenario has played-out in other states where a small number of urban optometrists are responsible for the majority of optometric surgical volume (OK).

Also important to consider is that optometric surgical volume in laser surgical scope states is low compared to ophthalmologists. To be proficient at surgery takes practice, skill and an appropriate minimum surgical volume. Low-volume optometrists will not be able to stay current on their skills, and this sets patients up for poor outcomes.

Expanding optometric scope of practice will not improve patient safety, substantively increase patient access to quality eye care, or drive down healthcare costs.

There is not a “national standard” for optometric practice, nor surgery. Optometric scope is determined at a state level, and is not the same across the country. Optometrists have been granted limited laser surgery privileges in only seven (7) of 50 states. They may perform scalpel surgery in only 10 of 50 states.

Furthermore, as stated above, limited optometric surgery is only legal in two (2) of 23 states where optometry schools are located. Greater than 95% of current optometric graduates are statutorily prohibited from learning surgery on live patients. They have no hands-on patient care surgical experience. None. It is not legal. As such, laser surgery cannot be the “national standard” for optometric scope of practice.

Sight threatening emergencies that optometrists might treat with the proposed scope expansion are uncommon. I have seen only a few cases of acute angle closure in my busy practices over 20 + years. Of those cases, all but one were successfully stabilized with medical treatments (currently available to optometrists) before later being treated surgically in a controlled environment. Similarly, rural eye emergencies can largely be managed through medical means, and then be safely referred for specialty care and definitive surgery if needed.

Complications arising from the proposed optometric surgeries and injections range from bruising and mild eyelid deformities all the way up to blindness from uncontrolled glaucoma, retinal detachment, perforation and loss of the eye. Surgeons with lower volumes have higher complication rates. Spreading the surgical volume out among more doctors will dilute surgical experience and may increase complication rates.

Peer reviewed literature has shown that optometrist performed glaucoma laser (SLT) surgeries in Oklahoma are 189% more likely to require repeated treatments than those performed by ophthalmologists. Based on this data, optometric surgery is neither cost effective, safer, nor more convenient for patients.

Medical/surgical and optometric educations are very different. Optometrists lack education and practical experience in systemic disease. While they take similar coursework during their didactic education, optometrists do not have hands-on clinical experience with hospital-based sick patients. Ophthalmologists have six (6) years of patient care experience when we graduate, compared to one (1) year for optometrists. Optometrists have 2,000 clinical hours, compared as many as 17,000 hours for MDs and DOs. When educated about the differences in education between ophthalmologists and optometrists, >80% of survey respondents would choose an ophthalmologist to perform their eye injection or surgery over an optometrist.

OPW optometrists believe that they should be able to perform eye surgery after taking a 32 hour postgraduate course. This strikes me as being similar to a private pilot who becomes skilled at Flight Simulator and then thinks that they should be able to pilot a commercial airliner. Didactic education and lab practice without real-world, mentored surgical training is just that - Flight Simulator for optometrists. Seat-time with a surgical instructor and hundreds of hours of one-on-one proctorship is how surgery is learned during medical school and an ophthalmology residency. Current optometric education is not how the public wants their eye surgeons to be educated.

And, finally, I find it ironic that the profession of optometry wishes to become eye surgeons without a medical school or residency education, while at the same time they prevent Physician Assistants (PAs) from refracting patients for optical products, or dispensing these prescriptions. The only scope of practice that a PA is statutorily prohibited from doing in any field of medicine or surgery is refracting. In the world of optometry is it unsafe for a PA under the supervision of an ophthalmologist to refract a patient or dispense a glasses/contact lens prescription, but it is perfectly safe and for an optometrist with no hands-on surgical experience to perform laser eye surgery. This dichotomy speaks volumes about how the OPW views scope of practice.

This OPW Sunrise proposal is a scope grab without the education or training to back it up. Scope of practice for optometrists is a national hodgepodge, and the “national standard” that they refer to does not include surgery.

Injections, scalpel and laser surgeries are used by surgically trained medical and osteopathic ophthalmic surgeons. Optometrists do not have appropriate hands-on surgical education, and they are not surgeons. The “hands-off” optometric surgical education that is offered at 21 of 23 optometric schools in this country does not represent a surgical “national standard” that we should strive for. Optometric training is not adequate to merit surgical privileges on live patients. And, these OPW proposed changes in optometric scope of practice would not be good for the people of Washington State.

Please OPPOSE the scope of practice changes advocated by the OPW. Washingtonians deserve well trained eye surgeons.

Please let me know if you have further questions, or if you would like to talk further about any of these important issues.

Sincerely,



Aaron Weingeist, MD

WAEPS Legislative Chair
WAEPS Past-President

aaronpw@comcast.net

CC: Umir Shah, MD
Secretary, Department of Health

September 30, 2021

Message Subject: Opposition to optometrist scope expansion

Dear Department of Health:

As a practicing ophthalmologist and former president of Washington Academy of Eye Physicians and Surgeons, I am writing to express my concerns with the Department of Health's optometry scope of practice sunrise review draft recommendations.

I have had a long and collegial relationship with optometrists and have great respect for my colleagues, past and present. I worked alongside optometrists for seven years at a major medical center in the Seattle area. Additionally, I am currently 50% owner in one of the few practices in Washington state with joint ophthalmology/optometry ownership.

I have learned a great deal from my colleagues (optometrists and ophthalmologists), as I hope they have from me. We share patient care and collaborate in many aspects of our practice.

For clarification for the reader, ophthalmologists are medical doctors who have rigorous training through 4 years of medical school, a year of internship, and at least 3 years of ophthalmology residency where medical and surgical treatment of the eye and ocular disease states are taught. Many ophthalmologists also do additional fellowship training for 1-2 years in a subspecialty. Ophthalmology is considered a surgical subspecialty in most hospitals as surgery comprises a significant portion of our care.

My primary concern with the sunrise review draft recommendations surrounds patient safety. The optometrists' legislative proposal would appear to eliminate the prohibition on optometrists performing ophthalmic surgery and eliminate the prohibition on optometrists prescribing systemic steroids and other medications by all routes.

Performing invasive procedures, whether by scalpel or laser, and using systemic medications such as steroids can be associated with very serious medical complications. Medical doctors such as ophthalmologists have significant training in some of the associated pathology and complications that might be encountered in invasive surgical procedures (including laser work) and in the use of potent systemic medications. Some of these, including oral steroids, can affect multiple organ systems and be life threatening if used inappropriately.

The Department of Health believes that some procedures are "demonstrably safe and optometrists receive sufficient education and training to perform these procedures" including "management of lid lesions" and "eyelid surgery". I find this language vague and therefore concerning. A medical doctor is trained to recognize the appearance and differences between squamous cell carcinoma, basal cell carcinoma, and sebaceous cell carcinoma, the latter of which, although rare, can masquerade as a chalazion. Proper excision and attention to margins in frozen section on pathology are sometimes needed in some excisions to prevent recurrence and spread. Lack of recognition of lesion type or disposition (whether to send for

pathology or frozen section) could result in errors in medical management.

Another one of the procedures the Department of Health believes is “demonstrably safe” includes “use of topical and injectable anesthetics”. This conclusion is also concerning in that it allows periorbital injections (and “eyelid surgery”) that can occasionally lead to serious complications, such as retrobulbar hemorrhage. In this case, there are specific clinical findings one must be aware of in order to determine whether there is sudden compression of the optic nerve behind the eye. This situation can lead to blindness if a canthotomy and cantholysis is not done immediately within minutes. Ophthalmologists are specifically trained to deal with these infrequent but sight threatening complications.

All medical doctors are thoroughly trained in the use of systemic medication during their four years of medical school. They benefit not only from learning pharmacology in the classroom, but they also spend at least two years taking care of hospitalized and clinic patients under supervision. Ophthalmologists also spend a year of internship in medicine, surgery, or a transitional internship where they take care of patients in hospitals though inpatient care, the ICU setting, and various clinics (such as endocrinology, pathology, and general surgery).

In the course of ophthalmology training, these years in general medicine and surgery are crucial to understanding the management of many systemic disease processes and learning about the effect of systemic medications on multiple organ systems. An ophthalmologist as a medical doctor will know that complications of systemic steroid use include avascular necrosis, osteopenia, elevated blood sugars, immunosuppression, and muscle wasting. They have seen the effect of chronic steroid use in their patients during their general medical training. Oral steroids used for a prolonged time and not properly tapered can lead to adrenal insufficiency, which means a patient may not be able to mount an appropriate blood pressure in times of stress or trauma. This can result in death which would be avoidable with proper tapering, something that is taught in either endocrinology class or an endocrinology rotation.

We owe it to our patients to provide the highest level care and where possible as allied health care teams to do no harm. I am fully aware of the great strides that have been made in optometric education and anticipate that there will be increased collaboration between ophthalmologists and optometrists in the future. This should be welcomed. However, patients do expect surgeons to perform surgery, and we all should be very cautious that any efforts in scope expansion do not result in unintended consequences that may compromise patient safety. Thank you for your consideration of this perspective.

Sincerely,



Mary P. Coday, MD
President
Overlake EyeCare, PS

mcoday@overlakeeyecare.com

Cori Tarzwell, Optometrist Sunrise Review Lead
Health Systems Quality Assurance
Washington State Department of Health
PO Box 47850
Olympia WA 98504

September 28, 2021

Re: Optometrist scope of practice sunrise review

Dear Ms. Tarzwell:

Thank you for the opportunity to comment on the sunrise review of S-3085.2 regarding scope of practice extension for optometrists in Washington State. I practiced for 36 years in Seattle as an ophthalmologist specializing in retinal diseases and surgery. The last ten years of my practice were at the University of Washington Department of Ophthalmology. For five additional years I have been on the Emeritus Faculty participating in didactic sessions for our residents and fellows.

I have reviewed the proposed legislation and would like to discuss my concerns.

Ophthalmologists spend at least 8 years learning to diagnose and treat eye diseases medically and surgically. One to two additional years are required for fellowship training. A 3-4 day weekend course taught by other optometrists is not sufficient training for this proposed legislation. Would you want a non-physician practitioner with such training operating on your eye? There is simply no substitute for full surgical training that we ophthalmologists are privileged to receive.

This legislation suggests that some ocular procedures such as injections and lasers are simple and can be performed with minimal training. There is no such thing as a simple or low-risk surgical procedure. And the legislation presumes that optometrists can properly diagnose diseases and plan appropriate treatment and surgery. I have seen a multitude of missed and inaccurate diagnoses by optometrists during my career in Washington state. Many of these mistakes have caused serious and irreversible harm and vision loss.

Regulatory oversight of surgical procedures should reside with the Washington Medical Commission, not by the state board of optometry as proposed in this legislation.

Nearly all our state's citizens have access to a local ophthalmologist for diagnosis of ocular diseases and for necessary medical treatment, injections and surgery. I do not believe that access to care will be substantially increased by the proposed expanded scope of practice.

In summary, I believe this proposed legislation is not needed and that it risks harm and vision loss for many patients. Please place a priority on the safety of our citizens' eyes.

If you have any questions, please feel free to contact me at: Rmunsen@msn.com.

Sincerely,

Richard S Munsen Jr MD

**VERMONT SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION**

STUDY OF OPTOMETRIC ADVANCED PROCEDURES

During the 2019 Legislative Session, the Vermont Optometric Association (“VOA”) came before the House Government Operations Committee (the “Committee”) to testify in support of a proposal to expand the optometrist scope of practice to permit this profession to perform “advanced procedures” (“proposed advanced procedures”).¹ The Vermont Ophthalmologist Society (“VOS”) and the Vermont Medical Society (“VMS”) adamantly opposed this proposed change in the scope of practice of optometrists.² The Committee determined that a study was needed to “evaluate the safety and public health needs of enlarging the scope of practice of optometrists to include advanced procedures.” Act 30, Section 13 (2019).

In Act 30, the General Assembly directed the Office of Professional Regulation (the “Office” or “OPR”) to conduct this study. The General Assembly further instructed OPR to “evaluate, among other considerations, approaches to advanced procedures in jurisdictions outside Vermont, patient need for access to additional practitioners, effects on patient access to care, effects on patient safety, costs to the health care system, and the existing education and training for optometrists, including the degree to which it addresses training in advanced procedures” and to “inquire into the specific clinical training for both optometrists and ophthalmologists for specific procedures.” Id.

After consulting with stakeholders and conducting extensive and thorough research, OPR cannot conclude that optometrists are properly trained in and can safely perform the proposed advanced procedures. Further, OPR finds that there is little need for, and minimal cost savings associated with, expanding the optometric scope of practice to include advanced procedures. For these reasons, OPR recommends against expanding the optometric scope of practice to include the proposed advanced procedures.

¹ Vermont. House of Representatives. Committee on Government Operations. *Testimony on House Bill 104: An Act Relating to Professions and Occupations Regulated by the Office of Professional Regulation. February 21, 2019.* 2019-2020 Legislative Session. (testimony of Dean Barcelow, O.D., President of the Vermont Optometric Association).

² See e.g., Vermont. House of Representatives. Committee on Government Operations. *Testimony on House Bill 104: An Act Relating to Professions and Occupations Regulated by the Office of Professional Regulation. February 21, 2019.* 2019-2020 Legislative Session. (written statement of Vermont Ophthalmological Society). and Vermont. House of Representatives. Committee on Government Operations. *Testimony on House Bill 104: An Act Relating to Professions and Occupations Regulated by the Office of Professional Regulation. February 21, 2019.* 2019-2020 Legislative Session. (written testimony of Dr. Amy Gregory, M.D., President of the Vermont Ophthalmological Society).

Legal Standards and Analytical Structure

To guide its analysis in this report, OPR has relied on the following language in Section 13 of Act 30:

Sec. 13. OFFICE OF PROFESSIONAL REGULATION; STUDY OF OPTOMETRIC ADVANCED PROCEDURES

- (a) The Office of Professional Regulation shall conduct a study to evaluate the safety and public health needs of enlarging the scope of practice of optometrists to include advanced procedures. In conducting this study, the Office shall consult with relevant stakeholders, including the Vermont Board of Optometry, the Vermont Optometric Association, the Vermont Board of Medical Practice, the Vermont Department of Health, and the Vermont Ophthalmological Society.
- (b) The study shall evaluate, among other considerations, approaches to advanced procedures in jurisdictions outside Vermont, patient need for access to additional practitioners, effects on patient access to care, effects on patient safety, costs to the health care system, and the existing education and training for optometrists, including the degree to which it addresses training in advanced procedures. The Office shall inquire into the specific clinical training for both optometrists and ophthalmologists for specific procedures.
- (c) On or before January 15, 2020, the Office shall report its findings, including any recommendations for legislative action, to the House Committees on Government Operations and on Health Care and to the Senate Committees on Government Operations and on Health and Welfare. *Id.*

Though not specified in Act 30, OPR also considered the policy and criteria set forth 26 V.S.A. Chapter 57 (“Chapter 57”) in its analysis of whether to recommend expanding the optometric scope of practice. Typically applied by OPR in analyses of whether to initiate or continue the regulation of a profession, the Chapter 57 policy and criteria require regulation in circumstances when the following can be demonstrated:

- (1) it can be demonstrated that the unregulated practice of the profession or occupation can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is recognizable and not remote or speculative;
- (2) the public can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and
- (3) the public cannot be effectively protected by other means.

-26 V.S.A. § 3105(a).

The law does not currently require OPR to consider the Chapter 57 policy and criteria when determining whether the scope of practice of a profession should be expanded. However, OPR finds that this policy and these criteria are equally applicable and valid in the circumstances of scope of practice expansion as in the determination of whether to recommend new regulated profession or an evaluation of continued regulation of a profession. Thus, in its analysis of whether the optometric scope of practice should be expanded to include the proposed advanced procedures, OPR considered whether regulation of the proposed procedures is necessary to protect the public, as well as whether the public's interest will be served by such regulation and whether there are alternative means of protecting the public. These considerations underly the analysis, below.

In this report, the impact on public safety of scope expansion will be addressed first, followed by an analysis of the need for scope expansion to facilitate access to care, and then, an examination of the costs of scope expansion. Each section – safety, need and access, and costs – includes the arguments in support of expansion, those against, and OPR's research findings. The first section of the report includes policy recommendations from OPR.

Outreach and Methodology

Outreach

Rather than hold a public hearing on the matter of expanding the scope, the Office met with each stakeholder named by the General Assembly in Act 30 – the Vermont Board of Optometry (the “Board”), the VOA, the Vermont Board of Medical Practice (the “BMP”), and the VOS³ – individually to allow the stakeholder the opportunity to share its complete views on the proposed expansion of the optometrist scope of practice. Additionally, OPR invited stakeholders to share any additional information or questions that may develop or be thought of after the in-person meeting.

At the stakeholder meetings, OPR asked the stakeholder questions regarding education and training, patient safety, access to care, and costs. Additionally, VOA was asked to provide the list of advanced procedures that optometrists wanted to be permitted to perform under an expanded scope of practice.⁴

³ The General Assembly also instructed OPR to consult with the Vermont Department of Health. Upon receipt of an inquiry from OPR, the Vermont Department of Health referred the Office to the Board of Medical Practice for input.

⁴ VOA stated that it would prefer the list of advanced procedures remain open so that, as optometric education and training advanced, optometrists could adapt their practices. VOA's suggested provisions included permitting optometrists to perform those procedures “as taught” in optometry school or deferring to the Board of Optometry to evaluate and declare, by Rule, what procedures were within the optometric scope of practice. OPR requested a specific list of procedures for several reasons: (1) the “as taught” language was too open-ended given that it was not then clear – and is still not clear – which procedures are consistently taught in optometric school; (2) the specific list was needed to evaluate whether optometric schools provided consistent and/or sufficient education and training on the requested procedures; and (3) in Vermont, the scope of practice of a profession is established by law through the legislature rather than using the rulemaking process to determine scope.

OPR asked VOA to reach out to optometrists and their patients and to have these individuals call or email OPR directly to share stories about challenges accessing the proposed advanced procedures under the current optometric scope of practice. Five individuals emailed OPR to share their stories regarding accessing the proposed advanced procedures. Two additional patients shared their stories with OPR through their optometrist, Dr. Steven St. Marie. OPR believes this direct outreach to optometrists and patients was more effective than holding a general public meeting, as it permitted affected individuals to share their complete stories without interruption and it did not require consumers to travel or to share in a large group.

OPR also asked the directors of the 21 schools of optometry in the United States to provide detailed curricula, course descriptions, syllabi and other information about optometric training and education on the proposed advanced procedures. None of the directors or schools responded to OPR. As a result of OPR's request to the school directors, the President of the Association of Schools and Colleges of Optometry ("ASCO"),⁵ Dr. Elizabeth Hoppe, OD, MPH, DrPH, contacted the Office to discuss optometric education and training. Dr. Hoppe could not provide information about the course offerings, curricula or syllabi from the schools of optometry. She did share the guidance documents that ASCO provides to its member schools regarding competencies optometry students should meet upon graduation from optometry school and recommendations for assessment of these competencies.

Research

OPR conducted extensive research regarding the expansion of the optometric scope of practice and the impacts thereof. OPR considered the following sources and information in its review:

- Data regarding the number and location of optometrists and ophthalmologists in Vermont
- Optometric scope of practice laws in other states
- Policy reports on optometric scope expansion from other states
- National Practitioners Data Bank data
- Disciplinary data and information for Vermont-licensed optometrists
- Disciplinary actions and complaints against optometrists in other states
- Course catalogues and course descriptions from U.S. schools of optometry, where available
- Applicable editorial, policy and scientific literature
- Advocacy materials from professional associations

OPR believes these methods of outreach, research and information gathering were comprehensive and effective and that it has thoroughly explored varying perspectives and the available information on the issue of optometric scope expansion.

⁵ ASCO is a "non-profit education association representing the interests of optometric education." *Background, Mission and Vision*, ASCO, <https://optometriceducation.org/about-asco/background-and-mission> (last reviewed January 15, 2020).

History and Background

The Ongoing Debate

The VOA's scope expansion proposal is part of a 100-year, national effort by the American Optometric Association ("AOA") to expand the optometric scope of practice in each state. In the February 2012 edition of the AOA's Journal *Optometry*, Sherry L. Cooper, the then Associate Director of State Government Relations for the AOA, described the goal of the AOA as having every state's scope of optometric practice permitting a license holder "to examine, diagnose, treat, and manage diseases or conditions of the vision system, eye, and related structures with any appropriate means" including "every facet of the practice of modern optometry, from the use of lenses and prisms...to the use or prescription of appropriate drugs, including controlled narcotic substances; to the performance of non-surgical and surgical procedures."⁶

In response to these efforts by the AOA, ophthalmologists and physicians have organized on the state and national levels to oppose proposed scope expansions. The American Academy of Ophthalmology ("AAO") established the Surgical Scope Fund for the purpose of collaborating with state ophthalmological and medical societies to oppose these efforts to expand the optometric practice. These ophthalmologist groups argue that optometric scope expansion poses a threat to patient safety because optometrists lack the education and training necessary to perform the procedures proposed.⁷

Throughout these debates, similar arguments and points of contention have arisen: (i) whether optometrists can safely provide the optometric procedures proposed; (ii) whether there is a need for an expanded optometric scope of practice to address a lack of patient access to ophthalmological services; and (iii) whether costs savings would be realized from an expanded optometric scope of practice. It is, thus, appropriate that Act 30 charges OPR with evaluating safety, access and need, and cost associated with the expansion of the optometric scope of practice.

Other States' Experiences

Other states have expanded the optometric scope of practice in various ways. Currently, five states – Oklahoma, Kentucky, Alaska, Louisiana and Arkansas⁸ – permit optometrists to prescribe pharmaceuticals and to perform all of the proposed advanced procedures (i.e., laser treatments, injections, and removal of lesions and growths). Five states permit optometrists to remove lesions and growths, without lasers,

⁶ Sherry L. Cooper, *1971-2011: Forty Year History of Scope Expansion Into Medical Eye Care* (Saint Louis, MO: American Optometric Association, 2011).

⁷ *Advocacy*, AAO, <https://www.aao.org/advocacy/surgical-scope-fund/overview> (last reviewed January 15, 2020).

⁸ Arkansas' legislature passed a law in 2019 expanding the optometric scope of practice to permit the advanced procedures proposed by the VOA. The law has yet to take effect.

and to prescribe pharmaceuticals.⁹ The remaining forty states (including Vermont) do not currently permit optometrists to perform the proposed advanced procedures.¹⁰

Washington, New Mexico and Nebraska issued policy reports when considering whether to expand the optometric scope of practice to include the proposed advanced procedure. After these reviews, Washington and Nebraska declined to expand the scope of practice while New Mexico expanded the scope to permit injections and the non-laser removal of lesions. Laser procedures remain prohibited in New Mexico.

Vermont's History

There have been prior expansions of the Vermont optometric scope of practice, including in 1983, 2004, and, most recently, in 2019. A similar debate between optometrists and ophthalmologists about scope expansion occurred in the 2003 legislative session, this time about optometrists using therapeutic pharmaceutical agents. On December 31, 2003, OPR issued a “Report on S. 54: Expanded Scope of Practice for Optometrists”, which concluded that, with the appropriate safe guards, the public would not be harmed by expanding the optometric scope of practice to permit optometrists to use therapeutic pharmaceutical agents.¹¹ Subsequently, the General Assembly passed Act 108, which permitted optometrists holding an additional “endorsement” on their optometry license (a) to use pharmaceutical agents for the “appropriate diagnosis, management, and treatment of the eye and adnexa,” and (b) to “perform epilation of the eyelashes including electrolysis, punctal dilation, and lacrimal irrigation, and

⁹ *Optometrist Scope of Practice*, NCSL, <http://www.ncsl.org/research/health/optometrist-scope-of-practice.aspx> (last reviewed January 15, 2020). Nine states defer to the state’s Board of Optometry to define the optometric scope of practice. None of these states permits optometrists to perform all of the proposed advanced procedures, though there are a few minor exceptions. California permits optometrists to perform “Intravenous injection for the purpose of performing ocular angiography at the direction of an ophthalmologist as part of an active treatment plan in a setting where a physician and surgeon is immediately available.” CA Bus. & Prof. § 3041(d)(15). Additionally, with a special license endorsement, California-licensed optometrists may provide immunizations. CA Bus. & Prof. § 3041(f). Iowa permits optometrists to perform minor surgical procedures that do not require any injectable or general anesthesia, lasers, moderate sedation, or penetration of the globe. Optometrists in West Virginia may perform minor surgical procedures and administer medications by injection (though no retrobulbar or peribulbar injections are permitted). West Virginia prohibits optometrists from performing surgery using lasers, and from performing cataract or retinal surgery. North Carolina permits optometrists to perform injections.

¹⁰ *Id.*

¹¹ Vermont: Secretary of State, Office of Professional Regulation, *Report of S.54: Expanded Scope of Practice for Optometrists* (December 31, 2003) available at <https://www.sec.state.vt.us/media/411945/optometryreport.pdf>. OPR acknowledges that the 2003 report arrived at a different policy recommendation despite analysis of similar factors. However, the activities that the optometrists were seeking authorization to perform in 2003 were of a different nature and there was additional information about education and training standards. For instance, the ACOE Professional Optometric Degree Program Standards 2000 referenced by the Optometrists and relied on by the Office in 2003 are no longer available. Notably, in 2003, even the VOA proponents of scope expansion stated that “ophthalmologists receive extensive training for years in surgery and tertiary medical eye care *that optometrists do not receive.*” The VOA went on to state that optometrists “receive the necessary specialized ocular education and clinical training required to provide primary eye care.”

insert punctal plugs.” Act 108, Section 5 (2004). The Board of Optometry and OPR then promulgated rules establishing qualifications and requirements for obtaining this endorsement.¹²

Notably, the 2004 law expressly prohibited optometrists from performing surgery (defined as “any procedure in which human tissue is cut, penetrated, thermally or electrically cauterized except when performing electrolysis, or otherwise infiltrated by mechanical or laser means”), as well as the use of injections (except for when needed for emergency stabilization of a patient) and the removal of skin lesions. Act 108, Sec. 5 (2004) *amending* 26 V.S.A. § 1728.¹³

Recommendations

The Office of Professional Regulation recommends against expanding the optometrist scope of practice to include the proposed advanced procedures. At this time, the Office cannot conclude that optometrists have the education and training to safely provide these procedures. Nor can it find that there is a need for expanded access to the proposed advanced procedures or a reduction in costs associated with scope expansion.

Safety

The proposed advanced procedures, if performed by untrained individuals, pose risks to the health and well-being of the public. This is evidenced by the complexity of each procedure and the potential complications thereof. There has been little uncontroverted evidence provided supporting the conclusion that optometrists are capable of safely performing these advanced procedures or managing these risks. The VOA offers only that the procedures are “simple” and straightforward. However, the VOS has provided ample evidence that these procedures require a degree of skill to perform the procedure, to determine who is a good candidate for the procedure, and to manage unforeseen complications. The states that have expanded the scope of practice report that there have been no complaints, complications or malpractice cases against any optometrists. However, the data from the National Practitioner Data Bank (“NPDB”) contradicts these reports. VOA references low malpractice insurance rates as an indicator of safety, but the insurance industry itself disputes this characterization.

Most significant for OPR is the lack of evidence showing that optometric education prepares optometrists to perform these proposed advanced procedures. Despite multiple efforts through various sources, OPR was unable to gather specific or detailed information about the curricula and courses offered by the U.S.

¹² In 2019, the optometric scope of practice was revised again to permit all optometrists holding a Vermont license to use pharmaceutical agents in the treatment of glaucoma without an additional endorsement on the license. Act 30, Section 12 (2019).

¹³ The express prohibition was removed from 26 V.S.A. §1728 in 2019 via Act 30 as part of the process of permitting all optometrists holding a Vermont license to use pharmaceutical agents in the treatment of glaucoma without an additional endorsement on the license. OPR’s interpretation of the law remains the same, however -- it is unprofessional conduct for Vermont-licensed optometrists to “practice”, “offer to practice”, “perform” or “provide” laser surgeries, removal of lesions or growths, or injections. *See e.g.*, 26 V.S.A. §1719.

schools of optometry in these advanced procedures. Other states attempting to gather such information have met with similar refusal to disclose detailed curricula.¹⁴

Even the more stringent and comprehensive optometric educational programs do not provide the level of training and experience obtained by ophthalmologists. What information is available about U.S. optometry schools shows that (a) curriculums vary widely (there is no standardized course of study regarding these advanced procedures); and (b) courses on lasers, injections and minor surgical procedures are very limited – they are short courses, with little to no lab time, and minimal practical experiences. Continuing education courses on advanced procedures present similar limitations. They are very short and have negligible practical experience requirements.

Providers who perform the proposed advanced procedures need to be trained in assessing the systemic condition of patients, to be educated on how to adjudge whether a patient is a candidate for a procedure, and to be qualified to address medical complications. OPR cannot conclude that optometrists have this necessary education and training. OPR is thus concerned that permitting optometrists to perform these advanced procedures poses a risk to the public's safety

Need and Access

The Office finds that there is insufficient evidence showing a need for expanded access to care that can be addressed by expanding the optometric scope of practice. OPR acknowledges that there are patients who have experienced longer wait times than preferable and that have had to drive further than desired. However, the evidence shows that, in most cases, there is little delay in treatment, there is no reported detriment from the delays that do exist, and there is additional capacity:

- In the reports to OPR, initial examinations with ophthalmologists have typically occurred within weeks after a referral from optometrist. Ophthalmologists reported in survey results that they are available to provide necessary advanced procedures immediately, should an urgent case arise.
- Commenters also stated that advanced procedures were delayed following the initial ophthalmology exam. The timing of the advanced procedures following the initial exam is part of an ophthalmologist's professional assessment. OPR is reticent to interfere with or opine on whether an ophthalmologist's assessment about the course and timing of treatment in these cases is appropriate.
- No evidence was presented showing that patients are experiencing detrimental disease consequences due to waiting for procedures.
- According to Medicare data and reports from providers, there are relatively few of these advanced procedures performed every year and ophthalmologists around the state have said they have the capacity to care for these patients.

¹⁴ Joseph Acierno, M.D., J.D., *Director's Report on the Proposal to Expand the Scope of Practice of Optometrists*, Nebraska: Department of Health and Human Services, Division of Public Health (March 10, 2014).

Additionally, there does not appear to be a need for making these advanced procedures available in locations closer to Vermont residents. Vermont data shows that there is an ophthalmologist located within 30 miles of most Vermont residents.¹⁵ Even if there is a need for locating these services closer to patients, expanding the optometric scope of practice is unlikely to address this issue. Most Vermont ophthalmologists and optometrists are located in the same places.¹⁶ In turn, permitting optometrists to perform the advanced procedures would simply make patients drive equally as far to see their optometrist rather than an ophthalmologist. Supporting this supposition is the experience in states where optometric scope expansion has occurred. In these states, few optometrists have chosen to perform these advanced procedures and those who do are located near ophthalmologists (typically near a population center).

Regarding patient choice, the confusion of the public regarding the differences between optometry and ophthalmology shows that the public does not have the information necessary to make an informed choice between providers when it comes to seeking these advanced procedures. In this case, a move to expand the scope of optometric practice could actually create additional confusion for patients. Based on the information available, OPR cannot find that there is a need for greater access to care or that an expanded scope of practice would address this need.

Costs

OPR concludes that there will be little, if any, cost savings associated with the expansion of the scope of practice. Patients may be saved the additional costs of seeing a new doctor, repeating an exam, and traveling twenty minutes to see another provider. However, it is not clear to OPR that these costs savings are beneficial to the patient. Evidence provided by the VOS and experiences in other states show that optometrists sometimes refer patients for or perform unnecessary advanced procedures. At least in one study showed that significantly more repeated procedures were required when the initial procedure was performed by an optometrist. Thus, the initial costs savings to the patient may be outweighed by the costs of an unnecessary or repeated procedure.

Further, the VOA acknowledges that the number of advanced procedures would increase in the short-term as optometrists begin using lasers. The cost of the equipment is also significant and may drive up utilization. Because of these increased costs that are not offset by other apparent savings, OPR cannot conclude that expanding the scope of optometric practice would result in any cost savings.

For the above reasons, OPR recommends against expanding the optometric scope of practice to include the proposed advanced procedures.

¹⁵ See Figures 2 and 3 in Appendix A.

¹⁶ See Figure 1 in Appendix A.

Proposed Advanced Procedures

The VOA has asked OPR to include the following proposed advanced procedures in the optometric scope of practice:

- Anterior Segment Laser Procedures:
 - Laser Capsulorhexis
 - YAG Capsulotomy
 - Laser Trabeculoplasty
 - Laser Iridotomy
- Injections of the Eyelids and Adnexa
 - Injections into the eyelid
 - Injections of the subconjunctival space
 - Intramuscular and subcutaneous injections
 - Intravenous injections
- Removal of benign eyelid and eye growths (e.g., pedunculated lesions, papilloma, keratosis, cutaneous cysts, etc.)¹⁷

Following is a brief description of the proposed advanced procedures. Also described are the purpose of the procedures and associated risks and complications.

Anterior Segment Laser Procedures

A. Cataracts: Laser Capsulorhexis and YAG Capsulotomy

- *Laser Capsulorhexis* – A laser capsulorhexis is the process of using a laser to make an incision around the capsule of the eye to permit the removal of the lens during cataract surgery.
 - Whether performed by an optometrist or an ophthalmologist, this procedure must be done in an operating room because surgery to remove the cataract and replace the lens follows. The VOA proposes to offer this procedure as the beginning part of a cataract surgery and then turning the patient over to an ophthalmologist to complete the removal and replacement of the lens.
 - This procedure can be done manually, as well as with a laser. There is currently one FEMTO laser, the laser that performs this surgery, in Vermont. The VOS reports that ophthalmologists prefer the manual method of performing a capsulorhexis (i.e., using a blade to create the incision), as there can be problems with the lasers cutting all the way

¹⁷ Dean Barcelow, O.D. Letter to the House Committee on Government Operations and Representative Copeland-Hanzas, *Re: Guidance on What Procedures Optometry is Expecting to Look at Once Rulemaking Statute is in Place* (February 12, 2019).

through the tissue and the resultant need to repeat the incision. Additionally, there are reported challenges controlling the size and contour of the incision with the laser.¹⁸

- Complications
 - Imprecise and/or incomplete incision
 - Repeated surgery
 - Poor visual acuity following surgery
 - Repeat tear of the rhexis (the incision)
 - Blindness
 - Loss of eye¹⁹

- *YAG Capsulotomy* – After cataract surgery, the capsule that holds the lens can become cloudy. A YAG capsulotomy relieves this cloudiness by using a YAG laser to create a clear hole at the back of the capsule, thereby allowing light through.
 - The development of capsule cloudiness is common in patients who have had cataract surgery and multiple capsulotomies may be needed over time.
 - Complications
 - If the hole tears further or creates weaknesses in the capsule, the lens can slip or dislocate completely. This requires surgery to retrieve and, likely, replace the lens.
 - Secondary effects from the laser energy include interfering with the function of the trabecular meshwork (see Glaucoma section), which can lead to an intraocular pressure spike.
 - Retinal detachment can also occur from this surgery if a preexisting retinal weakness is exacerbated or disturbed by the laser energy.
 - The shock waves of the laser can create white dots (“pits”) on the new lens which effect the clarity of vision.
 - Additional complications include intraocular bleeding, pupil distortion, intraocular pressure rises, corneal abrasions, conjunctivitis, reactivation of ocular herpes, corneal decompensation, cataracts, blindness.²⁰

B. Glaucoma: Laser Trabeculoplasty and Laser Iridotomy

Fluid in the front of the eyes typically drains through the trabecular meshwork located at the junction of the iris and the cornea. When more fluid is produced than can drain through the meshwork (from diseases such as glaucoma), the pressure inside the eye increases. A person can go blind if the pressure becomes extreme and is not relieved. To reduce pressure, ophthalmologists sometimes use a laser to create a

¹⁸ *Capsulorhexis Strength with FLACS Surgery*, Investigative Ophthalmology & Visual Science, <https://iovs.arvojournals.org/article.aspx?articleid=2526362> (May 2016).

¹⁹ Vermont Ophthalmological Society, *Additional Descriptions of “Advanced Procedures” Under Consideration* (October 2019).

²⁰ *Id.*

“hole” through which the fluid can flow. Two of these procedures include the laser trabeculoplasty and the laser iridotomy.²¹

- *Trabeculoplasty* – When the junction between the iris and the cornea is not completely closed (i.e., it is not completely “occluded”), a laser can be used to create a hole in the trabecular meshwork, a “hair thin” line of tissue, and allow fluid to again flow through this passage.
 - Complications
 - The laser must be precisely targeted on the narrow trabecular meshwork. Laser energy hitting the surrounding structures could damage those structures and result in no decrease in pressure.
 - Similarly, over treatment can result in damage to the surrounding structures and limit their function, resulting in an increase in pressure.
 - Other complications include corneal abrasions/infections/ulcers, conjunctivitis, reactivation of ocular herpes, corneal decompensation, cataracts.²²

- *Laser Iridotomy* – When the junction between the iris and the cornea is nearing complete occlusion (i.e., the trabecular meshwork is no longer visible and the iris sits close to the cornea), a laser can be used to make a hole at the edge of the iris to restore the flow of fluid and relieve pressure.
 - Complications
 - If an iridotomy is placed in the wrong location, the patient will effectively have two pupils, resulting in vision distortion and double vision.
 - As the iris contains blood vessels and nerves, so placement of the laser is important to avoid bleeding and pain. Bleeding in the eye can result in an increase in pressure that can require surgery to relieve.
 - Cataract can result if the hole is not made far enough out on the iris.
 - Other complications include corneal abrasions/infections/ulcers, conjunctivitis, reactivation of ocular herpes, corneal decompensation, cataracts.²³

Injections of the Eye and Adnexa

The VOA did not provide the types or purposes of injections it is requesting in the expanded scope of practice. Nor did it specify the medications to be injected. Rather, the VOA proposed a list of anatomical structures optometrists would be allowed to inject. The VOA notes that it is not seeking to do intraocular injections.²⁴

- *Injections into the eyelid* – VOA proposes to inject topical (local) anesthesia into the eyelid before removal of growths or lesions on the eyelid and to inject steroids for chalazion (i.e., sty) removal.

²¹ *Id.*

²² *Id.*

²³ *Id.*

²⁴ Dean Barcelow, O.D. Letter to the House Committee on Government Operations and Representative Copeland-Hanzas, *Re: Guidance on What Procedures Optometry is Expecting to Look at Once Rulemaking Statute is in Place* (February 12, 2019).

- *Injections into the subconjunctival space* – VOA proposes to inject glaucoma medications into the subconjunctival space (i.e., the space between the conjunctiva – the thin clear membrane covering the eye and the inner eyelid – and the lens). VOS notes that injections into the subconjunctival space are very rarely done and, when performed, are done by surgeons.
- The VOA also notes that some states permit optometrists to inject vaccines in public health emergencies. VOS notes that intramuscular injections are also used for performing Botox procedures.
- *Intravenous injections* – The VOA proposes to use intravenous injections to perform fluorescein angiography through the eye. This is the process of injecting a dye into the bloodstream that then highlights the blood vessels in the back of the eye, allowing them to be photographed.²⁵

Improper injections can result in infection, excessive bleeding and bruising, damage to the nerves surrounding the eyelid resulting in the inability to open or close the lid, damage to the surrounding systems, and the needle slipping into the eyeball.²⁶

Removal of Benign Eyelid and Eye Growths

The VOA has proposed being permitted to remove benign eyelid and eye growths, including “pedunculated lesions, papilloma, keratosis, cutaneous cysts, etc.”²⁷ VOA states that they would remove a growth and send the tissue to a pathologist to determine whether the growth is benign or malignant, similar to the process ophthalmologists currently follow.

VOS notes that the eyelid is very thin, and lesions may involve muscles and nerves beneath the lid. Additionally, optometrists would be cutting near complex and delicate systems, such as the lacrimal (tear) drainage system. An additional risk is that it is not always clear whether a growth is benign or malignant, the determination of which may impact the extent and complexity of the procedure.

- **Complications**
 - Damage to the muscles or nerves beneath the eyelid can result in the permanent drooping of the lid or the inability to close the lid (which can require a skin graft to remedy).
 - Damage to the lacrimal system can result in permanent tearing or dry eyes.
 - Improper removal of a malignant growth (e.g., not making sure all the margins of the removal are “clean”) can result in the spread or regrowth of the cancer.

²⁵ *Fluorescein Angiography*, Healthline <https://www.healthline.com/health/fluorescein-angiography> (last visited January 15, 2020).

²⁶ Vermont Ophthalmological Society, *Additional Descriptions of “Advanced Procedures” Under Consideration* (October 2019).

²⁷ Dean Barcelow, O.D. Letter to the House Committee on Government Operations and Representative Copeland-Hanzas, *Re: Guidance on What Procedures Optometry is Expecting to Look at Once Rulemaking Statute is in Place* (February 12, 2019).

- Suturing may be required when the growth is larger underneath the skin than anticipated or if the skin tissue spreads farther than expected.²⁸

Summary of Arguments For and Against Optometric Scope Expansion and Analysis of Findings

Patient Safety

After a thorough review of the research and consultation with the stakeholders, OPR finds that there is little evidence demonstrating that optometrists have the education and training necessary to provide the proposed advanced procedures safely. The following section details the arguments that optometric scope expansion is safe, and those arguments that scope expansion will endanger the public. The report then states OPR's findings.

I. Argument that Expanded Scope will Protect Patient Safety

A. Advanced Procedures and Safety

Dean Barcelow, O.D., President of the VOA, and Steven St. Marie, O.D., an optometrist and member of the VOA, met with OPR on August 5, 2019.²⁹ The VOA contends that the proposed advanced procedures are straight-forward, minor procedures that are a part of providing “primary eye care” to patients.³⁰ The “difficult part” of these procedures, according to the VOA, is pre- and post-surgical management, which optometrists are charged with handling under the current scope of practice. The VOA referred OPR to YouTube videos showing the proposed advanced procedures as evidence of the simplicity of the techniques involved in the surgical portion of the procedure.³¹

Regarding injections, Dr. Barcelow stated that intraocular injections (i.e., into the globe of the eye) should not be permitted, but that the other forms of injections (eyelid and adnexa, subconjunctival, intramuscular and subcutaneous, and intravenous) should be allowed. He also noted that optometrists should be permitted to remove growths and lesions and send them to a pathologist to analyze whether the growth is malignant or benign, just as an ophthalmologist would do.

²⁸ Vermont Ophthalmological Society, *Additional Descriptions of “Advanced Procedures” Under Consideration* (October 2019).

²⁹ Meeting Notes, *Vermont Optometric Association* (Vermont: Secretary of State, Office of Professional Regulation, August 5, 2019).

³⁰ *American Optometric Association. Doctors of Optometry are America’s Primary Eye Care Providers* [Fact Sheet]. Received July 24, 2019.

³¹ See e.g., American Academy of Ophthalmology, *YAG Capsulotomy After Cataract Surgery* (YouTube) (February 16, 2017).

B. Potential Complications

When asked about the risks for complications, Dr. St. Marie contended that accidents happen to even the best surgeons but that the rate of complications would be no greater with optometrists than with ophthalmologists. He cited the low premiums for malpractice insurance in Oklahoma, where optometrists are permitted to perform the proposed advanced procedures, as evidence of this low risk of complications. Dr. St. Marie further stated that the riskiest complication from performance of these eye procedure was post-procedure inflammation, which optometrists treat and address already. The other proposed advanced procedures, per Dr. St. Marie, pose minimal risks of complications.

C. Safer to Treat Faster

Dr. St. Marie and Dr. Barcelow both argue that, by permitting optometrists to perform these advanced procedures, patients will receive treatment faster, which benefits safety. When a referral to an ophthalmologist is required, the patient must wait to attend the initial ophthalmological appointment, have another exam, and, then, perhaps schedule and wait for a surgical appointment. These delays and redundancies, it is argued, result in a delay in care during which diseases can worsen and medications, which are symptomatic treatments only, must be taken. Additionally, delayed care may lead to patient non-compliance with treatment recommendations.

D. Education and Training

Dr. Barcelow stated that he believed the proposed advanced procedures are being taught in all U.S. optometry schools. VOA provided a table listing courses at each optometry school, as copied from the schools' websites, that referenced the proposed advanced procedures. Dr. Barcelow also reported that education and training on these advanced procedures can be obtained through continuing education courses. He reported taking a weekend-long course that covered these procedures in lectures and that included clinical practice on other students.

The VOA and other advocates for scope expansion further argue that optometrists, like other doctoral-level health professionals, should be trusted to only perform those procedures in which they are trained and capable. Thus, even if the optometric scope of practice is expanded, optometrists would not provide the advanced procedures if they are not qualified to do so.

The VOA also provided a factsheet developed by the AOA giving a general overview of optometric education in the U.S. and comparing it to medical education. The factsheet shows 47 total courses completed in most U.S. optometry schools, including one labeled "Injections and Minor Surgical Procedures" and one labeled "Ophthalmic Lasers".³² No further description of course content is provided.

³² *Id.*

II. *Argument that Expanded Scope will Harm Patient Safety*

Board of Medical Practice

OPR consulted with the Executive Director of the Board of Medical Practice, David Herlihy, regarding the opinions of the BMP on expanding the optometric scope of practice. At its November 6, 2019 meeting, the BMP passed a motion stating its position that, regarding expanding the scope of practice, “There is no evidence of [sic] justification for accepting greater risk on behalf of Vermont patients. The evidence shows no problem with access to care for the procedures at issue.”³³ The BMP noted the vast differences between ophthalmological and optometric education and training, and the risks posed by surgical procedures on eyes.³⁴ The BMP also noted that there is less information available about the “adverse history of optometrists” than there is about physicians, who are often required to report adverse events.³⁵

Vermont Ophthalmological Society and Vermont Medical Society

OPR consulted with Dr. Amy Gregory, M.D., Chair of the Vermont Ophthalmological Society (“VOS”); Dr. Jessica McNally, M.D., an ophthalmologist at the University of Vermont Medical Center in Berlin; Jessa Barnard, Director of the Vermont Medical Society; and Stephanie Winters, the Executive Director of the Vermont Ophthalmological Society. The following are the arguments presented by VOS and VMS.

A. Risks of Advanced Procedures

Dr. Gregory and Dr. McNally contended that the proposed advanced procedures are complex procedures that require years of training to determine when patients require such a procedure, to ensure efficacy, and to avoid or to quickly address complications. The doctors explained that the YouTube videos cited by VOA as evidence of the ease of these advanced procedures, are actually made by ophthalmologists for patient education and reassurance. The videos are intentionally non-technical, simplifications of the procedures created to ease patients’ minds and to provide general information. To demonstrate the complexities of these procedures, the ophthalmologists showed videos of the entire procedure being performed. The videos showed the very thin (“human hair width”) and difficult-to-detect line of the trabecular meshwork during a laser trabeculoplasty, the challenges with creating a complete cut using a FEMTO laser during a capsulorhexis, and the potential for damage due to a slight misplacement of the laser during an iridotomy or capsulotomy.³⁶

In addition to the complications outlined in the “Advanced Procedures” section, herein, and the complexity of each of the proposed advanced procedures, the doctors also noted the following specific challenges with several of the advanced procedures:

- Capsulorhexis –
 - The ophthalmologists state that capsulorhexis is an integral part of the cataract surgery and there is no need to create a separate, second surgery in which the optometrist performs the capsulorhexis prior to an ophthalmologist performing the cataract removal and lens replacement. The doctors stated that this would result in

³³ Vermont: Department of Health, Board of Medical Practice, *Minutes of the November 6, 2019 Board Meeting*, 4-5 and Appendix B (November 6, 2019).

³⁴ *Id.*

³⁵ *Id.*

³⁶ See e.g., Chris Teng, M.D., *Selective Laser Trabeculoplasty (SLT) Compilation* (YouTube) (January 29, 2013).

unnecessary multiple procedures, which adds complexity, time, and cost, and increases the chances for complications.

- The doctors also reported that this procedure is typically, and preferably, done with a blade rather than a laser.
 - They further noted that there is currently only one FEMTO laser in Vermont (the laser that performs this procedure). This, in turn, poses a threat to safety, as providers will not have the opportunity to gain the necessary experience to become competent at performing the laser capsulorhexis procedure.
- Injections –
 - Regarding injections, the doctors noted how rarely subconjunctival injections are performed. The doctors stated that it is not medically recommended or safe to perform subconjunctival injections in an office setting. They reported that a surgeon may give a subconjunctival injection prior to an intravitreal (or intraocular) injection (which the VOA stated they did not wish to include in an expanded scope), or before surgical removal of an eye ball tumor.
 - The ophthalmologists also noted that it was unusual to request to do intramuscular and intravenous procedures in an office setting and that the purpose of doing these injections (e.g., for which diseases or conditions) was unclear.
 - Removal of Growths and Lesions –
 - Regarding removal of growths and lesions, the ophthalmologists emphasized that knowing whether a growth or lesion is malignant or benign is often not clear when beginning a procedure. However, the doctors noted that, through frequent exposure to and experience with removing these growths and lesions, one can become better at predicting whether the condition is malignant or not. This experience and exposure, the doctors argue, comes from many years of medical education and training. Similarly, this education and training prepares providers in knowing how to suture and how to anticipate the way the skin will stretch and spread when cut. Providers without this experience may not anticipate that, for example, a small skin tag could result in a large wound needing significant suturing.
 - The ophthalmologists also note that the most recommended treatment for chalazions is to use warm compresses, not to surgically remove the chalazion or inject it with steroids.

B. Evidence of Risk or Harm

The ophthalmologists provided anecdotal data about the safety risks of expanding the optometric scope of practice to include the proposed advanced procedures. Specifically, the doctors shared letters from ophthalmologists in Kentucky and Oklahoma (two states with expanded scopes of optometric practice)

who reported treating patients with complications resulting from botched and/or unnecessary optometrist-performed procedures.³⁷

Despite these anecdotes, the ophthalmologists could not point to any outcomes data showing an increased risks of patient harm due to expanded optometric scopes of practice.³⁸ The doctors argued, however, that the default assumption, in the absence of outcomes data showing harm, should not be that the expanded scope is safe. Rather, when it comes to permitting individuals to perform surgery, the doctors argued that the patient is better protected if there is affirmative evidence showing safety.

C. Malpractice Insurance Rates

The ophthalmologists contended that the malpractice premium rates are not good indications of the low risk of an expanded optometric scope of practice, as these rates are based on optometric practice in all states, not solely on those states where the proposed advanced procedures are permitted. The ophthalmologists provided a letter from the Ophthalmic Mutual Insurance Company (“OMIC”), which insures over 800 optometrists nationwide, stating that optometry malpractice insurance premiums remain low because most optometrists are not permitted to perform laser procedures, surgery or injections.³⁹ In turn, there are fewer “opportunities” for malpractice.⁴⁰ OMIC also notes in its letter that the optometric scope expansions are very recent in most states. Oklahoma was the first to expand the optometric scope of practice in 2004. The next state to expand the scope of practice was Kentucky in 2011, followed by Louisiana in 2014, Alaska in 2017 and Arkansas in 2019. Since malpractice cases take many years to adjudicate, OMIC states that the impact of any cases arising in these states with newly expanded scopes of practice would not yet be reflected in insurance premium rates.⁴¹

D. Over-Utilization

The doctors argue that the repeated examination that they perform on all patients referred to them is essential for protecting patient safety. Dr. McNally estimated that, after a repeat examination, about one-third of patients referred to her by optometrists for advanced procedures do not need the advanced procedure for which they were referred. This is particularly true with capsulotomies, where patients may have some opacifications but there is no impact on vision and, thus, no procedure needed. She argued that the risk to these patients is not having a second exam but rather having an unnecessary surgical procedure which carries the inherent and heightened risks of all surgeries.

³⁷ Cynthia A. Bradford, M.D., Letter to the Texas House of Representatives, *Re: Opposition to HB 1798 which would allow optometrists to perform eye surgery* (Oklahoma, February 25, 2019) and Woodford S. Van Meter, M.D., Letter to the Texas House of Representatives, *Re: Opposition to SB 2123 and HB 1798 which would allow optometrists to perform eye surgery* (Kentucky, March 4, 2019).

³⁸ The VOS provided a study from the Journal of the American Medical Association (“JAMA”) finding a significant increase in repeated YAG capsulotomy procedures when the initial procedure was performed by an optometrist. Joshua D. Stein, M.D. *et al*, “Comparison of Outcomes of Laser Trabeculoplasty Performed by Optometrists vs Ophthalmologists in Oklahoma”, *Journal of American Medical Association Ophthalmology* (July 28, 2016) available at jamanetwork.com/journals/jamaophthalmology/fullarticle/2535226.

³⁹ Timothy J. Padovese, *Statement on Optometric Malpractice Rates* (San Francisco, California: Ophthalmic Mutual Insurance Company, January 30, 2019).

⁴⁰ *Id.*

⁴¹ *Id.*

E. Education and Training

Dr. Gregory and Dr. McNally emphatically argued that a brief, one-to-two-day course in lasers or injections is wholly insufficient to prepare individuals to perform surgery. The doctors asserted that these brief courses on laser surgeries, injections and removal of growths cannot train optometrists in the complexities of systemic medicine, and teach optometrists how to safely perform procedures, address complications, and suture human tissue.

The doctors were unaware of any standardized, comprehensive curricula from U.S. schools of optometry that teach these essential components of laser surgeries, injections and removal of growths. However, as a contrast to optometric education, the doctors provided details of ophthalmology education and training, which follow.

- Ophthalmologists must complete eight years of education and training, including four years of medical school with a nationally standardized core curriculum, one year of internship and three years of residency. The first two years of medical school are spent learning the “basic science” of human biology and disease through class and laboratory work, including dissection and exploration of human cadavers. In the third and fourth years, medical students rotate through clinical assignments in which they gain hands-on experience with patients and a variety of diseases and conditions. While a medical student in their first 2 years in medical school may only have one-to-two lectures specific to the eye, the student will be gaining knowledge of the human body as a system which will inform their practice as an ophthalmologist. Further, during this time and during the third and fourth years, students get extensive training about human tissue (e.g., the texture and tendencies of different types of tissues when sutured), adhesions, needles, face structure and “line” following when suturing.
- Beginning in years three and four, those students who are interested in pursuing ophthalmology need to begin to develop ophthalmologic skills in order to get “matched” with a postgraduate internship and residency in ophthalmology. Good candidates for an ophthalmology internship and residency will have completed an ophthalmological clinical rotation at their home medical school and 2-3 clinical rotations at other medical schools and will have conducted relevant research. By the time a medical student is placed in an ophthalmological residency, they have a thorough and in-depth understanding of the human body in its entirety, as well as extensive knowledge about the eye, specifically.
- Ophthalmology students then enter their post-graduate internship and residency years. During the internship year, medical interns rotate through “fundamental clinical skills” education in “primary specialties” including “emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, or pediatrics, or in primary critical care experiences (medical, surgical, or pediatric).”⁴² This education continues the ophthalmology student’s education in suturing, surgery, systemic medicine, and conditions and disease. Medical interns also begin to observe and participate in ophthalmological clinics, procedures, and surgeries. Students will observe hundreds of procedures and patient interactions performed by physicians,

⁴² Accreditation Council for Graduate Medical Education, *ACGME Program Requirements for Graduate Medical Education in the Transitional Year*, 24 (eff. July 1, 2019).

as well as participating in some procedures and interactions. Throughout this internship, ophthalmology students are closely overseen by faculty and given only “conditional independence.”⁴³ There is a standardized process for evaluating a student’s progress toward becoming an “autonomous” practitioner based on the ACGME Program Requirements and associated “Milestones” evaluations.⁴⁴

- After this “transitional year” of the internship, the ophthalmology student moves on to their residency. Typically, there are 3-4 residents in each program with 12-15 doctors participating in the mentorship and training of the residents. This allows for significant one-to-one mentoring, training and oversight. Every procedure, patient interaction and surgery the resident performs is overseen by a senior physician. If the resident seems unsure, makes a mistake or their hands shake, the senior physician takes over or remedies the error. Dr. McNally stated that these senior physicians will even tell a resident to choose a “non-surgical path” if improvement is not shown. These experiences take place entirely in a hospital, emergency department and associated clinics, where the acuity and pathology of disease and the needs of patients are often higher. Residents are on-call and must be available to “suture an eyeball or close a globe at 2AM” and to treat patients in varying states, including vomiting, shaking, and being uncooperative. By the end of their residency, all residents are required to have performed a “minimum number of procedures” for compliance with ACGME standards (e.g., a minimum of 5 YAG capsulotomy cases, 5 Laser Trabeculoplasty cases, 4 iridotomy cases, and 3 chalazion excisions).⁴⁵ However, the ophthalmologists note that residents perform hundreds of each of these procedures prior to finishing their residencies, and that the number of procedures completed are no longer logged after the ACGME requirements are met.

All of this experience results in a provider who has an extensive knowledge and understanding of the human body as a whole, who is aware of an expanse of diseases and conditions and how they present, who can think quickly and perform smoothly under stressful and varied conditions, and who has skill and comfort as a surgeon both when things go smoothly and when there are complications. Importantly, according to Dr. Gregory and Dr. McNally, this training also teaches ophthalmologists the judgment necessary to determine when a procedure is needed and to identify which patients are candidates for a procedure (i.e., when the benefits of a procedure outweigh the risks of the complications, based on a full understanding of the patient’s health).

F. Maintaining Competency

Finally, Dr. Gregory and Dr. McNally assert that there are not enough of the proposed advanced procedures performed in Vermont each year to ensure that optometrists seeing only these patients maintain competency. Dr. McNally provided procedure numbers from her own two-surgeon practice in Berlin, Vermont which takes referrals from 13 optometrists.⁴⁶ From January 2019 through October 2019,

⁴³ *Id.* at Preamble.

⁴⁴ Accreditation Council for Graduate Medical Education, *ACGME Program Requirements for Graduate Medical Education in Ophthalmology*, 17 (approved February 4, 2019; eff. July 1, 2020).

⁴⁵ Accreditation Council for Graduate Medical Education: Review Committee for Ophthalmology, *Required Minimum Number of Procedures for Graduating Residents in Ophthalmology* (2013).

⁴⁶ Practice Data, *Summary of Laser Usage in a 2 Surgeon Office in Berlin, VT with 13 Referring Community Optometrists* (January 2019 – October 2019).

each surgeon performed an average per month of 4 YAG capsulotomy procedures, 6-8 laser peripheral iridotomies, and 12 laser trabeculoplasties.⁴⁷ If these cases were then disbursed over 13 different optometrists, many of these providers would go months without performing a procedure. The doctors assert that this is not enough experience to maintain competence.

The doctors also note that there is no oversight of an optometrist's competence or measure of whether competence is maintained. In contrast, ophthalmologists must render a certain number of procedures to maintain privileges at hospitals and must maintain national board certifications through continuing education and re-taking the examination.⁴⁸

III. OPR's Findings Regarding Patient Safety and an Expanded Scope of Optometric Practice

A. Advanced Procedures

Primary Eye Care

Contrary to the VOA's contention, it is not clear to OPR that the proposed advanced procedures are "simple" and part of "primary eye care." Past assertions by the VOA indicate that the VOA did not always consider these procedures to be "primary eye care", either. During the 2003 Vermont optometric scope expansion report process, the VOA asserted that "surgical and tertiary medical eye care" went beyond "primary eye care." In his response to the President of the Vermont Ophthalmological Society's questions regarding the proposed 2003 scope expansion, Timothy Johnson, O.D., the then-legislative chairman of the Vermont Optometric Association, stated that "[o]phthalmologists receive extensive training for years in surgery and tertiary medical eye care *that optometrists do not receive...However, in areas where our [ophthalmologists' and optometrists'] scopes of practice do overlap (i.e. primary eye care), our basic health science background is comparable to medicine...*"⁴⁹

The lack of a consistent, standardized curriculum for teaching these advanced procedures,⁵⁰ and the costly unique equipment required to perform them further indicates that these procedures are not part of primary eye care. Additional support for this conclusion is that laser, injection and minor surgical procedures are not included as "primary eye care" on the AOA's fact sheet detailing optometry education

⁴⁷ *Id.*

⁴⁸ The National Board of Examiners in Optometry – the organization that offers the exam that optometrists must currently pass to become licensed in Vermont – has recently (2019) begun to offer a Laser and Surgical Procedures Exam ("LSPE"). *Laser and Surgical Procedures Exam*, National Board of Examiners in Optometry, <https://www.optometry.org/lspe.cfm> (last visited January 15, 2020). This exam purports to evaluate competency in laser trabeculoplasty, iridotomy and capsulotomy in one section, and suturing, eyelid surgery, injections and anesthesia in a separate section. However, the exam is currently only offered at one location (Charlotte, North Carolina) and Dr. Barcelow was uncertain whether the exam is very "stringent". He suggested that the coursework out of Oklahoma and Kentucky optometry schools is more comprehensive for evaluation purposes.

⁴⁹ Vermont: Secretary of State, Office of Professional Regulation, *Report of S.54: Expanded Scope of Practice for Optometrists*, 17 (December 31, 2003) available at <https://www.sec.state.vt.us/media/411945/optometryscopereport.pdf> (emphasis added).

⁵⁰ While OPR was unable to obtain details of each U.S. optometry school's curriculum, it is clear to OPR that there are these advanced procedures are not taught consistently by all optometry schools in the country. For example, there is broad agreement, including from Dr. Barcelow, that certain schools, particularly Northeastern State University in Oklahoma, have a more rigorous and in-depth laser, surgical and injections program than other schools.

in the U.S., entitled “Doctors of Optometry Are America’s Primary Eye Care Providers”.⁵¹ These considerations lead OPR to believe that the proposed advanced procedures are not “primary eye care.”

Nor can OPR conclude that these proposed advanced procedures are “simple.” The VOA encouraged the Office to review YouTube videos of the laser procedures as evidence of the simplistic nature of the procedures. The videos do show simplistic surgeries that are quick and seem noninvasive. However, these videos are clearly intended to be general overviews of the procedures directed at informing the layman patient. The videos show the effect of the laser on the eye (e.g., black spots appearing on an eye during a YAG capsulotomy) but do not explain or show the anatomical structures targeted by the laser or how the provider is placing or adjusting the laser. The VOS provided more in-depth videos of the procedures, which described the anatomical structures the laser was aimed at (e.g., “hair thin” lines), and the placement of the laser in “consecutive but not overlapping spots” to create the needed hole in the trabecular meshwork. These videos seem to show a much more complex procedure. OPR is not equipped with the expertise to know which presentation of the procedures is more accurate regarding complexity. Given the conflicting evidence, however, the Office is unable to conclude that these procedures are “simple”.

Complications

As with the topic of simplicity, the VOA and the VOS urge opposite positions when it comes to the complications of these procedures. The VOS emphasizes the gravity of the complications while the VOA emphasizes the rarity thereof. The Office is not able to evaluate the severity of a complication or its frequency. That said, OPR finds that there is no evidence that, should a complication occur, optometrists are prepared to treat and/or correct the complication, thus minimizing severity and lasting impacts. An ophthalmologist, through his or her extensive training, is exposed to complications and learns various techniques and procedures to correct or address complications. There is no evidence that optometrists have similar experience or training. As noted below, if optometry schools teach these proposed advanced procedures at all, the courses are a small part of the curriculum and there is little to no experience with human patients.

Further, given that optometrists propose to perform these procedures in an office-based setting, there are no other providers who could offer support or guidance should a complication occur. If a complication should occur, an optometrist may need to transfer the patient to either another provider or a hospital setting, requiring more time for the procedure and added risk for the patient. Thus, though OPR cannot determine whether the complications associated with the proposed advanced procedures are severe or frequent, the Office finds that there is no evidence that an optometrist is trained or capable of addressing complications from these procedures.

B. Other States’ Experiences

States with Expanded Scopes of Practice

OPR considered the experiences with patient safety of other states that have expanded scopes of optometric practice – Oklahoma, Kentucky, Alaska, and Louisiana. OPR was particularly interested in

⁵¹ On this fact sheet, only “pre-operative and postoperative care before and after eye surgery” are listed as areas that optometrists are “highly specialized” in. *American Optometric Association. Doctors of Optometry are America’s Primary Eye Care Providers* [Fact Sheet]. Received July 24, 2019.

reports of complications, complaints from the public, and disciplinary records. The Office emailed the Board of Optometry in each state. Unfortunately, only the Oklahoma and Alaska Boards of Examiners in Optometry replied to OPR's inquiry.

The Executive Director of the Oklahoma Board reported that there have been no adverse outcomes reported to the Board of Examiners by any optometry patient between 1992 and 2019.⁵² He did report that there were two malpractice cases settled out of court and a malpractice case, self-reported by the optometrist involved, alleging that the optometrist failed to refer a patient to an ophthalmologist in a timely manner. The Alaska Board of Examiners in Optometry reports that there have been no actions taken against an optometrist in the state since 2011.⁵³

These reports are seemingly contradicted, however, by reports to the National Practitioner Data Bank ("NPDB"), a federal database of medical malpractice payments and certain adverse actions taken against health care providers, including optometrists.⁵⁴ According to the NPDB, between the years of 1992 and 2019, there were 59 malpractice payments and adverse events reported to the NPDB for Oklahoma optometrists.⁵⁵ This is much higher than the three cases reported by the Executive Director of the Oklahoma Board. Less striking, but nonetheless significant, while the Alaska Board only reports one discipline case against an optometrist since 2011, the NPDB reports five malpractice payments or adverse events from the State.⁵⁶ While the NPDB data does not offer conclusive evidence regarding whether the expanded scope of optometric practice has led to an increase in malpractice cases or adverse events, it does indicate that the professional boards in these states do not have a full understanding of the complications, adverse actions and malpractice cases occurring in the state.

An additional challenge is that the professional board members in Oklahoma, Kentucky and Louisiana are, themselves, optometrists, who have an interest in seeing the optometric scope of practice expanded nationally. This coupled with the seemingly inaccurate reports of adverse events, discipline and malpractice cases leads OPR to be reticent to rely on the reports of few to no adverse actions taken against optometrists as indicative of the safety of scope expansion.

There are also anecdotal reports from ophthalmologists in Oklahoma and Kentucky of adverse events resulting from the expanded scope of optometric practice. In March 2019, an ophthalmologist from the University of Kentucky submitted a letter to the Texas House of Representatives.⁵⁷ The Kentucky

⁵² Laverty, Russel O.D., *RE: Vermont Secretary of State's Office of Professional Regulation seeking Optometrist Discipline Data*. Message to Dylan Bruce. Received November 6, 2019. (Email). In 1998, Oklahoma law permitted optometrists to perform procedures with anterior segment lasers. In 2004, the scope was again expanded to permit optometrists to perform non-laser surgery.

⁵³ Zimmerman, Marilyn A., *Records Request: Alaska Optometrist Discipline Data*. Message to Dylan Bruce. Received November 21, 2019. (Email).

⁵⁴ National Practitioner Data Bank, U.S. Department of Health and Human Services (2020). *Query on State-by-State Data Regarding Discipline and Malpractice Suits Against Optometrists* [Data file]. Retrieved from <https://www.npdb.hrsa.gov/guidebook/EOverview.jsp>. There are limits to the NPDB data. While OPR can determine how many malpractice payments have been made or adverse actions taken against optometrists in a specific state in a certain year, there is no information provided about the underlying malpractice case or adverse action. In turn, OPR is not able to determine whether the events reported in the NPDB are related to the proposed advanced procedures.

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ Texas was considering a similar optometric scope expansion measure at the time.

ophthalmologist reported “a rise in surgical complications from the enactment of the Kentucky optometric scope legislation” (legislation which expanded the scope of practice to include the proposed advanced procedures), which went unreported to the state due to a lack of oversight and supervision.⁵⁸ In February 2019, an ophthalmologist at the University of Oklahoma College of Medicine also wrote a letter to the Texas House of Representative describing the “patient confusion and complications” she had seen due to the scope expansion in Oklahoma.⁵⁹ She reported cases in which optometrists failed to take medical histories and, as a result, performed an unnecessary and ineffective procedure in one case, and caused hemorrhaging in another case (due to failure to note that a patient was taking anticoagulants).⁶⁰ The Oklahoma ophthalmologist also reported numerous patients were referred to her for unnecessary procedures.⁶¹

States That Chose Not to Expand the Optometric Scope of Practice

Several states considered expanding the scope of practice for optometrists but decided against it. In 2009, the Washington State Department of Health (the “Department”) conducted a sunrise review on the proposal to expand the optometric scope of practice to include office-based medical procedures and to permit the administration of injectable medications, along with other practices.⁶² Citing its mission to protect the public, the Department recommended against expanding the optometric scope of practice.⁶³ The Department’s reasons for recommending against permitting optometrists to perform office-based medical procedures were the lack of evidence of training in these procedures in optometry schools, a policy position of not wanting out-of-state optometry schools dictating Washington State policy through their curricula, the potential of laser procedures putting the public at risk, and optometric training not being the functional equivalent of ophthalmological training.⁶⁴

Nebraska reviewed expanding the optometry scope of practice to include injections of medications and allowing minor surgical procedures in 2009 and 2014.⁶⁵ In 2009, a Technical Committee, created under Nebraska state law, recommended against expansion of the scope of practice concluding (1) the current scope of practice (i.e., optometrists were not permitted to perform minor surgical procedures or to inject medications) did not create a harm or a threat to the health, safety or welfare of the public; (2) the

⁵⁸ Woodford S. Van Meter, M.D., Letter to the Texas House of Representatives, *Re: Opposition to SB 2123 and HB 1798 which would allow optometrists to perform eye surgery* (Kentucky, March 4, 2019).

⁵⁹ Cynthia A. Bradford, M.D., Letter to the Texas House of Representatives, *Re: Opposition to HB 1798 which would allow optometrists to perform eye surgery* (Oklahoma, February 25, 2019).

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² Washington: State Department of Health, *Optometry Scope of Practice Sunrise Review* (December 2009) available at <https://www.doh.wa.gov/portals/1/Documents/Pubs/631002OD.pdf>.

⁶³ *Id.* at 3.

⁶⁴ *Id.* at 11.

⁶⁵ Based on a Nebraska governmental process similar to the sunrise review process in Vermont, a Technical Committee was convened in 2009 to review an application from optometrists to expand their scope of practice. The Technical Committee voted to recommend against approval of the proposed scope expansion. Nebraska: Optometry Technical Review Committee, *Report of Recommendations and Findings* (October 16, 2009). In 2014, the Director of the Division of Public Health in the Nebraska Department of Health and Human Services then generated his own report, based on the Technical Committee’s report, also recommending against approval expanding the optometric scope of practice. Nebraska: Department of Health and Human Services, *Director’s Report on the Proposal to Expand the Scope of Practice of Optometrists* (March 10, 2014).

proposed scope expansion could potentially create a new danger to the public health, safety or welfare of the public; (3) the proposed scope expansion would not benefit the public health, safety or welfare; and (4) the public could be effectively protected by other means.⁶⁶ In his 2014 report, the Director of the Division of Public Health in the Nebraska Department of Health and Human Services concurred with the Technical Committee's decision.⁶⁷ The Director emphasized the lack of information about optometric training and education in his decision to recommend against expanding the optometric scope of practice.⁶⁸

In 2005, New Mexico considered expanding the scope of optometric practice. The State does now permit optometrists to perform the non-laser removal, destruction or drainage of superficial eyelid lesions and conjunctival cysts. 16.16.18.8(A) NMAC (March 22, 2008). However, the State does not permit optometrists to perform laser procedures or to inject medications, except as necessary to perform removal of eyelid lesions and cysts. *Id.*

Not only the states have considered whether to expand the scope of optometric practice. In 2015, the U.S. Department of Veterans Affairs issued a Veterans Health Administration Directive specifying that "only ophthalmologists will be privileged to perform therapeutic laser procedures of the eye and the eyelids at the Department of Veterans Affairs (VA) medical facilities."⁶⁹

C. Increased Risk for Repeat Surgeries

Based on experiences in other states and studies thereof, OPR remains concerned that expanding the optometric scope of practice could result in unnecessary and repeated advanced procedures. A study, reported in the October 2016 JAMA Ophthalmology, found that the need for repeat laser trabeculoplasty procedures nearly doubled when the initial procedure was performed by an optometrist rather than an ophthalmologist.⁷⁰ When considering expanding the optometric scope of practice, the New Mexico Human Services Department expressed similar concern that repeated procedures would be needed as optometrists developed "advanced surgical skills."⁷¹

D. No Evidence of Patient Safety Risk if Scope is Not Expanded

OPR found no evidence that the current system requiring referrals to an ophthalmologist impacted patient safety. OPR received seven emails from Vermont optometry patients sharing the challenges with having

⁶⁶ Nebraska: Optometry Technical Review Committee, *Report of Recommendations and Findings* (October 16, 2009).

⁶⁷ Nebraska: Department of Health and Human Services, *Director's Report on the Proposal to Expand the Scope of Practice of Optometrists* (March 10, 2014).

⁶⁸ *Id.*

⁶⁹ VHA Directive 1132, *Performance of Therapeutic Laser Eye Procedures in Veteran Health Administration Facilities* (May 5, 2015).

⁷⁰ Stein, Joshua M.D. *et al*, "Comparison of Outcomes of Laser Trabeculoplasty Performed by Optometrists vs Ophthalmologists in Oklahoma", *Journal of American Medical Association Ophthalmology* (July 28, 2016) available at jamanetwork.com/journals/jamaophthalmology/fullarticle/2535226. The AOA objected to the study's findings, arguing that the need for repeat laser trabeculoplasty procedures are not due to the quality of the procedure but rather a choice to use an "acceptable method" of performing the procedure in split sessions.

[<https://www.aoa.org/news/clinical-eye-care/trabeculoplasty-commentary>]

⁷¹ New Mexico: Legislative Finance Committee, *Fiscal Impact Report: Amend Optometry Act, 2* (March 7, 2005).

to go to an ophthalmologist rather than receiving care from their optometrist. These patients all expressed difficulties with wait times and travel, but none reported experiencing adverse outcomes due to the referral and wait.

E. Malpractice Insurance Rates

OPR does not find that low malpractice rates indicate that expanding the optometric scope of practice is safe for the public. As noted by VOS and OMIC, malpractice insurance premium rates are based on the practice of optometrists in all states, not just those with expanded scopes of practice. Thus, given that there are only a few states that permit expanded scopes of practice and most optometrists do not perform laser procedures, injections or other minor surgical procedures, malpractice insurance rates have remained low for optometrists.⁷² Additionally, premium rates remain low because scope expansion in those states that have allowed it is relatively new and malpractice cases can take years to settle or move through the courts.⁷³ In turn, any malpractice cases from these states would not yet be factored into the premium calculation.⁷⁴

F. Volume Needed for Competence

It is not clear that Vermont optometrists would be able to maintain competence in these proposed advanced procedures given the low volume of the procedures performed in Vermont. The VOS' data survey data shows that these procedures are not frequently required. Other rural states considering expanding the optometric scope of practice also noted the low volume of these procedures.⁷⁵ Even in those states with expanded scopes of practice, optometrists performed only a few of each of the procedures (e.g., 180 chalazion removals, 87 eyelid abscess removals and 55 lid lesion removals between 2008 and 2014 in Oklahoma, Kentucky and New Mexico).⁷⁶

G. Education and Training

Optometry Schools

OPR is unable to conclude that optometry schools provide consistent and adequate education and training in the proposed advanced procedures. In response to OPR's request for additional information about the curricula of U.S. schools of optometry, ASCO, the national trade association for optometry schools, shared its Framework for Developing Optometric Curriculum Guidelines and Educational Standards for Advanced In-Office Primary Care Ophthalmic Procedures ("Framework").⁷⁷ The Framework contemplates that

⁷² Timothy J. Padovese, *Statement on Optometric Malpractice Rates* (San Francisco, California: Ophthalmic Mutual Insurance Company, January 30, 2019).

⁷³ *Id.*

⁷⁴ *Id.*

⁷⁵ Nebraska: Optometry Technical Review Committee, *Report of Recommendations and Findings*, 5 (October 16, 2009).

⁷⁶ Sanders, David S. M.D., Alan Sugar, M.D., Chris Andrews, PhD, Joshua Stein, M.D., M.S., University of Michigan (2017), *A Comparison of Performance of Therapeutic Procedures by Ophthalmologists and Optometrists in States with Expanded Scope of Practice* [Fact sheet] available at <https://pdfs.semanticscholar.org/c106/a504a522ab2677570d315221a0c33b63c071.pdf>.

⁷⁷ Association of Schools and Colleges of Optometry: ASCO Board of Directors, *Framework for Developing Optometric Curriculum Guidelines and Educational Standards for Advanced In-Office Primary Care Ophthalmic Procedures* (approved November 6, 2018).

optometric students will be able to demonstrate “appropriate use, indication, and action of ophthalmic ultraviolet, visible, and infrared radiation LASER procedures”, including for the performance of “trabeculoplasty, post-cataract capsulotomy, peripheral iridotomy, and corneal modification for refractive changes.”⁷⁸ The Framework also states that optometric students shall, upon graduation, “demonstrate the psychomotor and cognitive skills necessary” to remove lesions and growths, and to perform injections.⁷⁹ No information is provided about how these skills are taught in optometry schools (e.g., practical experience, amount of time devoted to each procedure), however, nor is there information about how these competencies are assessed upon graduation.⁸⁰

The schools themselves were not willing to share syllabi or curriculum descriptions beyond course catalogs and brief course overviews. From these scant descriptions, the Office found that, if the proposed advanced procedures were taught at all, they were taught as one of several topics in a short course. Northeastern State University Oklahoma College of Optometry, widely regarded as the most rigorous of the optometry schools in matters of advanced procedures, offers several courses on advanced procedures and experience with human tissues and four courses regarding surgical procedures.⁸¹ However, no other schools offered this number of courses or depth of coursework. For example, in 2009, Pacific University’s curriculum offered 4,811 contact hours, 1260 of which were in a clinical setting.⁸² Ten of those hours related to providing injections. At Midwestern University Arizona College of Optometry, there is a course offered called “Advanced Ophthalmic Procedures” which addresses, among other things, “an introduction to physical assessment therapeutic ophthalmic lasers; intraocular, subcutaneous, intramuscular, and intravenous injections; and other advanced procedures.”⁸³ This course, offered in the winter of the third year, is four credits out of 252 credits required for graduation and there is no lab component.⁸⁴ The Illinois College of Optometry offers more courses – three – that provide education on advanced procedures.⁸⁵ The injections and minor surgical procedures course requires a total of six hours of lab and 18 hours of lecture.⁸⁶ The ophthalmic lasers course requires about six hours of lab and six hours of lecture. There is also a clinical rotation offered in advanced eyecare where students observe ophthalmic care.⁸⁷ This rotation offers about 24 hours of total observation.⁸⁸

⁷⁸ *Id.* at 8 citing Standard C.7.

⁷⁹ *Id.* at 9-10 citing Standards C.8.-C.14.

⁸⁰ There is a document on ASCO’s website instructing schools on how to create an outcome assessment. The information is general, however, and not specific to each skill or procedure.

⁸¹ *NCUOCO Course Catalog*, Northeastern State University Oklahoma College of Optometry, <https://optometry.nsuok.edu/Portals/5/PDF%20Files/nsuoco-course-catalog.pdf> (last visited January 15, 2020).

⁸² Washington: State Department of Health, *Optometry Scope of Practice Sunrise Review*, 75-76 (December 2009) available at <https://www.doh.wa.gov/portals/1/Documents/Pubs/631002OD.pdf>.

⁸³ *Course Descriptions Arizona College of Optometry, OPTOG 1729: Advanced Ophthalmic Procedures*, Midwestern University Arizona College of Optometry, <https://www.midwestern.edu/glendale-az-campus-catalog/arizona-college-of-optometry/course-descriptions.xml> (last visited January 15, 2020).

⁸⁴ *Id.*

⁸⁵ *Course Catalog: OCD 368 Injections and Minor Procedures, OCD 369 Ophthalmic Lasers, and PCE 371 Specialty Rotation (Advanced Eyecare)*, Illinois College of Optometry (last visited January 15, 2020). The estimates of total time spent in lab, lecture and clinical rotation, provided herein, are based on the hours per week requirements in the course description and the total length of the semester.

⁸⁶ *Id.*

⁸⁷ *Id.*

⁸⁸ *Id.*

OPR further found that the courses on advanced procedures were mainly didactic in nature. Practical experience with human patients and advanced procedures was minimal if at all. While optometry students do complete basic science courses at the beginning of their education, like medical students, most optometric students do not also have a lab experience performing dissections on human cadavers. (Northeastern State University in Oklahoma does use cadaver dissection in its first-year labs.)⁸⁹ If any practical experience is offered, animals and computer models are more likely the subjects.⁹⁰

Even the most in-depth and comprehensive optometry school program at Northeastern State University, however, is not the functional equivalent of ophthalmology training.⁹¹ Medical education is highly standardized and consistent across schools and much more extensive than optometric training in the proposed advanced procedures. This education and training contribute significantly to patient safety. During their training, ophthalmologists see all manners of disease in various forms of manifestation. They are trained with direct oversight from experienced physicians on how to perform procedures, and they perform these procedures hundreds of times before they do so on their own. Ophthalmologists not only learn about the eye and related diseases and conditions, but they learn about other diseases, the impacts of disease on the entire anatomical system, how to suture human tissue, clinical judgment and how to address complications as they arise. While OPR cannot conclude that 16,000 hours of training is necessary to safely perform the advanced procedures proposed by the VOA, it is clear to OPR that more than one or two, short, lecture-based courses are needed to prepare a provider to safely render these procedures.

Continuing Education

OPR also finds that a two-day continuing education course on the proposed advanced procedures is likely insufficient to prepare an optometrist to perform these on his or her own in a private office. A sample course curriculum on injections provided in the 2009 Washington policy report states that it is a two-day course, with one to four hours spent learning about and practicing each procedure.⁹² Each procedure is practiced on a lab partner. The AOA offers a 16-hour course at its annual meeting teaching “the skills necessary to perform surgery in a primary eye care setting, including suture techniques, injections, anesthesia, wound management and other procedures.”⁹³ Both courses offer 8 hours of lab time and 8 hours of lecture.⁹⁴ There is a separate 16-hour Laser Procedures Certification course, providing “training for performing anterior segment laser procedures, including YAG capsulotomy, laser peripheral iridotomy,

⁸⁹ *NCUOCO Course Catalog: Course 4167 Human Anatomy and Physiology*, Northeastern State University Oklahoma College of Optometry, <https://optometry.nsuok.edu/Portals/5/PDF%20Files/nsuoco-course-catalog.pdf> (last visited January 15, 2020).

⁹⁰ Schroeder, Michael, “Optometrists, Ophthalmologists Fight Over Eye Care Rights”, *Angie’s List* (June 16, 2011) available at www.angieslist.com/articles/optometrists-ophthalmologists-fight-over-eye-care-rights.htm and *Student Catalog: OPT 516 Gross Anatomy, Histology & Radiographic Techniques*, 54, University of Kentucky College of Optometry, <https://www.upike.edu/wp-content/uploads/2019/09/KYCO-Catalog-2019-2020.pdf> (last visited January 15, 2020).

⁹¹ Washington: State Department of Health, *Optometry Scope of Practice Sunrise Review*, 11 (December 2009) available at <https://www.doh.wa.gov/portals/1/Documents/Pubs/631002OD.pdf>.

⁹² *Id.* at 49-52.

⁹³ *Need CE? Look no further than Optometry’s Meeting®*, American Optometric Association, <https://www.aoa.org/news/inside-optometry/continuing-education-optometrys-meeting-2019> (last visited January 15, 2020).

⁹⁴ *Id.*

gonioscopy, laser trabeculoplasty and other procedures.”⁹⁵ It is difficult to see how such a short course could prepare providers to perform these procedures and to address all complications that arise, let alone provide additional training in counter-indications for surgery and the clinical judgment of when surgery is needed.

For the above reasons, OPR is unable to conclude that expanding the optometric scope of practice to include the proposed advanced procedures would be in the interest of protecting public safety.

Need and Access

Proponents of expanding the optometric scope of practice argue that Vermont’s eye patients face barriers to accessing these services, including such barriers as distance and wait time. Supporters of an expanded scope also argue that Vermont patients need to have a choice of providers when determining whether to undergo one of the proposed advanced procedures. Those opposed to the scope expansion argue that the current system of care – one in which optometrists refer patients to ophthalmologists to undergo the proposed advanced procedures – is functioning well and there are few if any access issues. Opponents further argue that, due to confusion in the marketplace, patients would not have a real, informed choice of providers should optometrists be permitted to perform the proposed advanced procedures.

Based on the evidence and research collected, OPR could not conclude that there is an issue with accessing these proposed advanced procedures in Vermont. OPR is also concerned that permitting optometrists to perform these procedures would create additional confusion in the marketplace about optometric training and education, and about the distinction between optometrists and ophthalmologists. This would negatively impact a patient’s ability to make an informed choice about care.

I. Support for Scope Expansion: Access Challenges and Need for Choice

A. Access

The VOA states that a combination of long wait times, long drives and redundant care create an access problem for Vermont patients. These barriers result in delayed care and increased risks for noncompliance with care. OPR asked the VOA to contact patients and have them speak with the Office about challenges the patients faced accessing care related to the proposed advanced procedures. Seven patients responded, two of whom sent their responses through Dr. St. Marie and two more of whom responded to a list of questions Dr. St. Marie presented to them. The following are summations of these patients’ concerns regarding traveling to ophthalmologists for the advanced procedures:

- One patient was initially seeing an ophthalmologist 2.5 hours from her home but is currently seeing an ophthalmologist 25 minutes from her home and is pleased with her current situation.
- Another patient shared the challenge of getting to Burlington or Dartmouth from Stowe for her appointments, especially given her inability to drive in bad weather.
- One patient reported that for each of his appointments with the ophthalmologist, first for an exam and then for the laser procedure, he had to have his wife drive him and wait for him during the procedure.
- Another patient had to travel 15-20 minutes each way to receive care from the ophthalmologist.

⁹⁵ *Id.*

Another concern voiced by the VOA and the seven patients who contacted OPR was the long wait times for care from an ophthalmologist.

- Several of the patients who contacted OPR expressed preference for receiving the laser procedure on the same day they were there for their exam appointments.
- One patient was referred to Dartmouth Hitchcock Medical Center for an advanced procedure and had to wait so long for an appointment at that facility that he had to pay an additional insurance deductible. The patient did not report this delay to his optometrist and did not seek a referral to another ophthalmologist in Vermont.
- One patient from St. Albans reported seeing the ophthalmologist within two weeks for a repeat exam but having to wait 72 days (from his initial referral) for the first laser treatment and 97 days for the second laser treatment.
- Another patient from Richford was seen by an ophthalmologist within a month of the day he was referred for treatment and received laser treatments in 12 days (for one eye) and 21 days for the other.
- A third patient from St. Albans, whose story was related through Dr. St. Marie, stated that she had to wait 50 days after her referral from Dr. St. Marie to see an ophthalmologist for her initial exam. Her laser surgeries were performed 82 days and 118 days after the initial referral.
- Dr. St. Marie also related the story of a patient who was referred to an ophthalmologist in April and missed his first exam in June. Then, because of scheduling conflicts on both sides, his first exam was not until August. His laser surgeries eventually occurred in November and December.

In sum, three of the seven patients who contacted OPR regarding delays in care after being referred to a Vermont ophthalmologist were by seen that ophthalmologist for an initial exam within 4 weeks. Two patients experienced longer delays: one patient experienced a delay of 50 days before her first appointment, and one patient experienced a delay at Dartmouth-Hitchcock Medical Center. One patient missed his initial appointment, and one patient did not report how long it took for her initial appointment to be scheduled.

The VOA also noted that allowing optometrists to perform advanced procedures would help address access issues in emergencies when a lack of access to care may mean that a patient will go blind in days.

Finally, the VOA stated that, even if there are ophthalmologists nearby, they may be specialists who do not treat patients needing routine care. Thus, geographic proximity of ophthalmologists does not necessarily indicate that patients have access to advanced procedures.

B. Patient Choice

The VOA argued that patients should have a choice in providers. In support of this contention, the VOA shared a study performed by Avalon Health Economics (“Avalon”), a consultancy firm engaged by the AOA. In this study, Avalon avers that “80% of American voters when it comes to their eye health, report[ed] they’d rather have easy access to a doctor of optometry than have to travel further or wait longer to schedule with a specialist.”⁹⁶ Similarly, many of the patients who sent OPR emails about their

⁹⁶ Schneider, John E. PhD and Cara M. Scheibling, “Optometry’s Essential and Expanding Role in Health Care: Assured Quality and Greater Access for Healthier Communities”, *Avalon Health Economics* (June 20, 2019)

experiences expressed a preference for receiving care from their optometrist with whom they had a longstanding relationship.

II. Opposition to Scope Expansion: No Access Issues and Creating Confusion

A. Access

In support of its position that there is not a problem with access to ophthalmic care in Vermont, VOS provided a map showing that 79.3% of Vermonters live within a 30-minute drive of an ophthalmologist's office. (Some of those offices are located in New Hampshire, New York or Massachusetts.) VOS also presented a map based on 2016 Medicare data showing that YAG capsulotomy procedures were performed in nine locations across all regions of the state, including locations in the Northeast Kingdom, around Rutland, in Windham and Bennington Counties, and in central and Northwestern Vermont.

VOS also pointed out that, in other states with expanded scope of optometric practice, most optometrists offering advanced procedures are located in urban locations in order to have enough patients to justify the costs of the equipment and to maintain competency. The patients in rural areas remain unserved.⁹⁷

Additionally, VOS presented its findings from a survey it conducted of 28 ophthalmologists across the State of Vermont regarding wait times for procedures. The findings are as follows:

- For YAG capsulotomies and laser iridotomies, 85% of respondents said they could see a patient in less than 2 weeks and 100% of respondents said they could see the patient in 4-8 weeks.
- For laser trabeculoplasty (ALT/SLT), 82% of respondents said that they could see a patient for an initial exam in less than 2 weeks and 100% of respondents could see a patient in 4-8 weeks.
- 19/26 (73%) of responding ophthalmologists perform eyelid surgeries. 78% said they could do so in less than 2 weeks from the initial referral and 100% said they could do so in less than 4 weeks.
- The respondents noted that, if the eyelid surgery had to be performed at the hospital, there would be longer wait times due to scheduling OR time.
- 96% of providers said they could accommodate procedures in one week with a request from a referring provider and immediately if urgent.
- The VOS also noted that acceptance of insurance is a key to patient access to care. 100% of providers who responded to the VMS/VOS survey accept Medicaid payment.⁹⁸

B. Patient Choice

Ophthalmologists emphasized that they, too, are local providers with relationships with patients. The VOS also argued that the public does not have enough information to make an informed choice about care when it comes to choosing between an optometrist and an ophthalmologist because of confusion

available at https://avalonecon.com/optometrysts-essential-and-expanding-role-in-health-care/?fbclid=IwAR3YUAWbhBjCix_fEdDvkFon-O8W2Lh3yNnVLh_Y3i3OcjtFpQQk5K4wyXA.

⁹⁷ Stein, Joshua D. M.D. *et al*, "Access to Ophthalmologists in States Where Optometrists Have Expanded Scope of Practice", *Journal of American Medical Association Ophthalmology* (November 22, 2017) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5833600/?report=printable>.

⁹⁸ Vermont Ophthalmological Society, *Vermont Ophthalmology Survey on Access to Laser and Eyelid Surgery* (conducted in October 2019).

over the differences between the professions. VOS provided an AMA study showing that 47% of those surveyed believed optometrists were physicians, and 10% were not sure.⁹⁹ The survey also showed that 89% of respondents wanted only an M.D. or O.D. to be allowed to perform surgical procedures.¹⁰⁰

III. OPR Findings

A. Access

Access in Vermont

There are 130 licensed optometrists and 80 licensed ophthalmologists in Vermont.¹⁰¹ Figure 1, in Appendix A, shows the locations of each of these providers. As shown on the map, there are only a few optometrists located in areas where there are no ophthalmologists. Similarly, there are only a few ophthalmologists located in areas without optometrists.

As shown on Figures 2 and 3 included in Appendix A, all Vermonters, except those living in a small area of the Northeast Kingdom, live within 30 miles of an ophthalmologist. Notably, there are no optometrists within 30 miles of the area in the Northeast Kingdom that is more than 30 miles from an ophthalmologist.

OPR is not able to find that there is a dearth of ophthalmologists in Vermont or that they are located far away from patients needing their services. All of the patients who contacted OPR report traveling 30 miles or less to see the ophthalmologist. The geographic data similarly shows that the vast majority of Vermonters lives within 30 miles of an optometrist. Further, when the geographic data is considered, it appears that most optometrists and ophthalmologists are located in the same towns or within a few miles of each other. Thus, permitting optometrists to perform these proposed advanced procedures would not reduce driving time for most patients.

Nor is OPR able to conclude that patients are experiencing inappropriately long wait times for eye care in Vermont. Only two patients provided evidence that they experienced a delay of longer than 4 weeks before their initial appointments with an ophthalmologist. Regarding the delays between the initial appointment and the laser treatments, there are considerations outside of capacity, and specific to patient care, that may be the source of these delays. Rather than opine that the time between initial examination and the advanced procedure was too long, OPR defers to the ophthalmologists, who examined the patients and concluded that the procedures did not need to be performed immediately, to determine the course of patient treatment.

OPR further notes that none of the patients who contacted OPR experienced any disease consequences due to the wait between the initial exam and the procedures. Nor did the optometrists in these cases think the need for the procedures was so urgent that they called and sought faster treatment for their patients. Considering the short wait times for an initial exam, deference to the ophthalmologists' professional judgment, and the lack of disease impact, OPR cannot conclude that Vermont patients are experiencing inappropriate long wait times for these proposed advanced procedures.

⁹⁹ American Medical Association, *Truth in Advertising Survey Results* (2018).

¹⁰⁰ *Id.*

¹⁰¹ *Provider Lookup*. Vermont Medicaid Portal. <http://vtmedicaid.com/#/providerLookup>. Accessed in July 2019.

For these reasons, OPR does not find that there is an issue with access to these advanced procedures in Vermont that expanding the optometric scope of practice would fix.

Access in States with Expanded Scopes of Practice

A review of the research demonstrates that expanding the optometric scope of practice will not necessarily address access issues for rural patients. A 2018 JAMA Ophthalmology article found that, in Oklahoma, a state with an expanded scope of practice, only 12.2% of the advanced procedures performed by optometrists were performed in areas more than an hour away from the nearest ophthalmologist.¹⁰² In Kentucky, only 0.8% of advanced procedures performed by an optometrist occurred in locations more than an hour away from an ophthalmologist.¹⁰³ In New Mexico, which does not permit optometrists to perform laser procedures but allows non-surgical removal of lesions and cysts, 34.8% of advanced procedures performed by an optometrist were conducted in a location more than an hour away from an ophthalmologist.¹⁰⁴ In these states, optometrists who perform these advanced procedures were located in more urban areas and patients in rural areas did not see improved access.

B. Patient Choice

OPR notes that the patients who contacted OPR, either directly or through their optometrists, had good relationships with their optometrists and wished to receive advanced procedures care from them. The Office is also aware, however, that there is evidence that the public does not have the information to make an informed choice between receiving care from an optometrist or an ophthalmologist. In a survey conducted by Angie's List, 93% of respondents claimed to know the difference between ophthalmologists and optometrists.¹⁰⁵ However, 25% of these respondents then went on to incorrectly identify optometrists as medical doctors.¹⁰⁶ The AMA study provided by VOS shows similar confusion.¹⁰⁷

OPR is concerned that permitting optometrists to perform procedures traditionally performed by medical doctors would further obscure the distinctions between optometrists and ophthalmologists, and their respective education and training, thus creating more confusion among the public. In turn, OPR finds that maintaining the current optometric scope of practice would better serve the goal of helping the public make an informed choice about their care providers.

Cost

I. Support for Scope Expansion: A Reduction in Redundancy and Other Costs

The VOA admits that there may be a short-term increase in the number of laser procedures performed if the optometric scope of practice is expanded. The VOA argues, however, that long-term costs will decrease if the optometric scope of practice is expanded because a repeat exam performed by an

¹⁰² Stein, Joshua D. M.D. *et al*, "Access to Ophthalmologists in States Where Optometrists Have Expanded Scope of Practice", *Journal of American Medical Association Ophthalmology* (November 22, 2017) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5833600/?report=printable>.

¹⁰³ *Id.*

¹⁰⁴ *Id.*

¹⁰⁵ Schroeder, Michael, "Optometrists, Ophthalmologists Fight Over Eye Care Rights", *Angie's List* (June 16, 2011) available at www.angieslist.com/articles/optometrists-ophthalmologists-fight-over-eye-care-rights.htm.

¹⁰⁶ *Id.*

¹⁰⁷ American Medical Association, *Truth in Advertising Survey Results* (2018).

ophthalmologist will not be needed, and patients won't need to take additional time off from work or make long drives multiple times. VOA also argues that shorter wait times will reduce costs by improving patient compliance with care, thus avoiding increased morbidity associated with not caring for the disease, and by allowing patients to stop taking medications, which are used to treat the symptoms of the disease, faster. The Avalon study further estimated that "scope of practice expansion adds \$600 million per year in transaction costs savings and another \$4 billion per year in savings attributable to access-related improvements in health outcomes."¹⁰⁸

The VOA also argues that the facility fee charged by hospitals will be saved when the procedure is performed in an office setting and that the increased number of providers in the market place will increase competition and drive down costs for laser procedures.

OPR also takes note of a patient commented that the prescription medications he takes to treat the symptoms of his eye disease cost \$400 every month. As a result, the 4 months it took for him to receive laser surgery cost him over \$1000 for medications, in addition to missing work and having to travel. He stated that, had he been able to receive the laser treatment from his optometrist on the same day he was diagnosed, he would have been saved those costs for medications.

Regarding the cost of equipment, the VOA says that the cost of equipment is minimal and can be handled by most optometry practices.

II. Opposition to Scope Expansion: No Cost Savings

The VOS contends that repeat examinations by ophthalmologists are necessary to prevent ophthalmologists from performing unnecessary or inappropriate procedures, which can save costs. Dr. McNally reports that about one-third of the patients referred to her by optometrists for a procedure do not need that procedure but can be managed through medication or other treatments. VOS argues this shows that, should the scope of practice be expanded, costs could actually increase due to over-utilization of these advanced procedures by optometrists who have not developed the clinical judgment to know when such a procedure is needed.

The VOS also states that the equipment to perform these advanced procedures, specifically the lasers, is expensive. Consequently, VOS contends, optometrists will need to see more patients to pay for the equipment or increase costs for other patients.

III. OPR Findings

OPR finds that permitting optometrists to perform the proposed advanced procedures will eliminate the need for a repeated exam by an ophthalmologist and may result in patients taking less time off work and traveling less. However, it is less clear that a scope expansion will lead to the realization of money or health care system savings. The VOS contends, and the VOA admits, that utilization would increase if the scope of optometric practice were expanded. As Medicare and Medicaid provide the same

¹⁰⁸ Schneider, John E. PhD and Cara M. Scheibling, "Optometry's Essential and Expanding Role in Health Care: Assured Quality and Greater Access for Healthier Communities", *Avalon Health Economics* (June 20, 2019) available at https://avalonecon.com/optometrys-essential-and-expanding-role-in-health-care/?fbclid=IwAR3YUawbhBjCix_fEdDvkFon-O8W2Lh3yNnVLh_Y3i3OcjFpQQk5K4wyXA.

reimbursement regardless of whether a procedure is performed by an optometrist or ophthalmologist, OPR can thus conclude that costs would increase based on utilization, at least in the short-term.

Additionally, OPR cannot conclude that there will be long-term, net cost savings if the optometric scope of practice is expanded. For instance, there is some evidence that permitting optometrists to perform these advanced procedures may result in an increased number of repeated procedures. A 2016 JAMA Ophthalmology study found a significant increase in the rate of repeated trabeculectomy procedures required when optometrists performed the initial procedure.¹⁰⁹ When New Mexico considered scope expansion, the New Mexico Human Services Department estimated that the number of procedures would increase “because the learning curve for developing advanced surgical skills would necessitate that numerous ‘re-dos’ be performed by ophthalmologists to fix problems caused by less experienced practitioners.”¹¹⁰ The New Mexico Health Services Department estimated that the cost for the “re-dos” would be over \$200,000 in the State Medicaid budget.¹¹¹

Nor is OPR inclined to rely on the unsupported cost savings cited by the Avalon study provided by the VOA. This 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 significant cost savings.¹¹²

Further, the hospital facility fees that VOA considers as a long-term savings are already being “saved” by ophthalmologists, who provide these advanced procedures in their offices rather than in a hospital. In the survey of 28 ophthalmologists, conducted by VOS, only 2 stated that they regularly used hospital facilities to perform advanced procedures.¹¹³ In turn, no savings of the “facility fee” would be realized from also permitting optometrists to perform these procedures in their offices.

Regarding equipment, OPR estimates the cost to purchase the equipment for SLT and YAG lasers would cost \$30,000 to \$50,000. A recent search yielded a refurbished SLT laser selling on eBay for \$17,900, and a combination refurbished YAG/SLT laser selling for \$49,995. OPR received a price quote of \$13,950 for a refurbished YAG laser from Insight Eye Equipment, an ophthalmic equipment vendor headquartered in St. Louis, Missouri. There are likely other costs associated with providing such a procedure that OPR is

¹⁰⁹ Joshua D. Stein, M.D. *et al*, “Comparison of Outcomes of Laser Trabeculectomy Performed by Optometrists vs Ophthalmologists in Oklahoma”, *Journal of American Medical Association Ophthalmology* (July 28, 2016) available at jamanetwork.com/journals/jamaophthalmology/fullarticle/2535226. The AOA alleges this study is inaccurate because repeated trabeculectomy sessions is “an acceptable model” of care. *Criticized Laser Study Resurfaces in Scope Battles*, American Optometric Association, <https://www.aoa.org/news/clinical-eye-care/trabeculectomy-commentary> (last visited January 15, 2020).

¹¹⁰ New Mexico: Legislative Finance Committee, *Fiscal Impact Report: Amend Optometry Act, 2* (March 7, 2005).

¹¹¹ *Id.*

¹¹² Schneider, John E. PhD and Cara M. Scheibling, “Optometry’s Essential and Expanding Role in Health Care: Assured Quality and Greater Access for Healthier Communities”, *Avalon Health Economics* (June 20, 2019) available at https://avalonecon.com/optometrys-essential-and-expanding-role-in-health-care/?fbclid=IwAR3YUAWbhBjCix_fEdDvkFon-O8W2Lh3yNnVLh_Y3i3OcjFpQQk5K4wyXA.

¹¹³ Vermont Ophthalmological Society, *Vermont Ophthalmology Survey on Access to Laser and Eyelid Surgery* (conducted in October 2019).

unaware of and, thus, unable to estimate. A 2009 article stated that purchasing all the equipment needed to perform advanced procedures could cost up to \$500,000.¹¹⁴

Based on equipment costs, the JAMA and New Mexico research, and the predicted increased utilization accompanied by equivalent per-procedure reimbursement, OPR cannot find that expanding the optometric scope of practice to include these proposed advanced procedures would result in any costs savings.

Conclusion

At this time, OPR recommends against the expansion of the optometric scope of practice to include the proposed advanced procedures. This conclusion is affected significantly by our inability to confirm that clearly-established and appropriately-tailored didactic and in vivo education and training in specified procedures is universal to accredited educational programs. Consistent with Title 26, Ch. 57, we analyze licensing restrictions, including those derived from scope limitations, with the presumption that the public and licensees alike are best served when professionals are lawfully empowered to offer services commensurate with the full scope of their training. Future evolution in optometric graduate education could warrant reevaluation of these conclusions.

Respectfully submitted to the House and Senate Committees on Government Operations, the House Committee on Health Care, and the Senate Committee on Health and Welfare.

STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION

BY:



Lauren K. Layman
Staff Attorney

January 15, 2020
Date

APPROVED:



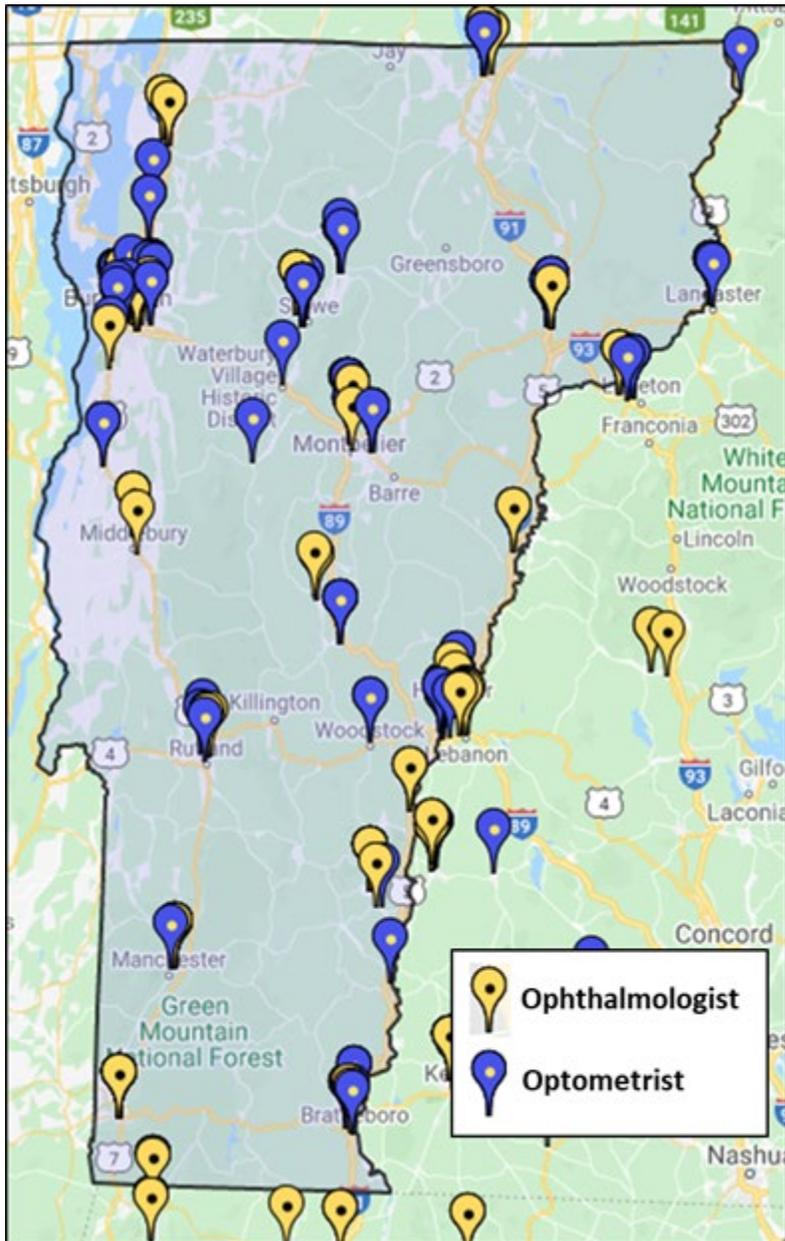
S. Lauren Hibbert
Director OPR

January 15, 2020
Date

¹¹⁴ Schroeder, Michael, "Optometrists, Ophthalmologists Fight Over Eye Care Rights", *Angie's List* (June 16, 2011) available at www.angieslist.com/articles/optometrists-ophthalmologists-fight-over-eye-care-rights.htm

APPENDIX A

Figure 1: Map of All Optometrist and Ophthalmologist Providers in Vermont¹¹⁵



¹¹⁵ Figures 1, 2 and 3 are based on Vermont-enrolled Medicaid providers as of July 2019. *Provider Lookup*. Vermont Medicaid Portal. <http://vtmedicaid.com/#/providerLookup>. Accessed in July 2019.

Figure 2: Map of 30-Mile Radii from Vermont Ophthalmologists North of Montpelier

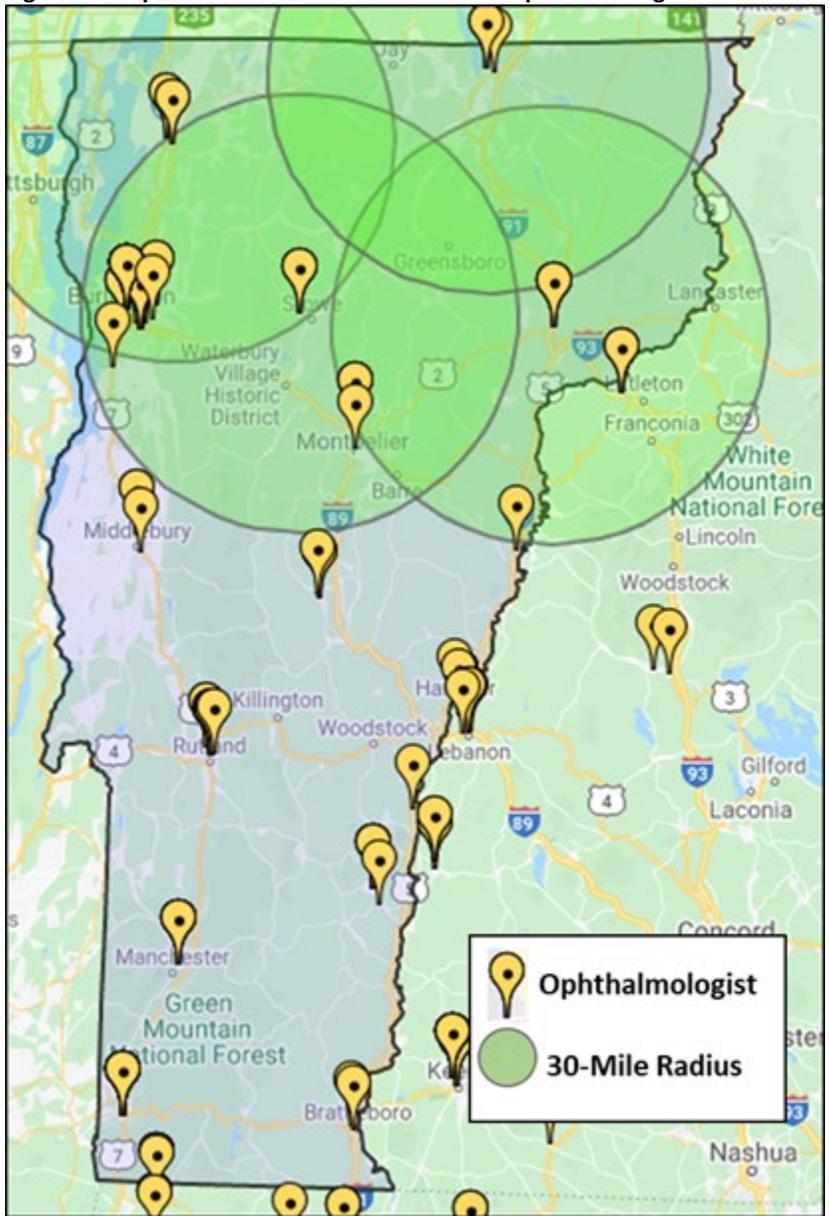
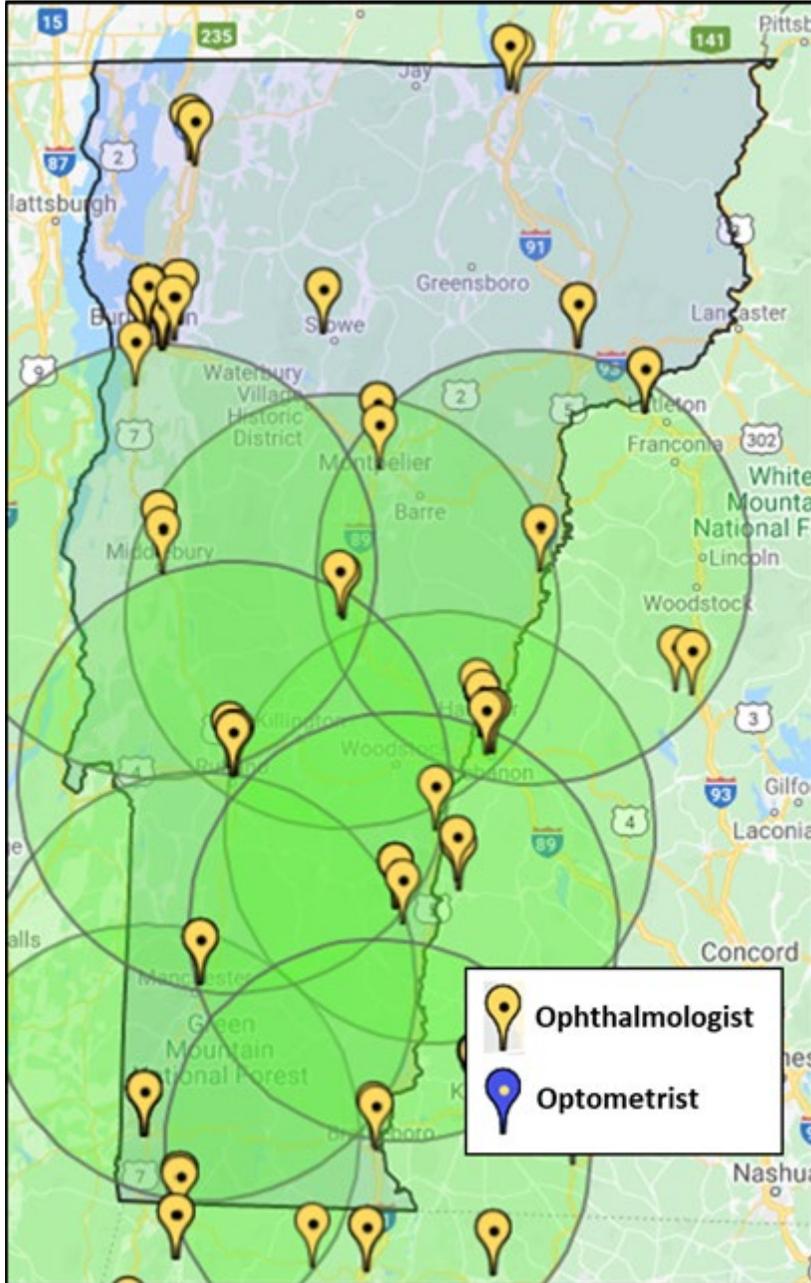


Figure 3: Map of 30-Mile Radii from Vermont Ophthalmologists South of Montpelier



To Whom it May Concern,

I am writing in opposition of the proposal by the Optometric Physicians of Washington to increase optometric scope of practice. Allowing optometrists to perform surgery, laser, and injections is not safe and is not in the best interest of the public.

Ophthalmologists are physicians who attend four years of medical school and a year of surgical or medical internship which build a foundation of medical and surgical knowledge. This is followed by a three-year-long ophthalmology residency program. On average, these three years result in 8,000-9,000 hours of direct patient care. Ophthalmology residents learn to perform procedures, lasers, injections, and surgery on patients in a step-wise fashion and are directly observed and instructed by experienced ophthalmologists. This results in unparalleled understanding of the medical and surgical treatment of eye disease and enables ophthalmologists to properly evaluate, counsel, and treat patients. Even after all of this training, many ophthalmologists elect to undergo further fellowship training in order to provide the best possible care to patients. On the other hand, optometrists attend four years of optometry school.

Procedures such as laser, injections, and surgery have inherent risks. Ophthalmologists are trained to anticipate these risks and minimize their occurrence. We are also trained to expeditiously identify and treat any potential complications. Optometrists lack the depth of training to do so. Members of the public may not readily appreciate the difference between optometrists and ophthalmologists. The Department of Health has an opportunity to protect the public by not approving this proposal.

Thank you for your consideration. Please contact me with any further questions.

Sincerely,

Christine Petersen, MD

Cori Tarzwell, Optometrist Sunrise Review Lead
Health Systems Quality Assurance
Washington State Department of Health
P.O. Box 47850
Olympia, WA 98504

Re: Optometrist scope of practice sunrise review, S-3085.2/21

Dear Ms. Tarzwell:

Thank you for the opportunity to comment on the sunrise review of S-3085.2 regarding scope of practice extension for optometrists in Washington State. I am an ophthalmologist who practices at the University of Washington, where I am Chief of Ophthalmology at Harborview Medical Center, and Vice Chair for Clinical Affairs of the Department of Ophthalmology. I recall that a similar bill was rejected several years ago, and with good reason.

If passed into law, S-3085.2/21 would grant optometrists the ability to 1.) prescribe essentially all systemic medications, and 2.) perform a number of laser and incisional surgeries on the eye and its surrounding tissues. These expansions in scope of practice for optometrists would unnecessarily threaten the vision of the citizens of Washington.

Optometric education includes no training to perform surgery on the eye. Optometrists attend an accredited optometry school for four years, during which time they take didactic courses directed at understanding the anatomy and physiology of the eye, diagnosing ocular disease, and providing glasses and contact lens. Following this, optometrists are eligible for licensure. Less than a quarter of optometrists pursue post-graduate training. There are no mandatory boards for assessing competency in optometry, nor is optometry recognized by the American Board of Medical Specialties.

In contrast, ophthalmologists undergo over 10,000 hours of supervised medical and surgical training before becoming independent surgeons (I myself saw approximately 15,000 patients and performed more than 300 operating room surgeries and laser surgeries during my training). Ophthalmologists attend four years of allopathic or osteopathic medical school, including two years of intensive didactic training followed by two years of clinical rotations. All medical students must demonstrate proficiency in basic surgery – including understanding of aseptic technique and operating procedure – in order to graduate medical school. All medical students must take and pass the three step US Medical Licensing Exams (USMLE) before being eligible for medical licensure. Following medical school, ophthalmologists serve one year as medical or surgical interns followed by three years of ophthalmology residency. All ophthalmology residency programs in the US are accredited by the Accreditation Council of Graduate Medical Education, which reviews all programs in the country annually and has strict guidelines for the educational content of each residency. At the University of Washington, our ophthalmology residency program provides trainees with 9500 hours of training over three years in all aspects of medical and surgical care of patients with eye disease. About 1000 hours of this training is in the classroom, and the remaining 8500 hours is hands-on, supervised training in our

clinics and operating rooms. Our residents perform several hundred ophthalmic surgical procedures each during this time, under full supervision of faculty ophthalmologists. Our residents report their surgical complications at a monthly quality assurance meeting, and we discuss these fully to ensure our residents understand the challenges and risks of surgical treatments. Following residency training, our graduates take the American Board of Ophthalmology (ABO) exam, which consists of a full-day written exam followed, one year later, by a full-day oral examination. The ABO is recognized by the American Board of Medical Specialties, which is the sole recognized board certification organization for medical doctors in the US. While this would seem to be a great deal of training and testing, about 80% of our graduates opt to pursue an additional one to two-year subspecialty fellowship in order to gain more training and experience in specialized surgical and medical eye care.

In summary, the average ophthalmologist in our state has over 10,000 hours of supervised medical and surgical training after medical school before they become independent surgeons. In the few states that have expanded optometric scope in recent years, optometric surgical training for practitioners has typically been a 3-4 day 'long weekend' course, taught by other optometrists, covering all aspects of surgery, with no opportunity for the optometrists to perform procedures on actual patients under supervision, and no recognized certification process. This training is not at all sufficient as a substitute for the thousands of hours of supervised surgical and medical training ophthalmologists receive. The surgical procedures permitted under the proposed legislation are not safe to perform without extensive surgical training, which optometrists do not receive. Quite simply, it is dangerous to allow minimally trained individuals to perform any surgical procedures on the eye.

Another absurd provision in S-3085.2/21 would grant the state board of optometry full oversight over surgery performed by optometrists. These are surgical procedures, and oversight of all surgery should rest solely with the Washington Medical Commission. Allowing a state optometric board oversight of the same procedures will create two standards of care for the citizens of Washington: a medical board which requires that all surgeons be licensed medical doctors with full accredited residency training, and an optometric board which oversees individuals performing surgical procedures with minimal training and minimal competency standards. Optometrists are obviously attempting a legal end-run around established safety standards long held by the state of Washington.

Sight is precious. The differences in training that are outlined above would beg the question why anyone would seek to have surgery or a medical procedure performed on their eye by an undertrained optometrist. However many members of the public may not understand the difference between optometrists (who have legislated the right to refer to themselves as "optometric physicians" in Washington state, to further confuse the public) and ophthalmologists. If optometrists are granted the scope to perform these procedures in Washington, unsuspecting patients may suffer potentially blinding complications that could have been prevented had a qualified surgeon performed the procedure.

Access to care will not be substantially increased by the proposed expanded scope of practice.

Analysis of the locations of treating ophthalmologists and optometrists in our state demonstrates that nearly all of our state's citizens have ready access to a local ophthalmologist who can safely perform surgical procedures.

Thank you again for the opportunity to comment on this draft legislation. I am strongly against the proposed legislation and sincerely hope the Sunrise Review Committee does not put the safety of our citizens' sight in jeopardy by approving this proposal. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Philip Chen".

Philip Chen, MD

Cori Tarzwell
Optometrist Sunrise Review Lead
Health Systems Quality Assurance
Washington State Department of Health
P.O. Box 47850
Olympia, WA 98504
optom-sunrise@doh.wa.gov

Topic: Optometrist scope of practice sunrise review

September 24, 2021

Dear Ms. Tarzwell:

I write to warn against the proposed changes in the scope of practice of optometrists in the state of Washington. I am not an ophthalmologist and have no special stake and defending the turf of physician eye specialists. I am a board-certified specialist in Family Medicine, Public Health and Preventive Medicine. My dedication is to protect the vision of my patients and the health of our community.

Specific proposed changes in OD scope of practice that would needlessly endanger patients include *surgery, laser procedures, injections, prescriptive authority*.

Optometrist training does not cover the essential knowledge and skills necessary for the practice of these services. Optometrist training programs do not have the structures, processes, or experience required for education and practical training in these areas.

In the health professions, the accepted approach to providing safe and effective services requires documented training and demonstrated expertise. Unfortunately, the proposal does not contain adequate safeguards for the upgrades in optometrist training necessary for these proposed expansions of scope of practice.

Discussions that try to compare the number of hours in classroom teaching simply demonstrate that they do not understand the nature of physician training. Optometrist training does not include the post-graduate training and practical experience required of all physicians in all specialties.

The current proposal does not include necessary professional training. Specifically, it fails to provide:

- Evidence of safe and effective practice among OD optometrists.
- Specific requirements for training, evaluation, and certification of competence.
- Involvement of professionals with current professional expertise in these areas of practice to guide, evaluate, and certify the adequacy of training and skills.

The notion that the Board of Optometry would have the authority to define its own scope of practice and leave training requirements to the variable programs of optometry schools across the nation is simply unprofessional, unscientific, and dangerous.

Access to medical care across our state – particularly in rural and remote areas - is provided almost entirely by family physicians. They provide the primary care for problems of the eye and work in consultation with physician ophthalmologists to address problems requiring special expertise and skills. Family physicians do not refer patients to OD optometrists for these proposed services.

Thank you for your careful review of this proposal and for sharing a commitment to protect patients and their eyes.

Sincerely,

A handwritten signature in black ink that reads "Wm R. Phillips". The signature is written in a cursive, flowing style.

William R. Phillips, MD, MPH, FAAFP, FACPM
Professor Emeritus of Family Medicine
Clinical Professor of Epidemiology
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WASHINGTON
ACADEMY OF
EYE PHYSICIANS
& SURGEONS

October 1, 2021

Cori Tarzwell, Optometrist Sunrise Review Lead Health Systems Quality Assurance
Washington State Department of Health
P.O. Box 47850
Olympia, WA 98504

RE: Sunrise Review - Optometrist scope of practice

Dear Ms. Tarzwell,

The Washington Academy of Eye Physicians and Surgeons (ophthalmologists) appreciates the opportunity to respond to the Department of Health's (DOH) draft Sunrise Review report to the Legislature on a proposal for optometric scope of practice expansion. WAEPS is grateful for the DOH's effort and due diligence on this critical public health issue. As physicians, we are obligated to protect our fellow citizens by standing up for safe surgery. WAEPS and the DOH agree that patient safety should be the backbone of any proposal to expand the optometric scope of practice. However, we have serious concerns about key elements of the DOH draft report.

WAEPS respectfully suggests the Department consider the following additions, corrections, and recommendations for the DOH Report:

1. Replace the non-medical terms "Advanced Procedures" and "Lumps and Bumps" to describe surgery on the eye and adnexa and more accurately describe these procedures in its report.
2. Include recommendations to close loopholes in the current definition and prohibition on ophthalmic surgery that may potentially threaten patient safety.
3. Re-evaluate access to eye care using more complete data sources.
4. Include a discussion of the implications of expanding the optometric scope of practice when there is already public confusion about the role of eye care providers.
5. Acknowledge that the current scope of practice will not precipitate a "brain drain" in Washington State.
6. Acknowledge that allowing optometrists to perform surgery will increase healthcare costs in Washington, not decrease them.

7. Include the fact that WAEPS is unaware of any instance in which PAs and APRNs perform eye surgery in Washington State.
8. Include a reference to current VA policy that prohibits optometrists from performing laser surgery.
9. Consider relevant analyses from the Vermont Office of Professional Regulation's recent report on a similar optometric scope of practice proposal.
10. Consider differences in education and training between ophthalmologists and optometrists when evaluating patient safety in performing surgery.
11. Acknowledge that the highest level of optometric education and training for Washington optometrists does not include surgery.
12. Acknowledge that the proposal to expand the optometric scope of practice to include surgery does not represent a national standard for optometrists.
13. Acknowledge that along with general anesthesia, injected or infused systemic administration of any anesthesia or sedation is outside the scope of practice of optometry.
14. Acknowledge that the use of systemic steroids have a very limited use in the practice of optometry, and that timely communication and referral is a better approach to severe systemic disease.
15. Place ACGME surgical minimums in context of the medical and surgical education on which they are based and recognize that all eye surgeries have complications.
16. Acknowledge the lack of credible evidence supporting claims of no adverse outcomes in states that allow surgery by optometrists.
17. Acknowledge that more care is not necessarily better care when it comes to ensuring patient safety when quality and efficiency are compromised.
18. Acknowledge that optometry board members lack the expertise to determine surgical training requirements for Washington optometrists.

Our concerns are discussed more fully below. Please do not hesitate to contact me if you have questions.

Sincerely,



Hubert Pham, MD
President
Washington Academy of Eye Physicians and Surgeons

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Use of Terms: “Advanced Procedures” and “Lumps and Bumps”

- Use of the terms “advanced procedures” and “lumps and bumps” obscure the serious nature of the procedures and conditions that are included in this proposal to expand the optometric scope of practice to include surgery.

The DOH draft uses the term “advanced procedures” to describe surgery on the eyes and surrounding tissues. The DOH draft also uses the term “lumps and bumps” to describe scalpel surgery on the eyelids. WAEPS requests that DOH replace the terms “lumps and bumps” and “advanced procedures” and more accurately describe these surgeries in its report. These non-medical terms may obscure the fact that these procedures are surgeries that permanently alter human tissue. The legislature and the public would benefit from a clearer understanding of what these procedures are, the way they are performed, the reasons they are performed, the intra-operative and post-operative complications that can result, and the education and training required to perform these procedures safely. For example, “lumps and bumps” on the eyelid include non-cancerous lesions such as chalazia, styes, and skin tags, but also includes life-threatening malignancies such as carcinomas, melanoma and metastatic tumors. Failing to recognize and excise properly with pathologic examination, margins to excision, and awareness of potential complications and avenues of spread, can result in disfigurement, spread of cancer, blindness, and death.

Definition of Ophthalmic Surgery

- The optometric practice act clearly defines and prohibits optometrists from performing ophthalmic surgery.
- WAEPS is willing to work with all stakeholders to remove any loopholes in the current definition of ophthalmic surgery that threatens patient safety in Washington.

This current definition and prohibition on ophthalmic surgery in the optometric practice was written through a collaborative effort between optometric and ophthalmic leaders. The OPW now contends that the surgical exclusion is difficult to interpret. WAEPS disagrees. RCW 18.53.010.8 reads:

“Nothing in this chapter may be construed to authorize optometrists to perform ophthalmic surgery. Ophthalmic surgery is defined as any invasive procedure in which human tissue is cut, ablated, or otherwise penetrated by incision, injection, laser, ultrasound, or other means, in order to: treat human eye diseases; alter or correct

refractive error; or alter or enhance cosmetic appearance. Nothing in this chapter limits an optometrist's ability to use diagnostic instruments utilizing laser or ultrasound technology. Ophthalmic surgery, as defined in this subsection, does not include removal of superficial ocular foreign bodies, epilation of misaligned eyelashes, placement of punctal or lacrimal plugs, diagnostic dilation and irrigation of the lacrimal system, orthokeratology, prescription and fitting of contact lenses with the purpose of altering refractive error, or other similar procedures within the scope of practice of optometry.”

WAEPS believes this provision of the optometric practice act is very clear. Any revision to this definition and prohibition on surgery should build upon the specificity of current law and, if necessary, should be updated and expanded to remove any potential ambiguities that threaten patient safety. WAEPS is willing to work with all stakeholders to remove loopholes in the definition. WAEPS remains opposed to changes to the prohibition on ophthalmic surgery in whole or in part because of the implicit compromise to patient safety in Washington.

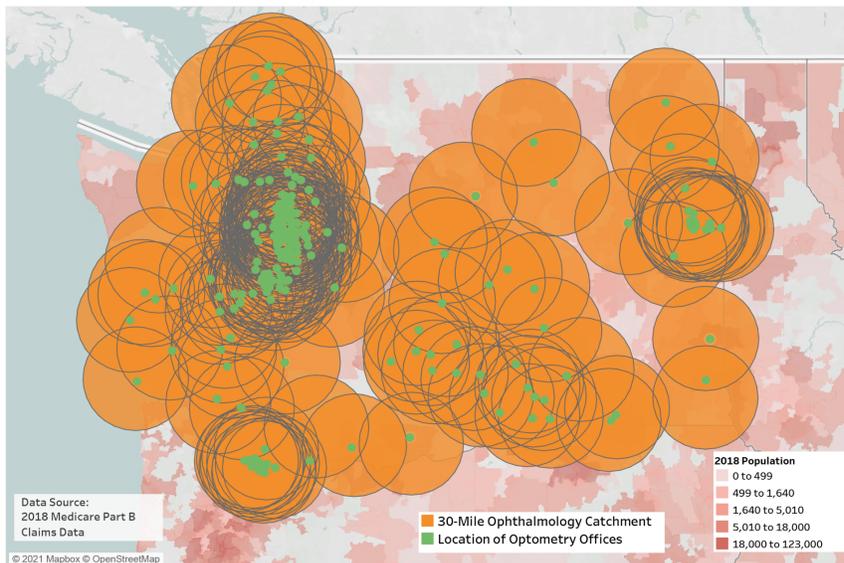
Access to Eye Care in Washington

- 96% of Washingtonians are within 30 minutes of an ophthalmologist.
- Of the other 4%, most are also more than 30 minutes from an optometrist.
- There is no patient outcry regarding access to eye care in Washington--this is an optometry led proposal.

We respectfully ask the DOH to re-evaluate access to care to ophthalmologists using more complete data sources. The “annual demographic census/survey” that the DOH

30 Mi. Catchment Area Surrounding Ophthalmology Points of Service and Geolocation of Optometry Points of Service

No Optometry Points of Service are More than 30 Miles to an Ophthalmologist

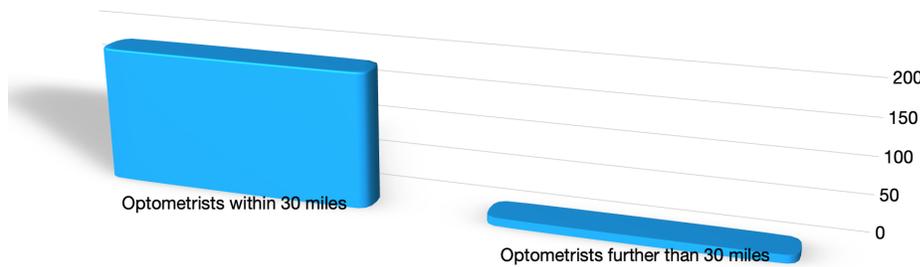


used to determine ophthalmic practice locations is a **voluntary survey to which many practitioners do not respond**. A more accurate reflection of provider points of service locations can be determined by **tracking Medicare claims data, which is not voluntary**. This public data reveals that no optometry points of service are more than 30 miles from an ophthalmologist.

The DOH draft also inaccurately states that there are no practicing ophthalmologists in 13 counties. However, of these 13 counties, 10 have ophthalmologists practicing within 25 miles of the county's major population center. Of the remaining three counties, there were ophthalmologists within 50 miles of the county's major population center. Okanogan County, which was specifically noted by the OPW as not having ophthalmologists, actually has **four ophthalmologists** who care for patients in that county. Moreover, the DOH evaluation should also take into account that the closest specialty care may be in an adjacent county that is in closer proximity than the county of origin. The DOH should, moreover, review the peer-reviewed publication that WAEPS submitted on July 16th that shows that **96% of Washingtonians reside within 30 minutes of an ophthalmologist.**¹ And, of the residents who live farther away, most are equally distant from an optometrist.

Washington optometrists have themselves demonstrated the reason this proposal is unlikely to improve rural access. Of the 195 comments by Washington optometrists received by the DOH as part of this Sunrise Review, the overwhelming majority practice

Optometrists who wrote in support of optometric scope expansion.



Almost all who wrote in support were from urban areas or within a short drive of an ophthalmologist.

in urban centers or in ophthalmology run practices. Only 11 comments came from optometrists more than 30 minutes from a major population center or an ophthalmology practice. This is consistent with

Medicare claims data that shows that only a few Oklahoma optometrists perform the vast majority of YAG lasers by these providers. A peer-reviewed study of optometric surgery in Kentucky, New Mexico and Oklahoma between 2008 and 2014 also concludes that, "In the states where optometrists have expanded scope of practice, most residents lived within an ETT of 30 minutes of the nearest ophthalmologist office, as do half of Medicare beneficiaries who received surgical care from optometrists."²

Public Confusion about Providers

- An expanded optometric scope of practice to include surgery would blur the lines between provider types for an already confused public with implications for patient safety.

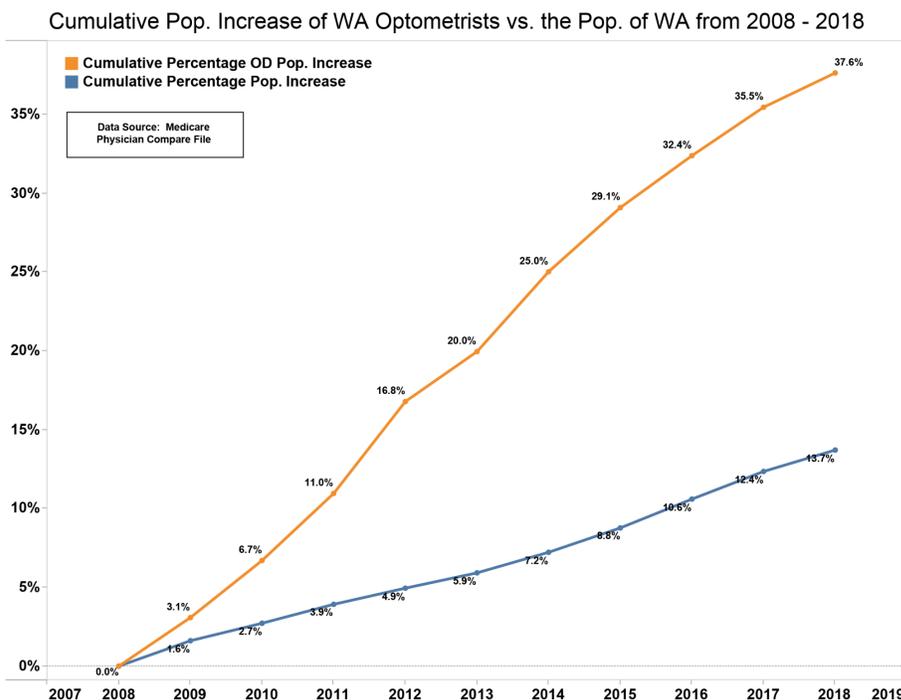
The public is already confused about the difference between ophthalmologists and optometrists, making it hard for patients to know the credentials of their providers and

ultimately where to seek care. **The DOH should consider the implications of this public confusion and its relation to optometric scope expansion to include surgery.** When educated and surveyed, the public overwhelmingly chooses to have eye surgery, including lasers and injections, performed by ophthalmologists (>80%).^{1,3} However, given the persistent confusion of Washingtonians, patient safety is best ensured when the optometric scope of practice makes a clear distinction between primary eye care and surgical care. These distinctions assist patients to better understand the level of care they may need to address their personal eye health.

Impact on the Future Optometric Workforce from Rejecting this Proposal

- Growth in the number of optometrists in Washington between 2008-2018, which grew twice as fast as the state’s population growth, demonstrates that there is no anticipated “brain-drain” related to maintaining the current optometric scope of practice.

Concerns about future prospects for recruitment of optometrists to Washington State if the optometric scope of practice is not expanded to include surgery is not supported by



the data. Between 2008 and 2018, the number of optometrists in Washington increased by nearly 38%, while the state’s population grew by less than 14%. Due to a major expansion in the number of students in optometry schools in recent years, Washington will be assured of an ample future supply of optometrists entering practice.

Past studies of health care work forces predicted a shortage of ophthalmologists years ago. However, increases in efficiency have to date prevented the predicted shortfall. There are still predictions of future shortfalls in eye care, but this is more at the primary

eye care level, and not in the surgical realm. If optometrists performed more primary eye care and referred surgery to local ophthalmologists, there would be relatively few delays and less travel for many patients.

Cost of Care if Optometrists are Allowed to Perform Surgery

- Optometric surgery will actually increase the cost of healthcare in Washington.

Optometrists use the same billing codes as ophthalmologists, and are paid exactly the same by Medicare, Medicaid, and all private insurers: the reimbursement is the same, regardless of whether it is paid to an ophthalmologist or an optometrist.

The OPW is arguing that they will reduce health care costs by eliminating surgical facility fees charged by ambulatory surgery centers (ASCs) and hospital outpatient departments. They point out that optometrists do not work in these settings and would not charge these fees, thereby saving Medicare/Medicaid money. Their argument implies that most ophthalmologists perform these types of laser procedures (YAG laser capsulotomy, selective laser or argon laser trabeculoplasty [SLT or ALT], and laser peripheral iridotomy [LPI]) in an ambulatory surgery center or hospital outpatient department, which is not the case. Most ophthalmologists perform these procedures in their offices where there are no facility fees charged to the patient's insurance.

A recent study in JAMA Ophthalmology showed that eyes with glaucoma treated with selective laser trabeculoplasty (SLT) by an optometrist had a 189% increased risk of needing additional laser surgery. Not only does this incorrect or ineffective treatment by optometrists increase risk of harm to patients, but this also contributes to **significantly increased costs** to the patient and the healthcare system.

PAs and Nurses in Eye Care in Washington

- To our knowledge, PAs or ARNPs in Washington do not perform eye surgeries, including laser surgeries.

The DOH draft inaccurately states that PAs and nurses are already permitted to perform eye surgeries which optometrists are seeking to include in their scope. Some ophthalmology clinics in Washington employ PAs and nurses. Washington PAs may practice to the full extent of their supervising physician. However, PAs and nurses are generally utilized as practice extenders to perform non-surgical duties. These duties include pre-operative history and physical exams on surgical patients. ***WAEPS is unaware of instances in which these clinicians perform lasers, scalpel surgery, or injections into the eye or adnexa.***

Nationally, there are over 104,000 PAs in practice. Of these, only 80 PAs nationwide specialize in ophthalmology, according to the National Commission on Certification of Physician Assistants 2019 Statistical Profile of Certified Physician Assistants by Specialty Annual Report. A mere .08% of the nation's PAs even specialize in ophthalmology. Assuming that PAs are proportionally present in Washington and ophthalmologists use them like their colleagues in other states, there might be two specializing in ophthalmology in the state. ***That in no way implies that they would be involved in performing surgical procedures.***

Veterans Administration Policy on Use of Lasers

- Optometrists are prohibited from performing laser eye surgery in the VA System.

The DOH draft includes substantive misinformation about optometrists performing procedures within the VA system. Current VA policy is that optometrists are **not** permitted to perform laser surgery at its facilities.^{4,5}

Vermont Office of Professional Regulation Report on Optometric Scope Expansion

- An extensive report on an optometric surgery proposal by the Vermont Office of Professional Regulation determined that optometric education and training does not warrant surgical expansion.
- WAEPS believes a careful review of this report may be useful to the DOH in completing its own analysis of the issue.

WAEPS provided the DOH with a thorough and extensive report issued by the Vermont Office of Professional Regulation (VOPT) in 2020.⁶ The report examined a similar optometric scope of practice proposal. VOPT concluded that optometric scope expansion to include surgery was inappropriate. WAEPS recommends that the DOH carefully review the relevant analyses in this report. VOPT's finding and research methods may be useful and directly applicable to the DOH's own analysis.

Comparison of Education and Training for Optometrists and Ophthalmologists

- The significant differences in education and training between optometrists and ophthalmologists reveals the fundamental reason that allowing optometrists to perform surgery in Washington threatens patient safety.

The chart below details the differences in time, subject matter, and didactic and clinical substance that distinguishes the education of optometrists and ophthalmologists. The

result of these different educational pathways is that ophthalmologists are trained to perform surgery, but optometrists are not.

	Ophthalmologist (MD)	Optometrist (OD)
Educational Requirements	<p><u>12-13 years or more</u></p> <ul style="list-style-type: none"> • 4 years of college • 4 years of medical school • 4 years of residency training • 1-2 years of optional fellowship training 	<p><u>6 years</u></p> <ul style="list-style-type: none"> • 2-4 years of college • 4 years of optometry school
Clinical Experience	<ul style="list-style-type: none"> • 17,000+ hours of clinical experience = 7 years of 40+ hours/week training more than optometrists • 3,000+ patient encounters • Hundreds of surgical cases 	<ul style="list-style-type: none"> • 2,000 hours of clinical experience • No hands-on surgical training in training in 21 of 23 schools • Post-optometry school training to do lasers = weekend course at hotel (1-2 hours of real training)
Accreditation	<ul style="list-style-type: none"> • Independently accrediting organizations (LCME, ACGME, AUPO, ABO, ABMS). Same bodies that accredit neurosurgeons + cardiologists 	<ul style="list-style-type: none"> • No independently accrediting organization • Accredited by ACOE, a subsidiary of American Optometric Association (professional trade organization)
Board Certification	<ul style="list-style-type: none"> • All ophthalmologists must pass 3-step USMLE exams • Board certified by a single board (ABO), recognized by American Board of Medical Specialties (ABMS) • 95% of ophthalmologists are board certified • Recertified every 10 years 	<ul style="list-style-type: none"> • No USMLE exams permitted • No single certifying board, none recognized by ABMS • No requirement for board certification • Less than 2% of optometrists are board certified

Lack of National Standards for Optometrists

- The proposal to expand the optometric scope of practice to include surgery does **NOT** represent a national standard for optometrists.

The overwhelming majority of states continue to maintain high standards for eye surgery, including Washington. These states recognize that a comprehensive medical and surgical education is the best way to ensure patient safety. Only 10 states allow optometrists to perform scalpel surgery on the eyelid. Of those states, only 7 allow optometrists to perform some laser surgeries. Changes in the optometric practice acts in these states did not result from significant revisions in optometric educational standards to ensure patient safety. We are concerned that the DOH draft appears to suggest that accepted surgical standards that our patients rely upon for quality surgical care in the overwhelming majority of US states impose unnecessary restrictions on optometric scopes of practice.

The Optometric Physicians of Washington incorrectly assert that its proposal would conform Washington to a “national standard.” Since 2015, optometry has failed 58 times to expand their scopes of practice to include surgery in 24 states. State legislatures have largely denied requests by optometrists to increase their scopes of practice to include surgery. Not only do just 7 states allow limited laser surgery, but 23 years elapsed between the first state granting optometric laser surgery and the second. The “national standard” is that optometrists are not trained to perform the surgeries and other functions in this proposal.

In medicine, there are well established national standards designed to protect patients and ensure consistent training and competent physicians. The Accreditation Council for Graduate Medical Education (ACGME) accredits residencies and fellowships. The ACGME ensures a uniform standard for education, minimum numbers of patient contact and surgical procedures, and high standards for proctoring this education. The American Board of Ophthalmology (ABO) certifies the competency of residents and fellows graduating from an ACGME-approved program. The ABO accomplishes this through a rigorous written examination followed by an oral examination, then a process of Continuous Certification that complies with the American Board of Medical Specialties’ (ABMS) rigorous 4-part process to independently verify physicians’ skills and expertise.

In contrast to the independent ACGME, the Accreditation Council on Optometric Education (ACOE) is an extension of the American Optometric Association (AOA), whose mission is to “advocate for the profession and serve doctors of optometry in meeting the eye care needs of the public.” The American Academy of Ophthalmology (AAO), ophthalmology’s counterpart to the AOA, has no formal role in determining educational standards or competence. There is a recognition in medicine that educational standards and competence should be set by independent bodies to avoid conflicts of interest that may impact patient care.

There are NO optometric standards for surgical education. Optometry does have board certification, but once again there are conflicting standards with multiple pathways to become “board certified” including the American Board of Optometry and the American Board of Certification in Medical Optometry with differing requirements for certification

and continuing certification. Moreover, **less than 2% of optometrists are board certified**. In contrast, more than 95% of ophthalmologists are board certified by a single board that is a member of the ABMS, an organization that sets very high unifying standards for all medical specialties.

Highest-Level of Education Recommendation

- The highest level of education and training for most optometrists licensed in Washington does not include surgery.

The DOH draft states that “all provider types should be able to practice to their highest level of education.” Optometrists argue that they are all being appropriately instructed in laser and scalpel eye surgery. However, the proposal does not reflect the education and training of most optometrists.

Only 10 states permit limited use of scalpel surgery (though one state does not even allow the use of injectable anesthetic, thus effectively negating these privileges). Only 7 of these states have an expanded optometric scope to include limited laser eye surgery. Of the 23 colleges of optometry, only two are in states where laser surgery can be performed on live human patients (KY and OK). ***That means 95.6% of all current optometry graduates do not have any live-human patient training in surgery.*** Moreover, these schools do not have uniform standards for the types of surgery they teach because the scopes of practice vary significantly by state in which these schools are located. There is no single standard or even consistent education even amongst the two schools allowed to teach on human patients. DOH-referenced research stated that there are three (3) optometry schools in states where hands-on laser surgery is performed on patients by optometry students. In fact, two of those schools (Illinois College of Optometry and Southern California College of Optometry) are in states where lasers are not statutorily permitted for optometrists’ use. Therefore, optometric students may not perform laser surgeries on patients in these programs.

The OPW proposal indicates the intention to have all practicing optometrists obtain the authorization for “advanced practice.” “This would ensure every optometrist has equivalent training by the date specified by the Board of Optometry.” This statement is at odds with DOH’s own premise that licensees should practice to their highest level of education. The vast majority of Washington optometrists cannot claim any practical surgical training on human patients. For example, after reviewing the available biographical information of the current OPW leadership, not a single one of these optometrists was educated in a state where laser or scalpel surgery was permitted.

To maintain competence and reduce risk to patients, surgeons must consistently, and with some volume, be performing these surgeries. The lack of a definitive lifespan for certification in this proposal also raises significant questions about competence and proficiency, creating significant risks to patients.

“Demonstrably Safe Procedures” All Have Potential for Patient Harm

- One cannot conclude that a surgery is “demonstrably safe” by considering ACGME minimum requirements in isolation from the foundations of medical and surgical education on which they are based.
- There are no 100% safe surgeries.
- Prescribing all medications by all routes (except the short list of exclusions) and administering intravenous sedation (except general anesthesia) carries significant risk of patient harm.

The DOH draft report contains an extensive list of procedures and surgeries that the DOH has labeled “demonstrably safe” for optometrists to perform. This label is a misnomer. The surgeries that the DOH draft considers “demonstrably safe” include those that have a low-volume requirement for ophthalmologists in training. This low volume must be taken in context with the high volume of more complex intraocular surgeries that are required during training.

After graduation from medical school and completion of an ophthalmology residency, an ophthalmologist will have performed hundreds of surgeries of varying complexity. The knowledge, judgement, and skills to perform these surgeries cannot be acquired in a 32-hour weekend course that optometrists take. They are mastered over 8+ years, through countless hours of closely monitored, one-on-one mentored surgical cases taught by board-certified ophthalmologists. An ophthalmologist observes many cases of each type of surgery first, then assists in the surgeries, before becoming the primary surgeon for any one type of procedure.

In creating these volume requirements, the ACGME ***presupposes that these surgeons have been to medical school, completed an internship, and already have a depth and breadth of medical and surgical knowledge and skills***, including performing microsurgery. By the time residents are directing lasers towards delicate structures in the eye - which are far thinner than a piece of paper - they have already sutured arteries together in vascular surgery, placed central lines, drained subdural hematomas, delivered babies by cesarean section, delicately carved the gallbladder from the liver, removed tumors from the lung and breast, to name just a few examples. From prior experience, surgeons understand what it means to be operating in a tissue plane where there is no room for error. Furthermore, the minimum ACGME requirements for certain surgeries does not represent the median. In fact, most ophthalmology residents perform a greater number than the surgical minimums.

To assume that a so-called “demonstrably safe surgery” can be separated from the entire basket of surgical skills and medical education and performed with the same proficiency and safety by a licensee of a non-surgical profession is not a conclusion that

supports patient safety. For example, “suturing of the eyeball”, which appears on the DOH “demonstrably safe” list, is only necessary in the setting of complex ocular surgeries and closure of open or ruptured globes when there has been severe trauma. This is clearly beyond the education and training of optometrists.

The DOH draft also appears to support optometrists administering all medications by all routes (with the exception of those listed as exempted). This is not safe for patients. Optometrists receive some didactic but no practical optometric education on these subjects. Optometric education lacks hospital-based patient care and assessment of systemic disease. Infusions and injections of medications can have rapid and catastrophic consequences. Steroids, anticancer agents, opioids, and others can be very dangerous. In addition, the ability to prescribe and administer all forms of anesthesia, with the exception of general anesthesia, significantly increases the risk for life-threatening complications.

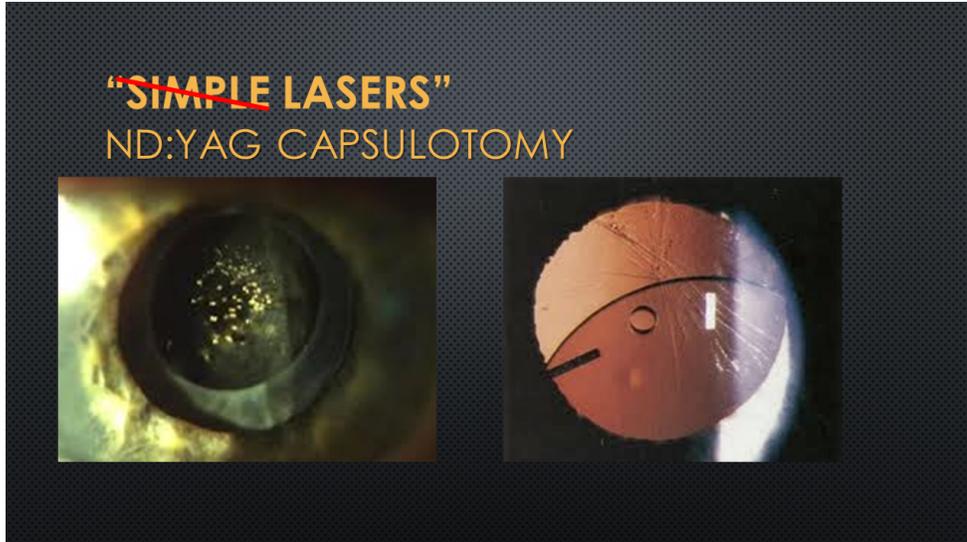
There is no surgery that is 100% safe. The following table contains a catalogue of complications associated with the procedures on the DOH’s list.

<u>PROPOSED PROCEDURE</u>	<u>COMPLICATIONS</u>
Chalazion management	Full-thickness incision, permanent lid deformity, perforated globe leading to blindness, missing the diagnosis of sebaceous cell carcinoma, seeding the orbit with cancerous cells
Injections - intramuscular epinephrine	Already authorized for treatment of anaphylaxis
Injections - subconjunctival	Perforation of the eye leading to blindness, intraocular injection of medication, infection, strabismus (eye misalignment with double vision), steroid induced glaucoma
Lid lesions - including intralesional steroid injections	Perforation of the eye, intraocular injection of medication, steroid induced glaucoma, missed diagnosis leading to vision- or life-threatening cancer
Selective Laser Trabeculoplasty (SLT)	Poor technique requiring more treatment, eye pressure elevation, anterior uveitis, synechiae (scarring) and angle closure glaucoma (ocular emergency)

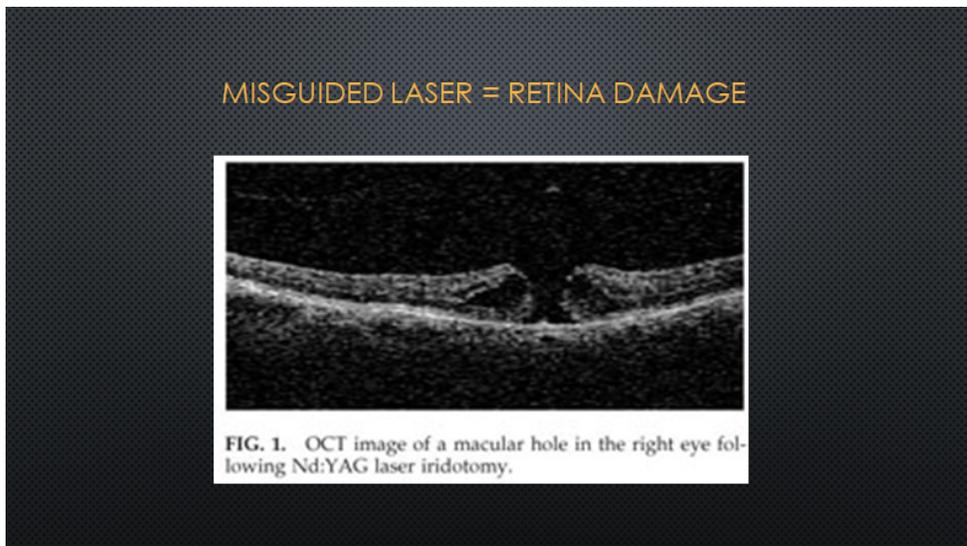
YAG capsulotomy	Lens pitting, lens implant dislocation, retinal detachment, macular hole, macular swelling, uveitis; often requiring further surgery
Laser Peripheral Iridotomy (LPI)	Uncontrolled glaucoma, damage to cornea, cataract, bleeding inside the eye, double vision, iris scar/deformity, retinal damage with permanent vision loss
Pre- and Post-op care of the above	Optometrists in WA currently manage non-acute complications of the above. However, acute management that occurs at the time of procedure is almost entirely outside the scope of optometrists
Use of topical and injectable anesthetics	Regional nerve blocks could lead to permanent nerve damage or death. Injectable anesthesia may result in inadvertent injection into the eye for a lid or conjunctival procedure leading to blindness or loss of an eye
Suturing of the eyeball	SUTURING OF THE EYEBALL IMPLIES THERE HAS BEEN SEVERE INJURY TO THE GLOBE, OFTEN WITH LIFELONG SEQUELAE, BLINDNESS, OR LOSS OF THE EYE. MOST IMPORTANTLY, MISMANAGEMENT OF AN OPEN GLOBE CAN LEAD TO A SERIOUS CONSEQUENCE WHERE THE IMMUNE SYSTEM “ATTACKS” THE OTHER EYE, LEADING TO <u>BILATERAL</u> BLINDNESS.
Eyelid surgery, excluding cosmetic, and that using general anesthesia	Almost all eyelid surgery can be performed without general anesthesia. Permanent deformity can result and threaten normal function of the eye. Inadvertent rupture of the eye may occur leading to blindness or loss of the eye.

The following are a few clinical examples of the above-named complications.

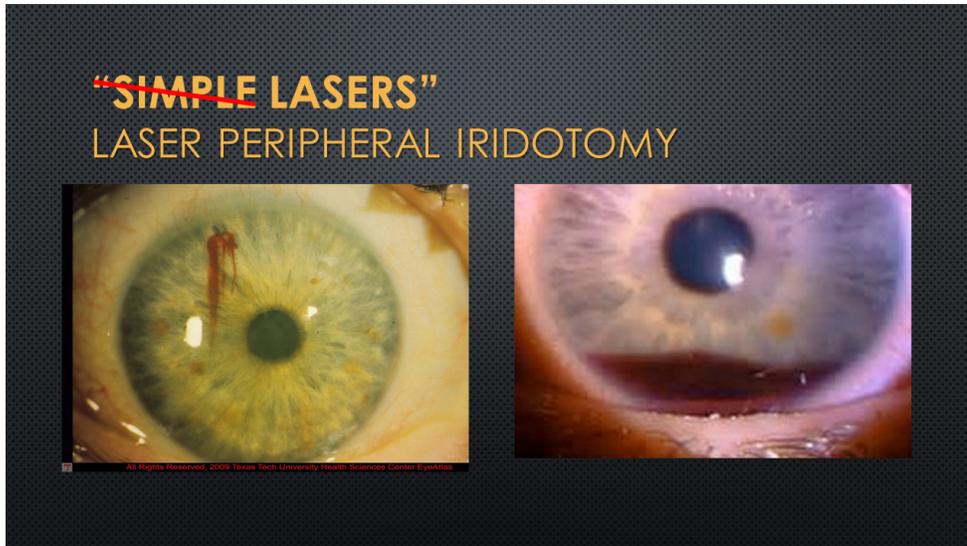
- 1) Permanently pitted lens and a dislocated lens from a “simple” YAG Capsulotomy, both of which will require intraocular surgery for repair.



- 2) Macular hole from a YAG Laser Peripheral Iridotomy which will require highly complex intraocular surgery and will likely result in permanent vision loss.



- 3) Bleeding from a Laser Peripheral Iridotomy which may require surgery to control eye pressure, prevent corneal blood staining and permanent vision loss.



- 4) An invasive melanoma that could have easily been mistaken for a “Lump and Bump.” (Posted with explicit permission from patient and physician, in Washington State).



Patient Harm in Other States

- Optometry’s claims about lack of harm from performing surgery are not credible.

The DOH report includes claims by optometrists that there have been no adverse outcomes in states where optometrists are allowed to perform surgery. This is

statistically impossible. Adverse outcomes are inherent to performing surgery for all surgeons, and an integral part of performing the procedures in this proposal. Recognizing and managing adverse outcomes is a foundational part of the surgeon's skill.

Optometry's claims of no adverse outcomes suggest that optometrists do not have the education, training, or experience to recognize an adverse surgical outcome. Concerned patients may also be seeking relief from an ophthalmologist unbeknownst to optometrists making these claims. Ophthalmologists in states where optometrists are allowed to perform surgery have noted many complications, from laser pits in intraocular lenses, to corneal and iris damage, to unrecognized and improperly excised eyelid and ocular surface cancers, to inadvertent globe perforation from anesthetic injection in an eyelid. ALL these complications caused patient harm. Pitted intraocular lenses can cause glare, striations and halos in the vision. Improperly treated glaucoma and globe perforations can lead to blindness. Unrecognized or improperly excised cancers can lead to death.

The absence of reports of malpractice claims at the state boards of optometry in other states is also suspect. There are multiple National Practitioner Data Bank (NPDB) reports on optometrists from these states. Moreover, the claim that there has been no increase in optometric malpractice rates with increased scope of practice in these states does not mean there are not malpractice suits. The majority of optometrists use a nation-wide carrier, and so the risk is spread across the entire country and not just any state in particular.

Harm Can Come to Patients Based on Surgeon Training and Frequency in Performance of Procedures

- More care is not better care for ensuring patient safety.
- Optometric lasers to treat glaucoma result in twice as many retreatments as those performed by ophthalmologists, leading to increased healthcare costs and patient risk.
- Minimum surgical volume must be maintained to ensure surgical competence.
- Rural Washingtonians deserve the same level of surgical eye care as their urban counterparts - from a Board Certified Ophthalmologist.

WAEPS submitted peer-reviewed articles to the DOH showing that laser glaucoma surgery performed by optometrists are twice as likely to require additional surgery than those performed by ophthalmologists.⁷ **Optometrist-treated eyes had a substantial 189% increased risk of requiring additional laser trabeculoplasty** compared to treatment by an ophthalmologist. Simply put, more access to less skilled care increases risks to patients. This study strongly suggests that board certified ophthalmic surgeons achieve better results more cost effectively with fewer treatments than optometrists.

Peer-reviewed literature also demonstrates that there is a direct correlation between frequency of performing procedures and complications/morbidity: **low volume surgeons have higher complication rates.**^{8,9} Diluting skill level among surgeons, particularly when the new crop of “optometric surgeons” have inadequate initial training, also increases risks to patients.

WAEPS’ July 16th submission also reflected two studies (one from the University of Washington and the other from the American Academy of Ophthalmology) emphasizing more than adequate and timely access to care in the state. Moreover, a survey conducted by WAEPS,¹⁰ and submitted in our July 16 material, showed that ophthalmologists will see patients in need of urgent treatment on the same, or the very next, day in more than 93.2% of cases. The average wait time for a laser or lid surgery is less than 9 days. This data significantly weakens optometry’s argument that more available practitioners in Washington would protect patients from harm caused by delays in care.

Opposition to Independent Authority for the Board of Optometry

- Board of Optometry independence from legislative oversight runs counter to the state constitution.
- Members of the Board of Optometry lack the expertise to determine the surgical training requirements for Washington optometrists.

WAEPS concurs with the Board of Optometry’s Assistant Attorney General and the DOH that it would be inappropriate (and run counter to the state Constitution) for the Board of Optometry to define optometrists’ scope of practice. It is equally inappropriate for the Board to define the education, training and performance requirements for surgery by optometrists. Members of the Washington Board of Optometry lack the formal education, experience and judgement to perform eye surgery. The public cannot, therefore, be assured that board members would be competent to make informed and difficult decisions on surgical training that will impact patient safety in Washington. The Washington State Legislature should make these determinations in consultation with individuals more familiar with the training requirements for safe practice. This should include, but not be limited to, oversight of the Board of Optometry by the Washington Medical Commission when matters arise regarding surgical education, training and performance.

Conclusion

WAEPS appreciates the DOH’s significant and vital work in undertaking this Sunrise Review to protect the citizens of Washington State. We are hopeful that the information we have provided has clarified some essential issues. In speaking for over 300 ophthalmologists in Washington State, our paramount interest is patient safety.

Washington state does not need to amend state law to allow optometrists to perform eye surgery. This expanded scope for optometrists would solve no problems, but it would create new risks for patient safety. WAEPS does not believe that the non-surgical profession of optometry should transition into a surgical specialty by legislation. The path to become an eye surgeon is through medical school and an ophthalmology residency. All surgeons in Washington State must be regulated by the Washington Medical Commission. WAEPS stands ready to answer questions and provide additional information to ensure patient safety for the citizens of Washington State.

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10. Unpublished data. Available upon request.

Cori Tarzwell, Optometrist Sunrise Review Lead

Health Systems Quality Assurance
Washington State Department of Health
P.O. Box 47850
Olympia, WA 98504

Re: Optometrist scope of practice sunrise review

Dear Ms. Tarzwell:

Thank you for the opportunity to comment on the sunrise review of S-3085.2 regarding scope of practice extension for optometrists in Washington State. We are practicing ophthalmologist in the state of Washington. Aaron and I are married and both of us have served as a medical faculty members for near ten years at University of Washington. By background, we have extensive training in medical and surgical ophthalmology at multiple institutions in the US, the UK and Canada. Additionally, we are active researchers and our research focuses on Big Data, AI/machine learning, research on eye disease outcomes. We have published extensively and have served in leadership positions for national professional associations including the American Academy of Ophthalmology various task forces and the American Board of Ophthalmology. Both of our CVs are attached for your reference.

If passed into law, S-3085.2/21 would grant optometrists the ability to 1.) prescribe essentially all systemic medications, and 2.) perform a number of laser and incisional surgeries on the eye and its surrounding tissues. These expansions in scope of practice for optometrists would unnecessarily threaten the welfare of the citizens of Washington. The comments outlined below articulate how, if passed, this proposal will lead to harm for the citizens of this state.

There is a significant difference in training depth and duration between optometrists and ophthalmologists. Optometric education includes no training to perform surgery on the eye; ophthalmologists undergo over 10,000 hours of supervised medical and surgical training before becoming independent surgeons.

Optometrists attend an accredited optometry school for four years, during which time they take didactic courses directed at understanding the anatomy and physiology eye, diagnosing ocular disease, and providing glasses and contact lens. Following this, optometrists are eligible for licensure. Less than a quarter of optometrists pursue post-graduate training. There are no mandatory boards for assessing competency in optometry, nor is optometry recognized by the American Board of Medical Specialties.

In contrast, ophthalmologists attend four years of allopathic or osteopathic medical school, including two years of didactic training followed by two years of clinical rotations. All medical students must demonstrate proficiency in basic surgery – including understanding of aseptic technique and operating procedure – in order to graduate medical school. All medical students must take and pass the three step US Medical Licensing Exams (USMLE) before being eligible for medical licensure. Following medical school, ophthalmologists serve one year as medical or surgical interns followed by three years of ophthalmology residency. All ophthalmology residency programs in the US are accredited by the Accreditation Council of Graduate Medical

Education, which reviews all programs in the country annually and has strict guidelines for the educational content of each residency.

At University of Washington, our ophthalmology residency program provides trainees with 9500 hours of training over three years in all aspects of medical and surgical care of patients with eye disease. About 1000 hours of this training is in the classroom, and the remaining 8500 hours is hands-on, supervised training in our clinics and operating rooms. Our residents perform several hundred ophthalmic surgical procedures each during this time, under full supervision of faculty ophthalmologists. Our residents report their surgical complications at a monthly quality assurance meeting, and we discuss these fully to ensure our residents understand the challenges and risks of surgical treatments. Following residency training, our graduates take the American Board of Ophthalmology (ABO) exam, which consists of a full-day written exam followed, one year later, by a full-day oral examination. The ABO is recognized by the American Board of Medical Specialties, which is the sole recognized board certification organization for medical doctors in the US. While this would seem to be a great deal of training and testing, about 80% of our graduates opt to pursue an additional one to two-year subspecialty fellowship in order to gain more training and experience in specialized surgical and medical eye care. All told, the average ophthalmologist in our state has over 10,000 hours of supervised medical and surgical training *after medical school* before they become independent surgeons.

In the few states that have expanded optometric scope in recent years, optometric surgical training for practitioners has typically been a 3-4 day 'long weekend' course, taught by other optometrists, covering all aspects of surgery, with no opportunity for the optometrists to perform procedures on actual patients under supervision, and no recognized certification process. This training is not at all sufficient as a substitute for the thousands of hours of supervised surgical and medical training ophthalmologists receive.

The surgical procedures permitted under the proposed legislation are not safe to perform without extensive surgical training, which optometrists do not receive. It is dangerous to allow minimally trained individuals to perform *any* surgical procedures on the eye.

S-3085.2/21 specifically precludes a number of surgical procedures from optometric scope, with the implication that the remaining procedures are low-risk and safe for optometrists to perform. *There is no such thing as a simple or low-risk surgical procedure.* We are particularly concerned about the possibility of optometrists performing intraocular injections, commonly used to treat age-related macular degeneration (AMD) and diabetic eye diseases. The injection is typically performed in awake patients under local anesthetic, under aseptic conditions.

The procedure is inherently *invasive* and *surgical*. Correct performance of this technique requires an excellent knowledge of: 1.) aseptic technique; 2.) pharmacology of these medications; and 3.) precise knowledge of ocular anatomy.

During both of our residency and fellowship training, we learned to perform periocular/intravitreal medication injections by performing over 100 injections under the direct supervision and instruction of my attending physicians. Since entering practice as retinal specialists, we have performed over 100,000 periocular/intravitreal injections. We have also taught this technique to over 100 residents and fellows. We typically do not allow our residents to perform this 'simple' procedure under supervision until the end of their first or second year in residency.

This is the level of training that must be required before anyone approaches the eye with a needle to perform an injection. There is simply no substitute for full surgical training to prepare one to perform this technique. Further, the treating physician must be prepared for any and all complications arising from the technique, including infections, inadvertent puncture of the eye, severe glaucoma, or cataracts.

As retina specialists that routinely take care of people who have complications from these injections (such as infection and retinal detachments), we are very concerned about the possibility of optometrists performing this procedure as these complications can often lead to irreparable blindness.

Regulatory oversight of surgical procedures should rest solely with the Washington Medical Commission. We are particularly troubled by the provision in S-3085.2/21 granting the state board of optometry full oversight over surgery performed by optometrists. These are surgical procedures, and oversight of all surgery should rest solely with the Washington Medical Commission. Allowing a state optometric board oversight of the same procedures will create two standards of care for the citizens of Washington: a medical board which requires that all surgeons be licensed medical doctors with full accredited residency training, and an optometric board which oversees individuals performing surgical procedures with minimal training and minimal competency standards.

Members of the public may not understand the huge difference in training between optometrists and ophthalmologists. If optometrists are granted the scope to perform these procedures in Washington, unsuspecting patients may suffer potentially blinding complications that could have been prevented had a qualified surgeon performed the procedure.

Access to care will not be substantially increased by the proposed expanded scope of practice.

We will not reiterate the arguments that my colleagues at the Washington Academy of Eye Physicians and Surgeons have made regarding access to care in the State of Washington. Suffice to say that exhaustive analysis of the locations of treating ophthalmologists and optometrists in our state demonstrates that nearly all of our state's citizens have ready access to a local ophthalmologist who can safely perform surgical procedures.

Thank you again for the opportunity to comment on this draft legislation. We sincerely hope the sunrise review committee does not put the safety of our citizens' eyes in jeopardy by approving this proposal. If you have any questions, please do not hesitate to contact us at: jung.cecilia@gmail.com; aaronylee@gmail.com

Sincerely,



Cecilia Lee, MD, MS
Klorfine Family Endowed Chair
Associate Professor of Ophthalmology
Director of Clinical Research
Department of Ophthalmology
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Aaron Y. Lee, MD, MSCI
C. Dan and Irene Hunter Endowed Professor
Associate Professor of Ophthalmology
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Washington

April 20, 2022

Umair Shah, Secretary
Washington State Department of Health
111 Israel Rd SE
Tumwater, Washington 98501

Re: S-3085.2/21 Optometric Scope Sunrise Review

Dear Secretary Shah,

Thank you for the opportunity to comment on the sunrise review of S-3085.2 regarding scope of practice extension for optometrists in Washington State. I am writing in my capacity as Chair of the Department of Ophthalmology at University of Washington School of Medicine.

If passed into law, S-3085.2/21 would grant optometrists the ability to 1.) prescribe essentially all systemic medications, and 2.) perform a number of laser and incisional surgeries on the eye and its surrounding tissues. These expansions in scope of practice for optometrists would unnecessarily threaten the welfare of the citizens of Washington. The comments outlined below articulate how, if passed, this proposal will lead to harm for the citizens of this state.

By background, I have extensive training in medical and surgical ophthalmology, ocular inflammatory diseases (uveitis), and neuroscience. I have served as a medical faculty member for over twenty years, first at the Washington University Medical School in St. Louis and since 2008 as Chair of the Department of Ophthalmology at University of Washington School of Medicine. I have also published extensively on eye function and eye disease and have served in leadership positions for national and Washington state professional associations including national ophthalmic education organizations and the American Board of Ophthalmology. My CV is attached for your reference.

Optometric education includes no training to perform surgery on the eye; ophthalmologists undergo over 10,000 hours of supervised medical and surgical training before becoming independent surgeons.

Optometrists attend an accredited optometry school for four years, during which time they take didactic courses directed at understanding the anatomy and physiology eye, diagnosing ocular disease, and providing glasses and contact lens. Following this, optometrists are eligible for licensure. Less than a quarter of optometrists pursue post-graduate training. There are no mandatory boards for assessing competency in optometry, nor is optometry recognized by the American Board of Medical Specialties.

In contrast, ophthalmologists attend four years of allopathic or osteopathic medical school, including two years of didactic training followed by two years of clinical rotations. All medical students must demonstrate proficiency in basic surgery – including understanding of aseptic technique and operating procedure – in order to graduate medical school. All medical students must take and pass the three step US Medical Licensing Exams (USMLE) before being eligible for medical licensure. Following medical school, ophthalmologists serve one year as medical or surgical interns followed by three years of ophthalmology residency. All ophthalmology residency programs in the US are accredited by the Accreditation Council of Graduate Medical

Education, which reviews all programs in the country annually and has strict guidelines for the educational content of each residency.

At University of Washington, our ophthalmology residency program provides trainees with 9500 hours of training over three years in all aspects of medical and surgical care of patients with eye disease. About 1000 hours of this training is in the classroom, and the remaining 8500 hours is hands-on, supervised training in our clinics and operating rooms. Our residents perform several hundred ophthalmic surgical procedures each during this time, under full supervision of faculty ophthalmologists. Our residents report their surgical complications at a monthly quality assurance meeting, and we discuss these fully to ensure our residents understand the challenges and risks of surgical treatments. Following residency training, our graduates take the American Board of Ophthalmology (ABO) exam, which consists of a full-day written exam followed, one year later, by a full-day oral examination. The ABO is recognized by the American Board of Medical Specialties, which is the sole recognized board certification organization for medical doctors in the US. While this would seem to be a great deal of training and testing, about 80% of our graduates opt to pursue an additional one to two-year subspecialty fellowship in order to gain more training and experience in specialized surgical and medical eye care. All told, the average ophthalmologist in our state has over 10,000 hours of supervised medical and surgical training *after medical school* before they become independent surgeons.

In the few states that have expanded optometric scope in recent years, optometric surgical training for practitioners has typically been a 3-4 day 'long weekend' course, taught by other optometrists, covering all aspects of surgery, with no opportunity for the optometrists to perform procedures on actual patients under supervision, and no recognized certification process. This training is not at all sufficient as a substitute for the thousands of hours of supervised surgical and medical training ophthalmologists receive.

The surgical procedures permitted under the proposed legislation are not safe to perform without extensive surgical training, which optometrists do not receive. It is dangerous to allow minimally trained individuals to perform *any* surgical procedures on the eye.

S-3085.2/21 specifically precludes a number of surgical procedures from optometric scope, with the implication that the remaining procedures are low-risk and safe for optometrists to perform. *There is no such thing as a simple or low-risk surgical procedure.* I will illustrate by describing a procedure that would be allowed to be performed by optometrists under S-3085.2/21.

The term periocular injection refers to procedures in which a medication (corticosteroid, antibiotic, or anesthetic) is injected into tissues immediately next to the eye. It is typically performed in awake patients under local anesthetic, under aseptic conditions. Indications for this treatment are typically intraocular inflammation (uveitis) not responding to steroid eye drops, or administration of anesthesia.

The procedure is inherently *invasive* and *surgical*. Correct performance of this technique requires an excellent knowledge of: 1.) aseptic technique; 2.) pharmacology of these medications; and 3.) precise knowledge of ocular anatomy. On the following page is a photograph of a patient receiving a periocular injection:



Incorrect technique – being off in the location of the injection by 1 mm -- can lead to the needle puncturing the eye itself, and severe and potentially blinding complications including retinal detachment, infection of the eye or retinal hemorrhage. Recognition of these complications requires substantial training, and immediate management often requires surgical treatment. An optometrist who had such a complication would be unable to treat it.

Periocular corticosteroids will cause elevated intraocular pressure in about 30% of patients, and will cause severely elevated pressure (and potentially blinding glaucoma) in about 5%; the latter usually requires urgent surgical treatment including trabeculectomy and surgical excision of deposited steroid. Periocular corticosteroids are also highly associated with development of cataracts that can decrease the patient's vision. Cataracts require surgical treatment.

When considering periocular corticosteroid injections for a patient, there are several other treatments that could be used to treat the patient, including oral corticosteroids, intraocular injection of medications, placement of long-acting intraocular steroids by surgery, vitrectomy surgery, or treatment with immunomodulating drugs. I do not know how an optometrist who cannot offer these alternate treatments can appropriately provide risk/benefit counseling on selection of a periocular injection.

During my residency and fellowship training, I learned to perform periocular medication injections by performing over 100 injections under the direct supervision and instruction of my attending physicians. Since entering practice on my own, I have performed over 2,000 periocular injections. I have also taught this technique to over 50 residents and fellows. I typically do not allow our residents to perform this 'simple' procedure under supervision until their second year in residency.

This is the level of training that must be required before anyone approaches the eye with a needle to perform an injection. There is simply no substitute for full surgical training to prepare one to perform this technique. Further, the treating physician must be prepared for any and all complications arising from the technique, including infections, inadvertent puncture of the eye, severe glaucoma, or cataracts.

As another example, eyelid biopsy is not precluded by this bill. Such a procedure may be used for the excision of potentially malignant tumors. An incomplete excision of such a lesion can lead to metastatic cancer and death. Even after four years of surgical training, most ophthalmologists do not feel fully comfortable biopsying and excising such lesions, and refer them to specialist ophthalmologists. A procedure of this complexity should not be performed by anyone who has not had full surgical training.

And it is also important to remember that laser surgery is still surgery – whether one cuts tissue with a knife or a laser, extensive surgical training is required. Severe complications such as bleeding within the eye, markedly elevated eye pressure, and retinal detachment can result from incorrect performance of 'simple' laser procedures.

Regulatory oversight of surgical procedures should rest solely with the Washington Medical Commission.

I am particularly troubled by the provision in S-3085.2/21 granting the state board of optometry full oversight over surgery performed by optometrists. These are surgical procedures, and oversight of all surgery should rest solely with the Washington Medical Commission. Allowing a state optometric board oversight of the same procedures will create two standards of care for the citizens of Washington: a medical board which requires that all surgeons be licensed medical doctors with full accredited residency training, and an optometric board which oversees individuals performing surgical procedures with minimal training and minimal competency standards.

Members of the public may not understand the huge difference in training between optometrists and ophthalmologists. If optometrists are granted the scope to perform these procedures in Washington, unsuspecting patients may suffer potentially blinding complications that could have been prevented had a qualified surgeon performed the procedure.

Access to care will not be substantially increased by the proposed expanded scope of practice.

I will not reiterate the arguments that my colleagues at the Washington Academy of Eye Physicians and Surgeons have made regarding access to care in the State of Washington. Suffice to say that exhaustive analysis of the locations of treating ophthalmologists and optometrists in our state demonstrates that nearly all of our state's citizens have ready access to a local ophthalmologist who can safely perform surgical procedures.

Thank you again for the opportunity to comment on this draft legislation. I sincerely hope the sunrise review committee does not put the safety of our citizens' eyes in jeopardy by approving this proposal. If you have any questions, please do not hesitate to contact me at: russvg@uw.edu.

Sincerely,



Russell N. Van Gelder, MD, PhD
Boyd K. Bucey Memorial Chair
Professor and Chair, Department of Ophthalmology
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October 1, 2021

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Cori Tarzwell, Optometrist Sunrise Review Lead
Health Systems Quality Assurance
Washington State Department of Health
P.O. Box 47850
Olympia, WA 98504

Re: Optometrist scope of practice draft recommendations

Dear Ms. Tarzwell,

On behalf of the Washington State Medical Association (WSMA), we appreciate the opportunity to comment on the Department of Health's (Department) draft recommendations on the optometry scope of practice Sunrise Review.

We share the Department's commitment to improving access to high quality health care for all Washingtonians but are concerned with the level of support for this proposal in the draft recommendation. The WSMA believes there are more appropriate, demonstrated means to accomplish this joint goal that do not jeopardize patient safety and **strongly urges the Department to reconsider its draft recommendations in support of the proposal.**

The WSMA recognizes the important role optometrists play in Washington's health care system, including examination of the human eye for purposes of fitting lenses, provision of visual therapy and optical devices, and adaptation of prosthetic eyes. However, the profession does not have sufficient education and training to safely perform the surgical procedures contemplated in the draft even after completion of the education and training envisioned by the Department.

Educational and training requirements for optometrists are not equivalent to physicians and inadequate for a scope increase of this magnitude.

The Department's recommendations imply an equivalency between the education and training of an ophthalmologist and an optometrist – **this assertion is incorrect.**

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An ophthalmologist spends four years completing a highly regulated medical school curriculum that focuses on the entire human body and all of its complex systems. After medical school, ophthalmologists complete a year-long internship, and then spend three more years of postgraduate residency training where they clinically apply the knowledge and skills acquired during medical school. **This includes 12,000 to 16,000 hours of patient care under the supervision of other medical or osteopathic physicians.** This comprehensive education, training and direct clinical experience providing supervised care to patients ensures ophthalmologists have the clinical and professional judgment necessary to determine if a procedure or medication is appropriate and safe, when and how to prescribe medications safely and effectively, acquire the technical skills to perform operative procedures on the eye and associated organs and other procedures, and to have the experience and skills to understand and respond to any adverse events that may impact other adjacent areas of the body and organ systems. By comparison, an optometrist’s education is highly variable and insufficient to provide the services contemplated in the draft recommendations. Optometrists attend four years of post-graduate school and have no residency requirement.

The optometric education focuses on *examining the eye* for vision prescription, dispensing corrective lenses, and executing some eye screening functions. **Optometric education is largely observation-based and students receive less than 2,000 hours of clinical training.** Because injections, lasers, and other surgical techniques are not within the scope of practice of optometrists in most states, their education in these areas are limited to didactics, and practice on animal or model eyes, and other inanimate objects.

	Length of graduate level education	Years of residency/fellowship training	Total patient care hours required through training
Ophthalmologist	4 years	3-4 years	12,000-16,000 hours
Optometrist	4 years	Not required	Less than 2,000

Clinical training on advanced procedures is critical to patient safety.

The Department’s draft recommends that the applicant modify their proposal to “include a requirement that clinical training on the advanced procedures include supervised hands-on experience with patients...”. The Department then follows by recommending that the Board of Optometry (Board) make these decisions through rulemaking. **As optometrists do not receive adequate education and training to allow them to safely perform surgical procedures, it follows that they are not able to appropriately design a curriculum for optometrists to undergo to be able to safely perform surgical procedures.**

Individuals without experience performing these surgical procedures – including training in differential diagnoses, medical evaluation, pharmacology, and requisite clinical experience – cannot adequately design a program to teach others to perform these surgical procedures. Decisions about education and training requirements should be made by those practicing at the highest level in the field – practitioners who have the educational and clinical background to ensure patient safety. Should the Department move forward with these recommendations, **we request that it be amended**

to require the Board to collaborate on this work with the Washington Medical Commission (WMC), which regulates and is comprised of MDs and physician assistants who do have the appropriate education and training to formulate appropriate requirements. This is a common-sense change that will protect patient safety should the Department continue to support this concerning proposal.

The regulatory sideboards offered by the Department are insufficient and will not ensure patient safety.

We agree with the Department's conclusion that "...the bill as written is too broad and does not adequately describe what procedures would be allowed." However, **the list of procedures recommended in the draft report doesn't offer any meaningful patient protections and relies almost exclusively on recommendations submitted by the applicant.** The Department offers that it "...can confirm appropriate education, training and testing" for these procedures. With all due respect to the Department, **decisions about education and training should be made by clinicians with the requisite education, training, and clinical experience.**

The draft recommendations seem to endorse the applicant's assertion that surgery on or around the eye is uncomplicated and risk free. **All of these surgical procedures are invasive, including those that are performed with lasers.** Complications that arise during these procedures include retinal detachment, glaucoma, cataracts, bleeding, which can lead to blindness and loss of an eye – to name just a few. More information on these procedures is attached to this letter.

Only ophthalmologists have the training and experience to safely conduct these procedures

Ophthalmologists are trained in the most effective, safe, and appropriate treatments, including the attached surgical procedures, as well as pharmacologic, and other interventions based on each patient's medical needs. **Recognizing when a procedure should or should not be performed can be as challenging and critical to patient outcomes as being able to perform the procedure itself.**

When surgical therapy is clinically indicated, an ophthalmologist has the medical knowledge and training to safely conduct surgical preparation, perform the procedure, and deliver post-operative patient care. Critically, **only an ophthalmologist has the medical training to respond to an adverse event that may result from any surgery and the use of anesthesia.** This includes blood clots, infection, spread of local anesthetic, and decreased heart rate, all of which may result in patient death. **Optometrists as a profession do not have the medical training necessary to respond to adverse events, and the Department is putting patient safety at risk should the recommendations be adopted as drafted.**

There are few – if any – functions of the human body more important to a person's quality of life than their ability to see the world clearly and without pain. We urge the Department to follow the safest and most responsible path and only support practitioners with substantially equivalent education to an ophthalmologist to perform these surgical procedures.

We don't have to choose between patient safety and access to care - there are better approaches.

The WSMA has supported scope of practice proposals that have appropriately and safely increased access to care. While we are proud of our work on these policies and others, we know there is more

work to be done to ensure improved access to high-quality, safe patient care. **We recommend the Department prioritize proven strategies to increase the ophthalmologic workforce and access to care. This includes increased funding for the state's health professional student loan repayment program, securing funding for additional physician residency slots, continuing to advance the utilization of telemedicine, and strong incentives to attract the appropriately trained workforce of ophthalmologists to come to Washington to help care for our community.**

We ask that the Department partner with WSMA and other stakeholders to build on demonstrated policies intended to improve access and increase the health care workforce, rather than supporting an inappropriate scope of practice increase that risks patient safety.

Thank you again for the opportunity to provide comments on the draft recommendations. Should you have questions, do not hesitate to contact WSMA Associate Director of Policy Billie Dickinson at billie@wsma.org. We appreciate your consideration and your continued partnership.

Sincerely,

A handwritten signature in black ink that reads "Mika Sinanan MD". The signature is written in a cursive style with a small "MD" at the end.

Mika Sinanan, MD, PhD
President, Washington State Medical Association

Cc: WSMA Executive Committee
Jennifer Hanscom, WSMA CEO
Jeb Shepard, WSMA Director of Policy
Sean Graham, WSMA Director of Government Affairs

YAG Laser Capsulotomy: This procedure follows cataract surgery – sometimes immediately following surgery, sometimes years after – to clear cloudy vision. After dilating pupils and applying local anesthetic, the ophthalmologist will use a laser to create an opening in a cloudy film that has formed behind the lens implant. This restores normal vision. Complications that can arise during or after the procedure include but are not limited to inflammation, macular edema, lens implant dislocation, and retinal detachment.

Selective Laser Trabeculoplasty: In this procedure, laser energy is applied to the trabecular meshwork of patients who have high eye pressures or glaucoma. Often these patients have failed other medical therapy in terms of controlling their eye pressure at a target level. Spots of energy are placed along the meshwork and, it should be noted, that overtreatment will damage the structures and limit their function – exacerbating the pressure problem. Similarly, if energy is delivered to surrounding structures, there would likely be no pressure lowering effect and damage could occur to those structures. Complications include inflammation, scar tissue formation with angle closure and subsequent glaucoma, corneal decompensation and abrasions, and cataracts.

Laser Peripheral Iridotomy: This procedure places a hole in the iris to allow free flow of aqueous fluid from behind the iris to the front of the iris, deepening the anterior chamber and preventing angle closure. Placement and size of the iridotomy are important to avoid double vision and a “second pupil”, as well as to avoid bleeding and extreme pain from hitting nerves. The energy level must be carefully selected to avoid distorting and disfiguring the pupil. In addition to complications possible with laser trabeculoplasty, iridotomy can cause intraocular bleeding, pupil distortion, double images, extreme ocular pressure elevation, and cataracts.

Scalpel surgery to remove “lumps and bumps”: Removing these lesions requires an ophthalmologist to utilize the full range of their medical and clinical knowledge to evaluate the patient, differentially diagnose, and determine if surgery is appropriate. The procedure requires local anesthesia, removal or biopsy of lesion via excision/incision/etc., and coordination with a pathologist. If malignancy is suspected, an ophthalmologist must resect widely enough to achieve clear margins but preserve function and cosmesis. They may also need to cauterize, administer adjunct treatment, address any intraoperative abnormalities, and suture or close the wound. If the sutures are not closed properly, the eyelid will not function properly. This can cause chronic problems – even blindness. Potential complications include scarring, blurred or impaired vision, dry eyes, bleeding, infection, blood clots, pain, eyelid disfiguration, anesthesia risks, and loss of eyesight.

Injections and prescriptive authority: Ophthalmologists utilize injections to treat a number of conditions. They inject intraocularly (into the eye), periocularly, and into the subconjunctival space (under the thin layer covering the white shell of the eye), as well as into the eyelids, eyebrows, scalp, nose, and lacrimal apparatus. Complications from these injections can include infection, blindness and loss of eye, and even death, in addition to general complications due to the use of anesthesia.

Opposition to OPTOMETRIST scope expansion

To Whom It May Concern:

My name is Katherine Warner, I am a Physician practicing in Yakima, Washington. I am writing to detail my worries about the Department of Health's optometry scope of practice sunrise review draft recommendations.

Within the draft language it would allow for a dramatic increase in scope of practice beyond what is required education and training for OPTOMETRISTS. As a Vascular Surgeon working in an isolated smaller area where sometimes specialists are more difficult to schedule and see, substituting less qualified individuals for fully trained physicians and surgeons is a scenario wrought with serious complications. What has been proposed is to allow OPTOMETRISTS to perform surgical procedures that a fully trained OpTHALMOLOGIST (Physician and Surgeon) currently performs. OpTHALMOLOGISTS have gone through Medical School, extensive Residency and often Fellowship and are on-call for complications; thus allowing them to currently perform these procedures.

I am concerned that Washingtonians in smaller areas of the state will be tempted to have these procedures performed by "closer" medical professionals and will suffer with loss of vision. A large part of surgical training is how to recognize, treat and prevent complications from these procedures that I can't imagine has been taught within the training period for OPTOMETRISTS. I encourage any legislator to compare the time periods of training for the two specialties and make an informed decision on this proposal as though they are a patient seeking medical care. The training differences will be in stark contrast to each profession.

I encourage investigating other ways to increase access to safe, quality health care as I am gravely concerned with the level of support for this proposal and would respectfully request reconsideration of the DOH's position to ensure continued patient safety.

Respectfully,

Katherine I. Warner, DO, RPVI

Vascular Surgery

(319) 470-8980

From: [Chad Bouterse](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Ridiculous
Date: Tuesday, September 7, 2021 2:49:54 PM

External Email

How many years are we going to do this? Every other year the optometrists want to be doctors and this comes up. If you want to be an ophthalmologist- goto medical school.

Optometrist = 3.5 years of optics, glasses, contacts, refractions and .5 years of review of non surgical medical issues.

Ophthalmologist = 4 years of medical school learning to be a surgical and medical doctor and 3.75 years of surgical and medical eye training and .25 years of glasses contacts and optics theory.

Optometrists are NOT SURGEONS. This is dangerous!

It would be a cost savings to have physical therapists do orthopedic surgery, but again they are not trained that way!

I already see plenty of mismanagement of medical conditions from the optometrists in my area. This will be sight threatening to the citizens of WA.

Chad Bouterse
Ophthalmologist

From: [Michael Steiner](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: A big NO on expanding optometry
Date: Friday, September 10, 2021 1:31:47 PM

External Email

Dear Sirs

I have had the wonderful privilege of practicing medicine in the State of Washington since 1986. During this time, I have participated in a wide variety of medical interventions. This has ranged from trauma to oncology, and progressive diseases to obscure vasculitidies.

In my 35 years of practice, when I've witnessed an optometrist trying to "play doctor," the treatment process became much more costly, because of misdirected testing. The delayed resolution of the problem resulted in more patient suffering.

We have an aging population in need of more medical care, but Optometrists, regardless of their lobbying powers, are not medical doctors. We can all agree that problems arise when well-meaning individuals are motivated to play doctor.

Please DO NOT expand the role that optometry plays in our health care delivery.

Yours

Michael Steiner, MD

From: [Janet Chieh](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to DOH Sunrise Review Draft Bill 3085.2
Date: Sunday, September 12, 2021 4:13:17 PM

External Email

Dear DOH,

I am an ophthalmologist in your district and would like to make you aware of an ongoing DOH Sunrise Review that I am in opposition of. This draft bill would result in Optometric scope of practice expansion to include surgical procedures. By way of history in 2003, by defining "Ophthalmic surgery", the Washington State Legislature placed in statute the most nationally respected patient protections and the highest quality standards for eye surgery. The definition, agreed upon by the OPW (Optometric Physicians of WA), ensured that only medical and osteopathic surgeons may perform ophthalmic surgery. The current OPW proposal would remove that definition and allow optometrists the use of scalpels, lasers, steroids, injections into and around the eye to treat eye disease.

I would be happy to serve as a resource if you have any questions regarding this draft bill.

Sincerely,

Janet Chieh, MD

From: [Tony H. Huynh, MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review-Draft Bill S 3085.2
Date: Sunday, September 12, 2021 4:57:16 PM

External Email

I am an ophthalmologist in your district and would like to make you aware of an ongoing DOH Sunrise Review that I am in opposition of. This draft bill would result in Optometric scope of practice expansion to include surgical procedures. By way of history in 2003, by defining "Ophthalmic surgery", the Washington State Legislature placed in statute the most nationally respected patient protections and the highest quality standards for eye surgery. The definition, agreed upon by the OPW (Optometric Physicians of WA), ensured that only medical and osteopathic surgeons may perform ophthalmic surgery. The current OPW proposal would remove that definition and allow optometrists the use of scalpels, lasers, steroids, injections into and around the eye to treat eye disease.

I would be happy to serve as a resource if you have any questions regarding this draft bill.

Sincerely,

Tony H. Huynh

Tony H. Huynh, MD
Vitreoretinal Diseases and Surgery
Phone: 206-215-3850 Fax: 206-215-3870



From: [Steve Saraf](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to expansion of scope of practice
Date: Sunday, September 12, 2021 9:02:27 PM

External Email

To whom it may concern:

I am writing as a local ophthalmologist in opposition to the proposed expansion of the scope of practice for Washington state optometrists.

Optometrists receive training in providing eyeglass prescriptions and performing check up exams, which serve to identify abnormalities that may require further management by a medical doctor (MD). Ophthalmologists are medical doctors with years of training in medical school, medical internship, residency, and fellowship, all which an optometrist does not attend. They receive extensive training in managing medical and surgical eye problems. Expanding the scope of an optometrist to perform laser and/or scalpel surgery will place the patients at harm by personnel who do not have the appropriate training to provide these services.

Due to lack of community understanding in the differences between optometrists and ophthalmologists, this places our patients in a vulnerable position going forward where they may not be able to appropriately identify providers who have received adequate training to provide their necessary care. This exact story has played out already in multiple states with tragic outcomes for many patients. If you would like a list of examples, please reach out to me.

Please do not hesitate to reach out to me with other questions or concerns. I request that this measure be reconsidered and withdrawn. Thank you.

Best regards,
-Steven Saraf, MD

--

Best regards,
Steven Saraf

From: [A.J. Amadi](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: optometrists should not be allowed to do laser or scalpel surgery
Date: Sunday, September 12, 2021 9:42:17 PM

External Email

To whom it may concern:

I am writing this letter of strong disapproval for a Sunrise review to increase the optometrist scope of practice to assess whether it meets the sunrise criteria in [RCW 18.120.010](#) for expanding a regulated health profession's scope of practice.

This is not a grey area. Despite their "rebranding" efforts, Optometrists are not Physicians. To be a Physician, one has to complete an intensive 4 year post graduate Medical education program in an Allopathic or Osteopathic Medical School, during which time months/years are dedicated to studying anatomy, physiology, pharmacology, including anatomic lab dissection of the human cadavers, including eyes, orbits, and the brain. Optometrists are attempting to bypass such rigorous training that is meant to not just the accurate diagnosis and treatment of medical and surgical eye/eyelid/orbit disease, but even more importantly **to prevent serious and permanent injuries to the eye and vision**. Although they have attempted to trivialize Laser and Scalpel surgery of the eye and eyelids, these procedures have significant risks/complications associated with them that included permanent blindness. They have also attempted a comparison of their training to other medical professionals such as nurse practitioners and physician assistants. These two groups of medical professionals have also spent substantial time in anatomy dissection courses before being allowed to perform such procedures **under the direct supervision of physicians and surgeons**.

Please do not allow such gross overstep of scope of practice: your eye and eyelid surgery should not be performed by Eyeglass and Contact Lens specialists. Would you feel comfortable allowing your child, significant other or mother/father to surgery by an Optometrist after a 'weekend course in eye/eyelid surgery'? Please leave Surgery to Surgeons. We understand that there are many more optometrists than Eye Surgeons/Physicians (Ophthalmologists). Do not allow their brute numbers to confuse the issue: **Surgeons should be performing laser and scalpel surgery, not Optometrists**. There are absolutely no shortage of true physicians/surgeons to perform the procedures that they are trying to add to their scope of practice. Many other medical specialties, such as dermatology, plastic surgery, family practice physicians, ear/nose/head and neck surgeons, that are also trained to perform these surgeries precisely and accurately. Optometrists are excellent at what they do. Please do not allow them to do what they are not trained to do.

Sincerely,

Arash J. Amadi, MD

Board Certified in Ophthalmology

Fellowship Trained in Ocular Oncology and Pathology

Fellowship Trained in OculoFacial Plastic and Reconstruction Surgery. (4 years of Medical School Training, 7 additional years of Post- Medical School Training)



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From: [Vesselle, Loren](#)
To: [DOH HSQA Optometry Sunrise](#); [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to the optometric scope of practice bill
Date: Monday, September 13, 2021 6:45:54 PM

External Email

To whom it may concern,

I am an ophthalmologist in your district and would like to make you aware of an ongoing DOH Sunrise Review that I am in opposition of. This draft bill would result in Optometric scope of practice expansion to include surgical procedures. By way of history in 2003, by defining "Ophthalmic surgery", the Washington State Legislature placed in statute the most nationally respected patient protections and the highest quality standards for eye surgery. The definition, agreed upon by the OPW (Optometric Physicians of WA), ensured that only medical and osteopathic surgeons may perform ophthalmic surgery. The current OPW proposal would remove that definition and allow optometrists the use of scalpels, lasers, steroids, injections into and around the eye to treat eye disease.

Sincerely,

Loren Vesselle, MD

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From: [Heejung Park](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review-Draft Bill S 3085.2
Date: Monday, September 13, 2021 11:41:13 PM

External Email

Dear members of DOH

I am an ophthalmologist practicing in Washington and would like to make you aware of an ongoing DOH Sunrise Review that I am in opposition of. This draft bill would result in Optometric scope of practice expansion to include surgical procedures. By way of history in 2003, by defining "Ophthalmic surgery", the Washington State Legislature placed in statute the most nationally respected patient protections and the highest quality standards for eye surgery. The definition, agreed upon by the OPW (Optometric Physicians of WA), ensured that only medical and osteopathic surgeons may perform ophthalmic surgery. The current OPW proposal would remove that definition and allow optometrists the use of scalpels, lasers, steroids, injections into and around the eye to treat eye disease.

I would be happy to serve as a resource if you have any questions regarding this draft bill.

Sincerely,

Hee-Jung Park, MD MPH

From: [Geggel, Harry](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review-Draft Bill S3085.2
Date: Tuesday, September 14, 2021 1:34:33 PM

External Email

I am an ophthalmologist and would like to make you aware of an ongoing DOH Sunrise Review that I oppose. This draft bill would result in Optometric scope of practice expansion to include surgical procedures. By way of history in 2003, by defining "Ophthalmic surgery", the Washington State Legislature placed in statute the most nationally respected patient protections and the highest quality standards for eye surgery. The definition, agreed upon by the OPW (Optometric Physicians of WA), ensured that only medical and osteopathic surgeons may perform ophthalmic surgery. The current OPW proposal would remove that definition and allow optometrists the use of scalpels, lasers, steroids, injections into and around the eye to treat eye disease.

I would be happy to serve as a resource if you have any questions regarding this draft bill.

Sincerely,

Harry Geggel, MD
Clinical Professor, UW Medicine
Emeritus Physician, Virginia Mason Medical Center

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If you need emergency attention, call 911.

From: [Dong-Wouk Park](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [Stephanie Cramer](#)
Subject: OPPOSITION to expansion of scope of practice for optom
Date: Tuesday, September 14, 2021 6:50:11 PM

External Email

Dear Department of Health,

I'm an ophthalmologist who practices both in Washington and OR, and I am sincerely concerned with the current bill. The expansion is dangerously broad. Even after 4 years of medical school, 1 year of internal medicine, 3 years of residency, and one more year of training, I still choose not to perform some of the procedures that would allow the optometrists to perform these procedures. Potential risk with some of these procedures, such as radiation and immunomodulatory therapy would require vigilant monitoring as well as strong risk/benefit analysis - which is why I defer usage of these agents to specialist among the ophthalmologist colleagues at OHSU. It would be dangerous to have this level of expansion, especially without strong proposal of oversight and educational resources.

With many thanks and warmest regards,

Dong-wouk Park, MD
Assistant Professor (focus on medical retina and comprehensive ophthalmology)
Casey Eye Institute- Longview & Vancouver, WA / Portland & Astoria OR
Oregon Health & Science University

From: [Shu Feng](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist scope of practice sunrise review
Date: Wednesday, September 15, 2021 10:14:51 PM

External Email

Dear Optometrist Sunrise Review Committee,

I am writing in opposition to the proposed scope of practice for optometrists. This proposed legislation would grant optometrists, who have not completed medical school or fulfilled a surgical residency, to perform surgery on and around the eye. This removes the current standards of medical, clinical, and surgical training required to perform eye surgery and compromises the safety and quality of eye care.

Ophthalmology training involves more than 17,000 hours of clinical experience and training. Residents practice with hours of surgical simulation followed by stepwise surgery on humans in a very controlled and graduated fashion, with direct supervision over hundreds of surgical procedures. Optometry school is limited to just 2,300 hours of clinical experience without the same surgical training. This is in no way sufficient to perform eye surgery.

I have witnessed clinical errors by optometrists that have led to blindness; I have seen a child with an open globe injury misdiagnosed by an optometrist with a corneal abrasion, a patient blinded by glaucoma despite regular optometric eye care. While these are thankfully rare instances, this illustrates the inconsistency in the clinical training of optometrists. Allowing optometrists to expand their practice surgically when they lack the appropriate surgical training jeopardizes patient safety. Eye surgery is difficult and delicate. Errors can lead to blinding eye disease or loss of the eye. I appreciate the contribution that my optometric colleagues make to the eye care team and have great respect for many of them. However, granting optometrists surgical privileges for which they have not been adequately trained jeopardizes patient safety.

Sincerely,
Shu Feng, MD

From: [Matthew C. Weed MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope of practice expansion effort
Date: Thursday, September 16, 2021 5:31:43 PM

External Email

Dear Washington Department of Health —

I would like to thank you for working in the public health sector during the COVID-19 pandemic. I can imagine your job has been very stressful during the past 18 months. Thank you for doing what you do to keep us safe and healthy.

My name is Dr. Matthew Weed, MD, and I'm an ophthalmologist in Spokane, Washington. I'm a pediatric ophthalmologist, specifically, and I have lived here in Spokane for about five years.

I am writing to voice my cordial yet firm opposition to the proposal to expand optometrists' scope of practice here in Washington on two grounds:

- #1) it is dangerous to patients
- #2) it is unnecessary in our state

Eye surgery is hard! It's very delicate, the anatomy is on the microscopic level, and errors can leave people blind for life. That's why ophthalmologists (MD eye doctors) spend an additional 4-6 years *after* medical school learning it. It takes time to learn techniques, yes, but that's often the easiest part! It also takes time to learn *when* to do surgery, and *when not* to do surgery. And what to do when complications arise in the operating room.

Eye surgeries, even so-called "simple" ones like laser eye treatments, or removal of "lumps and bumps" on the eyelids, can go seriously wrong. They can cause the pressure inside the eyeball to spike, or the retina to detach, both of which can blind you. Lumps and bumps that appear benign sometimes are not, and an improperly-done surgery can leave behind cancer that can kill you. This is not an exaggeration.

We have the benefit, as ophthalmologists, of learning surgery from experienced mentor surgeons in controlled, regulated settings with nationally-established standards. Without that thorough training, I would not trust myself to do surgery, either with a scalpel or with a laser, on the eye or the eyelids. Before I ever operated on somebody's eyes when I started my practice, I had done nearly 1000 separate, supervised eye surgeries. There are no shortcuts when it comes to patient safety.

Optometrists, though they have some classroom exposure to concepts of surgery in their four years of optometry school, do not get anything close to the same level of surgical training as ophthalmologists do. It's not even in the ballpark. Their training is instead focused on other critical components of eye care, such as prescribing glasses and contact lenses, and care for common eye problems that can be treated without surgery. And a weekend training course spending a few hours hearing about a specific procedure and maybe practicing on a fake eye is

not enough to overcome this vast training gap.

Also, here in Washington, we are fortunate enough to have over 96% of our citizens living within 30 miles of an ophthalmologist, which means the need for more eye surgeons is simply non-existent from a patient access standpoint. Perhaps if we had thousands and thousands of people living hours away from any ophthalmologist, our state could consider drastic measures to expand scope of practice and care for these patients, but that, fortunately, is not the case.

In sum, the current proposal would allow optometrists to perform surgeries on people's eyes and eyelids, despite not having anywhere near the level of training required for safe surgery. And we have plenty of eye surgeons in the state already, enough to care for the needs of our fellow Washingtonians.

Sincerely,

Matthew Weed, MD

From: [Paul Griggs](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometric scope of practice expansion
Date: Friday, September 17, 2021 9:45:49 AM

External Email

Hello,

I am a physician (MD) and ophthalmologist in Washington State. I would like to comment on this Sunrise Review that I am in opposition to. This draft bill would result in Optometric scope of practice expansion to include surgical procedures. This conflicts with a 2003 Washington State legislators statute which defines ophthalmic surgery and restricts such procedures to the performance by medical and osteopathic surgeons with appropriate training. The current OPW proposal would remove this definition and allow optometrists to perform procedures which are outside of the scope of their education and training.

Such expansion of scope by legislative fiat is dangerous, unnecessary, and not in the best interest of patient care.

Thank you for your attention.

Paul Griggs MD

From: [Donald Stone MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Vision care in Washington
Date: Friday, September 17, 2021 10:54:40 AM

External Email

Dear Colleagues,

I am a practicing ophthalmologist in Spokane, and would like to offer you my somewhat unique perspective on the proposed legislation as it pertains to our patients and fellow citizens in Eastern Washington. I previously practiced in an academic setting providing care for underserved and indigent patients in Oklahoma, which has perhaps the broadest scope of optometry practice in the world. The argument for expansion of scope of practice is usually predicated upon access to care, despite the fact that most people live within a reasonable distance of an ophthalmologist. Mahr et al (Ophthalmology 2017) demonstrated that patients who received laser care from optometrists traveled distances comparable to those treated by ophthalmologists; Stein et al (JAMA Ophthalmology 2016) found that laser trabeculoplasty was more likely to require repeat treatments when performed by optometrists. I also observed that after scope expansion, no optometrists moved to the tribal lands or underserved areas to provide procedural services; there were however more providers available to wealthy clients in the already saturated suburban and urban areas. It is an accepted phenomenon that expanding the number of people that provide a medical service will increase health care expenditure on that service, without necessarily increasing access for those that did not have access before.

If our goal is to improve access to health care and address preventable causes of vision loss in Washington, optometry and ophthalmology should continue to work together to overcome the socioeconomic, geographic, and institutional barriers that exist. Poverty will not be ameliorated by a change in optometry scope of practice.

I'm sure you are receiving letters attesting to the vast differences in rigor of training between optometry and ophthalmology, as well as supporting the continued oversight of optometric practice consistent with all other medical professions. If you receive statements suggesting that there have been no complications from procedures performed by optometrists in other states such as Oklahoma, I can discuss my personal experiences with patients who were harmed by poorly trained providers despite ready access to better-trained surgeons nearby.

Please consider the ultimate goal of health and safety of Washingtonians. Reflect on the possible role of institutional and unconscious classism and racism on these decisions (would we be as open to scope expansion if it is your grandmother undergoing a procedure rather than a faceless person of color in a poor community?). I know that my optometric colleagues - and referral sources- may be disappointed by my comments on this topic, but I feel strongly that we should work together to provide better care to our patients, and expanding optometric scope of practice to include surgery doesn't seem to contribute to that shared goal.

Thank you for your consideration. Please feel free to contact me with any questions, concerns, or clarifications.

Yours truly,

Donald Stone, M.D.

From: [Jacqueline Wong](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Draft Bill S 3085.2
Date: Sunday, September 19, 2021 11:46:53 PM

External Email

Greetings,

My name is Jacqueline Wong MD. I am a practicing ophthalmologist specializing in vitreoretinal surgery on Bainbridge Island and am writing to you in strong opposition to Draft Bill S 3085.2. In my opinion, the standards for patient safety would be seriously breached with the proposed optometric scope of practice expansion to include surgical procedures. As you are aware, when the Washing State Legislature defined "ophthalmic surgery" in 2003, the Legislature placed in statute the most nationally respected patient protections and the highest quality standards for eye surgery. The definition, agreed upon by the OPW (Optometric Physicians of Washington), ensured that only medical and osteopathic surgeons may perform ophthalmic surgery. The current OPW proposal in Draft Bill S 3085.2 would remove that definition and allow optometrists the use of scalpels, laser, and other surgical modalities in the treatment of eye disease.

Optometrists are by definition, not surgeons. Surgeries on people's eyes should only be performed by eye surgeons. Physicians who undergo extensive training in medical residencies after graduating medical school do not consider themselves surgeons and do not perform eye surgeries. In addition to exhaustively studying the anatomy, physiology, biochemistry, pathology, pharmacology, microbiology and genetics of the eye and eye diseases, eye surgeons also undergo extensive training in surgical procedures while integrating the medical concepts involving the eye to optimize surgical outcomes and maximize patient safety. Optometrists do not.

Please do not erode at the exceptionally high standards for patient safety that the Washington State Legislature has already placed in statute by allowing draft bill S 3085.2 to proceed to bill.

Respectfully Submitted,

Jacqueline Wong MD
Summit Eye Consultants PLLC
945 Hildebrand Lane Suite 235
Bainbridge Island, WA 98110
Email: info@summiteyeconsultants.com
Phone: 206-201-3669

From: [Anonymous MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope of practice expansion
Date: Monday, September 20, 2021 8:02:31 AM

External Email

Dear Department of Health,

I am writing to express my strong opposition to the proposal put forward by the Optometric Physicians of Washington to expand optometrists' scope of practice here in the great state of Washington.

I am an ophthalmologist in Washington, and I have been in practice for a number of years. I am choosing to remain anonymous in this letter for reasons I will make clear.

I must start by explaining to you the relationship between ophthalmologists (eye surgeon MDs who went to medical school) and optometrists (eye doctors who go to optometry school). Ophthalmologists depend on optometrists to refer patients to them for surgery. Many patients see optometrists for their eye care, and when it comes time for eye surgery (like cataract surgery for example), the optometrist refers them to an ophthalmologist. Surgery is a significant part of how we make our income. Because of this, we are very hesitant to upset the optometrists, since they refer patients to us.

This creates a pretty dysfunctional relationship, and I wish it weren't this way, but it is 100% the way it is. It creates a situation where optometrists, led by their state organization here in Washington, can propose absolutely batshit crazy ideas, like how they should be able to do EYE SURGERY, ON ACTUAL HUMAN BEINGS, WITH ESSENTIALLY NO TRAINING, and ophthalmologists are afraid to speak out against this.

Why, you ask?

Well, it's because when we as ophthalmologists in this state have spoken out against prior optometrist scope of practice expansion efforts in prior years, the Optometric Physicians of Washington have literally *blacklisted* those of us who spoke out, and encouraged optometrists to stop referring patients to us, creating a big loss of income for us. Not because we are bad doctors or bad surgeons, but just because we had the gall to point out that they shouldn't be doing surgery -- since they have woefully inadequate training in surgery! How dare we!

All of this leads to a situation where optometrists can propose something that is, without question, damaging to ophthalmologists' livelihoods, but MUCH more importantly, damaging to the safety of patients, and many ophthalmologists will refuse to speak out against it because we are too afraid of being blacklisted. I promise you that this is the dynamic, as crazy as it sounds.

The important thing, though, is that optometrists are -- unequivocally -- not sufficiently trained to do eye surgery of any kind, whether via laser or scalpel, on the eyeball or the eyelids. Think about it: would you want your father or mother or husband or wife or child or

grandparent having surgery on their eyes from someone whose entire surgical training was a day or two in optometry school practicing on a fake eye, or taking a 2 hour weekend training course in a hotel boardroom somewhere, with no regulated, accredited supervision? Because if you recommend optometrists be allowed to do surgery, that's what you're saying you're OK with. Real eyes of real people will be damaged by untrained people doing surgery. This has happened in other states where optometrist scope of practice has expanded, and it will happen here if optometrists are allowed to do surgeries.

If ophthalmologists were allowed to weigh in on this issue without being afraid of losing their referrals, your email inbox would be inundated. I admire those among us who are willing to speak up publicly and put their names behind their words. I just wanted to let you know, anonymously, what the situation is here, and that if you stand up for patient safety and refuse to concede to the optometrists' demands, you will be saving sight and eyes for Washington residents for years to come.

- The Anonymous Washington Ophthalmologist

From: [Jen Yu](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: opposition to the sunrise review
Date: Monday, September 20, 2021 9:41:08 AM

External Email

To Whom It May Concern,

I am a board-licensed ophthalmologist at the University of Washington and have been in practice for 15 years. I perform cataract surgery, teach residents and medical students, find great joy in taking care of my patients, and love my job and profession.

I am writing to oppose the expansion of optometric practice in our state, which would allow optometrists to perform laser and scalpel surgery. The primary reason I oppose this is because these laser and surgical procedures are not safe to perform without extensive surgical training, which optometrists do not receive. I believe there are great risks in allowing minimally trained people to perform surgical and laser procedures on the eye, with the ultimate cost being paid by unsuspecting patients.

I would like to emphasize the clear and stark differences in clinical training between optometrists and ophthalmologists. As far as education, ophthalmologists must undergo 4 years of medical school plus 4 years of post-graduate training. Three of these years are spent in ophthalmology residency, in which they have hands-on supervised training in clinic and in surgery. This time in the clinical and surgical setting is specific to diagnosing and treating diseases of the eye. This results in ophthalmologists having an average of 10,000 hours of supervised medical and surgical training in eye diseases. Furthermore, ophthalmologists must maintain board certification by the American Board of Ophthalmology (ABO) which is recognized by the American Board of Medical Licenses, the agency that recognizes board certification for all medical doctors in the US.

In contrast, optometrists attend 4 years of optometry school, which encompasses all coursework and clinical experience. Less than 25% of optometrists have further training after optometry school. The surgical training that optometrist receive is typically a 3-4 day course that covers all aspects of surgery without supervised hands-on experience on actual patients nor a recognized certification process. There is no mandatory board certification for optometry, nor is optometry recognized by the American Board of Medical Licenses. This is clearly no substitute for the thousands of hours of supervised training that ophthalmologists receive.

Unfortunately, patients may not understand these vast differences in training. Eye surgery is microsurgery and requires a high level of expertise and knowledge. There is potential for disastrous complications if insufficiently trained surgeons are allowed to perform these procedures. This has real world consequences as many of the complications in eye surgery result in poor vision and even blindness. It is the responsibility of us all to do what is best for patient safety. For this reason, I strongly oppose the expansion of optometric practice.

Thank you for your time.

Sincerely,

Jennifer Yu, M.D., Ph.D.
Seattle, WA

From: [Thellea Leveque](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: opposition against optometry scope expansion
Date: Monday, September 20, 2021 6:13:17 PM

External Email

I am deeply disturbed at legislation being reconsidered that would grant optometrists - who are not medical doctors or surgeons - the authority to perform delicate eye surgeries using scalpels, lasers and other surgical instruments on patients. This scope expansion would pose a risk to the high standards of surgical safety and quality of care in Washington.

Eye surgery of any kind should only be done by experienced medical doctors and surgeons. While some proponents of the expansion claim the procedures are "non-invasive," if it involves cutting human tissue with a surgical instrument, it's invasive. The thought of someone who hasn't obtained a medical degree or completed surgical residency operating anywhere near my eyes or the eyes of my loved ones one is scary.

With an ever-changing healthcare landscape, the last thing we need is to lower the standards of patient safety, especially when it comes to surgery on or near our eyes. For these reasons, I ask that you reject this dangerous proposal by voting against this scope expansion.

Thank you for your consideration on this important medical safety issue.

Thellea Leveque

From: [Megan McChesney](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Response to proposal
Date: Wednesday, September 22, 2021 6:52:58 PM

External Email

After reviewing the Optometry Sunrise Proposal, I would like to share my thoughts and comments.

I am a board certified ophthalmologist practicing in Washington state. My practice does not have any financial incentives one way or the other on this proposal. I do not risk losing referrals from optometrists if my negative opinion is known, and I do not risk losing business if this proposal succeeds.

From a financially disinterested, patient safety standpoint: I believe this is a dangerous and unnecessary proposal.

I have had the pleasure of working with optometric colleagues throughout my career. I have also had the opportunity to work with optometry students and residents. While we overlap in many aspects of training, they are not trained to be surgeons.

I noted while reading the proposal that certain ACGME required procedure numbers during ophthalmology residency were used to support allowing optometrists to expand their scope of practice. I would like to emphasize that those numbers are not required in a vacuum. They are in the context of a rigorous 3 year surgical training program. From my first day of residency to my last, every patient encounter, every procedure, built upon the previous experiences to instill not only the technical skills, but the wisdom and humility to do the right thing for the patient. The skills, judgement and complication management learned from one procedure overlap with the others. I do not think that attending a few lectures and taking a test is sufficient replacement for this training.

In regards to this being an unnecessary proposal. I would refer you to the extensive response our state ophthalmology society: The Washington Academy of Eye Physicians and Surgeons, clearly show that there is not a shortage of ophthalmologists in Washington state.

As an example, I would also like to bring up the point that the initial proposal submitted by optometry included the clearly false assertion that Okanogan county does not have any ophthalmologists who accept Medicare. You can easily go to the Confluence Health website and find the contact info for their ophthalmology service in Omak, WA.

Manipulating the delicate tissues in the eye, either with a needle, laser or scalpel, is not something to be taken on without rigorous training and experience.

Respectfully,

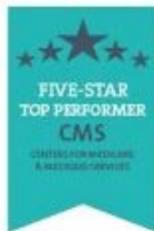
Megan E. McChesney, MD
Comprehensive Ophthalmologist

From: [Charles Pilcher](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Scope of practice
Date: Friday, September 24, 2021 10:29:04 AM

External Email

I oppose expansion of the scope of practice for optometrists. The proposed expansion is inconsistent with the training and purpose of optometry versus ophthalmology. If one wants to do ophthalmologic procedures, become an ophthalmologist. If you want to help people see better with glasses and contacts, become an optometrist. It seems very simple.

Chuck Pilcher MD FACEP
Commissioner, KCPHD #2 dba EvergreenHealth
Chair, Board Quality & Safety Committee
chuck@bourlandweb.com
206-915-8593



From: [David Krueger](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Scope of practice oppose expansion
Date: Saturday, September 25, 2021 8:49:36 PM

External Email

I strongly oppose any Expansion of optometrist surgery privileges: they aren't trained for it and don't have the degree of continuing education as ophthalmologists.
Dave krueger , Yakima

Sent from my iPhone

From: [Keith Dahlhauser](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Strongly oppose any optometry expansion.
Date: Sunday, September 26, 2021 6:44:34 PM

External Email

Sunrise review optometry scope of practice

I am a practicing ophthalmologist in the Tacoma area with six offices; 10 ophthalmologists and three optometrists. It is shocking to read through the sunrise review to see all the exaggerations that were made and agreed to by the reviewer. As to the background, optometrist have focused on glasses and contacts for years, then they expanded their scope to include treatment of medical ocular conditions. This was allowed by the state legislature, but the line was drawn in the sand for surgery and lasers. Here we are again pushing that boundary, the boundary that separates Ophthalmology from optometry; lasers and surgery.

They argue that we have a shortage of ophthalmologists. That is far from the truth. If anyone in Washington State has a surgical problem, the wait list to get surgeries done is very manageable. As to my practice about 25% of the patients I see daily are being examined to give out glasses or contacts only. Even a large Ophthalmology practice like mine is not overburdened by surgeries. We could double our capacity of doing surgery with minimal effort, but do not have the need. We do not need help taking care of surgical and laser patients. Even this report says “we cannot adequately determine if a provider shortage does or does not exist affecting access to care”. If there’s no need to provide extra care, and if this proposal lowers quality, then it should not occur.

The optometry argument includes concern for sending patients long distance to receive care. The reviewer might not know; but many optometrists co-manage patients with some ophthalmologists. Co-management means that the patient needing a major eye surgery, like a cataract, is identified by the optometrist. They are then sent to an co-managing ophthalmologist who does the surgery. The post op care is then done by the referring optometrist. It is supposed to be done on a rare case by case basis, but it is done routinely in Western Washington. The optometrist makes about \$300 for each surgery. Because they provide some care, it is not called a kickback (even though in real estate and other financial dealing it is illegal). Optometrists send patients long distances to have surgery outside the patient’s home city, even though ophthalmologists can provide similar high-quality care in the same city. They are sending patients far away just so that they can co-manage the patient and make the profit. For example, Gig Harbor patients are being sent to Chehalis and Olympia; when another ophthalmology practice and my own practice is in town. If patient travel prevention was the goal, optometrists would not co-manage long distance when good ophthalmologists are in town.

The report states that optometrists would be less costly than ophthalmologists to provide the care. That’s not true, we both are paid on the same pay scale from Medicare for visits.

The report implies that ophthalmologists don’t take Medicare, but Medicare is the most

common insurance we take as most eye disease occurs with age. Essentially, every practicing ophthalmologist takes Medicare.

The report states that ACGME only requires 5 or 4 or 3 procedures to be done to approve lasers. That is true, but a typical resident graduating from an Ophthalmology program has a few hundred various surgeries done. All of the skills used during cataract and major surgery are also being used for lasers; it's the cumulative skill and perioperative abilities that make it so that less lasers are needed to certify. I.e. If a mechanic can build an engine from scratch, we don't need to ask them to prove they can replace the spark plugs more than five times.

The report keeps discussing eight states that have approved some form of laser or surgery. That means 42 states do not feel optometrists have enough skills or ability to do lasers and surgery, and that ophthalmologists who go to medical school are the people that should be doing the surgery. This report states that Washington State is more restrictive than others, but as you see from the count, we are the same as 42 other states.

The report has an area called stakeholder engagement. That should not be thought of as votes. I would suggest that this debate should be taken to the people for a vote. If you ask a random patient if they want someone to do eye surgery on them who has gone to medical school (or osteopathic school), and done hundreds of major surgeries; vs an optometrist who has book training and not much else, we know the answer.

Comments in support of this proposal included 10 ophthalmologists. If you remember back to the comanagement section, most likely these ophthalmologists are the ones whose practice depends solely upon referrals from co-managing optometrists, the gate keeper. They will say or do whatever it takes to keep those referrals coming.

It is blatantly impossible to state "no incidences of negative outcomes or complaints regarding advanced procedures". Any surgeon knows that things can go wrong; the author of that statement is being naïve.

Optometry states that it will be hard to recruit good optometrists to come to Washington state without this approved. The reviewer should also know that if this passes it's going to be very difficult for us to bring qualified surgical ophthalmologists into this state. So do we want to have better optometrists providing basic eye care or better ophthalmologists providing surgical care? What is more important?

As to what is being proposed, it is all surgical and laser and all belongs in the realm of Ophthalmology. In Ophthalmology, we even have a sub-specialists. We have oculoplastics specialists that do eyelid procedures and remove growths. This requires an extra year beyond all of the Ophthalmology training (four years of undergraduate, four years of medical school, one year internship, three years Ophthalmology, one year oculoplastics). So we're going to allow optometrists to take a class and do the same thing that is done by subspecialty Ophthalmologists?

The laser request includes a laser peripheral iridotomy. That means putting a hole in the iris with a laser. It is done to treat and prevent certain extreme types of glaucoma. Ophthalmology has a subspecialty of Glaucoma, these are the ophthalmologists that typically do this type of

laser. It is not done commonly by a general ophthalmologists. Are you telling me that a few months of a class will allow an optometrist to function at a similar level to a subspecialty ophthalmologists who has done 4+4+1+3+1 years of advanced training?

The request includes suturing the eye. The only time an eye needs to be sutured is when it is ruptured and leaking, that is the most extreme of all surgical issues. It shocks me that this reviewer does not know enough about Ophthalmology that they would even consider the training of an optometrist as being able to suture an open globe.

Allowing any laser or surgery is not protecting the public from harm. These are lesser trained or untrained individuals who's surgical and laser treatments are not needed. It does not save any costs, if anything more inappropriate procedures will be done and the cost will go up. If you give a bunch of hammers to people, and tell them they get paid for every time they hammer a nail, lots of nails will go in. Surgery should be done by surgeons.

Keith Dahlhauser MD FACS

From: [kathryn.pepple](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Reject the expansion of scope proposed in S-3085.2
Date: Sunday, September 26, 2021 8:14:44 PM

External Email

September 18, 2021

Cori Tarzwell, Optometrist Sunrise Review Lead

Health Systems Quality Assurance

Washington State Department of Health

P.O. Box 47850

Olympia, WA 98504

Re: Optometrist scope of practice sunrise review

Dear Ms. Tarzwell:

Thank you for the opportunity to comment on the sunrise review of S-3085.2 regarding scope of practice extension for optometrists in Washington State. I am writing in my capacity as an Associate Professor of Ophthalmology at the University of Washington School of Medicine. If passed into law, S-3085.2/21 would grant optometrists the ability to 1.) prescribe essentially all systemic medications, and 2.) perform a number of laser and incisional surgeries on the eye and its surrounding tissues. These expansions in scope of practice for optometrists would unnecessarily threaten the welfare of the citizens of Washington.

My colleague, Dr. Russell Van Gelder provided a letter dated August 13th that eloquently outlined how the passage of this proposal will lead to harm for the citizens of this state. I echo all of his concerns and concur whole heartedly with his assessment. By background, I am trained in the medical and surgical management of ocular disease and specialize in disease of the retina and ocular inflammatory diseases (uveitis). Following graduation from college, I completed an additional 10 years of supervised medical training before beginning my independent practice. This training included 4 years of

medical school, 4 years of residency training, and 2 years of fellowship training. These years of supervised training allow me to diagnose and manage eye disease and provide safe procedural interventions when they are appropriate.

I hold my optometry colleagues in high regard and value their expertise in providing Washington state residents with vision correcting options such as glasses and contacts. As professionals dedicated to eye care, they are also important in identifying signs of eye disease and initiating vision saving referrals to Ophthalmologists like me. I have a number of strong collaborative relationships with some truly excellent Optometrists in Washington and Alaska, and our patients have benefitted from our teamwork.

However, the proposed legislation is not consistent with this type of beneficial arrangement for patients. I am writing today because I feel compelled to try to protect Washington state residents from practitioners and procedures that would do them harm. To be clear, Optometrists do not have the training or experience to perform surgical or laser procedures. Optometrists attend an accredited optometry school for four years, during which time they take didactic courses directed at understanding the anatomy and physiology eye, diagnosing ocular disease, and providing glasses and contact lens. Following this, optometrists are eligible for licensure. Less than a quarter of optometrists pursue post-graduate training. The surgical procedures permitted under the proposed legislation are not safe to perform without extensive surgical training, which optometrists do not receive. It is dangerous to allow minimally trained individuals to perform any surgical procedures on the eye. Allowing someone with this type of training to perform a surgical procedure on an eye is completely irresponsible and will lead to patient harm. With these words, I have repeated some of the concerns Dr. Van Gelder made in his letter, because I feel they are so important. However, I also ask again in my own words, please do not support S-3085.2.

Thank you again for the opportunity to comment on this draft legislation. Please protect the residents of this state from harm and reject the expansion of scope proposed in S-3085.2. If you have any questions, please do not hesitate to contact me at:

kpepple@uw.edu.

Kathryn Pepple, MD, PhD
Associate Professor
Uveitis Service Director
Department of Ophthalmology
University of Washington
Box 359608
325 Ninth Ave
Seattle, WA 98104-2499
tel (206) 616-1292
fax (206) 685-7055
kpepple@uw.edu

From: [Hari Bodhireddy MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to Optometry Scope of Practice Expansion Effort
Date: Sunday, September 26, 2021 10:26:23 PM

External Email

Dear Washington State Department of Health,

Thanks for your time in reviewing these e-mails and letters related to the Optometry Scope of Practice expansion effort, and for your ongoing efforts to keep Washingtonians safe from those incentivized by increased pay over patient safety.

My name is Dr. Hari Bodhireddy, M.D., and I'm an ophthalmologist in Spokane, Washington in my 6th year of practice. I've been taking care of my community's glaucoma and cataract needs since finishing my training, and I intend to practice here for many years to come. My patients' safety is my number one priority.

The Sunrise Review document I reviewed from your website is erroneously labeled Anesthesiologist Assistant at the footer.

For reference, the training I underwent following my undergraduate degree involved 4 years of medical school, 4 years of ophthalmology residency, and 1 year of glaucoma fellowship. Don't let any arguments about the minimum ACGME requirements for graduation from ophthalmology residency fool you. They are often significantly lower than what an ophthalmology graduate experiences in training, and should not be used as a benchmark for the amount of training required to perform these complex procedures safely.

Every step in ophthalmic procedures builds on the last, and a mistake in planning or during the procedure can lead to disastrous consequences, including pain and blindness. These complications can arise even after "simple" eye procedures such as those being proposed. Only after years of medical (not optometric) training can one prepare to specialize in eye procedures and surgery (as we do in ophthalmology residency), as knowledge of the human body as it relates to the eye and other organs is critical in ensuring selecting the right patient, the right medication, and the right procedure for a patient. Equally important is knowing when NOT to intervene and how to handle complications when they arise.

It is simply not safe to have an optometrist, who has completed 4 years of optometric (not medical) training after an undergraduate degree perform any of the proposed procedures. Do not be fooled by the term optometric "residencies," as these single year programs after undergrad are not on par with the rigorous medical and surgical training received during a 4 year ophthalmology residency after 4 years

of medical school (and undergrad). Also do not consider the training an optometric "specialist" receives (less than a week of additional training at the highest level, according to the Sunrise document pages 2-3) to be equivalent to a subspecialist in ophthalmology (1-2 years of additional training after 8 years of formal medical training).

I am strongly against the proposal to expand optometrists' scope of practice here in Washington. The American Optometric Association itself describes optometrists as "leaders in primary eye health care," and I suggest that the Optometric Physicians of Washington follow their example and continue to provide primary *medical* eye care to the extent their training allows. They are often the first eye care professional a patient encounters, and I work with many competent and wonderful optometrists who are excellent at what they do.

Do not give the Board of Optometry the freedom to decide their scope of practice, when the proposed scope is not proportionate to their level of training. Here in Washington, we are fortunate enough to have over 96% of our citizens living within 30 miles of an ophthalmologist, which means the need for more eye surgeons is simply non-existent from a patient access standpoint. After reviewing the facts, please ask yourselves what the motivation behind this proposal is. If the answer is anything but patient safety, the decision should be obvious.

Sincerely,

Hari Bodhireddy, M.D.

From: [Kelly Bui](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to the Sunrise Bill
Date: Monday, September 27, 2021 12:45:28 PM

External Email

To Whom It May Concern:

As a practicing ophthalmologist, I'm highly concerned about your support of the optometry Sunrise bill. Patient safety is in jeopardy with the approval of this bill. There is no amount of training, short of an ophthalmology residency and medical school (which we all had to do to learn the anatomy and deal with the surgical complications from our procedures), in which it would be adequate to expand their scope. Who will deal with the complications arising from optometrists performing these procedures and the associated lawsuits?

I hope you recognize and oppose this bill in the interest of patient safety!

Kelly Bui, MD

Sent from my iPhone

From: [Penny Reck, M.D.](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to Optometric Scope Expansion
Date: Monday, September 27, 2021 3:24:37 PM
Attachments: [image001.png](#)

External Email

Dear Senator Hunt, Representative Dolan, Representative Bateman & Ms. Tarzwell,

I am a practicing ophthalmologist in the state of Washington writing to communicate my ***strong opposition to the Sunrise Review concerning the proposal to expand optometry's scope of practice***. I believe the draft proposal threatens the health and safety of Washingtonians, including increasing risk of blindness and loss of the eye in granting optometric physicians permission to perform invasive procedures without having the same level of rigorous training that ophthalmologists do. It is a disservice to Washingtonians to allow less qualified providers to perform invasive procedures on their eyes.

Ophthalmologists undergo extensive training beyond college, including 4 years of medical school, an internship in internal medicine/surgery or a program (transitional program) that combines both internal medicine and surgery in order to understand how to manage systemic illnesses medically and surgically; followed by three years of specialty training in ophthalmology. This extensive training is what produces a high quality medical provider who is well-informed of what medical pathology is, how it is manifested in the eye(s) and may relate to the body and the many considerations (risks, benefits, alternatives) involved in recommending an invasive procedure, performing an invasive procedure and also how to manage potential complications of such procedures. It is not enough from a patient-safety standpoint to permit another provider to perform the same procedures without the same level of training. Without the same in-depth and breadth of education, those ophthalmic procedures that are meant to be performed to save vision can ultimately be blinding and disfiguring if performed by a provider who is not educated and trained appropriately.

It is a fallacy to believe that allowing the expansion of optometric services will contribute to the safety of public health. The level of training to perform invasive procedures, even minimally invasive procedures, is not equal to a provider who went through medical school and actively trained with surgeons and hospital-ancillary staff. The items requested on the proposal are not simple nor should they be considered as categories of low risk that appropriate medical training can be forgone at the expense of patient safety. If this proposal is allowed to pass, then the DOH and the WA State legislators would be complicit in any patient complications that occur due to allowing deregulation of medical care.

It is also an inaccurate statement that there is a delay in the ability to refer a patient to an ophthalmologist. My office consistently accommodates emergent patients within 24 hours and urgent patients within 24-48 hours. There is no delay in care due to the referral process. We pride ourselves on being able to work with eye care providers of all levels to optimize the patient's outcome and benefit the medical system by applying the vast breadth of skills and knowledge we have accumulated through medical school, residency (medical specialty training) and in many cases post-residency fellowship training to serve our communities by being highly-trained experts in the field – training which translates into high quality care. This is the level of safe medical care that people deserve. We have been able to deliver high quality with efficiency consistently and effectively.

Additionally, the idea that this proposal would result in cost savings is predictably inaccurate. Approving coverage of multiple CPT codes by a large group of providers motivated to perform those procedures, despite having adequate training, will likely result in increased costs to patients and also government-subsidized plans. The state's budgetary shortfall will be further significantly impacted.

Public health safety and financial stability of the state are both at high risk with this proposal. I strongly urge the Department of Health and our legislators to not support the proposal.

Thank you for this opportunity to comment.

Sincerely,

Penny Reck, M.D.



Penny Reck, M.D.

Vitreoretinal Specialist

Clarus Eye Centre

345 College Street SE, Suite C

Lacey, WA 98503

Phone 360.456.3200

Fax 360.456.3894

www.claruseye.com

From: [Agnes Huang](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope of practice
Date: Monday, September 27, 2021 6:41:43 PM

External Email

To Whom it May Concern,

I recently read a report from the Dept of Health where they agreed with the Optometric Physicians of Washington to extend the scope of practice to surgical and laser treatment of eye diseases. I am very perturbed by this recommendation for several reasons.

1. Optometrists do not have the same standard of training across the United States. They don't take the same standardized examinations for competency. I have worked with many marvelous optometrists during my 27 years in eyes but I have seen many that I can't believe have the same credentials as the other ones. Hence, you may have an undertrained optometrist trying to do procedures that are not qualified to do
2. Optometrists do not get surgical training in OD school. If they have a complication, they defer to the ophthalmologist who have the training. The biggest test is that of complications. Would an OD send their complications to another OD?? NO. There's a reason for that.
3. Ophthalmologists have 8 years of medical training, 4 in medical school, a surgical or medical internship, then 3 years of ophthalmology residency, then fellowship on top of that. Optometrists are not required to do residencies and have fewer years of training. They ARE NOT EQUIVALENT to ophthalmologist for invasive procedures.
4. Bottom line to ask yourself is would you send your parent/sibling/children for a surgical procedure where there has been not training in residency? I sure wouldn't.
5. Optometrists don't carry the same level of medical /surgical malpractice as ophthalmologists. If you were to extend the surgical scope, they would need to carry full malpractice insurance.

Thank you very much for your consideration. I am very much against increasing optometry scope of practice to an area where they may do as much harm as good.

Regards,
Agnes Huang, MD, MSEE, MPH

From: [Dennis Drouillard](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: OPW proposal
Date: Tuesday, September 28, 2021 11:36:59 AM

External Email

This summary was written so well and is very telling. I am sending it as I completely agree with Dr Dahlhauser:

"I am a practicing ophthalmologist in the Tacoma area with six offices; 10 ophthalmologists and three optometrists. It is shocking to read through the sunrise review to see all the exaggerations that were made and agreed to by the reviewer. As to the background, optometrist have focused on glasses and contacts for years, then they expanded their scope to include treatment of medical ocular conditions. This was allowed by the state legislature, but the line was drawn in the sand for surgery and lasers. Here we are again pushing that boundary, the boundary that separates Ophthalmology from optometry; lasers and surgery.

They argue that we have a shortage of ophthalmologists. That is far from the truth. If anyone in Washington State has a surgical problem, the wait list to get surgeries done is very manageable. As to my practice about 25% of the patients I see daily are being examined to give out glasses or contacts only. Even a large Ophthalmology practice like mine is not overburdened by surgeries. We could double our capacity of doing surgery with minimal effort, but do not have the need. We do not need help taking care of surgical and laser patients. Even this report says "we cannot adequately determine if a provider shortage does or does not exist affecting access to care". If there's no need to provide extra care, and if this proposal lowers quality, then it should not occur.

The optometry argument includes concern for sending patients long distance to receive care. The reviewer might not know; but many optometrists co-manage patients with some ophthalmologists. Co-management means that the patient needing a major eye surgery, like a cataract, is identified by the optometrist. They are then sent to an co-managing ophthalmologist who does the surgery. The post op care is then done by the referring optometrist. It is supposed to be done on a rare case by case basis, but it is done routinely in Western

Washington. The optometrist makes about \$300 for each surgery. Because they provide some care, it is not called a kickback (even though in real estate and other financial dealing it is illegal). Optometrists send patients long distances to have surgery outside the patient's home city, even though ophthalmologists can provide similar high-quality care in the same city. They are sending patients far away just so that they can co-manage the patient and make the profit. For example, Gig Harbor patients are being sent to Chehalis and Olympia; when another ophthalmology practice and my own practice is in town. If patient travel prevention was the goal, optometrists would not co-manage long distance when good ophthalmologists are in town.

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The report keeps discussing eight states that have approved some form of laser or surgery. That means 42 states do not feel optometrists have enough skills or ability to do lasers and surgery, and that ophthalmologists who go to medical school are the people that should be doing the surgery. This report states that Washington State is more restrictive than others, but as you see from the count, we are the same as 42 other states.

The report has an area called stakeholder engagement. That should not be thought of as votes. I would suggest that this debate should be taken to the people for a vote. If you ask a random patient if they want

someone to do eye surgery on them who has gone to medical school (or osteopathic school), and done hundreds of major surgeries; vs an optometrist who has book training and not much else, we know the answer.

Comments in support of this proposal included 10 ophthalmologists. If you remember back to the comanagement section, most likely these ophthalmologists are the ones whose practice depends solely upon referrals from co-managing optometrists, the gate keeper. They will say or do whatever it takes to keep those referrals coming.

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Optometry states that it will be hard to recruit good optometrists to come to Washington state without this approved. The reviewer should also know that if this passes it's going to be very difficult for us to bring qualified surgical ophthalmologists into this state. So do we want to have better optometrists providing basic eye care or better ophthalmologists providing surgical care? What is more important?

As to what is being proposed, it is all surgical and laser and all belongs in the realm of Ophthalmology. In Ophthalmology, we even have a sub-specialists. We have oculoplastics specialists that do eyelid procedures and remove growths. This requires an extra year beyond all of the Ophthalmology training (four years of undergraduate, four years of medical school, one year internship, three years Ophthalmology, one year oculoplastics). So we're going to allow optometrists to take a class and do the same thing that is done by subspecialty Ophthalmologists?

The laser request includes a laser peripheral iridotomy. That means putting a hole in the iris with a laser. It is done to treat and prevent certain extreme types of glaucoma. Ophthalmology has a subspecialty of Glaucoma, these are the ophthalmologists that typically do this type of laser. It is not done commonly by a general ophthalmologists. Are you telling me that a few months of a class will allow an optometrist to function at a similar level to a subspecialty ophthalmologists who has done 4+4+1+3+1 years of advanced training?

The request includes suturing the eye. The only time an eye needs to be sutured is when it is ruptured and leaking, that is the most extreme of all surgical issues. It shocks me that this reviewer does not know enough about Ophthalmology that they would even consider the training of an optometrist as being able to suture an open globe. Allowing any laser or surgery is not protecting the public from harm. These are lesser trained or untrained individuals who's surgical and laser treatments are not needed. It does not save any costs, if anything more inappropriate procedures will be done and the cost will go up. If you give a bunch of hammers to people, and tell them they get paid for every time they hammer a nail, lots of nails will go in. Surgery should be done by surgeons."

Dennis Drouillard MD

From: [Kelly Roberts](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: optometry scope of practice
Date: Tuesday, September 28, 2021 1:39:20 PM

External Email

Dear Sir or Madam:

I am a board certified physician (MD) in Internal Medicine. I am very concerned by the Department of Health's optometry scope of practice sunrise review draft recommendations. I do not perform eye surgery and will not lose any income should optometrists (who do not go to medical school) be allowed to perform eye surgery without the same level of training as ophthalmologists (who attend 4 years of medical school, 1 year of medical internship, 3 years of ophthalmology residency and possibly 1-3 years of post-residency training/fellowship).

Please understand that surgery is not just cutting and sewing. It involves understanding the whole patient (and not just the eyes) and making a decision as to who is a good candidate for surgery and who is not. Factors like heart problems, lung problems, clotting disorders, kidney function, thyroid disease, diabetes, etc. are extremely important considerations. The medical knowledge obtained during 8 - 11 years of training starting with medical school is very important, to say the least.

The draft language offered by the Optometric Physicians of Washington would allow for an inappropriate increase in the profession's scope of practice without medical school/ophthalmology residency or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometrists. It is very concerning that an optometrist (OD) doesn't have the medical training necessary to even recognize that the patient may be having a medical emergency on the operating table.

Please remember that surgery (including laser surgery) is NOT like "having your hair done."

These changes will endanger the health and safety of Washingtonians who seek out treatment for their vision. As a MD, I have enough knowledge to seek out a qualified ophthalmologist (MD) to perform eye surgery on myself or a family member. Unfortunately, a lay person does not have this knowledge and should not be steered toward a practitioner who is not a medical doctor.

I remain concerned by the level of support for this proposal in the draft report and would respectfully request that the DOH not support expansion of the optometry scope of practice to include surgery.

Sincerely,
Kelly Roberts MD

From: [Magdalena Walczak](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist's scope of practice expansion
Date: Tuesday, September 28, 2021 1:39:59 PM

External Email

My name is Magdalena Walczak , I am a []family physician/ urgent care physician. I currently don't work.I am writing to express my concern with the Department of Health's optometry scope of practice expansion proposal.

It is inappropriate and quite frankly scary to have unqualified providers perform procedures on eyes.

Therefore I request that the ophthalmologist be the only one to perform above mentioned procedures.

Please contact me at mmwalczak@yahoo.com

Or call at 4253508480, should you have any questions.

Sincerely,

Magdalena M.Walczak,MD

Sent from my iPhone

From: [Amber Gilroy](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Supports Optometrists Doing Lasers and Scalpel Procedures — Write in Opposition by October 1st
Date: Tuesday, September 28, 2021 2:17:14 PM

External Email

I am the CEO for an ophthalmology and optometry practice in the Tacoma area with six offices; 10 ophthalmologists and three optometrists. The sunrise reviewer was incorrect in many areas and it is shocking that this is even being considered. As to the background, optometrist have focused on glasses and contacts for years, then they expanded their scope to include treatment of medical ocular conditions. This was allowed by the state legislature, but the line was drawn in the sand for surgery and lasers. Here we are again pushing that boundary, the boundary that separates Ophthalmology from optometry; lasers and surgery.

The reviewer argues that we have a shortage of ophthalmologists. That is far from the truth. If anyone in Washington State has a surgical problem, the wait list to get surgeries done is very manageable. Our practice has about 25% of the patients being examined to give out glasses or contacts only. Even a large Ophthalmology practice like ours is not overburdened by surgeries. We could double our capacity of doing surgery with minimal effort, but do not have the need. We do not need help taking care of surgical and laser patients. Even this report says “we cannot adequately determine if a provider shortage does or does not exist affecting access to care”. If there’s no need to provide extra care, and if this proposal lowers quality, then it should not occur.

The optometry argument includes concern for sending patients long distance to receive care. The reviewer might not know; but many optometrists co-manage patients with some ophthalmologists. Co-management means that the patient needing a major eye surgery, like a cataract, is identified by the optometrist. They are then sent to an co-managing ophthalmologist who does the surgery. The post op care is then done by the referring optometrist. It is supposed to be done on a rare case by case basis, but it is done routinely in Western Washington. The optometrist makes about \$300 for each surgery. Because they provide some care, it

is not called a kickback (even though in real estate and other financial dealing it is illegal). Optometrists send patients long distances to have surgery outside the patient's home city, even though ophthalmologists can provide similar high-quality care in the same city. They are sending patients far away just so that they can co-manage the patient and make the profit. For example, Gig Harbor patients are being sent to Chehalis and Olympia; when another ophthalmology practice and my own practice is in town. If patient travel prevention was the goal, optometrists would not co-manage long distance when good ophthalmologists are in town.

The report states that optometrists would be less costly than ophthalmologists to provide the care. That's not true, we both are paid on the same pay scale from Medicare for visits.

The report implies that ophthalmologists don't take Medicare, but Medicare is the most common insurance we take as most eye disease occurs with age. Essentially, every practicing ophthalmologist takes Medicare.

The report states that ACGME only requires 5 or 4 or 3 procedures to be done to approve lasers. That is true, but a typical resident graduating from an Ophthalmology program has a few hundred various surgeries done. All of the skills used during cataract and major surgery are also being used for lasers; it's the cumulative skill and perioperative abilities that make it so that less lasers are needed to certify. I.e. If a mechanic can build an engine from scratch, we don't need to ask them to prove they can replace the spark plugs more than five times.

The report keeps discussing eight states that have approved some form of laser or surgery. That means 42 states do not feel optometrists have enough skills or ability to do lasers and surgery, and that ophthalmologists who go to medical school are the people that should be doing the surgery. This report states that Washington State is more restrictive than others, but as you see from the count, we are the same as 42 other states.

The report has an area called stakeholder engagement. That should not be thought of as votes. I would suggest that this debate should be taken to the people for a vote. If you ask a random patient if they want someone to do eye surgery on them

who has gone to medical school and done hundreds of major surgeries; vs an optometrist who has book training and not much else, we know the answer.

Comments in support of this proposal included 10 ophthalmologists. If you remember back to the co-management section, most likely these ophthalmologists are the ones whose practice depends solely upon referrals from co-managing optometrists, the gate keeper. They will say or do whatever it takes to keep those referrals coming.

It is blatantly impossible to state “no incidences of negative outcomes or complaints regarding advanced procedures”. Our practicing surgeons know that things can go wrong; the author of that statement is being inaccurate.

I disagree with the proposal and am very concerned that this is even being considered by Washington State.

Amber Gilroy

Chief Executive Officer

a.gilroy@cascadeeyeskin.com

O: (253)671-7219

C: (913)827-6097

From: [Cynthia Cilyo](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise optometry DOH proposal for expansion of Optometry privileges S-3085.2
Date: Tuesday, September 28, 2021 2:22:22 PM

External Email

Cynthia L Cilyo, MD
4620 E 46th
Spokane, WA, 99223

September 28, 2021

To: Washington State Board of Health

Regarding: Sunrise optometry DOH proposal for expansion of Optometry privileges S-3085.2

Greetings,

First, thanks to the Department of Health for conducting a thorough evaluation of the ramifications of changes in the current privileges of optometrists.

As an ophthalmologist practicing in the US Navy and Washington state for 28 years, I have some specific concerns with the proposal to increase the scope of practice of optometrists in Washington State outlined in S-3085.2. After reviewing the document, including the Board's modifications and exclusions, there are several points of contention.

Stated reasons for expansion of scope of practice include:

-“Potential savings in facility fees when optometrists provide office-based procedures like eye lesion removal or intralesional steroid injection since they typically provide them in their offices, rather than ambulatory surgical centers (ASC) and hospitals;”

This is not a valid argument as ophthalmologists also perform these procedures in their offices unless the patient or procedure require more back up equipment or anesthesia personnel to safely perform the procedure.

-More access for patients in rural areas for these procedures. This rationale needs to be tempered with the cost of a laser machine.

An SLT laser unit can be \$60-80,000. A YAG laser may be an additional machine.

Is a rural optometrist going to be seeing enough glaucoma patients to warrant such a cost outlay? Or again are those patients going to be referred on to more urban centers, which

counters the “less travel distance” argument.

Most ophthalmologists in their 4 years of residency education far exceed the number of surgical procedures in the included list of minimal requirements by the American College of Graduate Medical Education (ACGME) requirements for ophthalmologists to perform in training. And during their 4 year Doctor of Medicine degree, they would have had exposure to general surgical techniques.

The 8 hours of practice as listed in “Additional Training for Current Practitioners Northeastern State University Oklahoma, College of Optometry (NSU-OCO)” is woefully insufficient.

“Practice” needs to be many procedures on live patients of varying complexity and different medical problems, with supervision by mentors experienced in the specific procedure. Also, are optometrists in rural areas going to have enough actual patient numbers while in practice to be able to perform, for instance, selective laser trabeculoplasty, SLT, and maintain competence? One or two procedures a year is not enough.

Even with the list of prohibited procedures, “suturing the eye” and “eyelid surgery” are way too broad of privileges in my mind.

“Suturing the eye” could be construed to be repairing of full thickness or penetrating traumatic wounds of the eyelid or eyeball. Sometimes what appears as a tiny eyelid wound is actually a penetrating wound into the eyeball or lacrimal system. If just the eyelid was sutured and the rest neglected, it could end up with infection inside the eyeball, cataract, retinal detachment or blindness.

Wounds involving the eyelid margin need experience in careful, reapproximation of specific layers to avoid permanent corneal irritation by an irregular eyelid margin.

“Eyelid surgery” is again too broad a description. Some of these procedures are lengthy, requiring sedation, monitoring, regional anesthesia, and sterile conditions. Even a “minor” biopsy of an eyelid lesion, if done incorrectly, can lead to permanent lid malposition, which I have seen in practice when a non ophthalmologist did the biopsy.

I do agree that having optometrists be able to incise and drain (I and D) chalazia would be helpful for patient more immediate access.

However, again, “Common complications of of lids, lacrimal and lashes” again is too broad of a description.

I absolutely agree with “We recommend maintaining the list of excluded procedures as provided in the draft proposal to ensure clarity on what is and is not allowable within the scope of practice for optometry.”

The WA State Board of Health should continue to determine the scope of practice of

optometry as opposed to Board of Optometry.

These concerns are not a matter of “turf” battles, but of patient safety. Patients need to be able to know the doctor they see has enough training and surgical live person experience to be able to identify and treat their eye disease , in the context of their other medical problems. This DOH committee proposal needs to be very specific in the changes and prohibited procedures it outlines.

Thank you,

Cynthia L. Cilyo, MD

From: [Alex L. Brzezny](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: OPTOMETRY SCOPE OF PRACTICE SHOULD NOT INCREASE
Date: Tuesday, September 28, 2021 2:56:20 PM

External Email

My name is Alex Brzezny, I am an MD practicing at the Public Hospital District #3 of Grant County. I am writing to express my concern with the DOH's optometry scope of practice sunrise review draft recommendations.

After considering my patients' needs and the erudite and timely local ophthalmology services availability, and after discussing the issue with our local MD and OD, the draft language offered by the Optometric Physicians of Washington would allow for an unsafe increase in the profession's scope of practice. Respectfully, ODs do not poses the requisite education and training and there are no regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry.

I am very concerned about my elderly patients in particular who access ophthalmology services locally without problems and how they would now be affected by a proposed optometrists' ability to diagnose and treat conditions for which they have not acquired a comprehensive medical training. With a continued great deal of respect for my optometrist colleagues and their excellent capacity to prescribe my glasses, treat minor eye conditions and examine the eyes of my diabetic patients, I am taken aback by the possibility of optometrists now potentially use injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. What is next? Nurses cutting out cancers? Chiropractors performing spinal injections? PAs reading MRIs? What is in DOH's mind the value of an allopathic and an osteopathic physician's education? Has anyone considered the breadth of practical and educational exposures to become well-rounded MD, let alone an ophthalmologist (including the carry over burden of the medical education debt)?

These changes will jeopardize the health and safety of my patients who might seek out treatment for eye problems in places manned by those not qualified and not sufficiently educated and supervised to provide it.

While I share the goal of increasing access to safe, quality health care, there is no access problem for my patients in my part of the Columbia Basin. I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Respectfully,

AB

From: [Roy Park](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope of practice
Date: Tuesday, September 28, 2021 3:28:11 PM

External Email

To Whom It May Concern,

Expanding optometry scope of practice is a mistake.

1. You will put patients at greater risk of harm.

I and my ophthalmology colleagues went through years of rigorous training aided by experienced professors/surgeons in order to learn proper techniques and complication management. There is no substitute for this schooling and training.

2. There is no evidence of lack of eye care services in rural Washington.

Even if this were the case, substituting more readily available but sub-standard care is doing a disservice to the citizenry of our state. Access to care should not come at the cost of increased morbidity.

As a Dept of Health, your aim and purpose is to make decisions that are in the best interests of Washingtonians. Allowing an expansion of optometry scope of practice is a mistake.

Sincerely,
Roy Park, MD
Cascade Eye and Skin Centers
Puyallup, WA

From: varvind@cardinalpain.com
To: [DOH HSQA Optometry Sunrise](#)
Subject: If you want to treat patients as a doctor medical school
Date: Tuesday, September 28, 2021 4:21:47 PM

External Email

Hello,

Every physician undergoes

1. 4 years of rigorous undergraduate premedical courses
2. 4 years of medical school that included upto 80 hrs / week of clinical training in third and fourth year
3. 3-5 years of residency averaging at least 80 hrs / week of hands on direct patient care, surgeries, ICU CCU and ER rotations that prepare you to be an independent exemplary physician whom the parents trust.
4. In addition the board certifications and medical licensure also exacts exemplary training and knowledge to ensure patient safety.

There is a push to dilution and compromise on quality of Patient care by Allied health professions. If they want to treat patients and act as doctors they have to undergo same rigorous training and demand for quality that if placed upon doctors.

Anything else is a compromise on patient safety.

Dr.. Arvind
Dallas

From: [Logar, Christine](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 4:34:36 PM

External Email

My name is Dr. Christine Logar, I am a physician practicing at Swedish hospital in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

I am very concerned for the safety of our patients in the state of Washington. It is not OK for the Board of Optometry to expand surgical procedures without appropriate and comprehensive medical training. The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails.

I know that I rely on the Board of Medicine to ensure that my family and I receive care from physicians that are adequately trained. I think that we need to think about what is the delivery of "medical care" and what is the delivery of "healthcare". We are seeing extensive "scope-creep" from other boards such as the Board of Nursing and Optometry, that is putting the responsibility of determining if a non-physician provider is adequately trained onto the patient.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Statements made in this email are my own and do not necessarily represent the opinions, strategies or policy approach of my employer Swedish medical center or Providence St. Joseph Health.

thank you.

Dr. Christine Logar, MD FASN

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

From: [Ronald Furedy](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Protection of Patients
Date: Tuesday, September 28, 2021 5:06:44 PM

External Email

There is an ongoing pressure to allow practitioners who are not adequately trained to be providing medical services. When an individual enters a medical facility she/he expects the individuals providing the surgical and other medical procedures to have been evaluated by our state government that the medical personnel providing the service are well trained, and that the Washington Medical Boards have done due diligence to assure the person in need of a medical procedure, has medical personnel, providing the service, that have adequate training and experience. These are minimal expectations, and allowing opticians to provide surgical services is in violation of these minimal expectations of our Washington State Residents. The main purpose of the government is to protect, not expand services that pose considerable possibility of bodily damage by providers that are not properly trained. Ron Furedy MD

From: [Matthew Hauck](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 5:20:34 PM

External Email

Hello,

I am a physician practicing at the Vancouver Clinic in southwest Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

This draft bill would result in Optometric scope of practice expansion to include surgical procedures without requisite education and training or regulatory guardrails. These changes would jeopardize the health and safety of Washingtonians.

Sincerely,
Matthew Hauck MD

From: [Michael Levitt](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: I am opposed to optometrist scope expansion
Date: Tuesday, September 28, 2021 5:38:43 PM

External Email

Hello,

I am an Associate Professor of Neurological Surgery at the University of Washington in Seattle, with a substantial portion of my practice co-managing patients with neuro-ophthalmology. I am very concerned about the creep in optometry scope that I've been personally observing in my colleagues' practice.

The concern here is that the Optometric Physicians of Washington proposal would open the floodgates to poor patient care through treatment without the required education and training or regulatory framework, especially concerning invasive procedures and surgery. The lack of requisite training in things like complex medical comorbidities and especially complications management means that patients will suffer from this expansion in scope.

I think the DOH should seriously reconsider the proposal in the light of major patient safety and oversight concerns.

Thanks,

Michael R. Levitt, MD, FAANS, FAHA
Associate Professor, Neurological Surgery and Radiology
Adjunct Associate Professor, Mechanical Engineering
Scientific Director, Stroke & Applied Neuroscience Center
Co-Director, Neuroendovascular Surgery Fellowship
Associate Residency Program Director, Neurological Surgery at Harborview Medical Center
University of Washington School of Medicine

From: [steven.weinreich](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Objection to proposed increase in scope of practice
Date: Wednesday, September 29, 2021 9:24:28 AM

External Email

Greetings,

I am writing to you today to express my concern and objection to the proposed increase in optometry scope of practice as detailed by the Sunrise Review as submitted by the Optometric Physicians of Washington.

The Sunrise Review document is quite detailed and extensive, but certainly doesn't emphasize nor adequately address the main points of this whole discussion which are these:

- They are seeking privileges to perform *advanced* surgical procedures on the eye involving surgery utilizing lasers and scalpels.
- The current education for students and *especially* the proposed continuing education for currently practicing optometrists is grossly insufficient.

I believe these are the two most important takeaways from this proposal.

The proposal seeks to fast track an increase in scope of practice for optometrists based on a flawed argument of community need and lack of Ophthalmologists in all areas of the state. While it is true that there may be an insufficient number of Ophthalmologists in all areas of Washington State, this is by no means a problem specific to Ophthalmology. Basically all medical specialties suffer this problem, and fast tracking under trained clinicians to make up that difference is not the answer.

The most problematic issue with the Sunrise proposal is the plan for training currently practicing optometrists, which make up a vast majority of the optometrist in question. Their solution to this problem of lack of education is this:

" The proposed solution is continuing education courses to teach the new procedures to include:

- Northeastern State University Oklahoma, College of Optometry's (NSU-OCO) advanced procedure course, which includes 32 hours of approved continuing education to include 21 hours of medical knowledge, **8 hours of practice**, and 3 hours of Grand Rounds case review. (See pages 23-24 of the applicant report for details about the courses.)
- Pacific University College of Optometry (PUCO) offers a postgraduate course that covers all the advanced procedures **except laser procedures**, and if a proposed bill passes allowing laser procedures in Oregon, the applicant report states PUCO intends to offer a supplemental course for these procedures.
- Several other programs **under development**, along with testing for current and future

optometry students to prove competency."

So, for a currently trained optometrist, the only option to get "fully trained" is to travel to Oklahoma. I find it hard to believe even a minority of optometrists in Washington will opt to travel to Oklahoma for this training. The college in Oregon offers incomplete training as it doesn't train in laser procedures at all. And finally there are "other programs" that may or may not appear at some point in the future.

And to be clear, they are going to be trained to make scalpel incisions into your eyeball. Would you feel safe and comfortable having a clinician cutting into your eye with a scalpel who's had a mere *8 hours* of practice? This seems woefully inadequate to me.

There are certainly other concerning issues with this proposal, but the main two that I've highlighted should be enough not to go forward with this proposal. As a medical practitioner and Ophthalmological patient, I would not feel comfortable with this proposed change in scope of practice.

Thank you for your time and attention.

Yours,

Steven Weinreich, PA-C

From: [john groner](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 9:29:31 AM

External Email

My name is John Groner, MD, I am a physician practicing in Kennewick, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

I am concerned about a slippery slope phenomenon. Where do we stop?!? Why go to medical school and get the years and years of medical training if someone else can simply be granted authority to do what you were actually trained to do? What will keep a physical therapist from suddenly doing orthopedic procedures and surgery which they were not trained to do? What will keep a chiropractor from wanting to do spinal injections or surgery? Let us take this further. Why do we need lawyers? Maybe we can simply allow someone with debate team experience be a lawyer! At least paralegals can become lawyers, right? Who needs an MBA! I take some statistics courses, so I should be qualified right? I read the business reports daily, so I should not need to go to business school to get an MBA! Who needs to be a physicist to work on nuclear technology! I took some physics courses, so I should be completely qualified! Who needs an engineering degree to work on airplanes or ships

or cars/trucks? I took chemistry, physics, math classes in college so I should be good to go, right? You may scoff and say all these examples are ridiculous. That is what it sounds like to me to let non physicians do physician work. Physicians spend years of training learning the backbones of medicine. Then we spend years learning how to take a medical history, coming up with a differential diagnosis or diagnoses, doing a thorough physical exam, then coming up with a good assessment and plan. And we are taught under supervision from professors with years of experience how to think, impart their experience to us, and how to do procedures/surgeries.

Please keep the above in mind when deciding whether to allow optometrists to essentially practice as a MD/DO without going to medical school.

From: [steven brady](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Please - don't be confused.
Date: Wednesday, September 29, 2021 11:03:57 AM

External Email

Hello — first and foremost, I do not agree with the current proposal to expand the scope and depth of practice for Optometrists.

Why?

It's not that optometrists can't be as intelligent or as hard working or have as much right to earn as ophthalmologists...it's simply that the structure of their education and their ability to gain the intensive knowledge equivalent to that of a medical doctor / ophthalmologist is not possible.

Consider the difference between a pistol or rifle hobbyist who can score very well shooting at targets but who would claim equivalence or parity to a Navy SEAL, Delta operative, Special Force personnel, SWAT Team member, FBI Special Agent, etc. As a former qualified Naval Special Warfare Officer (SEAL), I can personally verify there is a quantum leap between knowing how to shoot a weapon, and knowing all about the weapon, when to use it, and how to use it successfully in the face of variable circumstances and situations.

Now, as a fully trained (undergraduate BS degree, medical school, internship, and residency = 12 years, in addition to a fellowship year in Glaucoma = 13 yrs) Ophthalmologist, I can safely say that there is a quantum leap between my skill level and that of our local optometrists who attend 3 years of optometry school after undergrad, the depth of what we know, and what we don't know (which includes what we know we don't know and also more dangerously- what we don't know that we don't know). As one of the Glaucoma Specialists in the south sound, I've seen numerous patients held for far too long by certain optometrists with marginal exam skills, or poor ethics, or poor knowledge, or inadequate assessment equipment, or all/several of the above, who ultimately are sent to me for management of advanced/severe Glaucoma after years of "treatment"/care from the optometrist who should have referred the patient to me or another qualified ophthalmologist earlier.

Happily, I also receive many wonderful referrals from conscientious optometrists who understand the different levels of care, and know when it's best to relinquish care or at minimum, share the care for the best interest of the patients. This is how it should work as there is obviously a substantial difference in our education and training.

Why have two very different education platforms and two exceedingly different training requirements if only to move toward approximation of the two? It doesn't make sense and it's dangerous. If we need more ophthalmologists, let's train ophthalmologists. If we need more optometrists to manage basic vision needs and not medically or surgically managing eye diseases, then let's train more optometrists...but pushing laws and expanding the scope of practice of one defined specialty under the false premise that there is a huge unmet need (statistically unfounded), is absolutely NOT the way to proceed.

Would you appreciate a family doctor as your cardio thoracic surgeon after "a course" on

bypass grafts?? Your podiatrist as your invasive cardiologist implanting your coronary stent after a week long cme conference and hour long practical lab/“training program”? Likely not.

To be crystal clear — I not only work with Optometrists, I teach them and I’ve been a staff attending fellowship trained sub- specialist mentor for years at optometry teaching programs, teaching the optometrists associated with my organization, as well as providing lectures at optometry CME programs designed to expand the knowledge of local optometrists. I have dear friends who are Optometrists. I respect the profession of Optometry as much as I do OB-GYN, Law, Podiatry, Chiropractors, etc...but every matriculating student of each of these educational/training programs knows the structure and limits to their intended course of study. Accreditation and acceptance of these programs is based upon defined boundaries and skill levels. To open a side door when it’s NOT essential would be irresponsible and dangerous. It would also create dysfunction in Washington State due to a high level of disparity between groups who would potentially share the scope yet would have significantly different capabilities and depths of competence.

Bottom line:

- there is no pressing need to increase the scope of Optometry.
- Access to higher level ophthalmic care is exceedingly reasonable in Washington State.
- there is a quantum difference in education and training of ophthalmologists and optometrists.
- if more ophthalmic care is needed, our state and country should train more ophthalmologists to handle the ophthalmic care.
- if more lower level eye care is needed in Washington State, we should increase the number of optometrists — NOT the scope of practice of the optometrists who work in the state.
- I greatly value and respect the profession of Optometry.
- I greatly value and respect the medical profession and the Ophthalmologist Physicians / Surgeons.
- I strongly recommend that these roles continue respectfully as they currently stand.

Steven Brady, D.O.
Ophthalmologist
Fellowship-Trained Glaucoma Specialist

-My apologies for Siri-induced dictation errors.

From: [Debarshi Mustafi](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise review and Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 11:39:53 AM

External Email

To whom it may concern:

I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations. I am a practicing ophthalmologist at University Washington and Seattle Children's Hospital in Seattle, WA. I am writing to express my personal opposition to the sunrise review.

I am troubled to hear the draft language by the Optometric Physicians of Washington would allow those in their profession to practice outside of their means. I and other ophthalmologists have undergone rigorous training in the medical aspects of ophthalmology for years. In addition to an intern year in medicine or surgery we undergo 3 focused years of ophthalmology training where we learn the nuances of surgical and medical care of complex ophthalmology patients. We learn surgical practices over years of training that cannot be accomplished in a quicker format as proposed by the draft language. Moreover, many of us like myself (I am fellowship training in vitreoretinal surgery) pursue fellowship training to further hone our medical and surgical skills to best serve our patients. In addition to all this training, we undergo a board certification process consisting of written and oral demonstration of our knowledge. To hand certain procedures over to optometrists without proper training would be reckless. These practitioners would not have undergone the rigorous training that would qualify to treat such patients. More importantly, they would not be trained to deal with potential complications that could jeopardize vision in these patients. I recognize this may have been brought up to expand patient care, but at what cost? I believe this would come at the cost of patient safety by exposing the Washington public to untrained personnel who could do great harm and end up blinding patients.

I hope the DOH reconsiders their position on this draft review in the best interest of the patient. Please reach out to me with any questions or concerns.

Sincerely,
Debarshi Mustafi

Debarshi Mustafi, M.D., Ph.D.
Assistant Professor of Ophthalmology
University of Washington

Pediatric Vitreo-retinal Specialist
Seattle Children's Hospital
4800 Sand Point Way NE, Seattle, WA 98105

Karalis Johnson Retina Center
750 Republican St, F433, Seattle, WA 98109
Office Phone: 206-616-9305
Email: debarshi@uw.edu

From: [Coffman, Wendy J](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Please do not approve expansion of optometry privileges
Date: Wednesday, September 29, 2021 11:41:42 AM

External Email

Please do not approve optometry scope of practice to include invasive procedures or laser procedures. Optometrists do not have formal surgical training or the knowledge base to provide care for complex eye problems and do not have hospital privileges to provide care for complications from procedures.

Thank you
Wendy Coffman, MD

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From: [Robin Franciscovich](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Don't expand scope of practice for optometrists!!
Date: Wednesday, September 29, 2021 11:41:56 AM

External Email

My name is Robin Franciscovich, M.D., I am an M.D. anesthesiologist practicing in Aberdeen, WA. Please do not expand the scope of practice to optometrists to prescribe drugs or perform procedures that are complicated and risky and for which they have not received training. They do not have the education, training, knowledge, or experience of physician ophthalmologists!!

I sincerely think this action would be a terrible mistake and would be detrimental to the health of our citizens. Feel free to contact me if you wish to discuss this further.

Sincerely,

Robin Franciscovich, M.D.
(360) 589-1429

From: [Kathryn Zufall](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 7:30:22 PM

External Email

My name is Kathryn A. Zufall, MD. I am a retired physician (Internal Medicine) in Washington but I still have an active medical license. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

**Thank you,
Kathryn A. Zufall, MD
2420 NW 201st Place
Shoreline, WA 98177**

From: [ROBERT REINHARDT](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to Optometrists doing laser and scalpel procedures
Date: Thursday, September 30, 2021 7:41:00 AM

External Email

Good morning,

I am writing to register my opposition to enabling optometrists to engage in these procedures rightfully permitted ophthalmologists to do after 4 years of medical school, an internship year, followed by 3 years of residency dedicated solely to the medical treatment of eyes. Optometry is not medical training. They are not MD's. I am mystified how any body could sanction such action. I cannot fathom an optometrist reaching toward my eyes with a scalpel with at best a long weekend of training in the practice. Please reconsider empowering optometrists with these procedures.

Robert Reinhardt
Kingston, WA

From: [Marty Reinhardt](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrists doing laser treatments
Date: Thursday, September 30, 2021 7:51:03 AM

External Email

I oppose optometrists doing laser and scalpel procedures with only one lingering weekend of training. Salespeople are trying to make this a technical treatment it's be equipment but it is not, Base your dcisiob not on how easy the equipment is to do the procedure but on the results that fail. This is MEDICINE not new technology.
Martha Reinhardt
kingston, Wa

From: [Kristina](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 10:48:51 AM

External Email

My name is Kristina Tarczy-Hornoch. I am a physician practicing at Seattle Children's Hospital and the University of Washington. I also have a doctorate in neuroscience, and I am the Editor-in-Chief of the Journal of the American Association for Pediatric Ophthalmology of Strabismus. I am writing in a personal capacity, to express my deep concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

I have worked closely in partnership with respected optometric colleagues over nearly two decades to provide optimal care for children with eye disease, recognizing that each profession has particular strengths and skills by virtue of training, and that these are starkly different. I am not trained to provide office-based vision therapy for convergence insufficiency, and I rely on my optometric colleagues to do so when it is indicated. My optometric colleagues are not trained to perform surgical procedures on the eyes, and appropriately rely on ophthalmologists to do so when surgery is indicated.

My optometric colleagues are often the first to evaluate a child with eye disease. They use their training and experience to distinguish between common optometric conditions- for example, blurry vision due to needing glasses- and less common medical diseases that require the attention of an ophthalmologist, who is a medical doctor specialized in diseases of the eye and visual system. The optometric colleagues I have been privileged to work with perform an extremely valuable service in recognizing when someone has a condition that goes beyond their expertise, and referring them to an ophthalmologist for further care. Current definitions of the scope of practice of each profession are not limiting how we take care of patients; they are simply a reflection of how conscientious optometrists and ophthalmologists practice their respective professions. The proposed changes to optometry scope of practice would hurt patients by artificially creating an optometric scope of practice that does not reflect the inherent differences in training and expertise between the optometric and medical professions.

An optometrist has a 4 year degree from optometry school, and is not a physician. An ophthalmologist, by contrast, has a 4 year medical degree (e.g. M.D. degree) from a medical school, during which they engage in more than 2 years of hands-on clinical training in hospitals, operating rooms and outpatient clinics, rotating through the whole range of medical and surgical specialties, learning about all the different diseases that affect the entire human body. This is followed by an internship year of full immersion in supervised patient care doing general surgery or general internal

medicine. Only after 5 years of thorough and comprehensive training as a physician does the future ophthalmologist begin 3 years of rigorous and intensive ophthalmology residency training, which consists of full-time supervised medical care and surgery for patients with medical and surgical diseases of the eye and visual system. For those such as myself who are subspecialized in one area of ophthalmology, there is an additional year or more of subspecialty medical and surgical training before we establish an academic or private practice.

This extensive training in medicine and surgery is what makes an ophthalmologist a physician for the eye and visual system, and a surgeon for the eye and the structures around the eye. It is what prepares us to safely prescribe and manage not just eyedrops but also systemic medications (medications that are taken by mouth or injection and that affect the entire body), and to take responsibility for the risks of these medications. It is what prepares us to safely perform invasive medication injections and surgical procedures, whether by scalpel or laser, on the tissues of the eye and around the eye, and to take responsibility for the potential emergency and long-term medical and surgical complications of these invasive procedures. The optometrists I know and respect know that they are not trained to do these things, and wouldn't want to, because they, like me, only want the best for their patients.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. These changes would jeopardize the health and safety of Washingtonians.

I want everyone in the state of Washington to have access to safe, quality eyecare. Artificially and arbitrarily expanding the scope of practice of optometry is not the right way to achieve this goal, and will end up making it harder, not easier, for patients to get the right care from the right provider. I am gravely concerned with the level of support for the proposed optometric expansion of scope in the draft report, and I respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Kristina Tarczy-Hornoch, M.D., D.Phil.

From: [Bill Portuese](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to Optometrists performing surgery
Date: Thursday, September 30, 2021 11:55:19 AM

External Email

To whom it may concern at the Department of Health:

My name is Dr. William Portuese and I am a Board Certified Facial Plastic Surgeon located in downtown Seattle. I am also the past president of WASCA, the Washington State Ambulatory Surgery Center Association. I am writing this letter to express my significant concerns regarding the Department of Health's optometry scope of practice expansion.

Optometrists do not receive surgical training in their residency, so as the owner of a surgery center, I could never grant surgical privileges to a non-surgeon to perform any type of intra-ocular surgery. This is A huge liability problem for every ambulatory surgery center in the state of Washington. In addition hospitals, will not be able to grant surgical privileges without proof of a surgical residency and experience, to ensure safe, quality surgical services for Washington residents. Having a non-surgeon perform surgery is an enormous patient safety risk.

Please deny any expansion of scope of practice for optometrists since they're not Surgical doctors with an M.D. degree
William Portuese MD

From: [Richard Kenny](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposing optometry surgery
Date: Thursday, September 30, 2021 1:29:51 PM

External Email

Dear Sir or Madam,

I am writing in opposition of the sunrise recommendation to allow surgical interventions by optometrists. As an ophthalmologist, I know the extensive training that is required to safely perform surgical interventions in and around the eye. Optometrists do not have the needed training and giving them surgical privileges will put patient safety at risk. I ask you to consider if you would want a loved one to undergo a procedure by someone who has taken a weekend course or would you want them to be treated by a medical doctor who has gone through medical school, internship and ophthalmology residency and who has extensive experience in doing surgical procedures and recognizing and treating complications. I ask you to reject giving surgical privileges to providers that are not trained to do them and that you put patient safety as your top priority.

Sincerely,

Richard Kenny M.D.

EvergreenHealth Ophthalmology

From: [Francine Baran](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Comment against expansion of optometric scope of practice
Date: Thursday, September 30, 2021 2:46:29 PM

External Email

My name is Francine Baran and I practice as a pediatric ophthalmologist and surgeon at Seattle Children's. My training included four years of medical school. In the last year of medical school I was instructed on how to do basic suturing techniques in general surgery, obstetrics, and emergency medicine rotations. I was also exposed to injections in rheumatology and lasers in dermatology. My next year as an intern, I gained additional suturing skills as well as procedural skills which included more injections. I then completed a three year ophthalmology residency gaining mastery of microsurgical techniques which also included using various lasers for the eyelid, iris, lens, and retina as well as injections to various parts of the eye. I then completed a fellowship year so that I could learn how to operate on the delicate and much smaller eyes of infants and children. I also perform injections and lasers on infants and children.

I have nine years of training. An optometrist has four years of training.

I work with two very smart optometrists and I am sure I could show them how to do a particular type of laser or injection. However, it takes years to know what type of laser to use, what power intensity, what duration for the power settings which is often based on how the tissue is responding, when to stop, when to intervene, and then how to handle any complications. The extra years in residency and fellowship separates the ophthalmologist from the optometrist. Even now, if I am unsure, I will ask a second opinion from my colleagues. The eye is very delicate. Mistakes can have disastrous consequences.

I am against expanding the scope of practice for optometrists to allow lasers and injections. As a physician who trains residents and fellows, this is not a safe route to increase access of care.

Sincerely,

Francine M. Baran, MD

From: [marcus meyer](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: No to optoms doing surgery!
Date: Thursday, September 30, 2021 2:55:30 PM

External Email

This proposal seeks to cure an ill that does not exist. There is no shortage of available ophthalmologists in this state. There are no bottlenecks in receiving needed ophthalmic care. The goal of this legislation is to grant optometrists with rights to perform surgery that they haven't earned and are in no way qualified to perform.

There is only one way to receive adequate training to perform the delicate surgeries that ophthalmologists perform. It involves studying medicine, performing an internship and subsequently a residency in ophthalmology. Yes, this is time consuming and difficult but not nearly as severe as suffering permanent vision loss due to surgical complications because of inadequate training.

I know legislators would not accept second rate care for themselves. Please, don't force the unsuspecting public into harm's way.

Marcus Meyer, MD
Clearview Eye and Laser, PLLC
P (206) 937-9600
F (206) 937-4088
7520 35th Ave Sw Seattle, WA 98126
16259 Sylvester Rd Sw Ste 304 Burien, WA 98166
www.clearviewseattle.com

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From: [Stewart Optical](#)
To: [DOH HSQA Optometry Sunrise](#); [Phernel Walker](#); [Jim Morris](#); [Russ Fritz](#); [Roy Ferguson](#); [Bw Phillips](#); [Harper Beverly](#); [Curt Duff](#); [Charles Lind](#); curtduff@mw.twcbc.com; [Bill Weaver](#); [William Underwood](#); [Shawn Elwood](#); [Sherrie Young](#); [Wendy Ford](#); [Peter Ackman](#); [Pete Stewart](#); [Shawn Elwood](#); [Jane Buckland](#); [Janet Acara](#); [Canada](#); [Carrie Rivera](#); [GLENN CHARLES](#); [Gmail](#); [greg](#)
Subject: Re: Optometric unwarranted expansion of privileges
Date: Thursday, September 30, 2021 3:07:56 PM

External Email

Ophthalmology has beaten optometry thus far in this state and I hope so this time.

If optometry had their way opticians would have been put out of business in this state. Those of us involved know this to be a fact.

Be that as it may I dont want a non MD doing surgery on me.

On Wednesday, September 29, 2021, 06:32:49 PM PDT, Stewart Optical <stewartoptical@yahoo.com> wrote:

Dr. Bensinger could not have said this better. I too feel is a dramatic increase in the scope of practice for optometry. FYI historically the profession of optometry grew out of opticianry. It was not the other way around.

Bernard V Stewart MA Licensed Optician Honored Fellow Contact lens Society of America American Board of Opticianry Certified National Contact lens Examiners Master
Diploma In Refraction. Former Board Member Contact Lens Society of America, Ophthalmic Educator.

----- Forwarded Message -----

From: richard bensinger <lenben@yahoo.com>
To: DOH HSQA Optometry Sunrise <optom-sunrise@doh.wa.gov>; Richard Bensinger <lenben@yahoo.com>; Bernie Stewart <stewartoptical@yahoo.com>
Sent: Wednesday, September 29, 2021, 09:31:59 AM PDT
Subject: Optometric unwarranted expansion of privileges

I am Richard Bensinger, MD ophthalmologist in Seattle and former President of the King County Medical Society.. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice. Optometrists have tried for years to become medical doctors by legislation rather than receiving the equivalent training. Ophthalmologists have a minimum of 9-11 years of education after college. Optometrists have just four. They do not have board certification and are ineligible to become members of hospital staffs. This current attempt includes unwarranted granting of the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. Supervision and granting of such privileges would be by the Board of Optometry - "foxes guarding the hen house".

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

I am gravely concerned with the level of DOH support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety. Optometric training is shallow compared to ophthalmologists; they would certainly miserably fail the basic Board Examination that ophthalmologists are required to take for practice. They in fact do not even have their own Board Examination because their training is too shallow to even cover the limited training that they receive.

Privileges should be by training and certification - not by legislative lobbying and influence. This will protect the public health of the citizens of the State of Washington.

From: [David Epley](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Oppose optometric scope expansion.
Date: Thursday, September 30, 2021 3:49:46 PM

External Email

I am writing in opposition to the requested expansion of scope of practice in optometry, and to the ability for the Board of Optometry to determine its own scope.

Expanding scope of practice in this way will create harm to patients in Washington State. No surgeon operates without complications, and the level of education and training that are being considered for this weighty responsibility is, quite frankly, laughable. There are no ophthalmic surgical procedures that are risk free and "safe."

Peer-reviewed research shows that there is a clear relationship between operative volume and poor outcomes: the lower the volume of surgeries done by a surgeon, the higher the rate of complications. Suddenly making thousands of Washington optometrists into surgeons by legislation without the necessary comprehensive education will not only dilute the number of surgeries that skilled ophthalmologists with real medical degrees are doing, but this will flood the market with inadequately trained surgeons performing low volumes of surgery. This is a very bad thing for patient safety in Washington.

Birkmeyer JD, Stukel TA, Siewers AE, Goodney PP, Wennberg DE, Lucas FL. Surgeon volume and operative mortality in the United States. *N Engl J Med.* 2003 Nov 27;349(22):2117-27. doi: 10.1056/NEJMsa035205. PMID: 14645640.

Wu G, Hildreth T, Phelan PS, Fraser SG. The relation of volume and outcome in trabeculectomy. *Eye (Lond).* 2007 Jul;21(7):921-4. doi: 10.1038/sj.eye.6702340. Epub 2006 Mar 31. PMID: 16575409.

Peer-reviewed research also shows us that, in states that do allow optometrists to perform laser surgery, optometrist-treated eyes trabeculoplasty have a whopping 189% increased risk of needing repeat laser trabeculoplasty. 189%!!!!

Stein JD, Zhao PY, Andrews C, Skuta GL. Comparison of Outcomes of Laser Trabeculoplasty Performed by Optometrists vs Ophthalmologists in Oklahoma. *JAMA Ophthalmol.* 2016 Oct 1;134(10):1095-1101. doi: 10.1001/jamaophthalmol.2016.2495. PMID: 27467233.

Finally, allowing the Board of Optometry to control its own scope without the oversight of the Washington Medical Commission (WMC) would be an egregious error, as this would allow these newly minted surgeons the ability to expand their scope further without legislative oversight or, even more importantly, independent oversight for disciplining and licensing. All surgeons in Washington are subject to the rules and regulations of the WMC, and it would an error of gross

negligence for optometrists to be made surgeons without this oversight.

Please reconsider your previous decision regarding expansion of scope for optometrists to allow them to become surgeons.

Sincerely,

K. David Epley, M.D.
President, the American Eye Study Club
Director, the American Board of Ophthalmology

Children's Eye Care, a division of Mednax
11800 NE 128th Street Suite 430 Kirkland, WA 98034
T 425-823-EYES (3937) F 425-823-7479
www.childreneyecare.org

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From: [Brian Roth](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH sunrise review of optom expansion of scope of practice
Date: Thursday, September 30, 2021 5:42:29 PM

External Email

Dear DOH,

I am writing in opposition of the proposed expansion of WA optometrist scope of practice. I am an ophthalmologist and I have been in practice in Moses Lake for the last 29 years and accept patients from all over the central Columbia Basin. We accept all insurances, specifically all the DSHS products. We have unlimited same day appointments for urgent and emergent eye issues and accept referrals from all the clinics locally and from all the surround rural areas of central Washington. We have never turned a patient away due to their ability to pay in the 68 years our ophthalmology clinic has been in existence. Nor have we ever charged interest on an outstanding account. We also cover the emergency rooms locally and in all the surrounding communities. The point is, there is no shortage of ophthalmology coverage in the state of Washington urban or rural, and there certainly is no shortage of coverage here in the heart of Eastern WA.

I work with two optometrists so I know what I'm talking about when I say the level of education and training between ophthalmologists and optometrists is vastly different. This is most definitely a patient safety issue and you will see patients harmed if this expansion of scope goes through. It's not the optometrists that work with me you should worry about, it's those optometrists that don't know what they don't know and they have no one there to tell them otherwise.

Please, for the safety of the patients of the state of Washington, realize the error of this proposal, it is wrong on so many levels. I would be happy to discuss how well we work with all the clinics, including optometrist clinics, in the rural areas of eastern WA to insure everyone gets immediate and expert care from well trained ophthalmologists. My number is listed below.

Brian P. Roth, MD
Columbia Basin Eye Clinic, PS
1022 West Ivy Avenue
Moses Lake, WA 98837
509.765.7845 fax 509.765.5192

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From: [Ruth Miller](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Expansion of optometric services
Date: Thursday, September 30, 2021 7:16:08 PM

External Email

Dear Sir or Madam,

I am a general ophthalmologist practicing general ophthalmology in Bellevue, Washington and I oppose the expansion of optometric services as a safety hazard to the public of our state of Washington. The expansion of prescribing medications for the human body and the performance of surgeries on the eye and the eyelids which serve to protect our eyes to enable continued sight and function without proper training represent a threat to the public. The years of pre-medical education in college followed by intensive training in medical school followed by a year of intensive internship and 3 years of ophthalmic residency with call for emergencies and continued education with board certification and continual board recertification are all there for a reason. There are no shortcuts to allow for adequate training. Examining eyes and performing surgery on eyes does not occur with an extended weekend or two of training. Microscopic surgery takes years to perfect with close observation from faculty who have years of training and expertise to provide guidance. Training achieved through an intense residency training program taking care of patients 24-7 over a three year period after a year long internship and 4 years of medical school cannot be replaced by optometry school with weekend training programs. Quite frankly the allowance of optometrists to become physicians without training is dangerous for the public. As it is I already see patients who have been incorrectly treated with antibiotics by incorrect dosing and application methods from optometrists currently in practice. Increasing the prescribing allowances will only result in further dangers for patients. The increasing risk by adding surgery into the mix with laser surgery and eyelid surgery is not in the interest of the public health and sight. Giving injections into the eye and/or the periocular structures is fraught with risk even with a trained specialist and requires careful attention to details which have been learned by years of experience. As the Dr. Russ Van Gelder, the chairman of the University of Washington Department of Ophthalmology has carefully written and described, the training of ophthalmologists takes years to accomplish and cannot be replaced or shortened based on the desires of optometrists to become ophthalmologists and physicians without proper training.

Thank you,
Ruth Miller, MD

Sent from my iPad

From: [Grace Cinciripini](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Bill-Strongly Oppose
Date: Thursday, September 30, 2021 8:50:02 PM

External Email

Hello

I am an ophthalmologist who has practiced pediatric ophthalmology in Washington State for 24 years. I strongly opposed the passage of S-3085.2/21.

I spent 6 years After medical school in intensive training learning to perform Ophthalmic surgery. It is extremely difficult to become a proficient and safe Ophthalmic surgeon. The consequence of improper training is patient blindness.

I have also spent my entire career as an Ophthalmologist in Washington state working along side Optometrists. While Optometrists are experienced in prescribing glasses, they Do Not have the same level of experience or depth of knowledge as an Ophthalmologist. Unfortunately, I have seen numerous patients mistreated and misdiagnosed by Optometrists. I shudder to think of the patients that would be endangered or blinded if Optometrist were allowed to perform ophthalmic surgery.

Please help save the sight of Washingtonians by Defeating S-3085.2/21

Thank you for your time.

Sincerely,
Grazia S. Cinciripini, MD

From: [Shauyene Hsieh](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 9:34:10 PM

External Email

To whom it may concern,

I am writing to express my deep concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

As a practicing ophthalmologist in Vancouver, Washington, I have observed many instances of patients mismanaged by optometrists who were unaware of their own limitations. I have personally seen cases ranging from quickly worsening corneal ulcers to slowly progressing glaucoma that have been improperly taken care of by optometrists. I shudder at the prospect of patients whose lid lesions are misdiagnosed as a chalazion when it could be a cancerous malignancy. Or an injectable like a steroid that might end up in a patient's artery if the eyelid anatomy is not appropriately recognized, causing a retinal artery occlusion. I am under no pretense that all ophthalmologists are faultless, but the focus and level of training of optometrists are simply very different than that of physicians who attended medical school and have a full understanding of anatomy/physiology and how the eye fits into other body systems and diseases. Patients are already often tremendously confused at the difference between an actual physician and an "optometric physician." This increase in an optometrist's scope of practice would at best lead to increasing confusion and at worst lead to potentially dangerous outcomes including loss of sight or worse. It would be truly irresponsible to adopt these proposed changes.

Respectfully yours,
Shauyene Hsieh, M.D.

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From: [Annisa Jamil](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opinion
Date: Thursday, September 30, 2021 10:02:14 PM

External Email

To Whom It May Concern,

I am writing to voice my strong disagreement against increasing the scope of practice of optometrists as recommended by the recent report from the department of health. I do not believe that optometrists have the adequate technical training and foundation of knowledge to be able to provide this aspect of care. We are significantly increasing the risk for our patients. Please do not jeopardize their eye care and vision. As a glaucoma and cataract specialist, I have undergone years of training past medical school which include a year of general surgery, three years of ophthalmology residency and then one year of a glaucoma fellowship. All of this training ensures that I am capable of providing excellent medical and surgical care of the eye. Allowing an optometrist who has three years of optometric training to perform lasers and injections in the eye is absolutely ludicrous. I am sure that any patient would agree that they would demand to have eye laser surgery and injections only by the most qualified practitioner-an ophthalmologist. Please reject allowing the increase in the scope of practice of optometrists. I would be happy to discuss this further if you have any questions.

Sincerely,
Annisa L. Jamil MD
Sent from my iPhone

From: [Jason P Kam](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Letter of opposition to OPW Sunrise Review
Date: Thursday, September 30, 2021 10:45:32 PM

External Email

To whom it may concern,

My name is Jason Kam and I am an ophthalmologist at the Eyecare group at Kaiser Washington. We are a collaborative group of both ophthalmologists and optometrists in a large hospital-based practice.

The proposal from the Optometric Physicians of Washington (OPW) to increase optometrists' scope of practice creates a problem with our core values of not harming patients. As a physician, I am compelled to write **in opposition** of the Optometric Physicians of Washington (OPW)'s proposal under the Sunrise Review.

We, as ophthalmologists, are responsible for the diagnosis and treatment of diseases of the eye and associated structures. Ophthalmologists are required a minimum of 12 years of school and training after high school, which is significantly more in time and more robust in content than that required of an optometrist.

Every ophthalmologist has extensive training of over 10,000 hours after medical school to become proficient in the diagnosis, treatment and procedures involving the eye. We have a strong foundational knowledge, techniques, and skills that optometrists lack. The Optometric Physicians of Washington do not have a single hour of training in the procedures they are asking to perform on patients. Allowing providers who do not have a basic understanding and skills for surgery would be detrimental to patients. Optometrists simply do not have the proper knowledge or training to perform these procedures; to become proficient would require thousands of hours of additional training.

Some have argued that ophthalmologists need to receive "weekend training" to keep up with new surgical techniques and technologies. This is made possible only by the solid foundations we have in anatomy and surgical skills, to which we can build upon. Having no foundation of training, optometrists cannot learn these skills over a so called "weekend" session.

As a subspecialist, I receive many referrals from optometrists for surgical treatment, only to find out that the patient was incorrectly diagnosed and did not need treatment at all in the first place. It would be a true disservice to these patients if optometrists were allowed to proceed with administering incorrect treatments/procedures that they are not trained to provide.

Optometrists should be valued but I believe their expertise lies elsewhere and should remain in that realm.

I appreciate the opportunity to voice my concern,

Sincerely,

Jason Kam, MD
Kaiser Permanente WA
Ophthalmology

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Thank you.

From: [Cabrera, Michelle](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometric physicians of Washington proposed scope expansion
Date: Friday, October 1, 2021 12:17:22 PM

External Email

To whom it may concern,

I am a pediatric ophthalmologist and Chief of Ophthalmology at Seattle Children's Hospital. I am writing to voice my opposition to the proposal by the optometric physicians of Washington to expand surgical scope of practice for optometrists here.

I greatly respect optometrists and their role in taking care of patients in our community. They do an excellent job at prescribing glasses and identifying any important eye diseases that may require further management by an ophthalmologist. One of those reasons for referral is surgery. Optometrists do not receive any kind of surgical training. I have worked alongside optometrists in various settings and I am very familiar with their training programs. Even those who have undergone residencies do not perform any kind of lasers, incisional surgeries, or suturing. Furthermore their optometric schools do not require this kind of training.

Ophthalmology residency involves intensive surgical training and many hundreds of supervised surgeries including lasers, suturing, and incisional surgeries. Even medical school, which is required for all ophthalmologists, involves substantial suturing and clinical rotations on surgical subspecialties. None of this is involved in optometric training and I'm very concerned that they are not prepared or equipped to perform these kinds of procedures safely in our community.

I do not believe that Washington state is in a situation where there are patients who do not have access to these surgical procedures by a trained surgeon, namely an ophthalmologist. It does not seem beneficial and is in fact quite harmful to allow optometrists to perform these procedures.

Please reach out if you have any further questions.

Sincerely,

Michelle T Cabrera, MD

Chief of Ophthalmology
Seattle Childrens Hospital
Associate Professor
University of Washington School of Medicine

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From: [Dale Holdren](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Friday, October 1, 2021 12:52:46 PM

External Email

My name is Dale Holdren, MD, and I am an ophthalmologist practicing in Kitsap County in an office with two other ophthalmologists and two optometrists. During my years in practice I have also worked closely with many other optometrists. Although I am very comfortable with their abilities to prescribe glasses and contact lenses, and also use many topical medications, I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

Reviewing the Report to the Legislature document, there are a number of concepts that appear to be potentially confusing, misunderstandable, or even misleading. I will touch on some of those points here:

- Page 7 and 28, regarding the ACGME minimum requirements, these may seem like very small numbers. However, folks may not understand what these really represent. In med school we learn to handle human tissue, assisting in surgeries with dissection and sewing up patients. In our ophthalmology residencies, we observe, assist and perform hundreds of partial procedures before we finally are the primary surgeon responsible for the procedure and therefore earn that number that is required in the ACGME requirements. There is no way optometry students, residents and fellows can accumulate that kind of experience and skill in their proposed system.

- Page 17 and 22, "5,000 procedures were reported in that period with no negative outcomes." It is frequently reported that the optometrists have no complications. All surgeons know that all procedures have potential complications that really do occur, even if the procedure is performed perfectly. If the optometrists are not reporting any poor outcomes, then that should be a red flag - either 1.) their poor training and diagnostic abilities did not allow them to detect the problems, or 2.) They are not being honest and forthright in the reporting.

- Page 22, "Many optometrists also pointed out that, although it is optional, most (commentors cited between 70 and 80%) optometry graduates do participate in a residency or fellowship programs following optometry school." These numbers are not consistent with the Association of Schools and Colleges of Optometry (ASCO) which reports there are around 496 to 507 accredited residency positions in the US and Puerto Rico ([FAQs about Residencies – ASCO \(optometriceducation.org\)](#), [Resident-Numbers.pdf \(optometriceducation.org\)](#), [Residency-Stipend-Trends-2016-2021.pdf \(optometriceducation.org\)](#)), but about 1,888 optometric students graduating each year ([ProfEnteringClass2020.pdf \(optometriceducation.org\)](#)), which works out closer to 26% of optometry graduates who would then be entering residencies.

Many of the comments and conclusions about costs, efficiencies, and access to care also seem to be inaccurate, but I will defer discussion of those to our state medical and ophthalmology associations. I will close by saying that many of the listed procedures can actually be fairly tricky with minimal room for error. With that, it is not unusual for our dermatology, ENT and

plastic surgery colleagues to refer those to ophthalmologists. There are even some of those patients that we general ophthalmologists will refer to our oculoplastics post-residency-fellowship-trained specialist colleagues to be certain that they get the most ideal care and outcome.

Thank you very much for your time, energy and consideration about all of this. Please stay positive & keep negative!

Thanks,
Dale

Dale Holdren, MD

[Kitsap Eye Physicians](#)

[Kitsap Eye Physicians on Facebook](#)

From: [Jeffrey Colburn MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Friday, October 1, 2021 4:04:30 PM

External Email

To whom it may concern,

My name is Jeffrey Colburn, MD, and I am a pediatric ophthalmologist in Spokane, Washington. First, allow me to kindly thank you for all you do for the health of the residents of Washington. Certainly this last year and a half has been an unprecedented challenge.

I am writing to you today to express my concern with regards to the Washington Department of Health's preliminary sunrise review findings in favor of the proposal of legislation expanding Optometry scope of practice to include ocular and periocular surgery, including both scalpel and laser surgeries. It is also proposed that the Optometry board should have complete autonomy to determine and increase surgical scope of practice in the future.

During the 11 years of my practice in the state of Washington, I have greatly enjoyed my collaborative relationship with many optometrists across our region as well as locally and within my own institution taking care of mutual patients. I have a number of close friends who are optometrists and I highly regard their expertise and vital role in the eye care field. So my following comments on proposed expansion of scope to include surgery have nothing to do with the great work that optometrists are now doing taking care of patients across the state. However, I must speak out against the proposed expanded scope of practice legislation proposal in the interest of patient safety.

"Ophthalmic Surgery" was defined in statute by the Washington State Legislature in 2003 to establish the highest quality standards in our state for eye surgery and patient safety. The currently proposed legislation removes that definition and its inherent safety standards by allowing the performance of surgery in our state by non-surgeons without adequate training to do so. During our training, ophthalmologists are required to undertake hundreds of supervised surgeries on human patients in order to complete training and achieve certification to practice as a surgeon. Optometrists do not get such hands-on surgical training on live human subjects during their clinical training. In a number of states where optometry scope of practice has been expanded to include surgical procedures, the typical surgical training involves attendance at a weekend course with brief courses taught by instructors without any set qualifications. In addition, I must stress that there is no such thing as "routine" surgical procedure. Even the most common and seemingly most "routine" surgeries have the potential for serious complications and missed diagnoses. Probably the most important aspect of being a surgeon is not doing the actual surgery, or even deciding when to do a surgery; rather the most vital aspect is knowing when not to do a surgery. During the course of our ophthalmic training, it is estimated that ophthalmologists will go through 17,000 hours of clinical experience interacting with patients. In contrast, optometrists are estimated to have around 2000

hours of such clinical experience. The issue here is patient safety and I think it is starkly clear that the level of education to be a surgeon is not the same. On top of that, this expansion of scope is not even necessary in our state from a patient care access standpoint as 96% of Washington residents reside within 30 minutes of an ophthalmologist.

I strongly encourage you to reconsider your preliminary findings in support of an expansion of Optometry scope of practice to include surgical procedures and then the proposal for complete autonomy of the Optometry board in expanding scope in the future. Such legislation is unnecessary in our state and threatens patient safety.

Sincerely,
Jeffrey Colburn, MD

From: [Andrew Stacey](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: To whom it may concern
Date: Friday, October 1, 2021 5:10:45 PM

External Email

Dear Department of Health,

My name is Andrew Stacey. I am an ophthalmologist in Seattle, Washington. My medical specialty is eye cancer. I teach at a university in our state where a large portion of my time every day is dedicated to training medical students, ophthalmology residents, and ophthalmology fellows about eye cancer, its diagnosis, and its treatment.

It is with great concern that I have read the recent proposed bill which would allow optometrists the ability to perform surgical procedures. I am further concerned by the desire of organized optometry to control the oversight of "surgery performed by optometrists". These changes are dangerous and they absolutely put the vision, the eyes, and the lives of Washingtonians at risk.

I write to you not out of a place of concern for my own practice. As an eye cancer specialist, I have am in no competition whatsoever with optometrists. I am the only eye cancer specialist in the state of Washington. Nearly every patient with eye cancer in the Pacific Northwest is referred to me for treatment. Optometrists are not interested, nor are they asking to partake in the diagnosis or care of eye cancer patients. If you asked optometrists if they were comfortable taking care of patients with ocular cancer, they would surely respond that they are not. And yet, this bill would absolutely allow optometrists, who have no training in surgery or eye cancer, to be at the center of eye cancer treatment. The most concerning thing to me, is that those who have proposed and written the bill do not have the requisite training to see the very real danger of the requests that are being made.

For brevity, I will focus only on one aspect of this bill, which refers to the ability to "remove lumps and bumps" from around the eye. This is language that could only be used by those without experience to have a healthy fear of lesions around the eyes. The most common diseases that I take care of usually present as "lumps and bumps" around the eyes, and they carry a 50% mortality rate. More concerning is that if these lesions are not addressed correctly and absolutely with their initial surgical resection, that mortality rate increases dramatically. In other words, incorrect surgery will lead to patient death.

An ophthalmologist attends 4 years of medical school, one year of medical internship where they take care of sick and dying cancer patients in the hospital, and then 3 years of ophthalmic surgery training where they see hundreds of patients with eye cancer. They work for thousands of hours with patients who have dangerous and deadly ophthalmic diseases. It is this training that instills an understanding of and a fear for those ocular diseases that will kill a patient. Optometrists have spent zero hours training in these circumstances. They have likely never seen a patient with eye cancer, nor taken care of a patient who is dying in the hospital.

When a "lump or bump" is seen around the eye, this instills an immediate fear in a trained ophthalmologist. They have seen what can happen when these "lesions" are not cared for properly. These lesions are almost always referred immediately to me by ophthalmologists who are trained surgeons. They do this because they know that these things are very challenging to diagnose and they know that an improper surgical resection of a lesion, for example a conjunctival melanoma or an eyelid melanoma, can itself lead to death. Yes, if a lesion is resected incorrectly, the tumor will seed and spread into the eye socket and the patient will die. Trained ophthalmologists know this, and they are concerned about it.

As further medical background, a conjunctival or eyelid melanoma is usually not pigmented. It is pale and can look, to an untrained eye, exactly like any other "lump or bump", the exact lesions that this

bill has unknowingly labeled as “low risk”. As the only eye cancer specialist in the state, it would be important to obtain information from me about the risks of "removing lumps and bumps" around the eye. I have not been contacted by anyone about this bill. I would love to discuss further with anyone who is interested.

In summary, surgery in and around the eye is highly complex and requires years and hundreds of hours of training. Our ophthalmology trainees spend countless hours with me taking care of patients with eye cancer. They know that “lumps and bumps” around the eye are life threatening and they also know that if they remove them incorrectly, they can spread the tumor and kill the patient. This bill would allow optometrists, who have never had any surgical training and who have likely never seen an eye cancer, be able to remove ocular tumors. It is important to recognize that those who train in eye surgery are very concerned about removing “lumps and bumps” because they know what may be hiding inside of them. The more well trained, the more concerned and less eager to "remove lumps and bumps". What worries me most about this bill is that those who are asking for a broader scope of practice are not asking for a broader scope of training. They want to remove “lumps and bumps” but have no experience and no training to know how these lumps and bumps can and will lead to patient death.

I would be more than happy to discuss these concerns further with anyone at any time.

Andrew Stacey
Ophthalmologist
Eye Cancer Specialist

From: [Thomas Mulligan](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Oppose Optometrist Scope Expansion
Date: Friday, October 1, 2021 5:59:04 PM

External Email

Dear Dr. Shah,

As a practicing Ophthalmologist with over 25 years of experience, it is distressing that Optometrists are trying to practice medicine and surgery without the appropriate training.

It's not good enough, or safe for patients, to receive surgical procedures from non-trained individuals. I'm unaware of any professional field within medicine, that allows untrained and unqualified individuals to perform laser surgery and incisional surgery, particularly when errors can lead to loss of vision and permanent blindness.

Furthermore, where is the demand? I, as well as many of my colleagues, could easily double our surgical volume. Our patients do not wait for excessive periods of time, in order to have their procedures. They also do not have to travel excessive distances, anywhere in the state of Washington for ophthalmic surgical and laser procedures.

Optometrists, in my opinion, have not been trained in laser and incisional surgery, despite what they and their organization proclaim. It is my understanding that only 2 out of 23 Optometric Training Schools in this country, have any form of training in this area. If they want to do surgery, they should go to Medical or Osteopathic School, and then do a residency in Ophthalmology.

Pilots don't fly jumbo jets after playing with radio-controlled airplanes and a home computer with a flight simulator program; Optometrists shouldn't be allowed to do surgery, just because they falsely claim that they're qualified.

Thomas Mulligan, MD
Ophthalmologist, Seattle

From: [Kenneth Ellis](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometric scope of practice
Date: Friday, October 1, 2021 6:00:47 PM

External Email

To Department of Health
Re Optometric scope of practice expansion.

I am an ophthalmologist, and I am writing to voice my disapproval of the proposed change in optometric practice privileges to include surgery and injections. I believe this proposal would reduce patient safety for Washington residents. There is no need for this in Washington because there is an ample supply of ophthalmologists to provide surgical care. I have yet to find a patient who is well informed about the difference in training between medical doctors and optometrists that would choose to have an optometrist perform their surgery over an ophthalmologist. The depth, intensity, duration and scope of ophthalmology training is far beyond that of optometrists. This includes not only performing the surgery, but the judgement to decide when surgery is necessary and the ability to handle possible complications of the surgery. Optometrists are skilled at performing routine vision exams and Washington residents would be better off if optometrists focus on that and leave the surgery to medical doctors.

Kenneth Ellis, MD

From: [Rachel Reinhardt](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to OPW's proposal of expanded scope of practice
Date: Friday, October 1, 2021 6:11:25 PM

External Email

Dear Ms. Tarzwell,

Please consider this email as my formal opposition to OPW's proposal for expanded scope of practice to include surgeries, including lasers and scalpels.

By way of background, I am a board-certified ophthalmologist who has spent my entire career practicing in Washington State. I am a proud graduate of the University of Washington School of Medicine as well as a graduate of the University of Washington Ophthalmology Residency Program. I have trained for almost 20,000 hours to do the surgeries you list as "demonstrably safe" for optometrists to do.

I would like to point out that there simply is no public outcry for optometric expanded scope in Washington State, or any other state for that matter. ***When patients are educated on the difference in education and training between ophthalmologists and optometrists, patients are shocked and mystified that it is even a consideration to allow non-medical, non-surgical providers to perform surgery on the eye.*** It is without a shred of doubt that if this measure were put to a public vote, it would fail by one of the largest margins ever seen in a ballot initiative. Patients do not want this and they deserve to continue to have high surgical standards in Washington.

On a daily basis I enjoy a strong working relationship with optometrists across the region. Patients are served well by our optometry colleagues, but optometrists should not be granted legislative privileges to perform surgeries and lasers. There is a current path to do eye surgery, and that path is medical school and residency. Washington State should not be in the business of making a surgeon through legislation. It should be through education.

I beg of you to not lower the standards of surgical care in our great state of Washington. I am happy to be a resource if any questions or concerns arise.

Respectfully,
Rachel Reinhardt, MD
Board-certified ophthalmologist

From: [STEVEN H SWEDBERG](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: The concerning draft report on optometric scope expansion in Washington State
Date: Friday, October 1, 2021 8:03:56 PM

External Email

Greetings,

My name is Steven Swedberg and I am a practicing ophthalmologist in Edmonds, Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

A significant statistic that is not addressed in the draft report, and is often overlooked, is breadth of closely supervised training ophthalmology residents receive which enhances the safety of ophthalmic procedures in the State of Washington.

I finished my residency at the University of Washington Affiliated Hospitals in 1997. I was the last member of the graduating class to consist of three (3) residents (currently there are five). The three of us completed rotations at the five teaching hospitals that may up the program: The University Clinic, Harborview, The VA hospital on Beacon Hill, Pacific Medical Center on north Beacon Hill (the backdrop for "Grays Anatomy"), and Seattle Childrens. The rigorous attending-supervised training in managing significant eye disease has held me in good stead these last 24 years. My residency classmates still practice in the area.

The closest school of optometry, Pacific University in Forest Grove, OR, has an entering class in the fall of 2021 of 97 students. With four years of education and training that makes approximately 388 students at Pacific (who are not managing eye disease), in contrast to 15 residents at the University of Washington program who are attending in treating the highest level of ophthalmic pathology. This discrepancy makes the education and training received fundamentally different in kind.

I assert that it is not wrong to sequester the residents of the State of Washington into ophthalmic care when they are in need of eye surgery. If my mother needed eye surgery, knowing what I know, I would certainly have her treated by an ophthalmologist.

Thanks so much for your attention.

Sincerely,

Steven H. Swedberg, MD

Edmonds

What follows is some specific responses to the draft language. I would be most appreciative if you continued reading.

Draft language is in quotes:

1.

"Clarifying language regarding what is and is not included in the scope of practice for optometry such as including limited ophthalmologic procedures such as some laser treatments and minor surgical procedures (see Appendix XXXX for full details);"

-Please note that these are ophthalmic procedures. Shouldn't they be performed by an ophthalmologist?

2.

"Expanding the scope of medications an optometrist may prescribe and the scope of therapeutic procedures an optometrist may perform, consistent with national standards "

-There are no national standards of optometric practice as scope of practice decisions are the under the purview of the many state legislatures.

3.

"In 2003, the legislature expanded the scope for this profession to allow the range of drugs an optometrist may use or prescribe beyond topical drugs to include some oral drugs for diagnostic or therapeutic purposes, as well as injectable epinephrine for treatment of anaphylactic shock.i This was the last major change to the optometrist scope of practice in Washington, though there have been several other smaller bills passed affecting chapter 18.53 RCW since 2003 that fine-tuned but did not expand their scope. "

- I propose that just because the last scope expansion was in 2003, that the scope of optometry needs to be expanded further. The logical conclusion to this intuition is equivalent credentialing between ophthalmology and optometry. There are about three times as many optometrists as ophthalmologists. Creating optometric surgeons increases those billing for surgical eye services by four times.

4.

"The applicant report asserts that expansion of the optometrist scope of practice could add \$600 million per year in transaction cost savings and \$4 billion per year in savings in access-related improvements in health outcomes. Increased competition could also add to these savings. "

-The proposed expansion would increase health related expenses paid by Washington residents in direct proportion to the number of practitioners providing those services. More practitioners directly implies more billed services. Most ophthalmologists provide services in their offices and ambulatory surgical centers currently. The argument above doesn't hold up under scrutiny.

5.

"Physician assistants may perform the procedures if their attending physician feels they are qualified to perform them and the procedures are within the physician's scope of practice."

-Physician Assistants are physician-extenders and work under the direct supervision of their physician employer. Physician Assistants are covered under the physician's malpractice policy.

6.

"To keep uniform standards of practice, the applicant report indicates the intention is to have all practicing optometrists obtain the authorization for this advanced practice"

-See number 3 above.

7.

"Of the 25 optometry schools, we were able to confirm four provide hands on training with live patients for advanced procedures."

-This statistic indicates that Washington State is not the outlier regarding optometric scope of practice.

8.

"OKLAHOMA

The law also allows the Board of Examiners in Optometry to further define the scope of practice for non-laser procedures by promulgating rules."

-This is what the Board of Optometry initially sought. This provision removes legislative oversight of any further scope expansion by optometry.

9.

"A few expressed that other MDs and ophthalmologists support this proposal as well, but are afraid to do so publicly for fear of criticism from their ophthalmology peers."

-My observation is that the reverse is more often true than not. Many ophthalmologists do not speak out for fear of losing referrals from optometrists.

You made it!

Please call my mobile number for any questions:

425.772.0982

My most sincere appreciation,

-SS

From: [Yewlin Chee](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Friday, October 1, 2021 8:28:18 PM

External Email

My name is Yewlin Chee, and I am a physician practicing at the University of Washington, Harborview Medical Center, where I am a board-certified, fellowship-trained retina surgeon. I am writing to express my serious concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language put forth by the Optometric Physicians of Washington would allow for a significant increase in the scope of practice of optometrists to include surgical procedures without the necessary training or regulations. This scope expansion exposes Washingtonians to surgical risk from optometrists who do not have the appropriate skills and training to perform lasers and scalpel surgery in and around the eye. As an ophthalmologist, I completed four years of medical school to obtain my MD degree, one year of internship, a three-year residency in ophthalmology, and another two years of additional fellowship training in vitreoretinal surgery. This stands in stark contrast with optometrists who go to four years of optometry school after college, where most programs have limited didactic and no hands-on surgical training.

Lasers and scalpel surgeries are invasive and complications related to these procedures can lead to blindness. The changes in this proposal will jeopardize the health and safety of Washingtonians; for this reason, I respectfully request reconsideration of the the DOH's position in the interest of patient safety.

Thank you for your consideration,
Yewlin Chee MD

From: [Kent Bassett](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Surgical expansion by Optometry.
Date: Friday, October 1, 2021 8:46:59 PM

External Email

Gentlemen,

Today is my retirement day after 38 years practicing general ophthalmology. As such, I have no financial or self serving interest in future eye care delivery. That being said, I strongly oppose the proposed expansion of surgical privileges to optometrists proposed by the Department of Health.

One underlying assumption allowing expansion of surgical privileges is that the diagnoses in question are accurate. In many instances, even with the "simple" cases, there are subtleties that make the diagnoses less than obvious. Is this a chalazion or a basal cell carcinoma? Is this angle really occludable and requiring iridotomy? Does this lid laceration involve the canaliculus, or require single or multilayer closure? To assume that the diagnostic skills of optometrists are the equivalent of board certified ophthalmologists is simply naive.

The surgical procedures involved are often not as simple as the list might suggest. As I am just retiring, I am reminded of the many times the listed procedures for expansion have proven more difficult than expected, and the training obtained in medical school and ophthalmology residency have been invaluable. I cannot conceive that the limited amount of training in an optometry training offers equivalent experience.

Furthermore, it is counterintuitive to have optometrists performing procedures that are monitored by their own professional committees separate from those that monitor complications and standards for other surgeons.

Surgical privileges are awarded to ophthalmologists based on completion of an accredited residency, with required hours of instruction, required number of cases, and instruction by competent supervising surgeons. They must then pass national boards. They then must apply for hospital privileges with cases monitored by the hospitals. Doctors are subjected to oversight by the hospital quality control and State medical disciplinary boards. Surgical privileges should be awarded to optometrists only after completing the same rigorous training, pass identical boards, and be subject to the same oversight. Approval of privileges shortcutting training requirements, identical national boards, local hospital oversight, and State medical discipline is certain to result in a lower standard of care. The optometry effort to bypass comparable training, identical board exams, and identical medical discipline is understandable, but so transparently self-serving that it should be rejected without delay.

Please do your duty to maintain high quality health care by insisting on equal training for equal privileges to serve the public.

Thank you.

Kent Bassett, MD

From: [jane.myung](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Optometry Scope of Practice Expansion
Date: Friday, October 1, 2021 10:18:13 PM

External Email

To Whom it May Concern:

My name is Jane Myung, M.D. I am a physician practicing at Clarus Eye Centre. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington (OPW) would allow for a dramatic increase in the profession's scope of practice without requisite education and training and potentially little regulatory oversight beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist does not have the medical training necessary to respond to any number of emergencies that may arise during these procedures. As medical physicians we are well-trained in urgent or emergency services and have a well-established after-hours call systems in place and many physicians take emergency call for the local community as well.

A frequent argument from the OPW is access to care. However, 95% of Washington State residents live within a 30-minute drive of an ophthalmologist. In this same vein, another OPW argument is access to subspecialty care such as "retina, cornea, pediatric and glaucoma". This is very concerning that optometrists are over-reaching their training to include such subspecialty care. Within ophthalmology, these subspecialties generally require additional fellowship training of one to two years in order to safely provide the full spectrum of care these diseases can require over time. Furthermore, in order to perform *surgical procedures* for this level of subspecialty care is almost always performed by a fellowship-trained surgeon ophthalmologist. Currently, no School of Optometry provides fellowship-level training which is predominantly hands-on training on real patients under the mentorship of experts in the field.

Additionally, the OPW proposal attempts to justify the scope expansion on cost-

savings. Optometrists and ophthalmologist all use the same billing codes and are paid exactly the same by Medicare, Medicaid and other private insurers. There would be no difference in costs between an optometrist or ophthalmologist performing these services. Physicians are no different than optometrists in the spectrum of health insurance plans that can be accepted by the provider. It is incorrect and unsubstantiated that in ophthalmology there is a “lack of acceptance of insurance like Medicaid and Medicare.” Although, I am speaking for our practice, we currently take Medicaid, Medicare and other private insurers. Another OPW cost-saving argument is that they will perform these surgeries as office-based procedures rather than as ambulatory surgery center or hospital-based procedures. This is the same for ophthalmology practices. The majority, if not all, lasers, injections and minor scalpel procedures, are performed by ophthalmologists as office-based procedures. Many ophthalmology practices do not have easy every day access to a surgery center and perform these procedures as office-based.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision. Not only is our training extensive starting with at least 4 years of medical school, 1 year of intern residency training in medicine and/or surgery, 3 years of ophthalmology residency and often 1-2 years of specialty fellowship training, admission into each of these levels of training is highly selective. Furthermore, medical physician training is predominantly based on real, live clinical patients which is severely lacking in optometry schools.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Jane S. Myung, M.D.

From: [Grant Aaker](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Optometry scope of practice expansion
Date: Friday, October 1, 2021 10:20:10 PM

External Email

My name is Grant Aaker, M.D. I am a physician practicing at Clarus Eye Centre in Olympia, WA. I am writing to express my deep concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington (OPW) would allow for a dramatic increase in the profession's scope of practice for which they are entirely lacking in the necessary requisite education and training. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is important to understand that, although seemingly minor and of low risk, any of these procedures could result in complications that could be threatening to a patient's vision and even life. An optometrist does not have the medical training necessary to respond to any number of emergencies that may arise during or as a result of these procedures. As medical physicians we have years of intensive, immersive hands-on experience with medical and surgical treatments of the entire body, both planned and emergent, which prepare us to properly identify and appropriately manage any pathology that we identify, or complications that arise. We are exhaustively trained in urgent or emergent services and commit ourselves to the community by establishing after hours on call services.

Part of the justification for scope of practice expansion by the OPW hinges on access to care. Despite their claims, 95% of Washington State residents live within a 30-minute drive of an ophthalmologist. Another OPW argument references access to subspecialty care such as "retina, cornea, pediatric and glaucoma". This is one of the most concerning aspects of their arguments. The extent of medical training within optometry is drastically less than that of ophthalmology, and no school of optometry provides anywhere near the level of training sufficient to claim subspecialty expertise for its trainees for medical care. More concerning is that they are apparently claiming they should be allowed to provide *surgical* care within these subspecialties, something that nearly always requires years of fellowship training after ophthalmology

residency to perform. The extent to which their training is lacking to perform these procedures cannot be overstated.

The OPW proposal also attempts to justify scope expansion based on cost-savings. Optometrists and ophthalmologist all use the same billing codes and are paid exactly the same by Medicare, Medicaid and other private insurers. There would be no difference in costs between an optometrist or ophthalmologist performing these services. Despite their claims, physicians are no different than optometrists in the spectrum of health insurance plans that can be accepted by the provider. It is incorrect and unsubstantiated that in ophthalmology there is a “lack of acceptance of insurance like Medicaid and Medicare.” Our practice, as well as all other practices I am familiar with, accepts both Medicare and Medicaid, without limits or restrictions, in addition to a panel of private insurers. The OPW also claims they will save the health care system money by performing procedures in-office rather than in hospitals or ambulatory surgery centers. The vast majority of the procedures they are requesting permission to perform are performed by ophthalmologists in an office-based setting. Even if this were true, saving a small amount of money would be no reason to grant privileges to unqualified providers.

Granting this scope expansion would jeopardize the health and safety of patients in Washington. Physician training is far more extensive, comprised of, at minimum, four years of medical school, one year intern residency training in medicine and/or surgery, three years of ophthalmology residency and often one to two years of specialty fellowship training. Each phase of this training is extremely competitive and highly selective, resulting in providers with the highest level of competence and aptitude. The physician pathway entails years of exposure to real, live clinical patients and pathology, in depth medical and surgical training that prepares providers to safely and competently care for patients requiring all levels of medical and surgical severity. Optometry education results in such a dramatically lower level of training and experience, it would not be acceptable to expand their scope of practice in the ways they are requesting.

While I share the goal of increasing access to safe, quality, low-cost health care, I am deeply concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH’s position to ensure patient safety.

Sincerely,

Grant Aaker, M.D.

From: [James Stroh](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist Sunrise Review Lead
Date: Friday, October 1, 2021 10:20:26 PM

External Email

Cori Tarzwell, Optometrist Sunrise Review Lead
Health Systems Quality Assurance
Washington State Department of Health
P.O. Box 47850
Olympia, WA 98504
Re: Optometrist scope of practice sunrise review
Dear Ms. Tarzwell:

I would strongly like to express my opposition to allowing optometrist to perform laser, injection and scalpel surgery. I recognize that most of the general public are not aware of the differences in training between optometry and ophthalmology.

Given that ophthalmologist spend 3 years and countless hours of surgical training after 4 years of undergraduate, 4 years of medical school and a year of internship. Most optometry schools do not teach surgery. I feel that if an individual knew they wanted to become an eye surgeon, why did they not choose the path of medical doctor and ophthalmology residency. Why would they choose a shorter path without surgical training and then try to obtain surgical privileges through the legislature?

Would you want your child to have eye surgery from someone who learned surgery from a few weekend courses?

There is no lack of access to care, as demonstrated by the UW study which showed over 96% of Washingtonians are within 30 minute drive to an ophthalmologist.

I stand in strong opposition to the proposed expansion in optometric scope to include surgery and injections requested by the OPW. These changes have the potential to adversely impact the quality of care, health, vision, and safety of the citizens of Washington State, your family.

Sincerely,

James Stroh M.D.

From: [James Stroh](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Fwd: Optometry
Date: Friday, October 1, 2021 10:21:32 PM

External Email

Begin forwarded message:

From: Mary Jo Stroh <mjstroh@comcast.net>
Subject: Optometry
Date: October 1, 2021 at 8:47:41 AM PDT
To: waeps@waeps.org

I strongly oppose licensing optometry WA for laser and scalpel procedures. Eye surgery requires training from a stringent 3 year ophthalmology residency program. Trabeculotomy, for example, requires the broader skills of diagnosis and technique and belongs solely with ophthalmology.

Don't license optometry for laser and scalpel procedures.

M J Stroh
425-765-7596

Sent from my iPhone

From: [Mike Lee](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist scope of practice sunrise review
Date: Friday, October 1, 2021 10:39:38 PM

External Email

Dear Ms. Tarzwell,

I am writing to comment on the proposal to increase the scope of practice of optometrists within the state of Washington. I feel I have an important perspective to bring as I am an ophthalmologist who has practiced side by side with outstanding optometrists for over 30 years. I have great respect for my optometry colleagues and we are true colleagues in that we are equal partners within Washington Permanente Medical Group. I do wish to state that this email is not a reflection of the official position of our medical group but is my personal opinion, although it is shared by many ophthalmologists and other physicians. As eye doctors our large team of optometrists and ophthalmologists collectively take care of the eye health of many patients. As salaried partners, our take home pay is independent of the number of procedures we do. As such, our system has developed from a need to care for our patients in a comprehensive, quality focused, cost-efficient and patient centered manner.

The proposed expansion of optometrists' scope of practice is very concerning to me as I am very knowledgeable about the skill and training of my colleagues. My optometry partners have excellent training in medical management of eye care and many eye diseases. However, their training does not include procedures, especially injection procedures or incisional procedures. You have received many references about the differences in optometry training and ophthalmology residency training. There is no comparable procedural training for optometrists within optometry school or post graduate training.

The best analogy for performing the procedures this proposed rule change will allow is learning how to drive. Optometry training is analogous to learning how a car is made, how it works, and how the controls operate. Some optometrists might have taken courses where they have driven for a weekend under sunny, ideal conditions while being supervised. Ophthalmology training is analogous to learning how to drive motorcycles, cars, trucks and 18 wheelers in good weather, but also rain, snow and horrible conditions. What optometry is asking with this rule change is to just trust them to know how to drive in horrible conditions when they have no experience even close to that. But they are also asking you to allow them to take any willing passengers (patients) with them. When they have a complication (since complications occur with even the most experienced surgeons—just many fewer), then some of those patients will lose their vision. We have laws in Washington protecting new drivers from driving in conditions for which they are unprepared. The proposed rule change allows these possible new drivers (optometrist-surgeons) to determine what procedures they are allowed to do and to make their own rules. There will also be a financial incentive with each procedure. Would you allow new drivers to make their own rules and laws about when and how they will drive, especially if they are paid to drive more?

You will hear that optometrists know all about the eye in exquisite detail. However they have not seen procedures and surgery. Many other health professionals, such as OR nurses, scrub techs, anesthesiology professionals, and clinic ophthalmic assistants have seen many more surgeries and even held the instruments countless times. If watching surgery and procedures were enough to perform them safely, then, continuing the analogy, it would be sufficient to learn how to drive by watching others drive. If true, these other professionals should also be asking to perform eye procedures.

Please consider carefully the decision ahead of you. I urge you and other voting members to vote against expansion of optometrists' scope of practice.

Sincerely,
Michael Lee, M.D.
Ophthalmologist

From: [Concerned Physician](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to Optometry Scope of Practice Expansion
Date: Friday, October 1, 2021 11:07:03 PM

External Email

To whom it may concern:

The Dept. of Health has a very important decision to make in the upcoming scope of practice request for the practice of Optometry. Through legislative efforts, there is an attempt to equalize the training and experience of Optometry and Ophthalmology. There will be a plethora of data produced by the Optometry lobbyist to display the need and the safety of an expansion in scope of practice. There is a clear difference in training in clinical hours as well as an extreme difference in surgical exposure between the two practices. Optometry has no surgical experience on human subjects and no direct surgical observation under experience providers. In comparison, Ophthalmic Surgeons have hundreds if not thousands of surgical experiences in their training, under the direct supervision of an attending provider. The WA state DOH must, using a clear mind, choose to protect their citizens by limiting the expansion of surgical services and maintaining those privileges to the providers with the proper amount of training.

There is a clear path available to any Optometrist to become a qualified Ophthalmic surgeon. Every practicing Optometrist could complete four years of medical school, matriculate into an Ophthalmology residency, and then practice providing quality surgical care in the same manner as the other Ophthalmic surgeons of our great state.

For decades we have worked in collaboration with the Optometrist in our state to provide high quality surgical care for their patients. Ophthalmology also provides subspecialty clinical and surgical specialty services through fellowship trained providers who can offer even higher levels of expertise. Ophthalmologists who, through proper training, have the capabilities to make what some may deem minor procedures seem "routine and low risk" do so because of levels of experience. We must not confuse what well trained surgical providers do on a routine basis be applicable to providers with no surgical training and expect the same results, and without unreasonable complications. Not only would a surgical expansion lead to inexperienced providers the power to perform surgeries and/or laser procedures, they also have a lack of experience managing complications which could arise during or after such procedures. How does Optometry propose they will manage their complications?

It is unfortunate to have to submit this as an anonymous email. There is a very real risk placing one's name directly on a document such as this. The freedom of information act makes these correspondence discoverable and there will be significant political "fall out" as a referral provider that may oppose their attempts at scope of practice expansion. As a result, there will be fewer Ophthalmologists willing to risk their referral base to speak out on this topic.

The Dept. of Health has only one clear choice if they value the safety of Washingtonians. Please do not let false claims of "provider access" as an acceptable reason to risk the health of

our community. The Dept of Health must maintain the distinctive differences between the two specialties and leave surgical procedures to surgical trained physicians.

I thank you for your attention in this manner,

Concerned Physician 2021 MD

From: [Tim Ekhlassi](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to expansion of scope for optometrists in Washington
Date: Friday, October 1, 2021 11:33:30 PM

External Email

To Whom It May Concern,

I am writing to oppose the expansion of the scope of practice of optometry in the state of Washington. As a practicing ophthalmologist, I have seen firsthand the stark difference in clinical knowledge and level of training between ophthalmologists and optometrists. Ophthalmologists spend 4 years in medical school learning the practice of human medicine, a full intern year treating patients in the hospital, and at minimum 3 years of rigorous clinical and surgical training specializing in the eye and its surrounding structures. Other specialists, including plastic surgery, ENT, and emergency medicine call in ophthalmologists for our expertise. The clinical and surgical skills of ophthalmologists are valuable, and cannot be attained without the proper training.

Below are some facts regarding optometry expansion of scope:

- Optometric training is insufficient to be a competent surgeon. These skills can't be learned in a weekend course, or even an extended lecture series. A good surgeon acquires these skills through thousands of hours of didactic learning, supervised clinical contact, and proctored and mentored hands-on surgical training.
- There is no public outcry for optometrists to be able to do surgery. In fact, 96% of Washingtonians live within 30 miles of an ophthalmologist.
- Reports of "no complications" in 100% of the states where optometrists are allowed scalpel or laser privileges are disingenuous and false. Even the most skilled surgeons experience complications.
- Optometrists and ophthalmologists use the same billing codes and are reimbursed the same by insurance companies.
- The proposed healthcare cost savings by allowing optometrists to operate have not materialized in the few states where this is allowed and, in fact, have increased the cost of care in those states.
- Expanding the number of practitioners who can do surgery runs the risk of reducing the number of procedures any one practitioner will do per year: low volume surgeons have higher complication rates (as evidenced by a recent New England Journal of Medicine study). This expansion is not safe for patients.
- Only 2% of optometrists are board certified as compared to 95% of ophthalmologists.
- Allowing optometry to determine its own scope will result in additional expansion into intraocular surgery, leading to higher healthcare costs, increased complications, and decreased patient safety

I sincerely believe that opposing the expansion of scope of optometry is in the best interest of all patients in Washington.

Tim Ekhlassi MD MPH

From: [Suzanne Dintzis](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometry scope of practice draft
Date: Saturday, October 2, 2021 8:48:41 AM

External Email

To whom it may concern,

As a pathologist practicing at the University of Washington Medical Center and currently serving as the President of the Washington State Society of Pathologists, I am writing as a private citizen to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations. I am representing my own opinions in this email.

Several provisions of the scope of optometry practice proposal are particularly worrisome.

Untrained personnel to perform surgical procedures:

As a pathologist, I know the critical importance of excellent surgical technique in our ability to render accurate diagnoses. If untrained optometrists obtain substandard biopsies of malignant lesions, pathologists might not be able to provide an accurate diagnosis and grave patient harm might ensue. On a personal note, I have had biopsies performed on my own eyelid lesions and can not imagine entrusting this delicate procedure to untrained personnel.

Inadequacy of proposed optometric practice oversight:

The proposed legislation would place oversight of optometric practice under the board of optometry. The proposed surgical scope expansion clearly includes medical and surgical procedures and belongs under the purview of the medical quality assurance commission.

The proposed changes will jeopardize the health and safety of Washingtonians who seek treatment for their vision.

Sincerely,
Suzanne M Dintzis, MD PhD

From: [Robert Nash](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: FW: Optometric Scope of Practice Sunrise Review
Date: Saturday, October 2, 2021 1:09:11 PM

External Email

Cori Tarzwell, Optometrist Sunrise Review Lead
Health System Quality Assurance
Washington State Department of Health

RE: Optometrist Scope of Practice Sunrise Review

Dear Ms. Tarzwell:

Thank you for the opportunity to comment on the proposal authored by The Optometric Physicians of Washington to alter and expand the scope of practice of optometrists in the State of Washington. I am a graduate of both Optometry and Medical School and I have served as a faculty member in both Optometry and Ophthalmology training programs. I have been a practicing ophthalmologist and retinal surgeon in Washington state for the past 25 years. With the input and cooperation of Optometry leaders I authored the definition of surgery 2003 as past president of The Washington Academy of Eye Physicians – this definition is the cornerstone of the current statute and provides a clear and definable limit of scope. At that time the scope of practice of Optometry was greatly expanded by statute to include the use of nearly all diagnostic and therapeutic medications with the exception of steroids but which prohibited incisional and laser eye surgery by optometrists with a clear definition of what constituted surgery. Optometric leaders at that time insisted that there was no intent to pursue surgical privileges. The Legislature acted to allow optometrists to practice to the full scope of their training and education but correctly protected the public by prohibited surgery as mentored and live surgical training was not then and is not now a part of formal optometric education in the vast majority of training programs.

The current proposal seeks to eliminate the definition of surgery and the clear and defined intended limit of scope and rather allows a wide and vaguely defined set of invasive surgical procedures by optometrists as deemed appropriate by the Board of Optometry. The proposal thus seeks to have the Legislature abandon its lawful right and responsibility to determine and to regulate the scope of practice of a health profession. There is a path to become an ophthalmic surgeon. As a highly trained optometrist teaching at a progressive School of Optometry nearly 40 years ago I wished to perform invasive laser and incisional eye surgery. I chose to enter medical school to receive a broad medical background and then completed a 3 year residency in Ophthalmology and 2 year fellowship in Vitreoretinal Surgery before being qualified to have the privilege of providing independent surgical care to the public. This was a arduous but rewarding and necessary path – the key difference in training is a mentored and extended period of ophthalmology residency where surgical technique

and judgement is developed not in a weekend course but over years of study and practice under the watchful eyes of experts. Didactic courses are not adequate substitutes for intensive and prolonged hands on training with mentorship and supervision of experienced ophthalmic surgeons and teachers.

Optometry is a learned and a noble profession providing excellent service and care to the public. I consider optometrists my colleagues and my peers. My personal eye doctor is and shall remain an optometrist unless and until I develop an eye disease in need of surgical care. Ophthalmic surgical care to protect the gift and the miracle of sight is best and most safely performed by properly trained and certified ophthalmologists. I oppose the proposed expansion of scope and respectfully recommend that it be rejected in Sunrise review and, if necessary, by The Washington State Legislature. The current statute is clear and appropriate allowing broad optometric practice and protecting the health and well being of the citizens of The State of Washington whom we are all privileged to serve.

Respectfully,
Robert W. Nash, MD
Vitreoretinal Surgeon

From: [Jean Adams](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope of Practice
Date: Saturday, October 2, 2021 11:56:38 PM

External Email

I have an optometrist who I feel is highly competent, but I would never want him to cut my eyelid , inject anything into my eye, or perform a laser procedure on me.

Over the last 20+ years I have worked in pediatric ophthalmology and currently work in an adult general ophthalmology practice. Both in a clinical manager capacity.

Even after all these years, I find eye care fascinating, and I am reminded daily of how complex the eye can be. And I am grateful that I work with a highly trained and experienced group of physicians. So much of what goes on with the eye is linked with systemic disease, and these trained physicians can put all the pieces together to appropriately diagnose and treat our patients.

Because I've been in this business for so long, I know many patients don't understand the difference in education, training, and experience of an ophthalmologist versus an optometrist. And I feel that optometrists are literally banking on that lack of public knowledge. Additionally, I wonder where it will stop -- if optometry continues to expand their scope, what other invasive procedures might they want to try?

I feel it is very dangerous to expand optometry scope as outlined in this Sunrise Review. Please don't allow it.

Respectfully submitted,

Jean Adams

From: [Kandon Kamae](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope of practice expansion effort
Date: Sunday, October 3, 2021 12:23:49 AM

External Email

Dear Washington Department of Health,

My name is Kandon Kamae, MD and I'm an ophthalmologist in Spokane, Washington. I am greatly appreciative of all you've done and continue to do to care for the health of the people of Washington especially during these unprecedented times. Though I am a transplant to Washington, over the last 9 years I've grown to love the people here and call them my own. I am humbled and grateful to be able to serve them both medically and surgically.

I am writing in regards to the proposal to expand the scope of practice of optometrists in the state of Washington. I have a great admiration for optometrists and what they do and have enjoyed the relationship we share in caring for our patients. I am not opposed to their current scope of practice, but I am respectfully opposed to their proposal for expansion of such, specifically to include limited ophthalmologic procedures such as laser and surgical procedures.

Training to become an ophthalmic surgeon takes years of residency training. However, this is not where the training starts. Prior to becoming a specialized and sub-specialized ophthalmologist, we become medical doctors first. This requires 4 years of medical school and 1 year of internship. This amounts to many, many grueling hours of study and practice on live patients who depend on us to sustain life. We learn everything about the body, how it works, how it's functions may be compromised and how it can be healed both medically and surgically. Once we pass this essential step in our training which also requires 3 licensing examinations, then and only then are we given permission to move on to ophthalmic surgical training. At this point, we've already dedicated 5 years of our life to the practice of medicine. As if this isn't enough, we still cannot be licensed to perform surgical procedures as a practicing surgeon until we progress successfully through a 3 year residency program. The process to become a licensed general ophthalmologist takes no less than 8 years. Keep in mind, the majority of that time is dedicated to becoming a medical doctor first.

The importance of those first 5 years cannot be minimized or over-emphasized enough. The knowledge gained cannot be replaced by shortcuts. During this period, we also learn what may be the most important lessons of all – when and when NOT to intervene surgically and how to anticipate and take care of complications. This foundation is further built upon during residency and fellowship training. The practice of ophthalmology is a specialized subset of the

much broader field of medicine. Therefore, this broader understanding must be taken into consideration when practicing ophthalmology. Everything is linked together and the decision to fix or alter the eye in any way has its benefits and consequences. What makes a good competent surgeon is not what he or she does when things go right, but what he or she does when things go wrong. We owe it to our patients to have this base knowledge and confidence which only comes from years of training. It concerns me that the proposal is bypassing these fundamental steps to becoming a competent surgeon. If this extensive training were required of optometrists to grant their expansion request, I would venture to say that they would reconsider their proposal. You have to put the necessary work in. No shortcuts. We owe it to our patients.

The proposal to expand the scope of practice for optometrists to include laser and surgical procedures must not be taken lightly. It comes down to patient safety. Even these minor procedures they are wanting to perform can lead to serious consequences and even blindness. Though they are labeled as minor procedures, they most certainly aren't. What is their plan in the event of complications such as lens dislocation, uncontrolled elevated eye pressure or retinal detachment after a YAG laser? (There are times when a YAG laser is the WRONG thing to do and if done will make future steps much harder and more risky for the patient.) Or a retrobulbar hemorrhage from a lid procedure which can lead to blindness within minutes? Or lid lesions that are actually cancerous that if not properly dealt with can lead to death? I would not be amiss to say that they cannot take care of them and these complications will inevitably be referred over to the ophthalmologist. These are the patients and situations that make me pause - even as a practicing surgeon. This must not be taken lightly. This is why medical doctors do these procedures. We understand the body as a whole. We are not just eye surgeons. We know what to avoid, we understand the pitfalls, we know when and when not to perform surgeries and we know how to take care of complications. There are no shortcuts. We owe it to our patients.

The center of my concern regarding the expansion of optometric practice as they have defined it is patient safety and taking care of patients in an appropriate and timely fashion, especially knowing when not to perform surgery. If granted this expansion, will their training and experience be disclosed to the patient? Will the patient truly understand the difference in training between an ophthalmologist and optometrist prior to making an informed decision? This should be required prior to the patient giving consent. Optometrists must also realize that they must bear the same legal risks as ophthalmologists do if they perform these procedures. Do they truly understand that and are they willing to take on that risk?

Please seriously reconsider their proposal and put yourself in the patient's situation. Would you want someone to perform procedures on your eye without the proper training and years of education? I would think that if this same question were posed to ophthalmologists, knowing what surgical procedures entail from start to finish, they would not take that risk.

Sincerely,

Kandon Kamae, MD

From: [Laura M Periman MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Re: Are emails and letters confidential
Date: Thursday, October 7, 2021 5:16:40 PM

External Email

Thank you for the information.

I oppose the overreaching expansion of practice sought by the Sunrise Review. I'm ok with safe procedures such as IPL, however, I do not think it is safe nor appropriate for optometry to perform procedures with a needle, scalpel or laser.

> On Sep 28, 2021, at 3:29 PM, DOH HSQA Optometry Sunrise <optom-sunrise@doh.wa.gov> wrote:

>

> Good afternoon Dr. Periman,

>

> All comments we receive are public record and will be posted online with the rest of the Sunrise Review materials shortly after the comment period closes. Everything we have related to the sunrise review would also be available via a public records request to anyone who asks.

>

> Let me know if you have any other questions!

>

> Thank you,

>

> Cori Tarzwell

> Pronouns: She/her

> Washington State Department of Health

> Optometry Sunrise Review Coordinator

> Cori.tarzwell@doh.wa.gov

>

> -----Original Message-----

> From: Laura M Periman MD <dryeyemaster@gmail.com>

> Sent: Monday, September 27, 2021 11:36 PM

> To: DOH HSQA Optometry Sunrise <optom-sunrise@doh.wa.gov>

> Subject: Are emails and letters confidential

>

> External Email

>

> Hello DOH

>

> Are emails and letters in comment to the optometric scope of practice expansion kept confidential? Or, are they public record?

>

> Thank you!

> Laura Periman MD

> WA 00039796

From: [Rafeh, Zach](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist Scope of Practice
Date: Tuesday, September 28, 2021 12:38:42 PM

External Email

Dear Sir or Madam.

I am a practicing Hospitalist Physician at Providence Centralia and Providence St Peter Hospital, and I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Zach Rafeh

Zach Rafeh, DO, FHM

Chief Medical Officer

SW Washington

Office: 360-486-6255/Cell: 360-878-6881

zaher.rafeh@providence.org



This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

From: [Chinn GYN, LLC](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope of practice
Date: Tuesday, September 28, 2021 12:40:36 PM

External Email

My name is Dr. Melissa Chinn, I am a physician practicing in Mount Vernon. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

From: [Jennifer Paek](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 1:03:43 PM

External Email

I am a physician practicing at Cascade Eye & Skin. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes.

All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Jennifer Paek, MD

From: [Anne Marie Wong](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 1:24:20 PM

External Email

My name is Anne Marie Wong, I am a Physician practicing in Aberdeen, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you for your time.

Sincerely,

Anne Marie Wong M.D. (she/her)
Chief Medical Officer
O: 360-537-5105
C: 360-581-5690
Harbor Regional Health
"Because Your Health Matters"
www.ghcares.org

From: [Gunjan Dalal](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 1:36:02 PM

External Email

My name is Gunjan Dalal, I am a physician practicing at MultiCare Auburn medical center. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Gunjan Dalal, M.D.

From: [Carol Rockhill](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: opposition to increased scope of practice for optometrists
Date: Tuesday, September 28, 2021 1:40:22 PM

External Email

Dear Washington Department of Health Representative,

This email is in response to the Washington State Department of Health draft report in support of a proposal from the Optometric Physicians of Washington to expand the profession's scope to include surgical procedures, including those that utilize laser technology and injections, as well as increased prescriptive authority. I am a physician practicing in Washington State, at a large hospital in Seattle and I am concerned about the safety risk that this proposal raises.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. Optometrists do not have sufficient education or training for these procedures, and this draft report does not provide a means for them to get sufficient education and training to safely add these procedures to their clinical repertoire. These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

You are likely aware that this effort on the part of Optometrists is part of a national effort by the optometrist profession, which has successfully increased its scope in seven other states. Washington is the next target on their list. An expansion of this kind is not only a concern for patient safety and quality of care, but also for the precedent the DOH and Legislature would be setting in terms of inappropriate expansions, particularly as there will be many scope proposals considered in the 2022 legislative session and beyond.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Carol Rockhill, MD, PhD, MPH

From: [Lin, Jennifer](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition
Date: Tuesday, September 28, 2021 2:17:12 PM

External Email

My name is Jennifer Lin, DO. I am a Family Medicine Physician practicing in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Jennifer Lin, DO
Family Medicine

Sent from iPhone

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From: [Kat Jong](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 2:31:50 PM

External Email

My name is Katherine A. Jong, MD, I am a Physician practicing on San Juan Island in Washington State. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

Ophthalmologists are fully certified physicians who additionally have spent thousands of hours learning surgical and medical management on the eye before being allowed to operate independently. Optometrists lack this in depth training, and should not be granted increased scope of practice.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Katherine A. Jong, MD

From: [Tru A Ostheimer](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 3:11:54 PM

External Email

My name is Trucian Ostheimer, I am an ophthalmologist practicing in Tacoma and Olympia at Kaiser Permanente. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

Unlike optometrists, I graduated from medical school and then personally spent four years of my life completing a general medical internship and ophthalmology residency. I then went on to spend an additional four years specifically training to treat autoimmune eye disease and diseases of the retina. I find it shocking that optometrist who have no such training feel compelled to even consider expanding their scope of practice in this manner. These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Trucian Ostheimer MD

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Thank you.

From: [Nayeemuddin, Mohammed](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 4:16:01 PM

External Email

To whom it may concern:

My name is Mohammed Nayeemuddin and I am a physician practicing in Burien, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.
Sincerely,

Mohammed Nayeemuddin, MD

Pulmonary and Critical Care Medicine

St. Anne Medical Center - Burien, WA

From: [Cervoni](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 4:19:12 PM

External Email

My name is Brian Cervoni-Rosario, I am a physician practicing at University of Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Respectfully,

Brian M Cervoni, M.D.

From: [Patrick Thomas Miller](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope of Practice Bill
Date: Tuesday, September 28, 2021 4:21:12 PM

External Email

My name is Patrick Miller. I am a Physician practicing at Sacred Heart Medical Center in Spokane, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Patrick T. Miller, M.D.

From: [Bunch, Randel M.D.](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 4:48:46 PM

External Email

September 28, 2021

Gentlemen and Ladies:

My name is Randel S. Bunch, MD ABFM. I am a practicing physician at Confluence Health Moses Lake Clinic. I am 64 and have been practicing in Eastern Washington for 30 years. I am a Clinical Assistant Professor of Family Medicine at the University of Washington School of Medicine. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety. If you are unable to reconsider this issue, please lobby for Tort reform to streamline the lawsuits filed by injured Washingtonians.

Thank you for your consideration.

Best regards,

Randel S. Bunch, MD ABFM

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From: [Michelle Carle](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion.
Date: Tuesday, September 28, 2021 4:58:36 PM

External Email

My name is Michelle Carle, I am a retinal surgeon (fellowship trained ophthalmologist) practicing Seattle and Everett through Kaiser Permanente. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to

safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

We cannot legislate a group into surgical practice. This is very unsafe and you know you wouldn't want your families to have such substandard care.

Michelle V Carle MMed, MD, FRCSC, ABO
Diseases and Surgery of the Retina and Vitreous
424-666-4818
mvcarle@gmail.com

From: [Niraj Patel](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 5:10:52 PM

External Email

My name is Niraj Patel, MD.

I am a ophthalmologist / eye surgeon practicing in Tacoma, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

I have already reached out to Dr. Shah but never heard back. This is unfortunate.

--

Niraj Patel, MD, FACS

Cornea and Vision Correction Surgery Specialist
Pacific Northwest Eye Associates

253-759-5555

www.pateleye.com

This email and any attached information is privileged and legally protected from disclosure by federal law, HIPPA. If you received this message in error please destroy it immediately.

From: [Jeffrey D. Robinson](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist scope expansion proposal
Date: Tuesday, September 28, 2021 5:11:47 PM

External Email

My name is Jeffrey Robinson, MD, I am a physician practicing at Harborvie Medical Center. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

We must be careful to balance access issues against quality of care. Please ensure that all practitioners are suitably trained to perform the procedures they propose to perform.**

Jeffrey Robinson, MD MBA FACR
Associate Professor, Department of Radiology, University of Washington
Box 359728, 325 9th Ave, Seattle, WA 98104, USA
Phone (206) 744 3561. Cell (206) 799 1657

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From: [Grays Harbor Ortho](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist scope of practice
Date: Tuesday, September 28, 2021 5:32:21 PM

External Email

Message body

My name is Gregory May, I am a physician practicing at Harbor Regional Health Orthopedics in Aberdeen. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety. Gregory K. May MD (he/him)
Harbor Regional Health Orthopedics
O: 360 532-3808
"Always laugh when you can, it is cheap **medicine.**" Lord Byron

From: [Sheila Fay](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 5:39:58 PM

External Email

My name is Sheila Grauer Fay , and I am a recently retired General and Vascular surgeon who practiced 40 years in Olympia. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. I spent over 5 years training to do surgical procedures and I doubt they have done anywhere near that!

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

I strongly oppose these changes

Sincerely,
Sheila Grauer Fay MD FACS

From: [Ashley Diana Lundgren Mohora](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist expansion
Date: Tuesday, September 28, 2021 6:54:21 PM

External Email

Greetings,

My name is Ashley Lundgren, I am a physician practicing in Spokane, Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Ashley Lundgren MD

Sent from my iPhone

From: [Jeffrey Wesolowski](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 8:04:23 PM

External Email

Greetings!

My name is Jeffrey Wesolowski M.D., I am a Radiologist practicing in Gig Harbor, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety. Your vision and your children's vision are at stake!

Respectfully,

Jeffrey R. Wesolowski, M.D., M.H.S.A. (He/Him)
TRA Medical Imaging
Cell: 734 678-5736

Attention: This email contains confidential information prepared as part of peer review and quality assurance activities of Tacoma Radiological Associates, P.S. and/or its related entities and is protected under RCW 4.24.250, RCW 70.41.200, RCW 43.70.510 and other state and federal statutes.

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From: [Jiang Wu](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 8:39:27 PM

External Email

Dear Sir/Madam who might concern,

My name is Dr. Jiang Wu, I am a physician faculty practicing at University of Washington Medical Center. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Best Regards,

Jiang Wu

Associate Professor
Department of Anesthesiology & Pain Medicine
University of Washington

#1. Regional Anesthesiology & Acute Pain Service

RR442A

1959 NE Pacific St.

Box 356640

Seattle, WA 98195

#2. Chronic Pain Interventionist

Roosevelt Pain Clinic – Center for Pain Relief (CPR)

4225 Roosevelt Way NE,

Seattle, WA 98105

206-221-3686 (Office)

jiangwu@uw.edu

UW Medicine

**ANESTHESIOLOGY
& PAIN MEDICINE**

From: [Susan Baumgaertel](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [Hanscom, Jennifer \(DOHI\)](#); wmsa@wmsa.org; mssurg@u.washington.edu; [Nancy Belcher](#); [Rajneet Lamba](#); [Teresa Girolami](#); medmatthew@gmail.com; ajdave6@gmail.com
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 8:41:43 PM
Attachments: [menopause-menu-logo-v4-01.png](#)

External Email

My name is Dr. Susan Baumgaertel, and I am a physician who just left my 25 year full-time Internal Medicine practice at The Polyclinic, a Part of Optum. I have been a member of the Washington State Medical Association since 1993 and King County Medical Society since 1996, most recently serving as a Delegate.

I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Dr. Baumgaertel

Susan J. Baumgaertel, MD FACP | (M) 206-310-1927
s.baumgaertel@comcast.net | MenopauseMenu.com



From: [Nadia Saina](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry expansion of scope
Date: Tuesday, September 28, 2021 8:54:01 PM

External Email

My name is Nadia Saina, I am a physician practicing at St Joseph Medical Center in Bellingham Washington . I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Nadia Saina, MD

From: [Rajneet Lamba](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 9:00:43 PM

External Email

My name is Rajneet Lamba MD, I am a Physician practicing in the 45th Legislative District and the current President of the King County Medical Society. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Rajneet Lamba MD

From: [Benson Chen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 9:15:39 PM

External Email

My name is Benson Chen, I am an ophthalmologist practicing in Factoria, Bellevue. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Regards,

Benson Chen MD
Washington Eye Care
12600 SE 38th Street, Suite 108
Bellevue, WA 98006

Get [Outlook for iOS](#)

From: [Dennis Galvon](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: I oppose unsafe expansion of Optometry Practice
Date: Tuesday, September 28, 2021 9:41:23 PM

External Email

My name is Dr Dennis Galvon, and I am a Medical Doctor, an MD Physician, practicing at Gig Harbor. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. **It is very unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.**

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you

Dr Dennis Galvon

Sent from [Mail](#) for Windows

From: [June He](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 10:11:47 PM

External Email

My name is June He, I am a physician practicing at Peirce and King County, Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

June He, MD. PhD.
Pacific Nephrology Associates
(253) 627-5755 / drjunehe@gmail.com

From: [Jerome Jerome](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 10:21:07 PM

External Email

My name is Jerome T. Jerome, I am a primary care physician practicing at Cascade Medical in Leavenworth. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to

safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Jerome T Jerome MD
From my iPhone

From: [Farid Moussavi-Harami](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 10:24:57 PM

External Email

My name is Farid Moussavi-Harami, I am a Physician practicing at the University of Washington in Seattle, WA. However, my opinions do not represent that of the University. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical or surgical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Farid Moussavi-Harami, MD
License#MD60041476

From: [Parisa T](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to scope of optometry expansion
Date: Tuesday, September 28, 2021 11:05:00 PM

External Email

Dear Ms. Tarzwell,

Thank you in advance for taking the time to read my comments on the sunrise review of the scope of expansion for optometrists. I am an ophthalmologist who practices at the University of Washington in Seattle. I serve as the Vice Chair of Education and Residency Program Director for Ophthalmology at the University of Washington. However, my opinions do not represent the university.

I am writing to express my significant concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

As background, I have been involved in the training of ophthalmologists for 12 years, and for 7 of these years, I have also served as the director of the ophthalmology residency program. Let me be clear that the differences between an ophthalmologist's and an optometrist's training are vast. An optometrist receives 4 years of didactic training in optometry school, while an ophthalmologist attends 4 years of medical school, followed by 4 years of residency in ophthalmology. Approximately 80% of ophthalmologists will then pursue an additional 1-2 years of subspecialty fellowship training to hone their skills. The minimum 8 years of training to become an ophthalmologist involves both didactic and hands-on clinical and surgical training. During residency training in ophthalmology, resident physicians work between 60-80 hours per week for 4 years in the clinical setting with direct attending supervision in the clinic and operating room. There are surgical minimums for every procedure, including laser, scalpel, and injection procedures, that ophthalmology resident physicians must meet. In addition to meeting surgical minimums, ophthalmology resident physicians must demonstrate competency in all aspects of the practice of ophthalmology, including surgical skills, before being permitted to graduate. Following graduation, they must pass written and oral board exams in order to become board-certified in ophthalmology. The residency graduation requirements are set at the national level by the Accreditation Council for Graduate Medical Education (ACGME), and board certification is overseen by the

American Board of Ophthalmology (ABO), which is recognized by the American Board of Medical Specialties (ABMS). In stark contrast, there are no mandatory board exams for assessing competency in optometry, nor is optometry recognized by the ABMS. There is also no hands-on surgical training in optometry school.

The draft language offered by the Optometric Physicians of Washington would allow for a significant increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat ophthalmic diseases without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally disturbing that an optometrist does not have the medical or surgical training necessary to handle emergencies that may arise during or after these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision. The question you must ask yourself is: would you allow one of your loved ones to have a laser or surgical procedure performed by an optometrist who has a cursory understanding of the procedure based on a 3-4 day course?

I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you for your consideration,
Parisa Taravati, M.D.

From: [Benjamin Meyer](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Tuesday, September 28, 2021 11:54:09 PM

External Email

My name is Benjamin Meyer, MD. I am a fellow physician in Seattle, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

From: [Marc Erlitz](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposed to optometrist scope expansion
Date: Wednesday, September 29, 2021 5:29:27 AM

External Email

As a practicing physician in Shoreline, WA, I'm concerned about the Department of Health's optometry scope of practice sunrise review draft recommendations. As an anesthesiologist, I have participated in countless ophthalmological procedures, and have come to appreciate that the eye is an exceedingly delicate organ – even the slightest misstep can result in irreparable damage. I fear that the proposed changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Marc Erlitz, MD

From: [Gilbert, Christopher](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 6:04:49 AM

External Email

My name is Chris Gilbert, I am a physician practicing in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington appears to allow for a dramatic increase in the profession's scope of practice without the requisite education and training or regulation beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. These surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Chris

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

From: [Todd B](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Stop untrained optometry procedures
Date: Wednesday, September 29, 2021 6:23:30 AM

External Email

My name is Todd Berinstein, MD, Esq. I am a surgeon and attorney practicing at ENTOffice.org. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision and are not able to access trained eye doctors who are educated and trained in these procedures.

While I share the goal of increasing access to safe, quality health care, I am quite concerned with the level of support for this proposal in the draft report. I respectfully request reconsideration of the DOH's position to ensure patient safety.

Please feel free to contact me should you have specific questions, but I'm counting on my elected officials to do the right thing for patient safety.

--

Todd Berinstein, MD, Esq, FACS
see www.entoffice.org

From: [annie iriye](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [Annie Iriye](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 6:28:38 AM

External Email

My name is Annie Iriye, MD. I am a physician in Olympia. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Respectfully,
Annie Iriye, MD, MPH
Olympia, WA

Sent from my iPad

From: [Katharine Corey](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 6:56:09 AM

External Email

My name is Katharine Corey, I am a physician practicing at Allegro Pediatrics. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Katharine Corey MD, FAAP
Allegro Pediatrics

Sent from my iPhone

From: [Theresa Froelich WA-UNIVERSITY PLACE](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: optometrist scope of practice
Date: Wednesday, September 29, 2021 7:26:07 AM

External Email

Hello, I am a physician, Dr. Theresa Froelich, I have a practice in University Place Washington. I am a gynecologist and surgeon. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. Surgical training should be comprehensive and monitored for success. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. This would leave the complications to the ophthalmologists that rarely even practice with optometrists.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

--

Theresa Froelich, DO

Gynecology

Franciscan Medical Clinic – University Place

7210 40th St. West, Suite 100, University Place, WA 98466 | MS 61-02

P 253.534.4916 | I 137.49216
theresafoelich@chifranciscan.org

Caution: This email is both proprietary and confidential, and not intended for transmission to (or receipt by) any unauthorized person(s). If you believe that you have received this email in error, do not read any attachments. Instead, kindly reply to the sender stating that you have received the message in error. Then destroy it and any attachments. Thank you.

From: [Blake Bond](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 8:31:00 AM

External Email

My name is Blake Bond, and I am a Family Medicine physician practicing at the Swofford and Halma Clinic in Sunnyside, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care - which is why I practice at a Rural Health Clinic in the Yakima Valley - I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Blake Bond, MD

From: [Kelly Bui](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 8:43:34 AM

External Email

My name is **Kelly Bui** I am a physician practicing in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. **All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.**

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision, not knowing that optometrists are not medical doctors or surgeons.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Kelly Bui,MD

Sent from my iPhone

From: [richard.bensinger](#)
To: [DOH HSQA Optometry Sunrise](#); [Richard Bensinger](#); [Bernie Stewart](#)
Subject: Optometric unwarranted expansion of privileges
Date: Wednesday, September 29, 2021 9:32:01 AM

External Email

I am Richard Bensinger, MD ophthalmologist in Seattle and former President of the King County Medical Society.. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice. Optometrists have tried for years to become medical doctors by legislation rather than receiving the equivalent training. Ophthalmologists have a minimum of 9-11 years of education after college. Optometrists have just four. They do not have board certification and are ineligible to become members of hospital staffs. This current attempt includes unwarranted granting of the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. Supervision and granting of such privileges would be by the Board of Optometry - "foxes guarding the hen house".

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

I am gravely concerned with the level of DOH support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety. Optometric training is shallow compared to ophthalmologists; they would certainly miserably fail the basic Board Examination that ophthalmologists are required to take for practice. They in fact do not even have their own Board Examination because their training is too shallow to even cover the limited training that they receive.

Privileges should be by training and certification - not by legislative lobbying and

influence. This will protect the public health of the citizens of the State of Washington.

From: [Karthik Muthuswamy](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 9:33:29 AM

External Email

My name is Dr Karthikeyan Muthuswamy, I am a physician practicing at st. Clare Hospital in lakewood. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Dr Muthuswamy

From: [John Wynn, MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 9:48:36 AM

External Email

I am a physician practicing in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in optometrists' scope of practice **without requisite education and training or regulatory guardrails** beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat **without comprehensive medical training**, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that **an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.**

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you for your attention to this urgent matter.

Sincerely,

John Wynn, MD

.....
John D. Wynn, MD, DFAPA
Clinical Professor
~University of Washington School of Medicine

.....
2910 East Madison Street, Suite 304
Seattle, WA 98112

206-624-0296

www.linkedin.com/in/drjohnwynn

From: [Antonio Westphalen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 9:53:01 AM

External Email

My name is Antonio Carlos Westphalen, I am a physician practicing at the University of Washington in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Antonio Westphalen

From: [Geo Momany](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist scope of practice
Date: Wednesday, September 29, 2021 10:00:29 AM

External Email

My name is George M Momany MD, I am a physician practicing in Spokane WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

George M Momany MD

From: [Sherry Cavanagh](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 10:10:19 AM

External Email

My name is Sherry Cavanagh, I am a physician practicing at Providence Regional Medical Center in Everett, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Sherry L. Cavanagh, MD, FACS, FSVS, RPVI
Hospice and Palliative Medicine
Vascular Surgery

From: [McKenzie Momany](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 10:13:01 AM

External Email

My name is Dr. McKenzie Momany, I am a physician practicing at the University of Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

McKenzie Momany, MD

From: [Jessica Schlicher WA-Tacoma](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 10:14:51 AM

External Email

Dear Sir or Madam,

My name is Jessica Schlicher, I am a family physician in Washington State. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. **All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.**

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Respectfully,

Jessica Schlicher

Jessica Schlicher MD, MBA
Medical Director, Mission Control and Virtual Hospital
C 2535098881
4700 Point Fosdick Dr. NW, Gig Harbor, WA 98335
Suite 311, MS 51-16
vmfh.org



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From: [Todd Schneiderman](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 10:23:14 AM

External Email

To Whom It May Concern:

My name is Todd Schneiderman, I am a Physician practicing in Silverdale. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you for your attention to this issue.

Sincerely,

Todd E. Schneiderman, MD

From: [Barry Thompson](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposed to optometrist scope expansion
Date: Wednesday, September 29, 2021 10:27:04 AM

External Email

To whom it may concern:

My name is Barry Thompson; I am a physician practicing at 1400 112th Ave. SE, Suite 202, Bellevue 98004.

I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes.

All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Barry Thompson, M.D.

From: [Dustin Colegrove](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 10:29:56 AM

External Email

My name is Dr. Dustin Colegrove. I am an internal medicine hospitalist physician practicing at Legacy Salmon Creek Medical Center in Vancouver, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

When I obtained LASIK, I trusted my eyes to a board certified ophthalmologist because I understand the difference between optometrists and ophthalmologists. Unfortunately, most patients only know that they are seeing 'an eye doctor'.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Very respectfully,

Dustin Colegrove, DO, MBA, FACP

From: [dennis chong](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 10:35:28 AM

External Email

My name is Dennis Chong, I am both a patient of an ophthalmologist and a physician. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision. As a physician, I have seen many patients who have been treated by less-than-qualified practitioners due to practice scope expansion, with poor outcomes. It is truly buyer beware.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Dennis Chong.

From: [Loeser, John](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to expansion of optometrist scope of practice
Date: Wednesday, September 29, 2021 11:16:15 AM

External Email

My name is John David Loeser, I am a physician practicing at the University of Washington Medical center am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
John D. Loeser, M.D.

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From: [Richard Green](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: optometry scope of practice
Date: Wednesday, September 29, 2021 11:22:21 AM

External Email

Message subject

Opposition to optometrist scope expansion

Message body

My name is Rick Green, MD, FACS, and I practice in Vancouver at Salmon Creek Plastic Surgery. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Richard K. Green Jr., MD, FACS
Salmon Creek Plastic Surgery
360-823-0860
rgreen@salmoncreekps.com
<http://www.salmoncreekps.com>

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immediately of the error by return e-mail and please delete this message from your system. Thank you in advance for your cooperation.

From: [Patel, Meera](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 11:34:55 AM

External Email

My name is Meera Patel and I am a physician practicing in Bellevue, Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thanks,
Meera

Meera Patel, MS, DO | The Everett Clinic, Part of OptumCare
Pronouns: she, her

Family Medicine Physician

Eastside Family Medicine
1200 112th Ave NE, suite C160, Bellevue, WA 98004
Office: 425-453-1039

mpatel@everettclinic.com
www.everettclinic.com

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From: [Aditi Sharma](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 11:47:23 AM

External Email

My name is Aditi Sharma. I am a physician practicing in King County. I currently work as a child psychiatrist at Sound and prior to that was on faculty at UWSOM for almost 5 years.

I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist does not have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Aditi Sharma, MD

From: [Pinky Agarwal, MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: FW: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 11:49:28 AM

External Email

My name is Pinky Agarwal, I am a PHYSICIAN practicing at Evergreen Health. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Pinky Agarwal, MD, FAAN

Movement Disorders Neurologist, Booth Gardner Parkinson's Care Center
Chair, Department of Medicine, Evergreen Health
Clinical Professor, University of Washington School of Medicine

425.899.3123 (P) | EvergreenHealth MS-11, 12040 NE 128th St., Kirkland, WA 98034

pagarwal@evergreenhealth.com

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From: [John Sun WA-PUYALLUP](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 12:19:05 PM

External Email

My name is John Sun, I am a physician practicing at Virginia Mason Franciscan Health in Tacoma, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Respectfully,

John Sun

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From: [Hardaway, Christina M.D.](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope Of Practice
Date: Wednesday, September 29, 2021 12:55:01 PM
Attachments: [image002.png](#)

External Email

My name is Christina Hardaway, I am a physician practicing at The Doctors Clinic in Port Orchard. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.



CHRISTINA HARDAWAY, MD, FAAD

Dermatology

450 South Kitsap Blvd

Port Orchard, WA 98366

(360) 782-3000

chardaway@thedoctorsclinic.com

www.TheDoctorsClinic.com

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From: [Parker, James](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 12:58:32 PM

External Email

My name is James A Parker, MD, MHA and I am a physician practicing at The Everett Clinic. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.



James A. Parker, MD, MHA | The Everett Clinic, Part of OptumCare
Child Psychiatrist, The Center for Behavioral Health

The Everett Clinic

Part of OptumCare

Tel 425-339-5453

Fax 425-252-4441

jparker@everettclinic.com

www.everettclinic.com

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sender by replying to this message and delete this e-mail immediately.

From: [Robert Glazier](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope
Date: Wednesday, September 29, 2021 1:20:49 PM

External Email

My name is Robert Glazier, I am a physician practicing in Spokane. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers, and they carry a risk of permanent loss of vision. It is equally deeply unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision. Patients will be put at significant risk.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Robert Glazier, M.D.

From: [Tiong Pouw](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist expansion of scope of practice.
Date: Wednesday, September 29, 2021 1:26:02 PM

External Email

My name is T. Hian Pouw, I am a [physician practicing at Olympia . I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

T. Hian Pouw, M.D.

From: [Bridget Bush](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 1:30:31 PM

External Email

To Whom It Concerns:

My name is Bridget Bush, I am a physician practicing at Island Hospital and Providence Regional Medical Center Everett. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Respectfully,
Bridget Bush MD FASA

From: [Neal Peterson](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 1:34:31 PM

External Email

My name is Neal Peterson. I am a Physician practicing at the Multicare, Rockwood Clinic Eye center in Spokane Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Neal Peterson, MD

From: [Alvina Won](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 1:55:26 PM

External Email

My name is Alvina Won, I am a physician practicing in Shoreline WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Alvina Won MD

From: [Moise, Vivian M](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to Expansion of Optometry Scope of Practice
Date: Wednesday, September 29, 2021 2:25:18 PM

External Email

Hello. I am Vivian Moise, MD, a physician practicing in Spokane, WA for the past 35 years. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations. The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. Ophthalmology MDs and DOs are trained extensively in these techniques in their residency programs, but optometrists are not. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of medical emergencies that may arise during these procedures, for which only physicians are fully trained.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Respectfully,
Dr. Vivian Moise

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From: [Welty, Joy M. MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 2:39:26 PM

External Email

Dear WA DOH,

My name is Joy Welty, MD, and I am a physician practicing at Squalicum Family Medicine in Bellingham. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Joy M. Welty, M.D.
Squalicum Family Medicine

Office: 360-676-9336
Fax: 360-676-2567
Cell: 717-943-7818
Email: jmwelty@fcn.net
familycarenetwork.com

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From: [Tim Kelly](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 3:20:57 PM

External Email

To Whom It May Concern,

My name is Tim Kelly, and I am a physician practicing at the University of Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Tim Kelly, MD, MA

From: leday@oz.net
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 3:50:47 PM

External Email

My name is Linda E. Day, MD. I am a physician/surgeon who began practicing in the state of Washington back in 1999. I am taking time from my practice to express my extreme concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eye. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

I am an ophthalmologist and fellowship trained vitreo-retinal surgeon, I trained for an additional 10 years AFTER my four years of college education. As a properly trained physician and surgeon, I treat medical conditions, use lasers, perform injections and use scalpels in my daily practice. I am deeply concerned about optometrists performing these invasive procedures and practicing medicine without formal medical and surgical training. To further complicate matters, most people do not understand the difference between an MD, a DO and an OD.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Linda E. Day, MD

From: [Tom Elwood](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Against expansion of optometry practice
Date: Wednesday, September 29, 2021 4:26:19 PM

External Email

My name is Tom Elwood, I am a physician anesthesiologist practicing in Burien. My father was an ophthalmologist and I am well aware of the long-standing difference in opinions on scope of practice. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

Optometrists have very little education in physiology, disease processes, and body systems outside the eye.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

-Tom Elwood

From: [Clement, Tim M.D.](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 4:53:34 PM

External Email

To Whom It May Concern,

As a physician anesthesiologist practicing in Wenatchee, I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations. This is a matter of inadequate training and education to safely expand optometrists' scope.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of my patients and all Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Tim Clement, MD

Physician Anesthesiologist

Confluence Health | Wenatchee Valley Medical Group

c: 970-301-3465 | e: Timothy.Clement@ConfluenceHealth.org



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have received this communication in error, notify us immediately by telephone and (i) destroy this message if a facsimile or (ii) delete this message immediately if this is an electronic communication.

From: [Stewart Optical](#)
To: [DOH HSQA Optometry Sunrise](#); [Stewart Bernie](#)
Subject: Fw: Optometric unwarranted expansion of privileges
Date: Wednesday, September 29, 2021 6:32:53 PM

External Email

Dr. Bensinger could not have said this better. I too feel is a dramatic increase in the scope of practice for optometry. FYI historically the profession of optometry grew out of opticianry. It was not the other way around.

Bernard V Stewart MA Licensed Optician Honored Fellow Contact lens Society of America American Board of Opticianry Certified National Contact lens Examiners Master
Diploma In Refraction. Former Board Member Contact Lens Society of America, Ophthalmic Educator.

----- Forwarded Message -----

From: richard bensinger <lenben@yahoo.com>
To: DOH HSQA Optometry Sunrise <optom-sunrise@doh.wa.gov>; Richard Bensinger <lenben@yahoo.com>; Bernie Stewart <stewartoptical@yahoo.com>
Sent: Wednesday, September 29, 2021, 09:31:59 AM PDT
Subject: Optometric unwarranted expansion of privileges

I am Richard Bensinger, MD ophthalmologist in Seattle and former President of the King County Medical Society.. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice. Optometrists have tried for years to become medical doctors by legislation rather than receiving the equivalent training. Ophthalmologists have a minimum of 9-11 years of education after college. Optometrists have just four. They do not have board certification and are ineligible to become members of hospital staffs. This current attempt includes unwarranted granting of the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. Supervision and granting of

such privileges would be by the Board of Optometry - "foxes guarding the hen house".

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

I am gravely concerned with the level of DOH support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety. Optometric training is shallow compared to ophthalmologists; they would certainly miserably fail the basic Board Examination that ophthalmologists are required to take for practice. They in fact do not even have their own Board Examination because their training is too shallow to even cover the limited training that they receive.

Privileges should be by training and certification - not by legislative lobbying and influence. This will protect the public health of the citizens of the State of Washington.

From: [Diana Huang](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 6:53:44 PM

External Email

To whom it may concern,

My name is Diana Huang, and I am a physician practicing in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Diana Huang, MD, MA
Family Physician, Swedish Primary Care - Downtown
MD/MA Urban Bioethics, Temple University

From: [Timothy Manson](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 6:57:38 PM

External Email

My name is Timothy P. Manson, I am a physician practicing at Rockwood Orthopedic and Sports Medicine . I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Timothy P. Manson, M.D. | Director

[Valley Sports Medicine](#) | [Rockwood Clinic](#), [MultiCare Health System](#)

Phone: 509-530-5420 | **Fax:** 509-891-4088

Address: 16201 East Indiana, STE 5300, Spokane Valley, WA 99216

TManson@multicare.org

From: [MJ Benavente](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 8:37:51 PM

External Email

To Whom It May Concern:

My name is Marissa Benavente and I am a Family Physician practicing in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Marissa J. Benavente MD

From: [Gina Monaco](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 9:11:09 PM

External Email

My name is Gina Monaco, I am a physician (neurosurgeon) practicing in Spokane, WA at Inland Neurosurgery and Spine Associates. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you for your consideration,

Sincerely,

Gina Monaco

From: [Liu, Esther F](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 9:27:40 PM

External Email

Hello,

My name is Esther Liu, and I am a family physician practicing in Bellevue. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Esther Liu, M.D.
Physician Lead
Swedish Primary Care, Factoria
12917 SE 38th St, Ste 100
Bellevue, WA 98006

anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

From: [Greg W](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, September 29, 2021 10:21:22 PM

External Email

My name is Gregory Winter MD. I am a physician practicing in Spokane.

I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Gregory Winter

From: [Erin Herlihy](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrists performing eye surgery
Date: Wednesday, September 29, 2021 11:02:59 PM

External Email

My name is Dr. Erin Herlihy and I am a pediatric ophthalmologist practicing at Seattle Children's Hospital. I am writing to express my extreme concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in optometry's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry itself. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers, and minute errors resulting from inadequate training and insufficient medical knowledge can lead to permanent vision loss and blindness. **Optometric education includes no training to perform surgery on the eyes**, in contrast to ophthalmologists who undergo tens of thousands of hours of supervised medical and surgical training before becoming independent surgeons. It is equally alarming that an optometrist does not have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will gravely jeopardize the health and safety of Washingtonians who seek treatment for their ocular concerns, as many members of the public do not understand the extensive difference in training received by optometrists versus ophthalmologists.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report. Approval of this optometric proposal would lead to blindness that could have been prevented if care was provided by trained medical ophthalmologists. I respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Erin Herlihy, MD
Associate Professor, Ophthalmology
University of Washington
Seattle Children's Hospital

From: [D.Lam](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 1:53:32 AM

External Email

My name is Deborah Lam, MD, I am a physician practicing in Seattle, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety

From: [Dennis Wang](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 1:55:23 AM

External Email

My name is Dennis Wang, MD, I am a physician practicing in Tacoma. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety

From: [Ben Silver](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Concerns about expansion of scope
Date: Thursday, September 30, 2021 5:40:17 AM

External Email

My name is Benjamin V Silver DO, I am an emergency medicine physician practicing at Providence Centralia Hospital and Harbor Region Health in Aberdeen. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Benjamin V Silver DO
Emergency Medicine

From: [Ingrid Chang](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 9:15:51 AM

External Email

To whom it may concern:

My name is Ingrid Chang, MD, I am a physician/ophthalmologist practicing at Seattle, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you,
Ingrid Chang, MD

From: [Christopher Chambers](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Please protect our patients
Date: Thursday, September 30, 2021 9:37:53 AM

External Email

My name is [NAME], I am a [PHYSICIAN OR PHYSICIAN ASSISTANT] practicing at [LOCATION]. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

Good day, my name is Christopher Chambers and I am an ophthalmologist and oculoplastic surgeon practicing in Seattle. I am writing to urge you to keep surgery in the hands of surgeons who have been trained as such. There is such complex anatomy that must be understood to safely do surgery and most importantly a skill level to treat complications if they occur. No provider should perform a procedure that they can not appropriately manage a complication from.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Christopher B. Chambers, MD

From: [Teri Kleinberg](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 10:22:19 AM

External Email

Dear Washington Dept of Health,

My name is Teri Kleinberg and I am a physician practicing in Worcester, MA. I am a huge patient advocate and am active in my state advocating for patient safety issues. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Regards,
Teri Kleinberg, MD

Sent from my iPhone, pardon any typos

From: [Andrew Chen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometric Scope of Practice Sunrise Review
Date: Thursday, September 30, 2021 10:24:49 AM

External Email

Dear Ms. Tarzwell,

My name is Andrew Chen, I am an assistant professor at the University of Washington and care for glaucoma patients at Harborview Medical Center and at the Veterans Affairs Hospital. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures or during the postoperative care of these patients.

The expansion in scope of practice to levels of an ophthalmic surgeon without comparable training is unsafe for patients.

In contrast to optometrists, ophthalmic surgeons are required to go through extensive training in order to safely perform ocular and periorbital surgical procedures and safely care for patients during and after the procedures. During medical school, medical students master the subjects of human anatomy, physiology, pharmacology, aseptic techniques. Three licensing exams are required during medical school to demonstrate a sound foundation in these subjects. Ophthalmology residents then undergo a required minimum 4 years of intensive post graduate training that optometrists are not required to do. The 4 years of postgraduate are split into 1 year of medical or surgical internship where residents care for patients in the inpatient setting on the wards and in the ICU. Then residents complete 3 years of specialized ophthalmic residency which is a combination of didactics and clinical and surgical care while being proctored by attending physicians. During residency, trainees learn the foundations of ophthalmic including ocular surgery and laser procedures. They perform ocular surgeries and lasers on patients and then follow their patients after these procedures to understand the effects of the surgery and learn how to monitor for and manage potential postoperative complications. On average, ophthalmic residents devote 60 - 80 hours a week to mastering the skills and knowledge required in order to safely care for patients. After graduation from residency, ophthalmic surgeons are required to undergo regular licensing certification to ensure that the skill and knowledge base are maintained. There is no comparable level of training for optometrists.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment

for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you for the opportunity to comment on this piece of legislature.

Sincerely,
Andrew Chen, MD

From: [Liz](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 10:32:54 AM

External Email

My name is Dr. Elizabeth Dowling, I am a physician practicing in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Dr Elizabeth Dowling

From: [Xue Zeng](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 10:40:43 AM

External Email

Good Morning,

I am Dr. Zeng. I am a physician practicing in Arlington, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Xue Zeng, MD, MBA

From: [chansky](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 10:46:13 AM

External Email

My name is Howard Chansky, I am a physician practicing at the University of Washington and the Puget Sound VA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety. As a patient requiring ophthalmologic care, I strongly oppose this expansion of optometrists' scope.

Howard Chansky

From: [Pooja Voria](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope of practice comment
Date: Thursday, September 30, 2021 11:00:34 AM

External Email

My name is Dr. Pooja Voria, I am a radiologist physician practicing at Swedish and Evergreen Hospital. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety. I do not think access to care should trump QUALITY of care. Because poor quality of care leads to poor outcomes and higher morbidity and mortality. Please ask yourself one question, would you prefer to see an actual ophthalmologist for your eye surgery who has trained for many years or an optometrist who has virtually no training for invasive eye surgeries? If you had a bad outcome, would you regret seeing someone with lesser training? All Washingtonians DESERVE PHYSICIAN CARE for their eyes.

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From: [caroline shea](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 11:42:55 AM

External Email

My name is Caroline Shea, I am a Physician practicing at Northwest Pediatric Ophthalmology in Spokane, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety. ~
CAROLINE SHEA, MD

From: [Joshua Cooper](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 11:48:06 AM

External Email

I am a board certified plastic and reconstructive surgeon in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

**If optometrists want to be surgeons then do a surgery residency or become an ophthalmologist!

Thanks,
Josh

Joshua Cooper, MD, FACS
Plastic & Reconstructive Surgery
Sound Plastic Surgery
4915 25th Avenue NE, Suite 103A
Seattle, WA 98105
Tel: 206.729.2248 Fax: 206.729.2247
www.soundplasticsurgery.com

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From: [Ryan, Roby](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 12:31:00 PM

External Email

My name is Robert Ryan, I am a physician practicing at Virginia Mason Franciscan Health. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Robert Ryan, MD, MSc, FRCSC
General and Endovascular Neurosurgery
Virginia Mason Medical Center Neuroscience Institute
1100 9th Ave, X7-NS
Seattle, WA 98101
Office: [206 223 7525](tel:2062237525)
Office Fax: 206 341 0443
Mobile: [310 728 5281](tel:3107285281)

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From: [Leveque, Jean-Christophe](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 12:40:42 PM

External Email

My name is Jean-Christophe Leveque, I am a neurosurgeon (MD) practicing at Virginia Mason Medical Center. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations. I work closely with ophthalmologists co-managing care for patients with pituitary and other cranial tumors, and base my endorsement of the statements below on that direct experience.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

J.C. Leveque, MD
Neurosurgeon, Virginia Mason Franciscan Health

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From: [Skale, David M.D.](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to expansion of optometric practice
Date: Thursday, September 30, 2021 12:46:52 PM

External Email

My name is David Skale, I am a physician practicing at Confluence Health. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

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While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

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From: [Nemani, Venu](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 1:26:20 PM
Attachments: [image001.png](#)

External Email

My name is Venu Nemani, I am a Spine Surgeon practicing at Virginia Mason Medical Center in Seattle, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Venu M. Nemani, MD, PhD

Spine Surgeon
Virginia Mason Neuroscience Institute

P 206.223.7525

C 415.902.1203

1100 9th Ave, X7-NS, Seattle, WA, 98101

vmfh.org



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From: [Sanchez-Mejia, Rene](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [Sanchez-Mejia, Rene](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 2:10:35 PM

External Email

My name is Rene Sanchez-Mejia, MD, FAANS, I am a Physician and Neurosurgeon practicing at Virginia Mason Franciscan Health in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

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From: [Staples, Shannon](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 2:23:08 PM

External Email

My name is Shannon Staples. I am a physician practicing at Seattle Children's . I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Shannon Staples

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From: [Jennifer Chao](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 2:49:15 PM

External Email

My name is Dr. Jennifer Chao, MD, PhD. I am a physician practicing at the University of Washington, Harborview Medical Center. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Jennifer Chao, MD, PhD

From: [Tony H. Huynh, MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope of practice
Date: Thursday, September 30, 2021 2:59:02 PM

External Email

To whom it may concern,

I am an ophthalmologist here in Washington and would like to make you aware of the ongoing DOH Sunrise Review that I am in opposition of. This draft bill would result in Optometric scope of practice expansion to include surgical procedures. By way of history in 2003, by defining "Ophthalmic surgery", the Washington State Legislature placed in statute the most nationally respected patient protections and the highest quality standards for eye surgery. The definition, agreed upon by the OPW (Optometric Physicians of WA), ensured that only medical and osteopathic surgeons may perform ophthalmic surgery. The current OPW proposal would remove that definition and allow optometrists the use of scalpels, lasers, steroids, injections into and around the eye to treat eye disease.

I would be happy to serve as a resource if you have any questions regarding this draft bill.

Sincerely,

Tony Huynh, MD

Tony H. Huynh, MD
Vitreoretinal Diseases and Surgery
Phone: 206-215-3850 Fax: 206-215-3870



From: [Kyle Benner](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 3:47:00 PM

External Email

Good afternoon,

My name is Kyle Benner, I am a Physician practicing at Seattle, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you for your review and consideration,
Sincerely,
Kyle Benner, MD

From: [Wudoc H](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Please do not expand Optometry scope of practice
Date: Thursday, September 30, 2021 4:57:50 PM

External Email

My name is Billy Huang , I am a Physician practicing at Sacred Heart Medical Center in Spokane, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety. ~ Billy P. Huang MD

From: [Joni Lopez](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 5:26:24 PM

External Email

My name is Joni Lu, D.O. , I am a physician practicing at Chris's & associates. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

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While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Joni Lu, D.O.

From: [Clara Chan, MD](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 5:45:55 PM

External Email

To whom it may concern

My name is Clara Chan, I am a family physician practicing in Seattle. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Surgery by trained surgeons only please.

Sincerely,
Clara Chan, MD

From: [Luna Xu](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 7:01:08 PM

External Email

Dear Sir or Madam,

My name is Luna Xu. I am a physician practicing in New York. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Luna Xu
New York, NY

From: [Connie Chen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Oppose DOH sunrise Review
Date: Thursday, September 30, 2021 7:17:24 PM

External Email

I am an ophthalmologist in your district and would like to make you aware of an ongoing DOH Sunrise Review that I am in opposition of. This draft bill would result in Optometric scope of practice expansion to include surgical procedures. By way of history in 2003, by defining "Ophthalmic surgery", the Washington State Legislature placed in statute the most nationally respected patient protections and the highest quality standards for eye surgery. The definition, agreed upon by the OPW (Optometric Physicians of WA), ensured that only medical and osteopathic surgeons may perform ophthalmic surgery. The current OPW proposal would remove that definition and allow optometrists the use of scalpels, lasers, steroids, injections into and around the eye to treat eye disease.

I would be happy to serve as a resource if you have any questions regarding this draft bill.

Sincerely,

Connie Chen, MD

From: [Linda Brown](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Scope of optometric practice
Date: Thursday, September 30, 2021 8:55:52 PM

External Email

My name is Linda Brown, MD. I am a Comprehensive Ophthalmologist practicing at Island Eye Physicians and Surgeons in Anacortes, Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations. I previously expressed my concern that expanding the scope of Optometric Practice in Washington is both dangerous to patient care and would not improve access. I am a rural ophthalmologist with up to a third of my patients based in the San Juan Islands. Arguments for expanding care mentioned a lack of an ophthalmologist in the San Juan Islands. These patients combine trips off the islands for other doctors appointments and shopping with ophthalmic care with me. The majority tell me they would still leave the islands even if they could get the limited scope of optometric practice outlined in these proposals. The local Anacortes optometric practice is within a quarter mile of me. These practitioners currently send the majority of their patients out of the area for the procedures outlined in this proposal unless the patients ask what they cannot be referred to me. I am available to provide this care, in office and without need to charge for a facility fee as suggested in the proposal. They choose to refer distantly as they are worried about the competition of sending a patient to an office close by where they can get all their care and potentially have the patient question the need to stay in their practice. They do, however, send emergency patients for evaluation when they are closed and because they do not provide after hours emergency call. These patients are always seen by our practice immediately as we try and always give the care that is best for the health of the patient. There has never been an issue of quality of care and we take more insurance plans than they do. There is no cost savings to the patient to have these procedures listed in the draft proposal in their office as the fee schedule is the same for both of us. Also, their malpractice insurance plans usually provide less patient protection than ours and the patients often do not understand the differences in our training and do not understand how to determine if they are getting the best care possible. Many of these procedures require the purchase of lasers that cost up to \$70,000 dollars each for YAG posterior capsulotomy and glaucoma lasers. These laser costs are not billable separately. The likelihood of an optometrist being able to buy this equipment is low as they are cost

prohibitive. Most who would have access to the appropriate laser would only be in large practices where there are many qualified ophthalmologists with more experience who could perform these procedures more efficiently, with less complications and with enough volume to stay proficient at them. Even I do not own a laser for Selective laser trabeculoplasty and refer this procedure out. I do this because it is in the patient's best interest. A specialist who has access to many, not just one treatment modality gives the patient the option of receiving the best procedure for their condition, not just the one they own the equipment for.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. As I mentioned before I am married to an optometrist who also feels that the training given post graduately is inadequate to allow these procedures to be performed safely and in a sufficient volume to avoid complications and have the best possible results. If it were your eyes would you not want to have the highest level care possible. No data currently shows that increasing optometric scope will cause patients less travel time or quicker access to care. Quality also matters! Having the optometric board also decide what is adequate training and police themselves, unlike any other medical professions in the state, is also concerning.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

I urge you to strongly reconsider granting these privileges.

Sincerely, Linda Brown, MD

From: [Vijay Reddy](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 9:36:16 PM

External Email

My name is Vijay Reddy, I am a physician practicing at Providence Kidney Care in Spokane, Washington. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for an increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Vijay

From: [Lei Wu](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Thursday, September 30, 2021 9:37:01 PM

External Email

To whom it may concern:

My name is Lei Wu, MD, I am a physician practicing in Seattle, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you,
Lei Wu, MD

From: [Catherine Wagoner](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Scope of practice change proposal
Date: Thursday, September 30, 2021 10:44:43 PM

External Email

Message subject
Opposition to optometrist scope expansion

Message Body

My name is Catherine Wagoner, I am a Pediatric Physician practicing in the state of Oregon. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Dr. Catherine Wagoner

Sent from my iPad

From: [Lisa Chen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Friday, October 1, 2021 9:59:01 AM

External Email

Hello –

I am writing to express my concern with the Department of Health’s optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession’s scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn’t have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH’s position to ensure patient safety.

Lisa Y. Chen, MD

*Cornea, External Disease, and Refractive Surgery
Cataracts and Comprehensive Ophthalmology*

Cascade Eye & Skin Centers, P.C.
1703 S. Meridian, Suite 101
Puyallup, WA 98371
Phone: 253-848-3000
Email: l.chen@cascadeeyeskin.com



From: [Evelyn X. Fu](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Friday, October 1, 2021 10:43:06 AM

External Email

Hello Department of Health,

My name is Evelyn Fu and I am a physician practicing in Tacoma. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,
Evelyn Fu

From: [Will Turtle](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Friday, October 1, 2021 11:06:24 AM

External Email

My name is Will Turtle. I am a concerned citizen from Woodinville. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

I am worried that allowing an optometrist who is not medical school trained to be a surgeon to begin to operate on patients with minimal training will jeopardize the vision and health of me, my neighbors, and my relatives. Only properly trained medical doctors who are board certified in surgery should be allowed to operate on people in our State. Anything less is simply unacceptable.

People in general don't understand the difference between an MD (physician) and an OD (optometrist): both call themselves doctor, but one has gone to medical school, internship and residency (MD) whereas one has not (OD). Allowing these minimally trained optometrists to operate after a brief course, possibly without any hands-on training, carries a high risk of real harm to patients.

It is scary to me that the Department of Health would even consider this. This makes me concerned about what other lowering-the-bar of safety that the DOH has previously approved. Going forward, I'm going to be very careful in researching the experience of any "doctor" that my family receives care from. I certainly wouldn't want my children to be gunnie pigs for an untrained person to perform eye surgery on potentially blinding my child as a result. Scary.

Please do not allow optometrists to expand their scope to include surgery.

Sincerely,
Will Turtle

From: [Alissa Werts](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: I oppose
Date: Friday, October 1, 2021 11:37:39 AM

External Email

My name is Alissa , I am the Eye Care Services Manager and also a COA practicing at Cascade Eye and Skin Centers in University Place. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Respectfully,

Alissa Werts, COA
Eye Services Manager

Cascade Eye &Skin, P.C
253-848-3000x5305

From: [Tara Oetken](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Optometry Scope of Practice
Date: Friday, October 1, 2021 1:28:41 PM

External Email

My name is Tara Oetken, I am a physician practicing at in the south Puget Sound area. I am writing to express my concern with the Department of Health's optometry scope of practice draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Thank you for your time.

Sincerely,
Dr. Tara Oetken, MD, FAAD

From: [Nicole Richie](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Friday, October 1, 2021 4:16:40 PM

External Email

My name is Nicole Richie, I am a Lead practicing at Cascade Eye and Skin. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

*Nicole Richie, COA
Lead Bonney Lake
Cascade Eye and Skin*

From: [Aimee Lam](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Friday, October 1, 2021 5:06:56 PM

External Email

My name is Aimee Lam, MD, I am an oculoplastics physician practicing at Cascade Eye and Skin. I am writing to express my serious concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. I believe that in order to handle and perform a procedure a doctor must be able to handle any possible complications, but they most certainly would not be. I trained for 4 years of medical school, 4 years of ophthalmology residency, and 2 years of oculoplastics fellowship in order to be able to safely practice and treat our patients.

I believe these changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision. While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Aimee Lam, MD
Cell: (682) 225 - 6317

From: [Laura Huang](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Friday, October 1, 2021 6:37:22 PM

External Email

My name is Laura Huang and I am a pediatric ophthalmologist practicing at Seattle Children's Hospital. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures. Additionally, the ability to prescribe oral medications such as prednisone requires a medical doctor to understand the adverse effects and treatment implications of this medication.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Sincerely,

Laura Huang, MD

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From: [Beth Turtle](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Friday, October 1, 2021 9:54:16 PM

External Email

Hello,

My name is Beth Turtle. I am a concerned citizen from Woodinville. I am writing to express my concern of the Department of Health's optometry scope of practice sunrise review draft recommendations.

It is my understanding that these recommendations seek an expansion in scope of practice for Optometrists in Washington. I am worried that allowing an optometrist who is not medical school trained to be a surgeon to begin to operate on patients with minimal training will jeopardize the vision and health of me, my neighbors, and my relatives. Only properly trained medical doctors who are board certified in surgery should be allowed to operate on people in our State. Anything less is simply unacceptable.

Many people are not familiar with the difference between an MD (physician) and an OD (optometrist): both call themselves doctor, but one has gone to medical school, internship and residency (MD) whereas one has not (OD). Allowing these minimally trained optometrists to perform surgery after a brief course, possibly without any hands on training, carries a high risk of real harm to patients. Your agreement with this recommendation would be reckless to a mostly unknowledgeable population.

This situation has precedent where a governing body granted certification of individuals who have less than adequate training to perform highly technical functions. These situations resulted in loss of millions of dollars, loss of life and countless lawsuits. Please consider the example of the FAA allowing pilots to certify on the Boring 737 Max. This disaster also occurred here in Washington and in hindsight the decision was beyond risky and just horrible. Don't make that same mistake for our state.

Predicting that there will be several unsuccessful procedures performed by minimally trained Optometrists, this decision will most likely add to our overall healthcare costs by indirectly raising insurance and medical treatment needed by the now injured patient.

Please do not allow optometrists to expand their scope to include surgery without equal training as a licensed Doctor (MD).

Sincerely,

Beth Turtle

Sent from my iPhone

Regards,
Beth Turtle

From: [Elvisa Loshe](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Sunday, October 3, 2021 8:38:38 AM

External Email

My name is Elvisa Loshe. I am a Physician practicing in Michigan. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Kind Regards,

Elvisa Loshe MD

From: [Julie Falardeau](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Opposition to optometrist scope expansion
Date: Wednesday, October 6, 2021 9:07:53 AM

External Email

My name is Julie Falardeau, I am a physician practicing at the Casey Eye Institute in Vancouver, WA. I am writing to express my concern with the Department of Health's optometry scope of practice sunrise review draft recommendations.

The draft language offered by the Optometric Physicians of Washington would allow for a dramatic increase in the profession's scope of practice without requisite education and training or regulatory guardrails beyond those that would be unilaterally set by the Board of Optometry. This includes the ability to diagnose and treat without comprehensive medical training, as well as the use of injections, scalpels, and lasers on the eyes and tissues surrounding the eyes. All of these surgical procedures are invasive, including those that are performed with lasers. It is equally unsettling that an optometrist doesn't have the medical training necessary to respond to any number of emergencies that may arise during these procedures.

These changes will jeopardize the health and safety of Washingtonians who seek out treatment for their vision.

While I share the goal of increasing access to safe, quality health care, I am gravely concerned with the level of support for this proposal in the draft report and would respectfully request reconsideration of the DOH's position to ensure patient safety.

Julie Falardeau, MD
Schnitzer Associate Professor of Ophthalmology
Division of Neuro-ophthalmology
Casey Eye Institute

From: [DOH HSQA Sunrise](#)
To: [Tarzwell, Cori N \(DOH\)](#)
Subject: FW: Optometry sunrise review comment
Date: Friday, October 8, 2021 10:35:40 AM

From: Beth Rollinger <brollinger@yahoo.com>
Sent: Friday, October 1, 2021 2:33 PM
To: DOH HSQA Sunrise <Sunrise@DOH.WA.GOV>
Subject: Optometry sunrise review comment

External Email

Thank you for your excellent review of the sunrise proposal for Optometry and for the opportunity to comment on the proposed changes.

My main concern is with section 2.1.iii which says that optometrists can prescribe rehabilitation therapy. It does not specify that the rehabilitation therapy must relate to vision. While one might assume that it does, should someone step out of bounds and refer for rehab that is not vision related, it would be very hard for a disciplinary board to enforce sanctions if the ability for such a referral is codified. I hope there will be a qualification to the ability to prescribe rehabilitation therapy so it is clear that it only applies to vision related rehab for optometrists.

Thank you for considering this.

Sincerely,
Beth Rollinger, OTR/L
206-528-1822

From: [Alison Jensen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: In Favor of Optometry's Scope Expansion
Date: Sunday, October 3, 2021 5:40:07 PM

External Email

Dear DOH Review,

Thank you for your feedback regarding the optometric scope expansion. Having performed procedures like the minor surgeries suggested in our bill language in other states, I know how qualified my fellow optometrists are.

Sincerely,

Alison Jensen
2849 Eastlake Ave E Unit 26
Seattle, WA 98102
ali.jensenn@gmail.com

From: [Ida Chung](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: grassroots@eyes.org
Subject: Washington State Sunrise Review
Date: Sunday, October 3, 2021 10:40:00 AM

External Email

To Washington State Department of Health:

I am writing to express my continued support for:

Proposed scope of practice legislation to grant State Board of Optometry the authority to determine scope of practice for optometric physicians in Washington

The reasons for this support are:

1. Doctors of optometry take a leading role in patient care with respect to eye health and vision care. Doctors of optometry examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identify, diagnose and coordinate care of related systemic conditions affecting the eye. As primary health care providers, Doctors of optometry have extensive, ongoing training to examine, diagnose, treat and manage ocular disorders, diseases and injuries, and ocular complications and manifestations of systemic diseases. Doctors of optometry are the nation's front-line primary eye care providers; doctors of optometry provide more than two-thirds of primary eye health and vision care in the U.S. Today's doctors of optometry are graduating ready to serve the eye care needs of patients, including surgical care utilizing lasers.
2. The Washington State Board of Optometry is the best entity to protect and serve the patients of Washington state. Giving the Board of Optometry the authority to determine which emerging procedures and devices are within optometry' scope, and the appropriate training required is reasonable, and cost-effective.

Submitted by,

Ida Chung, OD
Associate Dean of Academic Affairs, Associate Professor of Optometry
Western University of Health Sciences, College of Optometry



IDA CHUNG
OD, MSHE, FCOVD, FAAO

309 E. 2nd Street
Pomona, CA 91766
909-469-8687
ichung@westernu.edu



**ASSOCIATE DEAN OF
ACADEMIC AFFAIRS**

From: [Flynt Davies](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Optometry Review
Date: Saturday, October 2, 2021 6:25:03 PM

External Email

Hello,

My name is Dr. Flynt Davies. I am an optometrist in Washington State and a graduate of Indiana University School of Optometry. In response to the scope expansion, I fully support all aspects included in the Sunrise review.

Particularly, the use of lasers for SLT/ALT/LPI treatments for ocular hypertension and glaucoma and YAG capsulotomy in treatment of posterior capsular opacification. My advanced laser class at Indiana was conducted in an OD/MD practice where optometrists have been successfully treating the above conditions utilizing lasers for the past several years.

In that time, what has not been seen is an increase in overtreatment for said conditions, it has not added a financial burden to either patients nor insurances and there has not been an increase in any of the associated complications/adverse effects of these treatments.

I have read some of the letters from OMDs in Washington writing in opposition to the review. The claim that optometry is not trained to handle these advanced procedures flies in the face of what has been proven for many years in states such as Indiana.

Additionally, there is a growing need for more providers across all medical fields with elder/aging care. Much of the scope expansion will offset much of these concerns when it comes to the aging eyes of Washingtonians.

Please approve the expansion.

Dr. Flynt Davies

From: dr@linda.mednicpc.com
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope expansion
Date: Saturday, October 2, 2021 12:55:23 PM
Attachments: [image001.emz](#)
[image002.png](#)
[oledata.mso](#)

External Email

Good morning,

I would like to express my continued support of the Scope expansion sought by the Optometric Physicians of WA. I would like to thank the DOH for their detailed review of our proposal. I strongly support the DOH's viewpoint in the draft report that healthcare professionals should be allowed to practice to the full extent of their education and training as this reinforces the DOH's conclusion that schools of optometry are providing appropriate training for optometrists to safely perform certain procedures (such as laser and lid procedures) that are currently prohibited here. I urge the Department of Health to endorse the OPW proposal in the strongest possible terms.

Sincerely,

Linda R. Medeski, OD

912 Main St
Vancouver, WA 98660
360-694-6541

From: [Brian Silverman](#)
To: [Doris HSDA Optometry Sunrise](#); [David Starfield](#); [Kim Jones](#)
Subject: Re: letter in support of optometry legislation
Date: Saturday, October 2, 2021 8:55:28 AM

External Email

briansilvermanod@gmail.com

Sat, Jul 10, 8:56 AM

to optom-sunrise

7/10/2021

Umair A. Shah, MD, MPH
Director, Washington State Department of Health P.O. Box 47890
Olympia, Washington 98504-7890
RE: Sunrise Review, Optometrist Scope of Practice

Dear Dr. Shah,

Thank you for your initial support of the sunrise review on optometric scope of practice. We know our patients and their families are happy to see revisions to the scope of practice for optometric physicians in Washington.

I have been a practicing optometrist for 11 years and I have practiced in a large hospital group, private practice, and in commercial settings at Group Health Cooperative, Kaiser Permanente, and Swedish Medical Systems. I have provided care by traveling to Olympia, Yelm, Seattle, Burien, Everett, Tacoma, Bellevue, Redmond, Mountlake Terrace, Lakewood, and Renton.

I was trained locally at Whitman College for pre-medicine and University of Washington for chemical engineering. We are uniquely qualified as doctors of optometry degree (4 year post-graduate doctorate) to close the gap to access of care. I have done an additional one year training during residency under medical doctors and optometric physicians to provide both laser and surgical management of patients. I was lucky to further train under a cornea surgeon for an one year fellowship allowing preoperative and postoperative care for corneal transplants (reversing blindness). Washington's current legislation prevents me from caring for my patients to my level of training. I am also licensed in Oregon where I can treat eyelid bumps, provide injections, and provide better and more efficient outcomes. The scope of practice in Washington delays access to care, leads to more cost to the patients, and decreases the patients quality of life. I have done over 32 additional hours of training in order to operate ophthalmic lasers, radiofrequency devices, cautery, and injectable medications provided by the state of Oklahoma (30 years with surgery in optometric practice).

The current scope restrictions on optometry in Washington state are not the same as my classmates. For example, one of my classmates is the Dean of Optometry in Oklahoma. Every day my classmate trains optometric physicians on sterile surgical techniques and laser techniques for glaucoma and secondary cataracts. My classmate has saved hundreds if not thousands of eyes from sight threatening glaucoma and secondary cataracts. The access to care would be dramatically improved by allowing optometrists to care for the patients. My clinical setting has us do all of the preoperative and postoperative care. We work collaboratively with specialty medicine to provide the best and most affordable care. We need to advance primary care medicine and allow optometric physicians to practice to our highest level.

Washington optometric physicians need to evolve. We have the technology, training, and ability to provide our patients thorough and exceptional patient outcomes. Especially in this time of the COVID-19 pandemic, access to care is an enormous issue. Other states have changed their laws including Oklahoma, Kentucky, Louisiana, Alaska, Idaho, Indiana, and Oregon.

Please recommend that the Legislature change the laws to allow full scope optometric physician care in Washington State.

Sincerely,
Brian Silverman, OD,
Optometric Physician
Seattle Chief of Optometry Kaiser Permanente
Membership Chair of Optometric Physicians of Washington
Member of American Optometric Association
Member of the American Academy of Optometry

On Sat, Jul 10, 2021 at 8:56 AM <briansilvermanod@gmail.com> wrote:
7/10/2021

Umair A. Shah, MD, MPH
Director, Washington State Department of Health P.O. Box 47890
Olympia, Washington 98504-7890
RE: Sunrise Review, Optometrist Scope of Practice

Dear Dr. Shah,

I support the proposed revisions to the scope of practice for optometric physicians in Washington.

I have been a practicing optometrist for 11 years and I have practiced in a large hospital group, private practice, and in commercial settings. I have provided care by traveling to Olympia, Yelm, Seattle, Burien, Everett, Tacoma, Bellevue, Redmond, and Renton.

I was trained locally at Whitman College for pre-medicine and University of Washington for engineering. I furthered my training by getting a doctor of optometry degree (4 year post-graduate doctorate). I have done a further additional year training during residency under medical doctors and optometric physicians to provide both laser and surgical management of patients. Washington's current legislation prevents me from caring for my patients to my level of training. I am also licensed in Oregon where I can treat eyelid bumps, provide injections, and provide better and more efficient outcomes. The scope of practice in Washington delays access to care, leads to more cost to the patients, and decreases the patients quality of life.

The current scope restrictions on optometry in Washington state are not the same as my colleagues and classmates. For example, one of my classmate trains optometric physicians daily on the proper technique for sterile surgical techniques and laser techniques for glaucoma and secondary cataracts. My classmate has saved hundreds of eyes from sight threatening glaucoma where every hour of delay can have long term complications. In another common issue patients may have secondary cataracts that limit quality of life and ability to work until they are seen by another provider, which can take multiple weeks or months for access to care.

Washington optometric physicians need to evolve. We have the technology, training, and ability to provide our patients thorough and exceptional patient outcomes. Especially in this time of the COVID-19 pandemic, access to care is an enormous issue. If you authorize the Board of Optometry to decide the scope of practice it expedites the best patient outcomes. Other states have changed their laws including Oklahoma, Kentucky, Louisiana, Alaska, Idaho, Indiana, and Oregon.

Please recommend that the Legislature support the proposed changes in the scope of practice.

Sincerely,
Brian Silverman, OD,
Optometric Physician
Seattle Chief of Optometry Kaiser Permanente
Membership Chair of Optometric Physicians of Washington
Member of American Optometric Association
Member of the American Academy of Optometry

Sent from my iPhone

From: [Richard Baxter](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: OPW Proposed update to optometry's scope of practice
Date: Saturday, October 2, 2021 12:10:15 AM

External Email

Dear DOH Review,

To whom it may concern:

My name is Richard Baxter. I am an optometric physician practicing in Tumwater.

I first want to thank the DOH Sunrise Review committee for their detailed review of the Optometric Physicians of WA proposed scope of practice and for your positive response to what has been proposed.

I completely agree that with the Sunrise Review Committee conclusion that WA licensed optometric physicians are trained to safely perform a number of procedures that have been proposed for inclusion into an expanded optometric scope of practice law, but which WA optometrists are not currently allowed to perform.

Washington's current optometry law is woefully outdated and out of step with optometry laws in most other states in our union. Optometrists practicing in WA state are not allowed to perform many of the procedures that we have been trained to do, and which are being provided to patients by optometrists in many other states.

Our current restrictive state law creates a hardship for our patients who either do not receive the most appropriate level of care because of statutory restrictions, or who have to be referred to another provider for care that could have been provided with the same level of expertise and successful outcome by their primary care optometrist. This is more convenient for the patients and it is a cost savings to the system.

I am the owner of Vision Health, a private practice in Tumwater. I employ several optometric physicians to assist me in providing care to my patients. It has become increasingly difficult for me to attract the best candidates to my practice because they can go to almost any other state and practice a much fuller scope of practice, consistent with the training that they received in their schooling and in their residency. The bottom line in this regard is that we are no longer bringing the best physicians to our state because of scope of practice laws that are so restrictive. I implore you to change this situation so that we can once again become one of the most desirable places for doctors of optometry to practice.

The most appropriate way for these changes to occur is for the State Board of Optometry to be given the authority to update scope of practice laws as new technologies, treatments and medications become available...much like other professional oversight boards in Washington are already doing.

Within the past month I was called in to see a patient on a Saturday evening for an emergency case of sudden onset vision loss. It appeared that my patient had a case of anterior ischemic optic neuropathy. This is a sight-threatening condition that needs to be treated immediately to prevent blindness. The treatment for this is oral steroids. Under our current state law I was not able to write a prescription for these sight-saving medications. In most other states in our country I would have been able to do so. However, I had to track down her primary care physician and get him to prescribe the needed medications. I was able to do this because I have been in practice for many years and I have a number of connections with other physicians. However, this was a tremendous hardship for both myself and the patient. The outcome could have been tragic...and very unnecessary. I have been trained to make the appropriate diagnosis and I was well aware of the appropriate treatment. In most other states providing the best care to my patient would have been much easier. I am hopeful that with a positive endorsement from the Board of Optometry for the requested expansion of our scope of practice that such inefficient care management will become a thing of the past.

Thank you for your endorsement of our proposal. Expanding the optometry scope of practice will benefit our

patients by giving them more ready access to the highest possible level of treatment, as well as making WA state a more attractive place for new doctors to want to practice.

Thank you in advance for your support.

Sincerely,

Rick Baxter, OD

Sincerely,

Richard Baxter
2940 Madrona Beach Rd NW
Olympia, WA 98502
rickbaxter@visionhealtholy.com

From: [Teresa Erickson](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Scope of Practice for Optometric Physicians
Date: Saturday, October 2, 2021 12:10:05 AM

External Email

Dear DOH Review,

I support revising the long outdated scope of practice laws for Washington state optometric physicians and agree with several recommendations of the Draft Sunrise Review Committee (DSRC):

- Optometrists should be allowed to practice to the fullest extent of their training and education.
- Optometric physicians can safely perform many procedures not currently authorized in Washington as outlined in the DSRC report (e.g. manage eyelid lesions and common orbital complications, perform injections and surgery around the eye, suture the eye, carry out certain laser procedures, and perform associated pre- and post-operative care).
- The WA State Board of Optometry should be authorized to update Optometric Physician scope laws as new treatments and technologies emerge. This will decrease the burden on WA state legislators and allow patients better treatment options sooner.
- Patients in WA will be better served by increasing access to care and decreasing cost to the health care system.

Updating optometric scope laws will improve the standard of care in WA by bringing it up to national standards. It will also draw new optometry graduates who would otherwise choose to practice in other states with more current scope laws.

Sincerely,

Teresa Erickson
11201 39th Street Ct E
Edgewood, WA 98372
teresae@miltonedgewoodeyes.com

From: [Charlene Walton](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope
Date: Friday, October 1, 2021 10:50:52 PM

External Email

Dear DOH Review,

Thank you for taking the time to review the current scope of practice for optometric physicians of in the state of WA. I agree with the most recent draft's conclusions stating that optometrists like other health care professionals, should be allowed to practice to the full extent of their education and training. For me personally, I graduated in 2015, and I have been fortunate to practice at a high scope of medical eye care, but there are still things that I do not get to practice that I learned in school 6 years ago. This includes things such as minor lid procedures to remove chalazion or the ability to prescribe oral steroids. My concerns that is newer will not be motivated to practice in Washington state if the scope does not match the current curriculums schools are teaching. Additionally, I agree with the draft sunrise review report's conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed in addition to the current optometry scope of practice in WA. Doctors of optometry are well trained physicians graduating from 4-year doctorate programs that include clinical procedures training and national board certification.

Our desire is that The Washington State Board of Optometry is given authority to update the scope of practice laws as new technologies, treatments, and medications become available. This self-regulation is allowed in other professions in Washington. In Alaska optometrists have proved this state board regulation can prove successful. Our mission is to serve the eye health of Washington. We believe by increasing optometric scope in Washington State we can increase patient access and decrease patient cost. I experienced this myself during the pandemic when I diagnosed and referred an 80-year-old patient for a YAG posterior capsulotomy post cataract surgery due to 20/200 in both eyes. The procedure is a simple laser procedure that can only be done by an ophthalmologist in Washington, but can be done by optometrists elsewhere. Due to COVID, the patient ended up not being able to get the procedure done for 3-4 months, despite trying to expedite it. This was very frustrating for the patient and her family because she had dementia and was very confused why she couldn't see. If only optometrist could have performed the YAG laser, there would not have been such a delay in her care.

Thank you for your consideration. We look forward to your reply.

Sincerely,

Charlene Walton
6514 42nd Ave SW Unit A
Seattle, WA 98136
waltonod@gmail.com

From: [Milda Bandza](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Please support improving access to quality eye health care to patients across the state.
Date: Friday, October 1, 2021 10:00:07 PM

External Email

Dear DOH Review,

As an eye care provider to marginalized communities, I'm voicing my support again for the Sunrise draft, that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education. Optometric physicians (ODs) are fully trained to safely perform a number of procedures that are being proposed for addition to the optometry scope of practice.

I think it is crucial that the State of Board of Optometry should be given authority to update scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington.

There have been many times I have encountered a patient who needed streamlined access to clinical items I was trained to provide, but not permitted to in Washington. Most tangibly a short course of oral steroids, that I was not able to prescribe before reaching out to a retinal specialist. Another example was from a patient needing a peripheral iridotomy, that could have been performed in-office, but I had to take time out of our already busy schedules to find a clinic that would accept their insurance, or had a reasonable out-of-pocket price.

I am confident patients will be well served by these changes improving access to and reducing costs of the latest in eyecare – rather than having their ODs hamstrung by scope laws that haven't been updated in two decades.

Thank you so much for your time & consideration.

Best Regards,
Milda Bandza, OD
Doctor of Optometry
Seattle Children's Hospital

Sincerely,

Milda Bandza
10015 1st Ave S
Seattle, WA 98168
bandzeye@gmail.com

From: [Paul Barney](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Review
Date: Friday, October 1, 2021 9:51:22 PM

External Email

October 1, 2021

Umair A. Shah, MD, MPH
Director, Washington State Department of Health

RE: Optometry Scope of Practice Sunrise Review

Dear Dr. Shah,

My name is Dr. Paul Barney, I'm an optometric physician and have active optometric licenses in Alaska and Washington. I am the Center Director of Pacific Cataract and Laser Institute (PCLI) in Anchorage, AK. PCLI is a medical and surgical eye care practice consisting of optometrists and ophthalmologists with offices in several U.S. states. While Alaska is my primary location of practice, PCLI also has several offices in Washington, and occasionally I fill in for my colleagues in Washington.

I am writing in regards to the Washington Department of Health's recent draft sunrise review of proposed legislation to expand the scope of practice for optometry in the state of Washington. I would like to thank the DOH for your comprehensive and detailed review of the proposed legislation. I support the DOH's perspective that healthcare professionals should be allowed to practice to the full extent of their education and training, and that colleges of optometry are providing the appropriate education for optometrists to safely perform procedures such as anterior segment lasers and lid procedures, which are currently prohibited in Washington. I urge the Department of Health to endorse the proposed legislation to expand optometric scope of practice in your final sunrise review.

The state of Alaska allows optometrists to perform the procedures that would be allowed in the proposed Washington legislation. From a personal perspective

regarding the proposed legislation, when I travel to Washington state to fill in for one of my optometric colleagues, I must restrict my practice patterns to comply with current Washington optometric statutes. In Alaska I routinely and safely perform the procedures that would be allowed in the proposed Washington legislation, but when I'm in Washington I cannot perform those same procedures under current Washington statutes. Those restrictions are a big disincentive for me to practice in Washington. In my opinion, the restrictive Washington scope might also be a significant disincentive for new optometric graduates to choose Washington as a state in which to practice.

Once again, I would like to thank the DOH for your thorough and comprehensive review of the proposed optometric legislation and strongly urge you to support this legislation in your final sunrise review.

Respectfully yours,

Paul M. Barney, O.D.
Center Director
Pacific Cataract and Laser Institute
1600 "A" Street, Suite 200
Anchorage, AK 99501

From: [Scott Bennion](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope of practice
Date: Friday, October 1, 2021 9:15:42 PM

External Email

I appreciate the DOH review of the scope of practice proposal for optometry. I support and see great value to the public in allowing Optometrists to practice to the full scope of training they receive.

Scott Bennion
Doctor of Optometry since 1976

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From: [Tara Evanger-Dalke](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: RE: Draft Report Comments, Optometrist Scope of Practice
Date: Friday, October 1, 2021 8:30:07 PM

External Email

Dear DOH Review,

I applaud the Washington State Department of Health and the Sunrise Review committee on their review of optometrists' proposed legislation for scope expansion. I agree with the aforementioned draft Sunrise Review that it best serves the public if optometrists, like other healthcare providers, are able to practice to the full extent of their education and training.

The Sunrise Review has verified the education and training required to be an optometrist. It has also shown that the in-office procedures being proposed are safe in other states in which optometrists perform them.

Furthermore, I urge you to recommend that the Washington State Board of Optometry be given autonomy in order to update scope of practice laws in the future. The proposed changes will reduce costs and increase patient access to care. It is necessary to stay current within today's ever-changing technologies within healthcare, and optometrists are no exception. Thank you for your time and consideration.

Sincerely,

Tara Evanger-Dalke
PO Box 1572
Walla Walla, WA 99362
drteevanger@gmail.com

From: [Brett Bence](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review Draft Report
Date: Friday, October 1, 2021 8:20:09 PM

External Email

Dear DOH Review,

The Washington State Department of Health is to be commended on their research and analysis that led to their recommendation to allow Optometric physicians to practice to the level of their education and training. The procedures, as well as injection and oral medications that Washington ODs are requesting, are in the curriculum of all optometry schools and colleges and as tested by the National Board of Examiners in Optometry. The State Board of Optometry should be afforded the authority to certify the process of credentialing the requested privileges, in alignment with other health care Boards in Washington. Patients will have greater access and reduce overall costs with the much greater availability of doctors of optometry. Also, it has been almost 20 years since the optometry law has been updated to match current training. This update is responsible and will provide greater patient access in OD offices throughout the state. Thank you.

Sincerely,

Brett Bence
9304 61st Ave W
Mukilteo, WA 98275
bbence@nweyes.com

From: [Victoria Roan](#)
To: [DOH HSQA Optometry Sunrise](#)
Date: Friday, October 1, 2021 7:25:42 PM

External Email

To whom this concerns,

First off, thank you to the DOH for the detailed review of the OPW's proposal. I hope that after a full review and consideration, that the DOH strongly supports the viewpoint that healthcare professionals should be allowed to practice to the full extent of their education and training. As with any other healthcare profession, optometrists are thoroughly educated on a wide variety of procedures that are not yet legally to fully practice in all states. Schools of optometry are providing appropriate training for optometrists to safely perform certain procedures (such as laser and lid procedures) that are currently prohibited here. On top of that, yearly continuing education (CE) credits will continue to guarantee that practitioners continue to refresh their knowledge and improve on new techniques and technologies as they become more readily available. The greatly restricted the available care that many patients need, particularly those living in more rural areas. I strongly urge the Department of Health to endorse the OPW proposal as it will only help in patients access to care.

Regards,

Victoria Roan, OD, FAAO
Pacific Cataract and Laser Institute

From: [Davina Kuhnline](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review - optometry
Date: Friday, October 1, 2021 6:10:08 PM

External Email

Dear DOH Review,

Thank you for your thoughtful consideration of scope expansion for optometric physicians in Washington state. I agree with the report conclusion. Optometrists, like other professions, should be allowed to practice to the full extent of our training. We are not able to do this currently within the state of Washington. Updating our scope to be in line with our training and giving the Board of Optometry the ability to approve new procedures as they become available (within the scope of the law), will give patients in our state better access to affordable care.

Thank you again for your thoughtful deliberation.

Best,

Davina Kuhnline

Sincerely,

Davina Kuhnline
259 Riverside Rd
Sequim, WA 98382
dr.kuhnline@gmail.com

From: [Christopher Babin](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review for OPW proposal
Date: Friday, October 1, 2021 5:30:13 PM

External Email

Dear DOH Review,

I would like to thank the Department of Health for it's detailed review of OPW's proposal to update and enhance optometry's scope of practice in Washington.

I support the DOH's viewpoint that healthcare professionals should be allowed to practice to the full extent of their education and training.

Schools of optometry have improved the education in these areas optometry is seeking to include in it's scope of practice and I believe the public will be well served by such an expansion.

This improved scope of practice will also bring Washington's optometry scope of practice to a similar level with neighboring states. In doing so, patients that relocate to Washington will be able to expect the same level of care they received in their previous home state.

I hope the DOH will endorse the OPW proposal to the fullest extent possible. Feel free to contact me if you have any questions.

Sincerely,

Christopher Babin
1411 S 80th Ave
Yakima, WA 98908
drbabin@cascadeeyecenter.net

From: [Alexander Shepherd](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review Report Concerning The Practice of Optometric Physicians in Washington State
Date: Friday, October 1, 2021 4:50:11 PM

External Email

Dear DOH Review,

As a practicing Optometric Physician in Washington State for the last 6 years I wish to lend my strongest support to the conclusion of the Sunrise review that Optometrists be allowed to practice to the fullest extent of their education and training. As a relatively new Optometrist to the healthcare field in Washington state, I can appreciate and agree with the report's conclusion that Optometric Physicians are fully trained to perform more procedures than what is allowed under the State of Washington's current scope of practice laws. Healthcare has always been and will continue to be a rapidly evolving field that requires consistent updates to technology and medical approaches in order to meet public needs. I agree that the State Board of Optometry, like other healthcare professional oversight boards, should be granted the authority to update scope of practice laws to adaptively reflect the latest technologies, novel therapeutics, and emergent treatment practices. Updating the scope practice laws for Optometrists in our state will benefit patients and the healthcare system in total by improving access, reducing unnecessary referrals, and limiting additional individual costs.

Sincerely,

Alexander Shepherd
10910 185th Ave E
Bonney Lake, WA 98391
ashep4545@gmail.com

From: [Lindsay Hendricks](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review, Optometrist Scope of Practice
Date: Friday, October 1, 2021 4:50:10 PM

External Email

Dear DOH Review,

I am writing to encourage you to support the proposed revisions to the scope of practice for optometric physicians in the state of Washington.

Thank you so much for your detailed review of our proposal. I strongly support the DOH viewpoint in the draft report that healthcare professionals should be allowed to practice to the full extent of their education and training. I agree with the conclusion that the colleges of optometry are providing appropriate training for optometrists to safely perform certain procedures (such as laser and lid procedures) that are currently prohibited here and are being proposed for addition to the scope of practice.

I personally completed my 4 years of post-graduate training in Ohio to achieve my doctorate of optometry. During this time, I was fully trained to perform procedures and prescribe medications that I am prohibited to do here in WA. My classmates in other states have been able to better serve their patients by practicing to the full extent of our training.

To best serve our patients here in WA, the State Board of Optometry should be given the authority to update the scope of practice laws as new technologies, treatments, and medications become available - much like other professional oversight boards in Washington.

I urge you to please endorse the OPW proposal in order to best serve the citizens of WA. Patients will be well served by these changes as they will significantly improve access to the latest in eyecare and reduce costs.

Thank you so much for your consideration.

Sincerely,

Lindsay Hendricks
322 Dena Ln
Chimacum, WA 98325
dieffenbaugher.1@gmail.com

From: [Glen Owen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope of practice
Date: Friday, October 1, 2021 4:40:08 PM

External Email

Dear DOH Review,

I agree with the Sunrise Committee's findings that to better serve WA residents, optometric scope of practice.

With the rapid advancements in medical eye care, the board of optometry needs to be granted the same authority as other boards to decide scope issues within the confines of the optometric RCW specifications.

WA optometric scope expansions have all been taught and tested by optometry schools. This was true for diagnostics and therapeutics scope updates in our state.

All 7 states that allow optometrists to safely use lasers are utilizing optometry schools to train and test practitioners.

Thank you for considering these comments.

Sincerely,

Glen Owen
550 Hemlock Way
Edmonds, WA 98020
glenowen@usa.net

From: [Paul Shepherd](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review Report Concerning The Practice of Optometric Physicians in Washington State
Date: Friday, October 1, 2021 4:40:07 PM

External Email

Dear DOH Review,

As a practicing Optometric Physician in the state of Washington for 37 years I strongly support your conclusion that Optometric Physicians, similar to other healthcare professionals, be allowed to practice to the fullest extent of their training. Their scope of practice should be established and overseen by the State Board of Optometry who has the authority to update laws of practice to reflect emerging technologies and therapeutics, as well as standards adopted in neighboring states. Many Optometric Physicians in Washington State are currently practicing below the level of their training due to definitions of practice that have not been updated in 20 years. The end goal is to make comprehensive eye care available to all citizens of Washington State in an efficient manner and at the lowest cost to consumers.

Sincerely,

Paul Shepherd
37904 247th Ave SE
Enumclaw, WA 98022
efoc2726@hotmail.com

From: [Jennifer Crown](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review
Date: Friday, October 1, 2021 4:32:32 PM

External Email

Dear Sunrise Review Committee,

First I will say the views I express here are my own, and not of my employer
Optometric Physicians of Washington.

I have carefully reviewed the draft Sunrise Review and support the finding that
optometrists are well trained to perform more procedures than currently allowed. As
stated on page 2, the last major scope update was 2003. I support the board being
able to evaluate new technologies and procedures, which would result in more timely
updates in the ability for optometrists to care for patients to the best of their abilities.

Thank you,

Jennifer Crown, OD

From: [W Lim](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Approve OPW's Proposal for Expanded Scope of Practice
Date: Friday, October 1, 2021 4:26:32 PM

External Email

I would like to thank the Department of Health for their detailed review of the Optometric Physicians of Washington's (OPW) proposal to update and enhance optometry's scope of practice in Washington. Licensed optometrists have received the education and training to provide appropriate and safe care to their patients. Approval to expand our scope of practice would improve access to care needed by our patients, and in a much more timely manner. These are benefits that patients in many other states already appreciate. I respectfully urge the Department of Health to approve OPW's expanded scope of practice proposal to help Washingtonians receive access to the care they need, and when they need it.

Sincerely,
Wendy Lim, OD

From: [Salisa Williams](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review
Date: Friday, October 1, 2021 4:00:14 PM

External Email

Dear DOH Review,

Dear Dr. Shah -

Thank you for your detailed review of our proposal and for supporting that optometric physicians should be allowed to practice to the full extent of our education and training.

I grew up in Oklahoma, attended optometry college in Oklahoma, and hold an active Oklahoma license. I have personally performed YAG laser capsulotomy, laser peripheral iridotomy and trabeculoplasty, as well as removed eyelid lesions, injected therapeutic medications and prescribed oral steroids, as allowed by the Oklahoma State Board of Optometry. Washington's State Board of Optometry should be given authority to update scope of practice laws as new technologies, treatments and medications become available.

I agree with your conclusion that optometrists are fully trained to safely perform procedures that are being proposed for addition to the scope of practice. I served as a full tenured Professor of Optometry and Chief of Ocular Disease Clinic at Pacific University College of Optometry for twenty years. I taught courses on lasers, pharmacology and ocular disease. All optometry colleges have an extremely rigorous curriculum, and optometric physicians are not only fully trained, but highly trained.

Ultimately, patients will benefit from these changes, which improve access to care and reduce cost. I often must refer a patient from Vancouver to Portland, for a procedure or treatment for which I am trained to do, have done in other states, but am not allowed to do by current law (but optometrists in Oregon are allowed to do). This results in a delay in care and additional expense for the patient.

In closing, I would like to thank you for the time and effort you and all the DOH staff have dedicated to the Sunrise Draft Report.

Most sincerely,

Salisa K. Williams, OD
Pacific Cataract & Laser Institute
2205 NE 129th Street
Vancouver, WA. 98686

Sincerely,

Salisa Williams
PO Box 10103
Portland, OR 97296
salisa.williams@pcli.com

From: [Donald Shute](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope
Date: Friday, October 1, 2021 2:17:35 PM

External Email

I agree with the sunrise review report that optometrists should be allowed to practice to the full extent of their training. The improvements in the law will improve access for patients and reduce duplication of services and costs. Optometrists are fully trained to do the procedures recommended in the review and are performing them successfully in other states. I highly recommend the department recommend these changes to the legislature.

Donald T Shute, O.D.
Yakima, Wa

Sent from my iPad

From: [Janet Wood](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Scope of Practice to Board of Optometry
Date: Friday, October 1, 2021 1:40:12 PM

External Email

Dear DOH Review,

When I was out in Washington for an extended stay, I developed an eye problem. I went to the local doctor recommended to me and he was able to fix 3 of 4 things. The 4th thing he said he'd need to send me to see someone else and since it seemed like a small issue, he said "if we were in Alaska (he had an Alaska license to help out some doctors up there) or Idaho or Oregon, I could do it no problem". Asked further, he said it was restrictions on his license and that just didn't make any sense to me. Long story short, he referred me to another place and it took 3 weeks to get in (took me only 1 day to see him), and he said if I was in immediate pain, I'd be seen instantly in what he called "the express lane" for patients. Also told me they have doctors on call 24/7, and even if it wasn't his week to take call, he'd still see me if he was in town since that's just what he does. So three weeks went by and it took about 6 minutes with another doctor plus I get a bill for another office call. For such a small thing, why not simply do it all in one visit without regard to whether I was sitting in Alaska or Idaho? He said everything has to be thru the State. So when I looked into this, I found out it's not their Board of Optometry that makes the call on this. Seems this is where things of this matter are solved. Loved (and trusted) my doctor but not the process and getting billed for a second office visit (and more expensive than his charges!!!). This should be fixed.

Best Regards

Sincerely,

Janet Wood
474 Elmwood Ave
Woodbridge, NJ 07095
JAWood474@Gmail.Com

From: [Jim Kintner](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Dr Jim Kintner email
Date: Friday, October 1, 2021 12:41:53 PM

External Email

Dear Washington State DOH,

I wanted to write a brief email to you to Thank you for your detailed review of the OPW proposal regarding expansion of Optometric services in WA. I agree with the draft sunrise review report's conclusion that Optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training. The State board of Optometry should be given authority to update the scope of practice laws as new technologies, treatments and medications become available in WA. I believe my patients will be well served by these changes that will help improve access to primary eye care and reduce costs.

Thank you for your consideration.

Sincerely,

DrJimKintner
KennewickVisionCare

From: [Oliver Kuhn-Wilken](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise draft report, message of support
Date: Friday, October 1, 2021 12:30:14 PM

External Email

Dear DOH Review,

I agree with the draft sunrise report conclusion that optometrists should be allowed to practice to the full extent of their education and training; this will be good for patient care throughout Washington. Optometrists could offer much more to Washington citizens than they presently do, and clarifying language regarding what is and is not included in the scope of practice, and granting the Board of Optometry greater authority over its domain, will be a good step forward. The real winners of these changes will be patients, who will enjoy greater access to care at lower cost.

Sincerely,

Oliver Kuhn-Wilken
2626 SW Hamilton St
Portland, OR 97239
okwilken@gmail.com

From: [Jenna Stoffel](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise letter
Date: Friday, October 1, 2021 11:53:50 AM

External Email

To the WA Department of Health,

I first would like to thank the DOH for your detailed review of the Optometric Physicians of Washington's proposal. I am writing this letter in strong support of the DOH viewpoint in the draft report that healthcare professionals should be allowed to practice to the fullest extent of their education and training. I fully agree with the DOH conclusion that schools of optometry are providing appropriate training for optometrists to safely perform certain procedures, such as laser and eyelid procedures, that are currently prohibited here. Although I now practice here in WA, I received my optometric education at Indiana University. As a third year optometry student, I had the skills necessary to perform those procedures mentioned. I completed a 16 hour lecture and practical course on lid and laser procedures and performed them on both fellow students and on anatomical models safely and successfully. If I had chosen to remain in Indiana to practice, I would be allowed to perform those laser and lid procedures for which I was trained.

I very strongly urge the Department of Health to endorse the OPW proposal.

Respectfully,

Jenna Stoffel, OD

From: [Roderick Beazer](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Support for Optometry Scope Expansion under Sunrise Review
Date: Friday, October 1, 2021 11:10:17 AM

External Email

Dear DOH Review,

To all of the members of the DOH "Sunrise Review" Board. Thank you for your time involved in reviewing the State Board of optometry proposal for scope expansion. I am in agreeance with the Sunrise Review report that would grant optometrists the privelege of practicing to the full extent of their training and education.

Granting the State Board of Optometry the authority to update the profession's scope and practice laws would ensure that optometrists within Washington State would be able to keep pace with new technologies, treatments and medications that will enhance patient care. We could potentially provide many simple treatments to our patients that optometrists in multiple states are already safely performing. This would not only decrease wait times for patients to be seen, but would also decrease the cost of care to both the patient and insurance carriers for multiple visits to different providers.

The other benefit to expanding this scope would be the retention and recruitment of great optometric physicians in the state of Washington. Currently, there are many graduating optometrists that want to practice to the full extent of their training and so they are naturally accepting job offers in states with greater scope privileges.

Thank you for your consideration regarding this important legislative matter.

Sincerely,

Roderick Beazer
11618 21st PI SE
Lake Stevens, WA 98258
DRBEAZER@CFEYEC.COM

From: [Mike Matsunami](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review - Optometric Physicians of Washington
Date: Friday, October 1, 2021 11:10:16 AM

External Email

Dear DOH Review,

Umair A. Shah, MD, MPH
Director, Washington State Department of Health
P.O. Box 47890
Olympia, Washington 98504-7890

Dear Dr. Shah,

I write this letter in support of amending the Washington state Optometry Practice Act for expansion of scope of practice.

My career in optometry began in 1982 when optometrists in Washington state were first permitted to use topical diagnostic drugs to aid in the diagnosis of ocular disease. In 1989, we successfully passed legislation to use topical therapeutic drugs for the treatment of ocular disease. Fast forward to 2003 when the legislature granted optometrists prescriptive authority for oral medications. During this evolution, please note that:

- Despite similar past arguments being used currently, there has been no repeal of these laws due to systemic optometric negligence or incompetence. Conversely, Washington state optometric physicians have provided better statewide access, quality of care, and cost containment across all demographics because of these revisions to our Act.
- 18 years has elapsed since the last amendment to expand our scope of practice. Medical care and technology has obviously changed significantly since then. Optometric physicians have been beholden to antiquated regulations based upon a stodgy system of DOH oversight requiring legislation for any scope change. This hinders vs. facilitates public health

To allay concern about the inappropriate use of lasers or surgical procedures, the amendments that are being proffered unambiguously delineates what is and what is not included in these provisions. These provisions are based upon the success in states that have had similar provisions.

Furthermore, comments from our opponents regarding optometric leadership pushing an unwanted agenda upon the masses is categorically false. The notion that any individual optometric physician or group would willfully incite a turf battle is nonsensical. My practice is located in Seattle. The practice is located in the Pike-Pine corridor, which is arguably the most densely populated region in Washington state. It is also geographically proximal to many ophthalmological resources, including Swedish and Harborview Hospitals. I.e., it is an urban practice. My patient demographic is largely seniors over 60 years old with histories of cataract extraction (CE) who have been seeing me as their primary eye care provider for decades. Approximately 40% of those having had CE will experience posterior capsular opacification requiring a YAG laser capsulotomy. This is a non-invasive out-patient procedure requiring no anesthesia and takes very little time. I currently need to coordinate a referral to an

ophthalmologist to perform the capsulotomy which generally takes several days to weeks. Having the ability to perform YAG capsulotomies would eliminate this hindrance to treatment, as well as reduce cost with the elimination of a facility fee.

Access to eye care in rural communities is obviously more affected by the scarcity of ophthalmological vs. optometric resources. This trend will only worsen with fewer college students entering into health care in favor of high tech. Placing more demand upon fewer ophthalmologists will drive cost up, and quality of care down.

Sincerely yours,

Mike Matsunami, OD

Sincerely,

Mike Matsunami
6322 NE 194th St
Kenmore, WA 98028
mmatsunami75@gmail.com

From: [Elijah Bannister](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Draft Report
Date: Friday, October 1, 2021 9:40:09 AM

External Email

Dear DOH Review,

I am a fourth-year optometry student, and I plan on practicing in the state of Washington after graduation. I agree with the draft sunrise review conclusion that Optometrists should be able to practice to the full extent of their education. Over the past three years, I have spent many hours practicing and training all of the techniques and procedures that are available for me to take through the NBEO. The problem is that many procedures like lasers, injections and many others are not allowed in the state of Washington due to scope of practice. I believe we as optometrists should be able to practice at our full scope that we are taught, trained, and pass a board examination on.

I also believe with the drafts conclusion that Optometrists are fully trained to safely perform a number of procedures that are being proposed to expand the scope in Washington. For example, as a third year student, I was able to inject a chalazion with a steroid in Oregon. But in Washington, Optometrists are not even allowed to do that procedure and the patient must be referred out to Ophthalmology.

When it comes down to it, the patients best interest needs to be considered and I believe that sending a patient out for a referral to Ophthalmology for certain procedures are just not necessary. Especially when optometrists have the training and education to do some of the procedures which would save the patient time and money. YAG capsulotomy's are another procedure that would be very easy for Optometrists to perform in office instead of referring out and taking up more time of the patient.

Thank you for considering my thoughts on the possible expansion of scope for Optometrists in the state of Washington.

Sincerely,

Elijah Bannister
233 Bannister Rd
Kalama, WA 98625
bann2246@pacificu.edu

From: [Bryan Karrick](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: RCW 18.120.010
Date: Friday, October 1, 2021 9:20:10 AM

External Email

Dear DOH Review,

Dear Department of Health

I am contacting you to express my opinion on the draft sunrise review report conclusions.

I am in favor of the proposal to expand optometry's scope of practice and grant the Board of Optometry regulatory oversight authority. This is how other States regulate our profession. This is how this State regulates other professions here in WA.

The current status of our RCW 18.53.010 has affected many of my patients by introducing additional inconvenience, loss of time from work, and additional delay in resolution of that patient's medical problem, not to mention additional copays to the patient and costs to the insurer. Sometimes patients fail to follow through on the referral to the additional provider due to the inconvenient circumstances, putting their care at risk.

I hope that Washington State will grant the Washington State Board of Optometry authority to determine the optometrist scope of practice to be based on education and training, not on an outside profession's competitive motivations.^[1]

Thank you for your support of these important changes.

Best regards.

Sincerely,

Bryan Karrick
432 3rd Ave S Unit B202
Edmonds, WA 98020
karricks@mac.com

From: [Christen Jankowski](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Wholehearted Support for Optometric Physicians after reviewing Sunrise Report!
Date: Friday, October 1, 2021 6:20:12 AM

External Email

Dear DOH Review,

As a former military optometrist, my scope of practice on Day 1 from graduating from Optometry school exceeded what my Washington colleagues were allowed to back in 1984. Essentially the same patients treated in an Army hospital were denied similar treatments in Washington. The Federal government and the VA trusted optometrists to care for their patients...your sons and daughter in front line service, so why aren't the same privileges allowed "back home"? Imagine returning to Washington State to practice and being told "this isn't in your scope of practice" as happened in 1988. Did something change crossing the Atlantic? The hospital commander set the tenor of what his doctors could or could not do, for ALL specialties...orthopedics, pediatrics, nurses, podiatrists, and the same should be accorded the Board of Optometry who best understands the needs of a community and is in a better position with Schools and Colleges of Optometry to "set the standards." I recommend you consider these changes in a favorable setting.

Sincerely,

Christen Jankowski
14003 SE 19th St
Vancouver, WA 98683
eyedoc1@aol.com

From: [Larry Jones](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Agree With Sunrise
Date: Thursday, September 30, 2021 11:03:55 PM

External Email

I agree with the Sunrise proposal for increased scope of care. There are very few ophthalmologists who take the Affordable Care Act (Obamacare) and if they do the underrepresented person may not be able to travel the long distance to get care. This may end up causing problems and blinding the patient. These procedures would ease the burden placed on patients that cannot afford to pay out of pocket. Please allow these laws to pass and let these highly trained Dr.s' care for our patients in the state of Washington as they have in many other states.

Dr. Edward L Jones Optometrist / Hearing Specialist
President, National Optometric Association
601 Gowe St, Kent, Wa 98032
206-941-1191

From: [Bradley Jansen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: optometrist scope of practice
Date: Thursday, September 30, 2021 9:30:10 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review conclusion. Optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training. It is frustrating that after practicing in Oregon, where I frequently performed minor eyelid surgical procedures (included in this scope expansion), that in Washington I am unable to served these patients.

Sincerely,

Bradley Jansen
2414 W Kingsford Ave
Spokane, WA 99208
jans1805@pacificu.edu

From: [Michael DeRosier](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: optom-sunrise@doh.wa.gov
Date: Thursday, September 30, 2021 7:30:12 PM

External Email

Dear DOH Review,

The ability to provide comprehensive eye care in a rural setting has been well received by our local population. The elderly have less exposure to travel and the need to obtain rides, both of which are barriers for some of our patients. I agree that optometrists should be allowed to practice to the full extent and scope of their education. When I first started practice in 1983, the laws were very restrictive vs what I had been taught in school; with the update of the laws, I have been able to better and more fully serve my patient population. Please realize that there has been a lot of progress in new technologies and treatments since that last update of the Washington optometry law, literally decades ago. The dire outcomes of allowing optometrist to perform to their training have not materialized. Please allow those in a rural setting the same level of care as those in an urban setting.

Thank you.

Michael K. DeRosier, OD

Sincerely,

Michael DeRosier
PO BOX 1073
DEER PARK, WA 99006
dpvc@juno.com

From: [Susan Farmer](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope
Date: Thursday, September 30, 2021 7:20:11 PM

External Email

Dear DOH Review,

Optometrists have extensive training that goes beyond the current scope in WA. PAs with less training regarding eyes and adnexa are able to remove lesions around the eyes. Optometrists are fully capable of this. They are also capable of performing laser procedures such as YAG capsulotomies. Rural communities in Washington have are facing a shortage of ophthalmologists. Optometry has been filling the void, and having an expand scope that matches other states would greatly help. Many patients aren't able to drive long distances for care. And recruiting doctors to rural areas is not going well, and those that come often leave.

Sincerely,

Susan Farmer
7301 Lincoln Estates Dr
Yakima, WA 98908
susan@yakimavision.com

From: [Elisha Fog](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Scope
Date: Thursday, September 30, 2021 7:20:10 PM

External Email

Dear DOH Review,

My name is Ellie Fog, and I am a Washington native and student of Optometry in Forest Grove, Oregon. When I am finished with University I plan to return home and practice in Washington. I've chosen the profession of Optometry because of a desire to improve the lives of my patients. I believe that patients will be best served by improved access to eyecare that will take place if the state board updates the scope of practice laws as outlined in the draft sunrise review report. As a student of Optometry I am being trained and educated to safely perform the procedures proposed by the report. I plan to be an excellent provider and give my patients the best care possible and I believe that enacting these changes will facilitate this. Thank you! Ellie Fog

Sincerely,

Elisha Fog
17135 SW Heritage Ct Apt 1
Beaverton, OR 97003
ellie.fog@gmail.com

From: [Christopher Johnson](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Support of Optometry Scope Expansion
Date: Thursday, September 30, 2021 6:50:15 PM

External Email

Dear DOH Review,

I agree with the sunrise review that Optometrists in the state of Washington be allowed to practice full scope of how we were trained in school. We have been trained in school to safely perform lots of procedures in the scope expansion proposal.

I believe the State Board of Optometry should be given the authority to update new procedures, technologies and medications in the future.

By allowing the expansion of scope for Optometry, patients would directly benefit with reduced costs, wait time, and quality of care.

I worked in Sunnyside, WA for the first year after Graduation in 2003. We had several occasions that have expanded scope that I was trained for would have allowed fast access to care at a reduced cost for the patient. Now that I have been working in West Richland, WA for the last 11 years this continues to be a concern for patients when the wait time is 1-3 months.

Sincerely,

Christopher Johnson
112 Andrea Ln
Richland, WA 99352
johnsonchris76@gmail.com

From: [Cynthia Rugeiro](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: In support of draft optometry sunrise report
Date: Thursday, September 30, 2021 4:30:13 PM

External Email

Dear DOH Review,

I agree with the sunrise review report concluding that optometrists should be allowed to practice to the full extent of their education and training. The Board of Optometry should be allowed to update scope laws as new forms of treatment become available. I have practiced optometry in WA state for over 30 years and have dedicated myself to improving health equity and access to eye care in our state, through my work in public health and community initiatives. I support this proposed expansion of scope as it will improve access to much needed eye care for all citizens of our state.

Sincerely,

Cynthia Rugeiro
5634 12th Ave NE
Seattle, WA 98105
cynthia.rugeiro@gmail.com

From: [Eric Hussey](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry law
Date: Thursday, September 30, 2021 3:42:17 PM

External Email

Please continue to support giving optometry, a learned profession, its rightful ability to regulate itself through the state board of optometry within the training provided by the schools of optometry.

Eric S. Hussey, OD, FCOVD
President, Optometric Extension Program Foundation
Chair, International Congress of Behavioral Optometry organizing committee
Chair, Northwest Congress of Optometry
ACTION Forum for clinical research and development
OEPF Research Clinical Associates
<https://doctorhussey.com/research/>

From: [Stephen Christensen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: optometry sunrise bill
Date: Thursday, September 30, 2021 3:10:20 PM

External Email

To whom it may concern,

I am an optometrist in the state of Washington and I hold licenses in two other states. I was greatly encouraged to see the findings of the sunrise review report.

This is a great step forward for the state of Washington which is woefully behind the other states in which I hold licenses. It would be particularly great if the sunrise committee would encourage changes in the law that would allow optometry to be its own controlling force. Our education and training is certainly commensurate with the changes that we have requested to our regulating law in the state.

I practice in a somewhat more rural area of the state and this would allow me to offer much-needed services to my patients that are not otherwise readily available.

Thanks for your consideration,

Steven L Christensen OD

Sent from [Mail](#) for Windows

From: [Ted Kadet](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope Sunrise review
Date: Thursday, September 30, 2021 3:00:20 PM

External Email

Dear DOH Review,

Sunrise Board:

Thank you for your consideration in this expansion of Optometry Scope of Practice. I agree with your draft Sunrise Review Report. Optometric Physicians should be permitted to practice at our full capabilities.

OD's are fully trained to this expanded scope. We will attract the brightest and best new OD's when they can practice all the skills that are part of their education.

Our State Board should have full authority to regulate the practice of Optometry - just as other professional Boards in the state of WA.

In summary, patient will be better served at reduced cost - with less unnecessary referrals and extra appointments and expenses.

As indicated in my previous letter to you, I am 79 years old and still in active specialty practice. I refer all medical eye care to primary care colleagues. I will spend thousands of dollars updating my license and skills, even though I will continue to refer this care.

Sincerely,

Ted Kadet
9916 Waters Ave S # Seattle
Seattle, WA 98118
tkadet@hopecliniconline.com

From: [Alexandra Evans](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope of Practice
Date: Thursday, September 30, 2021 2:40:11 PM

External Email

Dear DOH Review,

I am writing to respectfully request that you consider allowing optometrists in the state of WA to actually practice to the full ability of their training and certifications. OD's frequently are needlessly required by law to refer out issues that they are fully trained to execute.. Please allow the WA State Board of Optometry to update their scope of practice to include new medicines, technologies and treatments that have become and will become available to optometry professionals. Speaking from personal experience I have had to be referred out to an ophthalmologist on more than one occasion for something that my local OD should have been allowed to treat. The effect of these needless referrals was to cost me extra dollars and waiting for treatment instead of having my issues speedily resolved.

Sincerely,

Alexandra Evans
2343 40th Ave SE
Puyallup, WA 98374
AlexandraCEvans@icloud.com

From: [MELISSA DACUMOS](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Draft Sunrise Review
Date: Thursday, September 30, 2021 1:50:15 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review. Optometrists should be able to practice to the fullest extent of their training and education. Enabling this in the state of WA will draw some of the most talented young ODs to this state. The extent of our scope of practice and how it correlates with what we are taught in school is a large factor in choosing where you want to practice after graduating. I know it was a huge factor for myself when deciding where I wanted to start practicing right after graduation. I would love to see more talented ODs choose to practice here and in turn increase access to eye care for all Washingtonians.

Sincerely,
Melissa Dacumos, OD

Sincerely,

MELISSA DACUMOS
3408 52nd PI NE
Tacoma, WA 98422
melissdacumos@gmail.com

From: [Chris Barry](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review Optometry S-3085.2
Date: Thursday, September 30, 2021 12:46:55 PM

External Email

Dear DOH,

It is always an important question when scope expansion is being considered. Thank you for your thorough review of the proposed bill.

I am completely in agreement with the draft report conclusion that health care providers should be allowed to practice to the extent of their education and training.

I am in complete agreement that optometry colleges are providing the education necessary to equip optometrists to deliver first class care. What was a 500 hour program fifty odd years ago has become well over a 5000 hour program. Optometry is far more than it was in the past and the proposed legislation reflects those changes.

Opponents of this bill will tell you that bad things will happen if S-3085.2 passes. I have practiced in states where the scope of practice for optometric physicians is much more broad. And in those states malpractice insurance costs no more.

I recommend the DOH give this proposed legislation their highest recommendation. Access to care is care. And this bill will improve access.

Mark Christopher Barry OD

From: [Dr. Jason Bleazard](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: OPW Proposal to Enhance Scope of Practice
Date: Thursday, September 30, 2021 12:33:41 PM
Attachments: [CBHALogo ddcf5981-920c-49bd-8edf-68b92a1d06fb.png](#)

External Email

Good morning,

I would like to add my support to the Optometric Physicians of Washington's (OPW) proposal to expand scope of practice for optometrists in Washington State. As a native Washingtonian, I am proud to serve the good people in my area and know they would be even better served if I and my peers were able to more fully meet their needs. I firmly believe that health care practitioners should be allowed to practice to the full scope of their training, which we currently aren't. The Department of Health has concluded that optometry schools are indeed training providers to fulfill a greater role in Washington than they currently do, and they should be allowed to provide the eyelid and laser procedures they are trained to perform.

Thank you for the detailed review of OPW's proposal,

Yours,

Dr. Jason Bleazard, OD

Director of Eye Care

1515 E Columbia St | Othello, WA 99344
Tel: 509.932.3535 | Ext. 5001 | Fax: 509.932.5625



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This message has been scanned for malware by Websense. www.websense.com

From: [Jake Bennett](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Support for Optometry Scope Bill
Date: Thursday, September 30, 2021 12:20:17 PM

External Email

Dear DOH Review,

I agree with the sunrise review report that optometry should be able to practice to the full extent of their education and training. I believe they are full trained and more than capable of safely performing the procedures in the proposed bill. I believe the State Board of Optometry should be given the authority to update scope of practice laws as other professional boards can do. Patients like me will benefit from these changes with improved access and lower cost to eyecare. Thank you.

Sincerely,

Jake Bennett
31264 W Lake Morton Dr SE
Kent, WA 98042
jbennetcmp@gmail.com

From: [Mira Swiecicki](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Review
Date: Thursday, September 30, 2021 12:20:15 PM

External Email

Dear DOH Review,

I completely agree with the draft sunrise review report conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training. The State Board of Optometry should be given authority to update scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington.

Sincerely,

Mira Swiecicki
664 Clark Rd
Bellingham, WA 98225
cmira2c@gmail.com

From: [Ryan Bennion](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Support for expanding optometry scope of practice
Date: Thursday, September 30, 2021 12:10:17 PM

External Email

Dear DOH Review,

First off, I want to thank the DOH for their favorable initial review of the optometry scope of practice proposal. This makes sense for a lot of reasons. Specifically, allowing optometry to practice to the full extent of their training allows for better patient care and a reduction in to the overall cost of health care due to the ability to not have to refer the patient to have procedures done that can easily be treated by the initial provider. Washington has always been a leader for other states and allowing optometry to practice to the full extent of their training(which has proven beneficial in many other states) will continue to keep WA at the forefront of nation with respect to its health care.

Sincerely,

Ryan Bennion
32318 110th Ave SE
Auburn, WA 98092
drryan@maplevalleyvision.com

From: [Robert Collins](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope of Practice
Date: Thursday, September 30, 2021 12:10:15 PM

External Email

Dear DOH Review,

I agree with all bullet points regarding scope of practice for optometrists. In my 40 plus years of practice as an optometrist I have seen many advancements in practice scope in our state and in our nation. I am continuously impressed with the skills and competency of the doctors that adopt these new privileges. The public is certainly better cared for with the availability of additional providers for additional procedures and treatments. The state of Washington is now lagging behind other states that have successfully updated and modernized the practice of Optometry. Thank you for your diligence and time.

Sincerely,

Robert Collins
10032 Edmonds Way Apt 301
Edmonds, WA 98020
dr.collins@optixeyewear.vision

From: [Paul Chous](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise review of Optometry Legislation
Date: Thursday, September 30, 2021 11:50:22 AM

External Email

Dear DOH Review,

I agree with the sunrise conclusion that optometrists should be allowed to practice to the full scope of their training in Washington, and that the Optometry Board, like other health professions boards, is best-suited to determine what procedures members of our profession are qualified to perform. Importantly, patients will be well-served by having improved access to care.

Sincerely,

Paul Chous
25300 Lake Wilderness Country Club Dr SE
Maple Valley, WA 98038
dr_chous@diabeticeyes.com

From: [Bradley "BJ" Lightfoot](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise review on OPW proposal for optometric scope enhancement
Date: Thursday, September 30, 2021 11:39:34 AM

External Email

To whom it may concern,

I'm writing to again express my support for the OPW proposal to expand scope of practice for Washington optometrists. First of all, I would like to thank the Department of Health for their thorough review of our proposal. I am thrilled to know that the review committee supports the concept that optometrists should be able to practice to the full extent of our education and training. This holds true for other medical professionals in Washington and allows the individual boards of those professions to adjust scope to best serve patients as new medications, technologies and procedures become standard of care. Schools of optometry are providing state of the art training for optometrists to learn how to safely and effectively perform procedures within our scope of care, such as laser treatment of capsule opacification and removal of lid lesions. These procedures are commonly performed with a high level of patient safety and satisfaction in other states, but are still prohibited in Washington. This leads to long patient wait times and inability to access care in some communities leading to prolonged loss of function that can ultimately result in additional issues such as fall risk or inability to work for the underserved populations.

I urge those involved to endorse the OPW proposal in the strongest possible terms to advance this proposal and ultimately benefit all Washingtonians.

Thanks for your consideration.

Regards,
Bradley Lightfoot, OD

From: [Evan Beus](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: OPW scope of practice proposal
Date: Thursday, September 30, 2021 10:50:19 AM

External Email

Dear DOH Review,

I would like to begin by expressing my thanks to the Department of Health for reviewing these important issues.

This is a critical moment for eye care in the state of Washington. Optometrists provide the vast majority of primary eye care in the United States, and are trained well beyond our current scope.

Optometry is a unique profession in that it is legislated at the state level. Due to this fact, optometry schools across the country have adopted the philosophy that we should be educated according to our widest possible scope.

A common misconception among the public, and even among some healthcare providers is that optometric education centers around optical refraction and devices. While this is a common aspect of general optometric practice, it amounts to a small percentage of the topics covered in optometry programs around the country.

All optometrists receive doctorate level education in ocular and systemic disease, anatomy, physiology, neurological pathways and innervations, geometric and physical optics, as well as practical procedures including intravenous, intramuscular and subcutaneous injections, minor laser procedures such as YAG laser posterior capsulotomy and the removal and suturing of lid lesions etc.

These procedures are already performed commonly and safely by optometrists in other states, as optometric education and training has proved more than equal to the task of providing highly effective primary care eye doctors nationwide.

The current OPW proposal will not only increase the availability of high level eye care throughout the communities of Washington, but will also allow greater access to marginalized communities across the state.

Virtually no area in the state is without access to optometric services, and the increase in scope of these services is sure to attract the best and brightest in the field from across the nation as Washington becomes the next state to allow full-scope optometry services.

Thank you very much for your time and consideration.

Sincerely,

Evan Beus
804 S 88th Ave
Yakima, WA 98908
drbeus@mountainviewvisiontherapy.com

From: [Evan Beus](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: OPW scope of practice proposal
Date: Thursday, September 30, 2021 10:33:25 AM

External Email

I would like to begin by expressing my thanks to the Department of Health for reviewing these important issues.

This is a critical moment for eye care in the state of Washington. Optometrists provide the vast majority of primary eye care in the United States, and are trained well beyond our current scope.

Optometry is a unique profession in that it is legislated at the state level. Due to this fact, optometry schools across the country have adopted the philosophy that we should be educated according to our widest possible scope.

A common misconception among the public, and even among some healthcare providers is that optometric education centers around optical refraction and devices. While this is a common aspect of general optometric practice, it amounts to a small percentage of the topics covered in optometry programs around the country.

All optometrists receive doctorate level education in ocular and systemic disease, anatomy, physiology, neurological pathways and innervations, geometric and physical optics, as well as practical procedures including intravenous, intramuscular and subcutaneous injections, minor laser procedures such as YAG laser posterior capsulotomy and the removal and suturing of lid lesions etc.

These procedures are already performed commonly and safely by optometrists in other states, as optometric education and training has proved more than equal to the task of providing highly effective primary care eye doctors nationwide.

The current OPW proposal will not only increase the availability of high level eye care throughout the communities of Washington, but will also allow greater access to marginalized communities across the state.

Virtually no area in the state is without access to optometric services, and the increase in scope of these services is sure to attract the best and brightest in the field from across the nation as Washington becomes the next state to allow full-scope optometry services.

Thank you very much for your time and consideration.

-Evan Beus, OD

--



Evan C. Beus, OD

Doctor of Optometry

Clinical Director

Office Phone: (509) 972-6688

Office Fax: (509) 823-4433

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From: [Jackelyn Meyer](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: OPW-Optometry Expansion
Date: Thursday, September 30, 2021 10:20:39 AM

External Email

Dear DOH Review,

It is important, as primary care doctors, that Optometrists get a scope expansion, Simple lumps and bumps procedures as well as lasers are something that Optometry students already have exposure and practice doing in their clinical and didactical education. Other states, including surrounding states, like Idaho, allow these procedures to be done. Having Optometrists have a larger scope of practice will decrease the number of specialty referrals and travel for patients, especially those patients who are limited by social and physical means. Optometrists' education and board experience makes these types of procedures safe for Optometrists' to safely and effectively complete.

Sincerely,

Jackelyn Meyer
312 N Anderson St
Ellensburg, WA 98926
JackelynMeyer93@gmail.com

From: [Nancy Torgerson](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review
Date: Thursday, September 30, 2021 10:00:33 AM

External Email

Dear DOH Review,

Thank you for listening and hearing our profession's request as stated in my previous letter and those of my colleagues. I agree with the draft sunrise review report conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training.

I agree with the draft sunrise review report conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed for addition to the optometry scope of practice.

The State of Board of Optometry should be given authority to update scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington.

My passion is to help through vision and vision therapy people of all ages with special needs, intellectual disabilities, those on the spectrum, acquired brain injury, concussion, learning related visual challenges and those that are gifted but visual dysfunctions are holding them back of reaching their full potential.

Patients will be well served by these changes improving access to and reducing costs of the latest in eyecare – rather than having their ODs

held back by scope laws that haven't been updated in two decades.

I am a past chair of the Washington Board of Optometry and so appreciate the work of those in the Department of Health.

Three of our seven optometrists in our office have practiced in other states. Washington restricts their ability to help patients in a timely way .

Thank you for your help in this endeavor.

Looking forward to great things!

Nancy Torgerson, O.D. FCOVD

Sincerely,

Nancy Torgerson
747 Bell St
Edmonds, WA 98020
drt@alderwoodvisiontherapy.com

From: [Spencer Garlick](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope of Practice
Date: Thursday, September 30, 2021 10:00:00 AM

External Email

To whom it may concern:

Thank you for your detailed review of the proposal. It supports the DOH viewpoint that healthcare professionals should be allowed to practice to the full extent of their education and training. It also reiterates the idea that optometry schools are providing adequate training for said scope. I want to strongly urge the DOH to endorse the OPW proposal. This will show that the state of Washington values its medical professionals and their skills. If we want to attract the best talent to this state, then these types of changes are crucial.

Thank you,



Spencer Garlick OD
Family EyeCare Associates
6314 19th St West Suite 1
Tacoma, WA 98466
253-566-2020

From: [Yin-yin Aung](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise legislation
Date: Thursday, September 30, 2021 8:30:14 AM

External Email

Dear DOH Review,

I agree with the draft sunrise review report conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training.

Sincerely,

Yin-yin Aung
1112 SE 13th Pl
North Bend, WA 98045
yinyin.aung@gmail.com

From: [Christina Schiller](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Draft Report Comments
Date: Thursday, September 30, 2021 8:30:14 AM

External Email

Dear DOH Review,

I am writing to thank you for your support and let you know that I agree that optometrists, much like other health care professionals, should be able to practice to the full extent of their training and education. This, along with the State Board of Optometry being given authority to update scope like other professional oversight boards do in Washington, will help my patients receive timely and more accessible care and will also reduce costs. I am residency trained in Pediatrics, and I also see a large population of patients with special needs. Both of these groups of patients already face limited options for quality care for their unique needs, so being able to refer them to trained providers that can see them safe and in a timely manner is very important to me. If optometrists in Washington are able to practice to their full training in our state, as our colleagues in other states already do, my patients will benefit greatly by improved access to timely, quality care that they need.

Thank you for your support to improve access to care for Washingtonians.

Sincerely,

Christina Schiller
18347 NE 199th Pl
Woodinville, WA 98077
tinaschillerod@gmail.com

From: [Alex Baldwin](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Support for optometrist scope expansion
Date: Wednesday, September 29, 2021 10:50:06 PM

External Email

Dear DOH Review,

I support the draft of the sunrise review that optometrists should be allowed to practice to the full extent of their training, like we see with other health professionals.

I practiced in Oregon for a few years before making my home in Washington and it is challenging practicing in a Washington where the procedures I once performed in Oregon are outlawed. Washington's laws unfortunately don't reflect my training or skills and this scope expansion will help address this. Unfortunately currently I have to refer some of my patients to other providers in Oregon or in Vancouver, WA (an over 70-90 minute drive) to see an ophthalmologist as some insurances cannot cross state lines for patients to be seen in nearby Hood River, OR. I live in a rural community and my patients don't want to drive into "the big city" and often just pass on getting care when considering the hassle of a long drive into the city and cost of seeing another provider. Unfortunately, the patients that need these services most are medicaid and medicare patients which often have the greatest financial and travel difficulties.

Technology, treatments and medications are constantly changing and it is hard for legislation to keep up. Our board should be given the authority to update our practice scope to adapt to these changes in the same way that other professional oversight boards in Washington do.

Thank you for your time and I appreciate you taking our views into consideration!

Sincerely,

Alex Baldwin
19 Dry Pond Rd
White Salmon, WA 98672
alexbaldwinod@gmail.com

From: [Danielle Schleicher](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: I agree with the Sunrise Review Report
Date: Wednesday, September 29, 2021 4:31:01 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review report conclusion that optometrists should be allowed to practice to the full extent of their education and training. OD's are fully trained to safely perform a number of procedures that are being proposed for addition to the optometry scope of practice.

The State of Board of Optometry should be given authority to update scope of practice laws as new technologies, treatments, and medications become available. Patients will only benefit with these changes by improving access and reducing costs of necessary eye care.

Sincerely,

Danielle Schleicher
509 E Hawthorne Rd
Spokane, WA 99218
danielle.schleicher@va.gov

From: [Jennifer Renard](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review
Date: Wednesday, September 29, 2021 2:30:16 PM

External Email

Dear DOH Review,

Optometric physicians are highly trained doctors who have completed undergraduate degrees and at least four years of specialized biomedical training at an accredited college of optometry, and must comply with strict licensing and continuing education standards. Optometric physicians provide a valuable entry point into the health care system for many patients and are often the first to diagnose serious health conditions such as diabetes, multiple sclerosis, heart and thyroid disease, and cancer. This is especially true for the rural counties surrounding Wenatchee and Leavenworth; some of our patients will travel well over two hours to reach our office and it is a disservice to them to not be able to provide the full scope of practice in which I have been trained. Expanding optometry's scope increases access to health care for Washington residents. Optometrists currently practice in all but three Washington counties, while 15 counties (nearly 40%) have no ophthalmologists. I wholeheartedly agree with the draft sunrise review report conclusion that optometrists are fully trained to safely perform a number of procedures that are being proposed to being added to our scope of practice within the state of Washington, especially since I have been trained on many of these procedures in the state of Oklahoma and I'm certified to perform them. I also agree with the report conclusions that optometrist should be allowed to practice to the full extent of their education and training, just like other health care professionals. It is vitally important that Washington's regulatory framework keep up with rapidly changing technology in the delivery of eye care. The best way to ensure such timeliness is to authorize the Board of Optometry to determine which procedures are included in the approved scope of practice and what educational requirements must be met in order for optometrists to provide them. This is essentially the authority granted to other health care professional boards in the state, a system that has served patients well.

Sincerely,

Jennifer Renard
413 Lars Ln
Wenatchee, WA 98801
jrenardod@gmail.com

From: [Shannon Soper](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Review
Date: Wednesday, September 29, 2021 12:50:16 PM

External Email

Dear DOH Review,

I am thankful to see that you agree that Optometrists should be able to practice to the full level of our education. I agree that we have the training to perform the procedures we are asking to be able to do with this scope expansion and am looking forward to the day that I can do so. It is increasingly frustrating when I need to refer a patient to another provider to complete certain procedures that I should be able to do in my office. This current process increases the time and cost to my patients and to our overall health care system.

I fully support that our Board of Optometry should be given the jurisdiction to update our scope much like other health care provider boards already do in our state. Without this change it hinders our profession from growing with new technology and providing the care we are trained to give to our patients.

Sincerely,

Shannon Soper
12421 NE 42nd St
Vancouver, WA 98682
drsoper@mtvieweyecare.com

From: [Douglas Jeske](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Message of support
Date: Wednesday, September 29, 2021 11:30:20 AM

External Email

Dear DOH Review,

Just a couple of comments in support of the optometry scope of practice bill.

1. I fully support the sunrise review report conclusion that optometrist should be allowed to practice to the full extent of their education and training. After practicing for 27 years in Washington state, it has been unfortunate that I have had to refer out patients for simple procedures that I was trained to perform 27 years ago during graduate school.

2. I agree with the conclusion that ODs are fully trained to perform the procedures being proposed. As a health care provider, I am always careful and practice a "safety first" mentality when performing any procedure. This is what all health care providers are trained to do.

3. I support that the State of Washington Board of Optometry should be given authority to update scope of practice laws as needed. It is silly and rather antiquated that in the 21st century our health care profession is required to be regulated by legislation instead of a governing board. The legislature has much larger issues that need to be solved than monitoring a highly educated group of health professionals.

4. As mentioned earlier, it has been costly to my patients that I have had to refer out for simple procedures that I have been trained to perform, for the simple reason of scope of practice bickering. Especially since many health care professionals, with significantly less training, are allowed to perform the same of similar procedures.

In conclusion, please allow the State Board of Optometry to be given the authority to update scope of practice laws based upon our training and continuing education like most other health care professions in Washington. Our education provides appropriate training to allow patients safe and convenient access to procedures to enhance their lives.

Sincerely,

Douglas Jeske
2225 63rd Ct SW
Olympia, WA 98512
drjeske@tumwatereye.com

From: [Jeremy Beam](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Support of sunrise review of optometry scope
Date: Wednesday, September 29, 2021 11:00:19 AM

External Email

Dear DOH Review,

I am writing in support of the conclusions made in the sunrise review report regarding optometry scope updates. Optometrists are trustworthy, community minded doctors that advocate daily for our patients and provide them with a high standard of care. I strongly agree that optometrists in WA State should be allowed to practice to the full extent of their education and training. In order to achieve that goal, the state board of optometry must be given authority to update scope of practice laws similar to other professions within Washington State.

I have been a practicing optometrist for 17 years, all of which have been in WA State. For the last 14 years I have been a part owner/practitioner of Valley Vision Clinic in Walla Walla, WA. We are a private practice group with 5 optometrists and are proud to have been providing full scope optometric care for patients of the Walla Walla Valley for over 70 years. In our mostly rural region of the state, optometrists are the first line of care for majority of the population and updating the scope of optometry will ease access of care and make for a more efficient delivery of care to our community.

When I graduated in 2004 from optometry school, the scope of practice for optometry in WA State was on the leading edge compared to most states in the US. Unfortunately 17 years later, Washington's scope has now lagged behind, not keeping up to date with the every changing field of optometry. Washington's current scope of practice regulations prevent me from caring for my patients as I have been trained, and are inconsistent with both the regulatory structure of other states and national standards in optometry. These restrictions hamper my efforts to serve my patients well, as they decrease access to quality eye care and increase the costs of that care. We owe it to patients throughout our state to provide a modern scope of practice that allows optometrists to provide eye care to the fullest of their training.

In closing, I strongly encourage the sunrise review committee to give a positive recommendation to the proposed changes in the optometry scope of practice and optometry board authority over future scope updates.

Sincerely,

Jeremy Beam, OD

Valley Vision Clinic
22 W Main Street
Walla Walla WA 99362

Sincerely,

Jeremy Beam
77 Ransom Rd
Walla Walla, WA 99362
drbeam@valleyvisionclinic.com

From: [Chad Burton](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise, Optometry Scope of Practice
Date: Wednesday, September 29, 2021 8:50:14 AM

External Email

Dear DOH Review,

This letter is in support of the revisions to the scope of practice for Washington's Optometric Physicians. By allowing the State Board of Optometry to regulate and update scope to include new procedures and treatments. Being able to practice to our full extent will benefit our patients and reduce health care costs.

Sincerely,

Chad Burton
286 Champagne Way
Walla Walla, WA 99362
drburton@valleyvisionclinic.com

From: [Allison Kuo](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Comment on the Sunrise Committee Review
Date: Wednesday, September 29, 2021 8:21:50 AM

External Email

Dear Sunrise Review Committee,

Thank you for your review and support of the expansion of scope of ODs in WA.

One of the most exciting things about my career in optometry are the new technologies, treatments, and medications that are developed every year. During my optometric residency in OR, I was able to practice minor lid lesion removals, injections, and prescribe oral steroids - treatments I'm not able to perform in WA. I believe that allowing ODs to do these kinds of procedures in WA that we are trained in professional school to perform will not only keep WA from falling behind other states, but more importantly benefit patients by preventing them from experiencing unnecessary referrals and copays.

Again I thank you for your support and time.

Best,

Allison Kuo, O.D.
61149900 WA



From: [Joseph Lee](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Review
Date: Wednesday, September 29, 2021 8:20:19 AM

External Email

Dear DOH Review,

I am writing to support the draft sunrise review report conclusions. Optometrists should be able to practice their studied profession to the fullest extent. After years of intensive study and training, they have the capacity to do much more than the current Washington Optometry license allows. Optometrists have been trained to provide mild surgical procedures including eyelid procedures, use of lasers and injections, many of which are being proposed to be included in the expansion of optometry's scope of practice in this state. I believe that the Washington State Board of Optometry has the most intimate knowledge of where the profession stands and should have the authority to update the scope of practice laws in our current world of fast moving technological changes and new treatment modalities and medications become available. This would be in accordance of other professional oversight boards in Washington State. Most importantly, this will benefit the growing health disparity present in the post-pandemic world. This will provide greater access for patients and reduce the socio-economic burden that many face when dealing with health issues. The proposed legislation can only benefit patients and provide greater access to care that many in the rural areas I practice in desperately need. The time and monetary costs often provide a barrier for treatment for many of my patients around Monroe, WA. This new legislation would alleviate many of these issues and would allow a path in the future to continue keeping the optometric laws current with the state of the profession.

Thank you for your time and consideration.
Joseph Lee OD, FAAO

Sincerely,

Joseph Lee
9608 NE 182nd Ct Unit C
Bothell, WA 98011
joeleeod@gmail.com

From: [John Pfeifer](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrised Review of Optometry Scope
Date: Wednesday, September 29, 2021 8:00:21 AM

External Email

Dear DOH Review,

New technologies, treatments and medications are being discovered and implemented at an ever increasing pace. All medical professions should be able to take advantage of these changes in order to best serve their patients. I support the draft sunrise review report conclusion that optometrists should be allowed to practice to the full extent of their education and training.

Sincerely,

John Pfeifer
15435 11th Ave SW
Burien, WA 98166
joepfeiferod@gmail.com

From: [Rich Castillo](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Review
Date: Tuesday, September 28, 2021 8:13:22 PM

External Email

September 28, 2021

Honorable Members of the Washington State Department of Health,

I am writing to support the modernization and expansion of the scope of practice for Optometric Physicians in the State of Washington. Expressly, to grant the Washington State Board of Examiners in Optometry the authority to determine the scope of optometric practice in the state, consistent with current educational paradigms and clinical skills and experiences delivered today in optometric training programs across the nation. Optometric Physicians in Washington State, as elsewhere, have earned the right to practice to the full extent of their education and training.

As both a practicing ophthalmologist and an optometric physician, having trained in the two professions, I feel I can lend a unique perspective to the question of equivalency in training based on experience, not hearsay or political agenda. My observations and opinions are my own, formed by actual and direct experience in optometry and medicine over the past 38 years. Furthermore, I have had the unique perspective of working daily with optometry students, residents, and faculty for nearly 22 years. I can attest to the high levels of training, experience, and professionalism that have defined optometric education and the optometric profession in all that time.

In my state, optometric physicians have been delivering the same services (laser and surgical) which Washington's optometric physicians have been seeking to have authorized for over thirty years. It has been my experience that outcomes and patient satisfaction between Optometry and Ophthalmology have been similar. Access to care has indeed been greatly expanded, particularly in rural areas. Many Oklahoma Ophthalmologists are perfectly comfortable with Optometric Physicians in their offices performing the same laser and surgical procedures now under consideration in Washington state and have been for decades.

Optometric physicians in Washington have the same objective oversight and credentialing mechanisms which assess competency as all other healthcare professions, state-appointed licensing boards and national/state board certifying examinations (including for lasers and office-based surgery). It is high time that a more efficient mechanism be adopted to update outdated scope of practice laws across the nation and allow for the timely implementation of new skills and technologies as they become available to optometric physicians and healthcare practitioners everywhere. Allowing highly trained health professionals to utilize the full complement of their skills and talents is indeed in the best interest of our communities and the public welfare.

Respectfully,

Richard E. Castillo, OD, DO

Ophthalmology & Procedural Optometry

Oklahoma College of Optometry

Northeastern State University

Tahlequah, OK 74464

castillo@nsuok.edu

From: [Mark Cannon](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Review looks good
Date: Tuesday, September 28, 2021 5:20:22 PM

External Email

Dear DOH Review,

I'm an optometrist in Seattle. After reviewing the Sunrise Review draft, I'm pleased with the progress this is making. Please do proceed with scope expansion.

Sincerely,

Mark Cannon
4971 13th Ave S
Seattle, WA 98108
doctor.cannon@SeattleEyeCareDoctor.com

From: [Scott Borgholthaus](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Trained in simple injection procedures
Date: Tuesday, September 28, 2021 1:50:35 PM

External Email

Dear DOH Review,

I've taken full injection courses and successfully treated internal styes with injections while practicing in Idaho. I feel the Washington Optometric Board is the best governing body to dictate what Optometrists can perform in Washington state because they are the most knowledgeable people in government to know what optometrists are educated to do. This is from both classroom and real life experience.

Sincerely,

Scott Borgholthaus
509 Dubois St
Cheney, WA 99004
drb@visionhausoptometry.com

From: [michael van brocklin](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review Committee draft proposal to increase the optometrist scope of practice
Date: Tuesday, September 28, 2021 12:50:24 PM

External Email

Dear DOH Review,

I certainly approve of the drafts conclusions that optometrists are trained for and should be allowed to preform an expanded list of procedures for the patients they serve. This will improve patient access to qualified, compassionate eye care for the citizens of the State of Washington. The ability of The Board of Optometry to define the parameters of the scope of practice of Optometry should be seriously considered to streamline new procedures as they arise and bring Optometry to a similar level to other health professions in the state. As a practicing OD in Washington state for over 40 years and one which has experienced the positive outcomes in other states with increased privileges I am hopeful this report will move our profession forward.

Sincerely,

michael van brocklin
73 S Ridge View Dr
Port Angeles, WA 98362
mike.vanbrocklin@pcli.com

From: [Cory Hansen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise
Date: Tuesday, September 28, 2021 10:00:28 AM

External Email

Dear DOH Review,

I am offering my support for Optometrists to have a scope expansion in Washington State. As our state falls behind other states with increased scope we will start losing the brighter minds in the profession as they will gravitate to other states. The other point I wanted to mention is that all healthcare fields, including medical doctors, participate in training programs, classes and seminars after graduation from professional school. Optometry has the infrastructure in WA to appropriately train OD's in new techniques to ensure that we are competently able to perform and prescribe following scope expansion.

Sincerely,

Cory Hansen
96903 162 Pr SE
Kennewick, WA 99338
cheyedoc@gmail.com

From: [Daniel A Taylor](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [David Stanfield](#); grassroots@eyes.org
Subject: In Support of Optometry Scope Legislation
Date: Tuesday, September 28, 2021 7:08:42 AM

External Email

Good morning:

Thank you for the draft sunrise report that supports the principle that health care workers should be able to practice to the full scope of their training. **I write to you to express my unwavering support for the proposed legislation.**

The key elements supporting this proposed legislation are three, from my perspective:

1. Optometric physicians around the country have demonstrated a responsible approach to scope expansion, requiring thoughtful implementation and ensuring sufficient training before authorizing additional techniques. The two to three years of preparation after the passage of this proposed bill would allow such a thoughtful approach to be taken by the Washington Board of Optometry;
2. By passing this bill, the Board of Optometry will be able to define optometric scope relative to advances in technology and training so that appropriate and efficient patient care is emphasized; and
3. Optometric physicians nationwide, and at my institution, receive over 100 hours of training in the diagnosis and treatment of anterior and posterior segment eye disease and glaucoma, which includes training in minor surgical procedures, therapeutic LASERs, and injectable pharmaceuticals. This bill would permit those practitioners to provide those services to their patients.

Thank you for your consideration of these comments. Do not hesitate to contact me if I can be of service.

Regards,

Daniel A. Taylor OD EdD MS FAAO DipOE
Interim Dean
Michigan College of Optometry
1124 South State Street
Big Rapids, Michigan 49307
(231) 591-3700

From: [Charissa Young](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Support of Optometry Sunrise Review Report
Date: Monday, September 27, 2021 10:10:13 PM

External Email

Dear DOH Review,

I agree that the WA State Board of Optometry should be given authority to update scope laws to improve care of patients as their skills evolve and as medical advancements become available in the future. Doing so will allow optometrists to better treat patient eye care needs and reduce unnecessary referrals and delays in eye care.

Sincerely,

Charissa Young
7718 28th Ave SW
Seattle, WA 98126
charissa.young@gmail.com

From: [Stephan Cassidy](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope Expansion
Date: Monday, September 27, 2021 10:00:14 PM

External Email

Dear DOH Review,

Scope expansion is long overdue for Optometry in Washington state. 30 years ago Washington was in the top five for most progressive states for optometric care in the country, today we are in the bottom five. Scope expansion will improve access to quality eye care that encompasses new technology, treatments as well as procedures that our profession is specially trained to perform. Expansion of our scope of practice is essential to ensure the best and affordable care for our optometric patients, to which they will be better served.

Sincerely,
Stephan L. Cassidy, O.D.

Sincerely,

Stephan Cassidy
11202 Kelly Rd NE
Carnation, WA 98014
drscassidy@aol.com

From: [Sarah Curtiss](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: WA optometrists scope of practice
Date: Monday, September 27, 2021 9:00:14 PM

External Email

Dear DOH Review,

I am an OD working in Washington. I support expanding our scope of practice. In school, we are trained to the maximum scope of practice in any state, which includes far more skills than I am allowed to use during my workday here in WA. I could be so much more helpful for my patients if I were allowed to perform to my level of skill that I've been taught. I work in Camas, Washington which is a small town, and often my patients are unhappy or anxious about having to schedule further "specialist" appointments and drive there just to have their needs met. I feel like my hands are tied, even though I have the skill and the knowledge to help them. The WA Board of Optometry should be given authority to self-regulate and I fully trust them to make sure our field is up to date on the latest technologies and treatments. We are very good at continuing education and making sure that we are all being safe and smart in our practices. Please allow me and my colleagues to practice to the full extent of my education and training. Thank you.

Sincerely,

Sarah Curtiss
7115 N Wabash Ave
Portland, OR 97217
drsarahcurtiss@gmail.com

From: [Harry Boparai](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [Kuderer, Patty \(LEG\)](#)
Subject: Optometrist Scope of Practice RCW 18.120.010
Date: Monday, September 27, 2021 6:20:11 PM

External Email

I agree with the draft sunrise review report conclusion that optometrists, like other health care professionals, and like other optometrists in several other states, should be allowed to practice to the full extent of their education and training.

Optometrists graduating from programs across the country are trained and safely perform the procedures that are being proposed for addition to the optometry scope of practice. In fact, during my training, in 2001 in the state of Oklahoma, I was performing the very same procedures optometrists in WA state are asking for now. Two decades have passed since my training and I have not been allowed to provide the care I am trained to provide to my patients.

This creates an unnecessary burden to my patients and the healthcare industry in general. I practice in a group setting with ophthalmologists and optometrists. I am an owner in my practice. My patients have to return for at least 2 additional appointments, one for consultation and one for the procedure to see my ophthalmology colleagues because I am hamstrung by scope laws in WA state that haven't been updated in two decades.

I am strongly in support of allowing the optometrists of WA state to practice medicine to the full extent of their education and training and I agree with the draft sunrise review that the State Board of Optometry should be given authority to update scope of practice laws as new technologies, treatments and medications become available.

--



Dr. Harry Boparai
Optometric Physician

Overlake EyeCare | www.overlakeeyecare.com | 425-643-2020
Office Locations in Bellevue WA and Kirkland WA
Ophthalmologists - Optometrists - Opticians

From: [Jerry jones](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry practice bill
Date: Monday, September 27, 2021 5:00:18 PM

External Email

Dear DOH Review,

Patients will be well served by allowing ODs to practice to the full extent of their training and education

Sincerely,

Jerry jones
1200 SE Sunnymead Way
Pullman, WA 99163
drjrjones@gmail.com

From: [Doug Hansen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review
Date: Monday, September 27, 2021 4:40:15 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review! In my opinion, one of the most important aspects of this legislation would be to allow the State Board of Optometry the authority to update scope of practice laws as technologies advance and improve. This would follow the similar protocol much like in other professional oversight boards in Washington and other states!

Sincerely,

Doug Hansen
9419 Capstan Dr NE
Bainbridge Island, WA 98110
doug.hansen@PCLI.com

From: [Michael Fenno](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Comment
Date: Monday, September 27, 2021 3:20:13 PM

External Email

Dear DOH Review,

My wife (Cheryl) and I are both Optometric Physicians and have practiced in Stevens and Pend Oreille Counties for 30 years. Living in a rural area means that it often isn't easy to refer specialty care to another Doctor (which usually means Spokane 70 miles away). A trip to Spokane to see another practitioner takes pretty much a whole day and is an expensive and often unnecessary expense for our patients. Often we are referring for a procedure for which we are trained for but our scope of practice doesn't allow in Washington State. An example of this is the removal of lumps and bumps around the eye. This requires a referral to Spokane Eye Clinic.

The Board of Optometry should be allowed to determine our scope of practice and allow us to practice to the full extent of our abilities.

We fully support a change to our antiquated scope of practice laws. This will allow us to practice at a level similar to many other states including Idaho and Oregon.

Sincerely,

Michael Fenno
947 Westover Rd
Colville, WA 99114
mgf3041@gmail.com

From: [Michael Heil](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist Sunrise
Date: Monday, September 27, 2021 2:31:46 PM

External Email

Dear DOH Review,

To best serve WA State citizens, Optometrists need to be allowed to practice to their fullest extent of training. In order to stay relevant Optometrists need to have the State Board of Optometry be given the authority to update scope of practice laws as new technologies, treatments and medications come to fore. In essence I agree with the draft sunrise review regarding the concept of OD's practicing to the full extent of training and the board given the authority to update scope laws as new treatments emerge. This change is best for the citizens of WA State.

Sincerely,

Michael Heil
25904 210th Ave SE
Maple Valley, WA 98038
mikeheilod@gmail.com

From: [Kaitlin Hash](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Draft Review - Optometry
Date: Monday, September 27, 2021 2:31:02 PM

External Email

Dear DOH Review,

I am writing to follow-up on my original letter after reviewing the released draft report. I am pleased with the overall summary and that the Department of Health also agrees that, like state boards for other health practitioners, the board of optometry should have more authority and ability to adjust scope as technology, medications, and procedures advance over time. I have been practicing here in Washington since graduating from optometry school in 2016 and love what I do. Within optometry, my passion is providing primary eye care and vision therapy to children and those with special needs. I am also the Clinical Director for Special Olympics of Washington. Many of my patients have already limited access to eyecare, due to being nonverbal or having other physical or intellectual disabilities that may make access more difficult.

I have formed deep bonds with my patients and their families, and see myself as an important gatekeeper to help them receive the care they need. Part of this depends on the ability for me to get them timely and appropriate access to care and procedures, whether being able to complete the procedures that I have been trained to safely perform, and would be able to do in other states, or refer to someone who could see them in a timely manner. So I am so glad to hear that the Department of Health also agrees that optometrists should be able to practice to their fullest level of training in our state. This I feel will allow much easier access to timely and quality care, especially for the population I see.

Thank you greatly for your support of this modification. I truly believe this is in the best interest for Washingtonians.

Sincerely,

Kaitlin Hash
2330 219th Pl SW
Brier, WA 98036
katiehash1@gmail.com

From: [Drew Aldrich](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Review Draft Report
Date: Monday, September 27, 2021 1:40:15 PM

External Email

Dear DOH Review,

I would like to express my support of the Optometry scope of practice Sunrise Draft Report. Specifically, that optometrists, like other healthcare professions, should be able to practice to the full extent of their training. I also agree with the Draft report's finding that the training optometrists receive is sufficient to allow ODs to safely perform the procedures under consideration for addition to the scope of practice. The proposed changes will result in improved patient access and reduced health care costs for the citizens of this state. It is also important that the Board of Optometry be given authority to update scope of practice laws as new technologies and treatments become available, similar to other professional oversight boards in WA state. Thank you.

Sincerely,

Drew Aldrich
1129 Country Ridge Dr
Richland, WA 99352
drew_aldrich@hotmail.com

From: [Nathan Biancardi](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: I Support this Sunrise Draft
Date: Monday, September 27, 2021 1:20:15 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review report conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training.

I agree with the draft sunrise review report conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed for addition to the optometry scope of practice.

The State of Board of Optometry should be given authority to update scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington.

Patients will be well served by these changes improving access to and reducing costs of the latest in eyecare – rather than having their ODs hamstrung by scope laws that haven't been updated in two decades.

Sincerely,

Nathan Biancardi
9806 N Sundance Dr
Spokane, WA 99208
nateb@deerparkvision.com

From: [Brian Koning](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Improving Patient Care w/ Full Scope Optometry
Date: Monday, September 27, 2021 1:20:13 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review report, which concludes that OD's, like myself, are fully trained to safely & efficiently perform a number of procedures that are being proposed for addition to the Optometry scope of practice. Thank you.

Sincerely,

Brian Koning
3769 Westhills Pl
Bellingham, WA 98226
briank@mtbakervision.com

From: [Vladimir Stovbyr](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise review
Date: Monday, September 27, 2021 12:50:18 PM

External Email

Dear DOH Review,

I am a practicing optometrist in Vancouver area. I would like to express my support for the proposed changes in Sunrise review. I agree that as optometrists, we have been trained to perform many of the listed procedures safely in our communities. We already have a professional relationship with our patients and they will benefit from this change with increased satisfaction rate, better access, less unnecessary referrals and lower cost. I also would like to support the provision that would allow State Board of Optometry to evaluate ways to advance eyecare access in WA. This model will help professionals practice in ways to serve patients at the highest level of supervised training. I have worked in OR state before. This scope limitation makes patient care flow much more challenging. I can't do what I was trained to perform. In fact, patients often express their desire to seek care from providers they trust.

Sincerely,

Vladimir Stovbyr
13820 NE 35th Cir
Vancouver, WA 98682
vastovbyr@gmail.com

From: [Charles Clayton](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Positive change to best support patients
Date: Monday, September 27, 2021 12:50:16 PM

External Email

Dear DOH Review,

The draft of the sunrise review report that concludes that optometrists like other health care professionals should be allowed to practice to full extent of their education and training is right on point. It enables us to best take care of our patients and provide them state of the art care to preserve their eye health and vision. Being able to adapt in new technology, treatments, and medications as they become available is key to being able to respond quickly and effectively to care for our patients. The recent events of the last two years have really shown that it is critical that we are able to adapt to best care for people. This will provide better access to eye related medical care and reduce the cost associated by having to visit multiple providers or offices to get the care that is needed. Our patients and our doctors shouldn't be tripped up by laws that have not been updated in 20 years. This will allow us to do better. Thank you! Kind Regards.

Sincerely,

Charles Clayton
23419 SE 51st Pl
Issaquah, WA 98029
eyeballdr@comcast.net

From: [Jeffrey Urness](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Scope of practice for Optometric Physicians
Date: Monday, September 27, 2021 12:30:22 PM

External Email

Dear DOH Review,

- I agree with the draft sunrise review report conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training. I have personally performed laser treatments and minor surgical procedures allowed in neighboring states, and believe these should be allowed in Washington state as well.

Sincerely,

Jeffrey Urness
9905 S Lakehurst Dr
Medical Lake, WA 99022
Jrurness@gmail.com

From: [Sherri Egashira](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: In support of Optometry scope of practice update
Date: Monday, September 27, 2021 12:30:20 PM

External Email

Dear DOH Review,

Wow, what a thorough, well researched and articulated draft report. I agree with the draft sunrise review report conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training. I also agree that ODs are or will be fully trained to safely perform all of procedures that are being proposed and that the Board of Optometry will ensure that.

I believe The State of Board of Optometry should be given authority to update scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington.

Our patients, like those in Oklahoma, will be well served by these changes improving access to and reducing costs of eyecare. Patients will be well served when Washington can attract the best and brightest new optometry school graduates.

Dr. Sherri Egashira
optometric physician

Sincerely,

Sherri Egashira
9419 Capstan Dr NE
Bainbridge Island, WA 98110
shg2020@gmail.com

From: [Mark Balter](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review
Date: Monday, September 27, 2021 12:20:20 PM

External Email

Dear DOH Review,

I strongly believe that optometrists should be allowed to practice to the full extent of their education and training like other healthcare professionals and not be restricted by outdated scope laws.

Sincerely,

Mark Balter
PO Box 99182
Seattle, WA 98139
balter@isomedia.com

From: [len koh](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist Scope Expansion
Date: Monday, September 27, 2021 12:10:20 PM

External Email

Dear DOH Review,

I whole-heartedly support the followings:

- I agree with the draft sunrise review report conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training, as a number of other States have done for years.
- I agree with the draft sunrise review report conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed for addition to the optometry scope of practice, as a number of other States have proved true, cost saving, and effective.
- The State Board of Optometry should be given authority to update scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington.
- Patients will be well served by these changes improving access to and reducing costs of the latest in eyecare – rather than having their ODs hamstrung by scope laws that haven't been updated in two decades. Time to catch up with other States that have expanded scope of practice for optometrists for many years.
- I have colleagues who practice at other states who confirm that their patients appreciate that they do not need to be referred for procedures that optometrists can do at a lower cost and save their time.

Sincerely,

len koh
2804 W Parkway Dr
Spokane, WA 99208
len.koh@va.gov

From: [Lorin Park](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review comment
Date: Monday, September 27, 2021 12:10:19 PM

External Email

Dear DOH Review,

Fifty years ago, I successfully practiced optometry for two years at US Reynolds Army Hospital in Lawton, OK. I agree with the current sunrise review report conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed for addition to the optometry scope of practice. Patients will be well served by these changes.

Sincerely,

Lorin Park
5204 Matia Ln
Pasco, WA 99301
lbpark@hotmail.com

From: [Leslie Craddock](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: sunrise approval
Date: Monday, September 27, 2021 12:10:18 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review report conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training.

Sincerely,

Leslie Craddock
5834 4th Ave NW
Seattle, WA 98107
les.craddock@hotmail.com

From: [Jason Barnes](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Draft Report
Date: Monday, September 27, 2021 11:50:25 AM

External Email

Dear DOH Review,

Thank you for taking time to read my comments. I agree with the draft review report conclusion that optometrists should be allowed to practice to our fullest extent of our education and training. This would put us inline with other health care professionals. I also agree with the review report that we are fully trained to safely perform the procedures that are being proposed for addition to our optometry scope of practice. In line with other health professionals (and their boards), I strongly believe that the state board of optometry should be given authority to update scope of practice laws as new technologies, treatments and medications become available. With these proposed changes our patients will be well served by improving access and reducing costs for the latest treatments in eyecare. If this change doesn't occur we will continued to be held back by our scope laws that haven't been updated in two decades.

Thanks for considering these comments during your review.

Sincerely,

Jason Barnes
404 W Rolling Hills Ln
Wenatchee, WA 98801
jasbarnes@gmail.com

From: [Jeremy Marcuson](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: I support this
Date: Monday, September 27, 2021 11:50:25 AM

External Email

Dear DOH Review,

Patients will be well served by these changes improving access to and reducing costs of the latest in eyecare. My patients in my rural practice have no access to eyecare outside of my office without travelling. I am trained and happy to perform some of these services for them saving many elderly folks time and healthcare money.

Sincerely,

Jeremy Marcuson
14515 N Pine Tree Dr
Spokane, WA 99208
jermymarcuson@hotmail.com

From: [Shaun Coombs](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry DOH Sunrise Report
Date: Monday, September 27, 2021 11:30:25 AM

External Email

Dear DOH Review,

I would like to express my appreciation for the well considered analysis of the proposed Optometry scope modernization.

I firmly believe that the citizens of Washington will greatly benefit when ODs are able to practice with a broader scope which is in alignment with our level of training.

I noted in the report that there are concerns about granting the State Board of Optometry the authority to authorize new treatments as they arise in the future. I offer assurance that Optometry is a conservative and judicious profession and would treat the authority to incorporate new treatments with a great deal of care as is done by other doctoral level professions such as dentistry and medicine.

Thank you for considering my comments.

Regards,
Shaun Coombs OD

Sincerely,

Shaun Coombs
1603 Camden Park Dr SW
Olympia, WA 98512
shaun.coombs@pcli.com

From: [Jason Egbert](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Review
Date: Friday, September 24, 2021 10:30:14 PM

External Email

Dear DOH Review,

I am an optometrist in Battle Ground, WA, and proudly serve my rural community. I have many patients that do not want to travel the lengthy trip to Portland or Vancouver for eye care services, so they put off and avoid sight-saving treatment. What makes this even more troubling is that I've been trained to do the procedures that they often need, but due to the restrictive scope laws in Washington that haven't been updated in 20 years, I am not allowed to care for these patients the way they deserve. I agree with the Sunrise review that we should be able to practice to the level of our training/education. Please vote to increase access to sight-saving treatments. Please vote to lower the financial burden on our state and federal healthcare program.

Sincerely,

Jason Egbert
1280 E 16th Cir
La Center, WA 98629
dr.egbert@firstsightfamilyvision.com

From: [Nicholas Gubler](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review
Date: Friday, September 24, 2021 1:40:15 PM

External Email

Dear DOH Review,

I concur with the DOH conclusion that all health care professionals should be allowed to practice to the full extent of their educational training. Optometrists, are uniquely qualified to perform a number of procedures safely that have been outlined in this sunrise draft. The State Board of Optometry, can continue to update the scope of practice as new treatments and technologies become available.

This is in accord with other states where I have practiced optometry, and will help ensure that future students are not turned away by an outdated scope law.

Sincerely,

Nicholas Gubler
5813 Tyre Dr
Pasco, WA 99301
nicholasgubler@gmail.com

From: [AARON BANTA](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope Expansion Sunrise Review
Date: Friday, September 24, 2021 7:10:10 AM

External Email

Dear DOH Review,

I am sending this message to indicate my agreement with the Sunrise Review report indicating that optometrists should be allowed to practice to the full extent of their training and that they are fully trained to safely perform procedures outlined in the proposed expansion of their scope of practice. I have been unable to perform procedures and prescribe medication I have been licensed to perform/prescribe in other states for nearly two decades. As recently as yesterday, I had to refer patients for simple procedures that I am perfectly capable of performing due to outdated scope of practice statutes. Doing so increases cost and delays care for patients. Patients will benefit from improved access to care at a reduced cost to the health care system. Like the State Medical Board, the State Board of Optometry should be given the authority to update scope of practice laws for optometrists as new technology, treatments, and medications become available. Otherwise, optometrists and patients in Washington state will perpetually fall behind the times.

Sincerely,

AARON BANTA
8127 W Grandridge Blvd Ste 110
Kennewick, WA 99336
DRBANTA@CENTERVISIONCLINIC.ORG

From: [emilychance](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry bill
Date: Thursday, September 23, 2021 6:51:52 PM

External Email

I live in Washington and I think my Optometrist should be able to practice the way they were taught and their board should be able regulate what they can and can't do.

Thank you!

Emily Chance

[Sent from the all new AOL app for iOS](#)

From: [Julie](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrists
Date: Thursday, September 23, 2021 6:51:41 PM

External Email

I strongly believe that optometrists should have the ability to have their board decide what they can and can't do. They should be treated the same as other boards of medicine.

I am a voter and I do pay attention to things like this. Please hear our voices.

Thanks for your time.

Julie McCord

From: [Jules Konter](#)
To: [DOH HSQA Optometry Sunrise](#)
Date: Thursday, September 23, 2021 6:51:30 PM

External Email

Optometrists should have the ability to have their board decide what they want and to what they are taught to do .

Sent from [Mail](#) for Windows

From: [Kalin](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: optometry support
Date: Thursday, September 23, 2021 6:51:27 PM

External Email

I am a citizen of Washington state and I think that optometrists should be allowed to practice the way they were taught. Their board should regulate what they can and cannot do.

Kalin Kluth

From: [Judy Chan](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review
Date: Wednesday, September 22, 2021 1:00:16 PM

External Email

Dear DOH Review,

I am absolutely delighted to read that the Washington Department of Health supports “the idea that all provider types should be able to practice to their highest level of education”. As an optometrist that has been practicing in Washington for over 30 years, I finally feel that I will have the opportunity to deliver the kind of care to my patients that I have been trained for.

Like many other professions, optometry has grown over the years with new technologies and advancements that have allowed my fellow optometrists to treat patients like never before. We are a Board-Certified profession, and it is time that Washington law recognizes our training by allowing optometrists a full scope of practice. Many optometry schools have been teaching surgeries and procedures skills for the past decade. Skills that optometrists have not been able to utilize due to the current antiquated laws.

The State Board of Optometry, like many other profession oversight boards, is the governing body for our profession and should be given authority to update the scope of practice laws as new technologies, treatments, and medications become available. As a former member of the BOO, I served to protect all Washingtonians from substandard eye care. This will not change.

Patients will be well served by these changes, improving access to, and reducing costs of the latest in eyecare – rather than having their doctors hamstrung by scope laws that haven’t been updated in two decades. When optometrists are forced to refer patients to other providers for procedures they are trained to safely provide, healthcare costs will only be driven upwards. Let us serve our communities, just as we did during the height of the pandemic, by diverting many emergency room visits. I urge you to continue to consider this scope expansion bill with the welfare of the public in mind.

Sincerely,

Judy Chan
1315 NE 152nd Ave
Vancouver, WA 98684
drchan@pecps.com

From: [Benjamin Winters](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Sunrise Report
Date: Tuesday, September 21, 2021 11:43:25 AM

External Email

To Whom It May Concern:

I would like to voice my support of two of the conclusions of the draft sunrise review report.

1. Recognition of the extensive education and training ODs must complete to enter the profession; and that ODs are sufficiently trained to perform many of the procedures we proposed adding to optometry's scope of practice.
2. That optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training

As an OD in Yakima, we regularly have issues with the lack of sufficient ophthalmologists we have in this area. The current wait most of my patients have when I refer them to an ophthalmologist is over 3 months. Many times they are waiting for routine procedures that myself or other optometrists in my area are trained to perform. I know that allowing optometrists to practice to the full extent of their training would alleviate the current burden on our local healthcare system and improve patient care.

As a result, I think it is important that the State Board of Optometry be given authority to update scope of practice laws as new technologies, treatments, and medications become available, similar to how other professional oversight boards in Washington work.

Sincerely,

Benjamin C. Winters, OD, FCOVD

Board Certified in Vision Therapy and Vision Development

[Winters Vision](#)

Office: 509.576.3989 Cell: 509.426.5463

Fax: 509.576.4375

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From: [Irene Yang](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry scope of practice
Date: Monday, September 20, 2021 12:20:09 PM

External Email

Dear DOH Review,

As an optometrist in federal service for over 20 years, I'd like to comment that I am in agreement with the sunrise review report conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training, and the Boards of Optometry should be allowed to update scope of practice laws as technology, treatment options, and medications evolve and become available. I feel ultimately patients will benefit from the improved access and reduced cost of care.

Sincerely,

Irene Yang
1902 SW 326th St
Federal Way, WA 98023
irene.yang@va.gov

From: [Scott Berken](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review of Optometry
Date: Monday, September 20, 2021 5:10:07 AM

External Email

Dear DOH Review,

I believe the draft sunrise review report conclusion that optometrists should be able to practice to the full extent of their education and training just like other health care professionals.

ODs training allows them to safely perform procedures that are being proposed for addition to the optometry scope of practice.

Just like other professional oversight boards in Washington, the State Board of Optometry should be able to update scope of practice laws as new technologies, treatments and medications become available.

Patients would be well served by changing access to and reducing costs of the latest in eye care. This would be a great improvement in eye care compared to our decades old scope of practice laws.

Sincerely,

Scott Berken
1301 Madison St
Aberdeen, WA 98520
berkenscott@hotmail.com

From: [Joseph Dolezal](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Comment on Optometry's Sunrise Review Draft Report
Date: Saturday, September 18, 2021 3:50:12 PM

External Email

Dear DOH Review,

I fully support the draft report on Optometry's Sunrise Review and its statements regarding the profession's training allowing an expansion of scope with their state board having the authority to update this as other healthcare professional oversight boards do in Washington. As a 40 year practicing doctor of optometry in Centralia, I have provided full scope eye care and know what rural needs are. I chose this state to practice in because in 1981 it had one of the most expansive professional optometry licensure regulations in the country. We could serve our patients at the levels we were taught in colleges of optometry, but not so today. Current graduates find that the majority of nearby states allow them to use skills that they are denied here in Washington State and will go elsewhere as I would do if I had just finished college. Our communities deserve the best doctors possible as my generation retires and our State Board can determine the skills needed and license qualified doctors as do medical and dental boards for their respective professions. I have often spoken with legislators that have told me that they do not want to determine optometric scope of practice any more than they would for family practice physicians. Our level of care has rapidly risen as our patients demand and as other states have found, expansion of scope is not only safe but cost effective for their residents. Let the State Board of Optometry guide the quality of eye care into future as other states have done and we will have the best field of doctors with the most up to date skills providing our patients the access to affordable local vision care.

Sincerely,

Joseph Dolezal
3802 Mayberry Rd
Centralia, WA 98531
jdolezal@innovationsineyecare.com

From: [Rick McManus](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometric Scope of Practice
Date: Saturday, September 18, 2021 3:40:09 PM

External Email

Dear DOH Review,

I agree with the conclusion of the report that Optometrists should be allowed to practice to the full extent of their training and education and that optometrists are fully trained to safely perform a the procedures that are being proposed.

However, I disagree that the actual procedures should be listed. Any list should be the function of the Board of Optometry. The whole purpose of this legislation is to give the Board of Optometry it's rightful authority to govern the optometrists in the State of Washington just as all other Healthcare Boards currently do in the State of Washington. Providing a list of procedures defeats the purpose of this bill.

Sincerely,

Rick McManus
5052 164th Ct NE
Redmond, WA 98052
rmcmanus@bellevuevisionsource.com

From: [Suzanne Zamberlan](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrists in the state of Washington
Date: Saturday, September 18, 2021 11:40:09 AM

External Email

Dear DOH Review,

I strongly believe that optometrists, like ALL medical professionals, should be able to practice to the fullest extent of their training. This benefits everyone: patients especially, the community as a whole, insurance companies, everyone!

Optometrists are not only trained in school to perform the procedures that are being proposed, we attend 25 hours or more of continuing education each year to ensure that our skills are continually up to date.

In my 17 years of practice, I have worked in both Oregon and Washington and always wish that Washington's scope of practice was like Oregon's. I can literally drive 10 miles (I live in Vancouver, WA so Portland is very close) and perform procedures that I cannot perform in my home state.

There are not enough eye doctors (ophthalmologists and optometrists) as it is in the country and patients are having to wait months for services. It won't increase the number of doctors, but by expanding our scope of practice in WA state, more optometrists will be able to help our patients!

Sincerely,

Suzanne Zamberlan
408 NE 136th Way
Vancouver, WA 98685
drz@evergreeneyecare.com

From: [Thunya Walker](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry needs new scope
Date: Friday, September 17, 2021 3:00:17 PM

External Email

Dear DOH Review,

I agree with the Sunrise conclusion that optometry needs a scope that is representative of the training we receive which is to be allowed to practice to the full scope.

The state board of optometry should govern our scope as the training has increased.

We need to update the scope of practice of optometry to reflect the metamorphosis of the delivery of eye care.

Patients will be best served by these changes.

WA state is losing talented new doctors as they migrate elsewhere to practice to their fullest extent of their training.

Sincerely,

Thunya Walker
2808 93rd Pl SE
Everett, WA 98208
drthunya@gmail.com

From: [Nils Ohlsen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope of Practice
Date: Friday, September 17, 2021 1:10:17 PM

External Email

Dear DOH Review,

I am writing in strong SUPPORT of allowing optometrists in the state to practice to their full level of education and training. It is a crucial step in keeping up with technology and being able to provide the highest level of care to patients. This is particularly important due to the vast rural areas in our state, where ophthalmologists may be a very long distance away.

Sincerely,

Nils Ohlsen
24999 E Pine Point Ct
Liberty Lake, WA 99019
dr@outlookeye.com

From: [Sean Woolsey](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope Sunrise Draft Comments
Date: Friday, September 17, 2021 10:14:50 AM

External Email

09/17/2021

To: Washington State Department of Health

From: Dr. Sean Woolsey

I'm an optometrist that practices in Tumwater, Washington. I am writing in support of the Sunrise Review draft of the optometry scope of practice.

I agree that optometrists, like any other health care professional, should be allowed to practice at their full potential and to the full extent of their education and training. These type of scope bills are passing all across the country, and more will come every year. I don't want to see Washington fall behind and force doctors to not choose Washington because they can't practice to the full extent to how they are trained.

I agree that optometrists are fully trained to perform the procedures we are asking to perform. If we were asking for more advanced ocular surgeries, such as cataract surgery or intraocular injections, I would agree with the opposition in saying we don't have proper training and education. We aren't asking for those types of procedures, we are only asking for the procedures we are trained to do. This training is evident in the states with expanded optometry scope, as there are no adverse outcomes, complaints or malpractice claims made to the state boards.

I do want to emphasize the benefit this bill would provide to the citizens of Washington. As already mentioned, there is proof from other states that optometrists can perform these procedures safely and effectively. Optometry outnumbers ophthalmology, especially in rural communities, so access to care is improved. This bill would allow for more prompt medical care that is easier, more enjoyable, and cheaper for the public.

Just this past week I had a patient encounter that could have gone differently if this bill was in effect. I saw an 80 year old woman with a chalazion, which was causing irritation, discomfort and blurred vision. She had been using non-invasive treatment options for the last couple of weeks with no benefit. I explained to her that the next step is a simple in office procedure to removed this lid lesion, but I am unable by law to do this procedure so I would need to refer her to an ophthalmologist. This patient lives in Tumwater and is not able to drive herself to any appointment, she walks from her house to my nearby office. There are two options for referring to ophthalmology; one office is in Lacey, but they can't get my patient in for 3-4 months, the other office is in Tacoma, which my patient is unable to get a ride to. So now this nice woman has to live with this annoying lid lesion for the next few months, when I could have easily treated her on the same day I saw her.

I hope with the edits made to the bill based on your recommendations, you will again provide a favorable review to optometry's scope expansion bill.

Thank you

Sean Woolsey OD
Tumwater WA

From: [Brian Johnson](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometric physician scope expansion
Date: Friday, September 17, 2021 9:21:07 AM

External Email

Dear DOH Review,

I'd like to express my agreement with the draft sunrise review report which concludes that optometrists should be allowed to practice to the full extent of their education and training, just like other health care providers. In addition, much like other professional boards in Washington, the State Board of Optometry should be given authority to update scope of practice laws as new practice standards develop in the future. By expanding the very outdated scope of practice laws for optometric physicians, Washingtonians will be better served through improved access to a wider range of eye care.

Sincerely,

Brian Johnson
2304 S Young Ct
Kennewick, WA 99338
brian.johnson@pcli.com

From: [Timothy Thomas](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review
Date: Friday, September 17, 2021 9:00:21 AM

External Email

Dear DOH Review,

I agree with the draft sunrise review report's conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training.

I agree with the draft sunrise review report's conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed to addition to the optometry scope of practice.

The State Board of Optometry should be given authority to update the scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington. Patients will be well served by these changes, improving access to and reducing costs of the latest in eyecare – rather than having their ODs hamstrung by scope laws that haven't been updated in two decades.

Sincerely,

Timothy Thomas
3824 W Waterford Ln
Moses Lake, WA 98837
drtimthomas@live.com

From: [Alan Bernstein](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: update of optometry rules
Date: Thursday, September 16, 2021 3:00:24 PM

External Email

Dear DOH Review,

optometrists are trained to do procedures to the full extent of their training and should be permitted to do so safely. It will help the people of Wa to be better served
The state Board of optometry should be the governing body to determine what the scope is, I agree with the report that the proposed procedures should be added, Thank you

Sincerely,

Alan Bernstein
3716 196th Avenue Ct E
Bonney Lake, WA 98391
ajbp4@hotmail.com

From: [Roger Hall](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry needs new scope
Date: Thursday, September 16, 2021 2:20:16 PM

External Email

Dear DOH Review,

- *I agree with the Sunrise conclusion that optometry needs a scope that is representative of the training we receive.
- *The State Board of Optometry should govern our scope as the training has increased.
- *Patients will be best served by these changes
- *WA state is losing talented new doctors to other states as they migrate elsewhere to practice to the fullest extent of their training. This is a brain-drain away from WA State.
- *We need to update the scope of practice of optometry to reflect the metamorphosis of the delivery of eye care, especially as this delivery relates to rural Washington State.

Dr. Roger W. Hall
Everett, WA

Sincerely,

Roger Hall
10217 19th Ave SE Ste 102
Everett, WA 98208
rogerwhall@gmail.com

From: [Brett Llewellyn](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: I endorse the sunrise review draft conclusion
Date: Thursday, September 16, 2021 1:10:16 PM

External Email

Dear DOH Review,

I wholeheartedly support the sunrise review report draft conclusion to expand (modernize) optometrists' scope of practice in line with their advanced training. This will undoubtedly expand patient access to appropriate treatments such as lid lesion excisions in a timely manner. In states where optometrists have been performing these procedures for many years, the complaint or malpractice rate has been miniscule, which is clearly something to be proud of. ARNPs and PAs are already allowed to do some of these procedures in Washington, even though they have massively LESS eye-related training than optometrists!

As a practicing optometrist in Seattle who sees many patients with (minor) surgically treatable lid lesions, My patients and I find it frustrating and wasteful in time and money, (and in the middle of a pandemic) to have to refer out to the backed-up ophthalmologist what could have been handled at the first visit in a timely manner, like many other states. Washington's antiquated optometry practice scope law is also hindering my ability to hire brilliant new grads from other states, since they want to practice to their full training. Please expand optometry scope for the benefit of public, now.

Sincerely,

Brett Llewellyn
6813 19th Ave NE
Seattle, WA 98115
brett.llewellyn@gmail.com

From: [Arash Eslami](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Allow optometrists to practice to the full extent of their abilities
Date: Thursday, September 16, 2021 9:30:22 AM

External Email

Dear DOH Review,

To Whom It May Concern,

I am an optometrist who has practiced in Washington State since 2013. The topic before you is whether optometrists should practice to the full extent of their education and training. The Draft Sunrise Review Report concludes that optometry is no different from other health professions who are allowed by law to practice to the full extent of their education and training. The experience of other states, many of which optometrists in this state have been in for training or work experience offer examples of the benefits for Washington state residents if their optometrists are allowed to practice up to the full extent of their training. I have trained in Tahlequah, Oklahoma and been exposed to the benefits to patients of decades of more widespread availability of full scope competent and caring eye care provided by optometrists alone and in conjunction with other specialties. The abilities of these Oklahoma optometrists are enhanced by their longstanding and consistently updated training and legal permissions. The opposite is also true that optometrists with longstanding restrictions legally or lack of training are diminished in their ability to serve the public. In the case of Oklahoma optometrists, their patients and the general public are appreciative of the quality of their optometric services. In our state as in many other states, eye care availability and affordability can make the difference between someone receiving vision-saving care and not receiving such care. Many individuals will forgo vision care if the demands of receiving that care is too burdensome to them. This is true for all types of vision care from the most basic to the most advanced. If you are in the position to protect the public then you will need to weigh the benefits of greater accessibility of vision care against the risk to the public health and any monetary considerations. As with any profession, the state board, in this case, The Board of Optometry, monitors and penalizes those professionals who violate the laws of our state or the standards set by their profession. The Board of Optometry is in the unique position of consistently deliberating on both the laws and standards of optometry in Washington State, and, therefore, should be put in the position to update the optometric scope of coverage in our state as new technologies, treatments, and medications become available. The current impediments to granting greater scope of practice permission to optometrists serves to unnecessarily slow the introduction of what's new in vision care by decades. There is a significant, but under-recognized, price paid in lost vision among the public as a result of these impediments. For example, in the past optometrists were denied the use of diagnostic and therapeutic prescription medications. It is frightening to imagine how many individuals had worsening undetected visual conditions prior to the widespread availability of dilation at the optometrist's office. These unsuspecting individuals would have never known about their eye condition until their vision was diminished or lost. Optometrists prior to having permission to dilate the pupils would not have been in the position to advise these patients to seek specialty care. Surely the long-term cost is greater to society when independence and quality of life are diminished when eye conditions go undetected and untreated. Again this threat to vision is a situation that is under-recognized among the general public and it is the duty of eye care professionals to educate the public to act in their own interests. Widening the scope of optometry, placing the authority for widening the scope of optometry with the State Board, and incorporating the conclusions of the draft sunrise review report into the state laws will bring greater advantages than disadvantages to the general public in Washington State.

Thanks,
Dr. Eslami

Sincerely,

Arash Eslami
1922 204th St SW
Lynnwood, WA 98036
eslamia@aol.com

From: [Shawn Brittain](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Much needed expansion
Date: Thursday, September 16, 2021 7:30:13 AM

External Email

Dear DOH Review,

I've been educated and trained on many procedures and techniques that can quickly and safely treat numerous eye diseases and trauma to help elevate pain and discomfort and the potential for greater complications, but Washington's outdated laws preclude me from doing so. Ophthalmology is so backed up. When I send patients off to get the help they need, it's not uncommon now for them to have to wait up to 3 months to get that aid. If I were allowed to practice in a manner I've been trained, it would save the patient time, money and pain, not to mention saving insurance companies. The State Board of Optometry should be given authority to update scope of practice laws as new technologies, treatment and medications become available- not dissimilar to other professional oversight boards in Washington.

Making these changes will better serve patients and our communities, allowing people to get the care they need in a timely manner by trained doctors.

Thank you!

Sincerely,

Shawn Brittain
2431 NW Larkspur Ct
Camas, WA 98607
drbrittain@gmail.com

From: [Michael Heil](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist's Sunrise Comments
Date: Thursday, September 16, 2021 6:40:12 AM

External Email

Dear DOH Review,

Times change and so must professions to stay relevant. Optometrists are currently trained to do procedures that are allowed in many states (not Washington). They are doing these safely, cost efficiently, and improving patient access at the same time. In order to best serve Washington residents the Board of Optometry needs authority to update scope of practice laws as new technologies become available. Patients are best served by a profession that sustains relevancy by being able to change with the times.

Sincerely,

Michael Heil
25904 210th Ave SE
Maple Valley, WA 98038
mikeheilod@gmail.com

From: [Steven Davis](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope of Practice Bill
Date: Wednesday, September 15, 2021 8:00:13 PM

External Email

Dear DOH Review,

I am a retired optometric physician and am in support of the scope of practice bill currently proposed. I agree with the draft sunrise review's report that OD's are fully trained to safely perform the proposed procedures .

In addition, the State Board of Optometry should be given the authority to update the scope of practice as new technologies, treatments and medications become available. Realize that this is what happens with other oversight boards in Washington State.

Ultimately, the people of Washington State will be better served with these changes.

Sincerely,

Steven Davis
2370 Hood Pl
Walla Walla, WA 99362
walla2idoc@gmail.com

From: [Justin Wright](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrists in Washington
Date: Wednesday, September 15, 2021 7:30:13 PM

External Email

Dear DOH Review,

I was able to provide my comments and support during the sunrise review a month or two ago regarding the expansion of scope for optometrists in WA state to practice to the full extent of their education and training.

I work for Northwest Eye Surgeons in Mt. Vernon and Bellingham. I feel that we, as an eyecare community, would be able to provide better patient care should we be allowed to perform additional procedures as trained.

The State Board of Optometry should have the authority to update scope of practice rules as further technologies, treatments, and medications become available.

I ask that you please consider carefully the ability for patients to receive care throughout the state and update our scope laws as suggested.

Thank you,

Justin L. Wright

Sincerely,

Justin Wright
3060 Pine Creek Dr
Mount Vernon, WA 98273
jwright@nweyes.com

From: [Sara Low](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Review for Optometrist
Date: Wednesday, September 15, 2021 6:13:56 PM

External Email

To Whom it May Concern,

I am writing to show my support for the Sunrise Review report conclusion that optometrists should be allowed to practice to the full extent of their education and training. I currently hold a license in a state that has a more robust scope of practice and would like to be able to practice the same scope to improve the quality of care my patients receive in WA where I reside. Updating Washington's scope of practice laws would bring them into closer alignment with laws in other states, which have seen no increase in adverse patient outcomes from scope expansion.

Expanding optometry's scope increases access to health care for Washington residents. Optometrists currently practice in all but three Washington counties, while 15 counties (nearly 40%) have no ophthalmologists. Patients will be well served by these changes that haven't been updated in more than two decades to improve access to eyecare and reduce cost.

The proposed changes would authorize the State Board of Optometry to determine optometrists' scope of practice, as other healthcare professional boards do, and to establish education standards required to perform procedures deemed within the scope of practice. The changes would also align optometrists' approved scope of practice consistent with national standards including expanding the types of medications optometrists may prescribe, including oral steroids. An expansion of the range of therapeutic procedures an optometrist may perform including injections, eyelid lesion removals, and board-approved laser procedures is also proposed. Please note that the proposed changes **exclude** many surgical procedures including cataract extraction, LASIK procedures, and posterior segment lasers and injections that require more training than an optometrist receives.

Thanks for your consideration,

Sara Low, OD

[Duvall Advanced Family Eyecare](#)

[DuvallEye.com](#) | 425.788.2990

patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without any additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

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From: [Philip Williams](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise Review of Optometry Scope Expansion
Date: Wednesday, September 15, 2021 4:40:11 PM

External Email

Dear DOH Review,

DOH Sunrise Review,

I am pleased that there was a positive draft sunrise review of the optometry scope expansion proposal. I feel the the draft sunrise review report was correct in their assessment that optometrist, like other health care professionals, should be allowed to practice to the full extent of their education and training. I also agree with the draft sunrise review report conclusion that optometrist are fully trained to safely perform a number of procedures that are being proposed for inclusion to the expanded optometry scope of practice.

I feel the State Board of Optometry should have the authority to update the optometry scope of practice laws as new technologies, treatments, and medications become available; much like other professional oversight boards in Washington.

I believe the patients in Washington State will be well served if these changes are approved by improving access to and reducing costs of these recommended procedures. This will eliminate the restrictions imposed upon optometrist by the current outdated optometry scope law which has not been updated on more than two decades. Patients will find a reduction in the number of office visits currently needed as optometrists must know refer patients needing the requested procedures to other providers. This in turn will reduce patient out of pocket expenses by reducing the number of co-pays they would incur as they are referred to various providers.

I applaud the sunrise review committee for their forward thinking, and taking into consideration how expanding the optometry scope law will benefit patients in Washington State.

Sincerely,

Philip Williams
21811 42nd Dr NE
Arlington, WA 98223
drw@alpinevisionclinic.com

From: [Paul Jensen](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope Sunrise Review
Date: Wednesday, September 15, 2021 4:20:17 PM

External Email

Dear DOH Review,

Thank you for your careful Draft Report for optometric scope of practice Sunrise Review.

I am writing in favor of expansion of optometric scope of practice. I wholeheartedly agree with your conclusion that professions should work at their highest level of competence.

Optometrists have shown themselves to be judicious in their expanded privileges in Washington and around the country.

Given the shortage of ophthalmologists, as testified before a Washington Legislative Committee and as confirmed by the U.S. Department of Health and Human Services Report, 2016, optometrists are ready to step in and keep Washington residents healthy.

Sincerely,

Paul Jensen
4717 132nd Ave SE
Bellevue, WA 98006
rentonvision@gmail.com

From: [Seth Bruinsma](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: DOH Sunrise review
Date: Wednesday, September 15, 2021 3:40:10 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review report conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training.

I agree with the draft sunrise review report conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed for addition to the optometry scope of practice.

The State of Board of Optometry should be given authority to update scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington.

Patients will be well served by these changes improving access to and reducing costs of the latest in eyecare – rather than having their ODs hamstrung by scope laws that haven't been updated in two decades.

Sincerely,

Seth Bruinsma
1705 S Bermuda Rd
Kennewick, WA 99338
sbruin@gmail.com

From: [Nicole Shams](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometrist scope expansion
Date: Wednesday, September 15, 2021 2:50:11 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review report's conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training.

I agree with the draft sunrise review report's conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed to addition to the optometry scope of practice.

The State Board of Optometry should be given authority to update the scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington. Patients will be well served by these changes, improving access to and reducing costs of the latest in eyecare – rather than having their ODs hamstrung by scope laws that haven't been updated in two decades.

Sincerely,

Nicole Shams
17040 NE 135th Ct
Redmond, WA 98052
Nshams5@gmail.com

From: [Mary Baker](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Sunrise Draft
Date: Wednesday, September 15, 2021 2:20:11 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review report's conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training.

I agree with the draft sunrise review report's conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed to addition to the optometry scope of practice.

The State Board of Optometry should be given authority to update the scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington. Patients will be well served by these changes, improving access to and reducing costs of the latest in eyecare – rather than having their ODs hamstrung by scope laws that haven't been updated in two decades.

Sincerely,

Mary Baker
3031 167th Ave NE
Bellevue, WA 98008
drbaker@overlakefamilyvision.com

From: [Samantha Hamblet](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Support Update to Optometry Scope
Date: Wednesday, September 15, 2021 1:50:13 PM

External Email

Dear DOH Review,

Thank you for taking the time to review my support of the updates to the scope of treatment options afforded under Optometrists in Washington state. I have appreciated the Department of Health's response on these matters, particularly in a time such as this with other very pressing public health matters to attend to.

As an Optometrist who graduated in 2008, I look forward to the ability to practice to the full scope of my training in school. We spent many hours on protocols, treatment options and procedures utilizing lasers (posterior capsulotomy, laser trabeculoplasty and laser peripheral iridotomy) and injections (lid, intramuscular, subdermal and subtenons).

After practicing 11 years in Thurston County I am keenly aware of the backlog of available providers vs. patients waiting on such treatments. I have patients that would greatly benefit from greater access to these treatment modalities. Such as, I have a young female that waited 6 months for a lid injection and excision of a lesion that was greatly affecting the ability of her eyes to blink properly, because of the lack of providers willing to perform such a procedure. When she was finally treated, she had to travel from Grays Harbor to Federal Way for the procedure. This update INCREASES patients access to timely, familiar and knowledgeable care.

Thank you again for your consideration of this update on our ability to fully serve our patients, and looking toward the future for access to care and updated technology.

Sincerely,

Samantha Hamblet
1829 Centerwood Dr SE
Olympia, WA 98501
drsamhamblet@gmail.com

From: [George Sisson](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry
Date: Wednesday, September 15, 2021 1:50:12 PM

External Email

Dear DOH Review,

I agree with the sunrise review that we as optometrists should be allowed to practice to the scope provided by our training.

I am licensed in Oregon as well as Washington and unfortunately my ability to practice in Washington is limited relative to Oregon.

I practice in Ephrata Washington and access to care is rather difficult. Anything I can do to reduce the need to refer patients will save them considerable time and resources.

Optometry should be regulated like other professions with the Board of Optometry determining scope of practice.

Thank you

Sincerely,

George Sisson
341 Canyon View Ct
Ephrata, WA 98823
georgesisson1@gmail.com

From: [James Schrader](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: optometric scope of practice
Date: Wednesday, September 15, 2021 12:40:13 PM

External Email

Dear DOH Review,

I am in full support of the proposed revision of the optometric physician scope of practice in Washington State.

Multiple hours are spent educating patients on the obstacles that are required to overcome, which include insurance policies and copays. Many times this results in more patient frustration. Educating our patients on prior authorization, multiple copays between visits, and out-of-network care has become the biggest challenge as a practitioner.

In closing, I strongly encourage you and your staff to recommend that the Legislature enact the proposed changes in the optometry scope of practice for Washington. I have only provided a few examples of the barriers presented to Optometric Physicians and their staff to support our patients' needs at an exceptional level. It is extremely important that Washington's regulatory framework keeps up with the rapidly changing technology in eyecare.

Sincerely,

James Schrader
2901 Russet Rd
Brier, WA 98036
J.schrader@everettoptometry.com

From: [Bryan Heitmeyer](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Optometry Scope
Date: Wednesday, September 15, 2021 12:40:10 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review report's conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training. In addition, I agree with the draft sunrise review report's conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed to addition to the optometry scope of practice. The State Board of Optometry should be given authority to update the scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington. Patients will be well served by these changes, improving access to and reducing costs of the latest in eyecare – rather than having their ODs hamstrung by scope laws that haven't been updated in two decades.

Sincerely,

Bryan Heitmeyer
3218 36th Ave SW
Seattle, WA 98126
drheimeyer@clearvuevision.com

From: [Bradley Bearden](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: OD capabilities
Date: Wednesday, September 15, 2021 12:20:10 PM

External Email

Dear DOH Review,

I agree with the draft sunrise review report's conclusion that optometrists, like other health care professionals, should be allowed to practice to the full extent of their education and training and am happy they are recognized for the extensive training it takes to become an optometrist or optometric physician

I agree with the draft sunrise review report's conclusion that ODs are fully trained to safely perform a number of procedures that are being proposed to addition to the optometry scope of practice.

The State Board of Optometry should be given authority to update the scope of practice laws as new technologies, treatments, and medications become available – much like other professional oversight boards in Washington.

Patients will be well served by these changes, improving access to and reducing costs of the latest in eyecare – rather than having their ODs hamstrung by scope laws that haven't been updated in two decades, and have been legislatively driven, rather than a professional body such as the State Board of Optometry, a comparable board to other states

Sincerely,

Bradley Bearden
3609 Chandler Pkwy
Bellingham, WA 98226
beardenbrad@yahoo.com

From: [Benyam kahsai](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Revision of the optometric physician scope of practice in Washington State.
Date: Wednesday, September 15, 2021 12:20:09 PM

External Email

Dear DOH Review,

I am in full support of the proposed revision of the optometric physician scope of practice in Washington State.

In my training at the Spokane VA (under an Idaho license) I was allowed to remove numerous ocular lesions, as stated above. Currently, under Washington State licensing regulations, if a patient requires any removal I would have to refer them to an ophthalmologist. These minor procedures do not require an oculoplastic surgeon for removal, however, due to the legality I am required to refer out resulting in patient frustration and increased medical cost.

Multiple hours are spent educating patients on the obstacles that are required to overcome, which include insurance policies and copays. Many times this results in more patient frustration. Educating our patients on prior authorization, multiple copays between visits, and out-of-network care has become the biggest challenge as a practitioner.

In closing, I strongly encourage you and your staff to recommend that the Legislature enact the proposed changes in the optometry scope of practice for Washington. I have only provided a few examples of the barriers presented to Optometric Physicians and their staff to support our patients' needs at an exceptional level. It is extremely important that Washington's regulatory framework keeps up with the rapidly changing technology in eyecare.

Sincerely,

Benyam kahsai
18422 41st Pl W
Lynnwood, WA 98037
benyamxkhsai@gmail.com

From: [Grassroots OPW, Jennifer Crown](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: sunrise review
Date: Tuesday, October 5, 2021 12:11:10 PM
Attachments: [Advanced Education at UABSO-for Washington.pdf](#)

External Email

Hello,
Please see attached letter from University of Alabama.
Sincerely,

Jennifer Crown, OD
OPW Grassroots Coordinator



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From: [Dr. Storrs](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: ["Grassroots OPW, Jennifer Crown"](#)
Subject: Optometry Sunrise Draft Comment
Date: Saturday, October 2, 2021 2:42:55 PM
Attachments: [image003.png](#)
[Storrs Sunrise Draft Response.doc.docx](#)

External Email

Please find attached my sunrise draft response

VISION SOURCE

SARAH K. STORRS, O.D.

www.FamilyEyeClinicWA.com

FAMILY EYE CLINIC OFFICES:

707 N. PEARL ST., STE D 112 E 2nd STREET
ELLensburg, WA 98926 CLE Elum, WA 98922
T: (509) 925-9873 T: (509) 674-4313
F: (509) 309-0773 F: (509) 309-0773



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From: [Messner, Stephanie](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [David Stanfield](#)
Subject: OPW Proposed legislation
Date: Friday, October 1, 2021 7:25:54 PM
Attachments: [Washington scope expansion 2.docx](#)

External Email

Please accept my letter of support of the proposed expansion of scope of practice legislation for optometrists.

Sincerely,

Stephanie S. Messner, O.D.
Vice President for Academic Affairs/Dean
Illinois College of Optometry
312-949-7015
smessner@ico.edu

From: [OPW - Kim Jones](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [David Stanfield](#); [Michael Sirott](#)
Subject: Optometric Sunrise response (2/2)
Date: Thursday, September 30, 2021 1:30:07 PM
Attachments: [OPW Response to Public Comment on Scope Proposal Final.pdf](#)

External Email

Greetings,

Please see attached letter 2 of 2 regarding the Optometry Sunrise draft report.

Thank you for your continued work on this matter.

[Kim Jones](#) (she/her)

Executive Director

Optometric Physicians of Washington
Ph 425.455.0874 • Fx 425.646.9646

www.eyes.org

Mark your Calendar!

October 15-17, 2021 - [GWCO: Portland, OR](#)

January 31, 2022 - Day in Olympia: Olympia, WA

June 3-5, 2022 - OPW Convention: Semiahmoo - Blaine, WA

From: [OPW - Kim Jones](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [Nick Jankowski, O.D.](#); [Justin Dalke](#); [David Stanfield](#)
Subject: Optometric Sunrise response (1/2)
Date: Thursday, September 30, 2021 12:56:07 PM
Attachments: [OPW Sunrise Response FINAL.pdf](#)

External Email

Greetings,

Please see attached letter 1 of 2 regarding the Optometry Sunrise draft report.

Thank you for your continued work on this matter.

[Kim Jones](#) (she/her)

Executive Director

Optometric Physicians of Washington
Ph 425.455.0874 • Fx 425.646.9646

www.eyes.org

Mark your Calendar!

October 15-17, 2021 - [GWCO: Portland, OR](#)

January 31, 2022 - Day in Olympia: Olympia, WA

June 3-5, 2022 - OPW Convention: Semiahmoo - Blaine, WA

From: [Nathan Lighthizer](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: Letter of support for optometry Sunrise Review
Date: Thursday, September 30, 2021 10:34:19 AM
Attachments: [Nate Lighthizer Washington letter for Sunrise review Sept 2021 final version.pdf](#)

External Email

Hello Washington DOH,

Please see attached letter. It is a letter of support for the optometric scope expansion through the sunrise review. If you have any questions please let me know. I commend the Washington Department of Health (DOH) for the initial positive review of the "Sunrise Review: Optometry Scope of Practice". Optometrists are incredibly well trained on office-based procedures, and the citizens of Washington will exceptionally benefit from greater access to care from well trained optometric physicians.

Thank you and have a great day.

Nate

Nate Lighthizer, O.D., F.A.A.O
Associate Dean, NSU Oklahoma College of Optometry
Associate Professor
Director of Continuing Education
Chief of Specialty Care Clinics
President - Intrepid Eye Society
lighthiz@nsuok.edu
918-457-8781 cell #
918-444-4007 office #

From: [Dr Nick](#)
To: [DOH HSOA Optometry Sunrise](#)
Subject: Support for Proposed Optometry Legislation
Date: Wednesday, September 29, 2021 9:40:40 AM
Attachments: [2021_07_Healio_Shortage.pdf](#)

External Email

Dear Sunrise Committee,

My name is Nicholas Jankowski and I am a lifelong Washingtonian. I am writing to you again as a private citizen and licensed, practicing optometrist in this state. I have practiced in Southwest Washington since I graduated from school in 2016 with brief intermittent stints of practicing locum in the state of Alaska providing rural care in underserved communities.

I want to thank the committee for their excellent response to the proposed legislation and their agreement with the fact that optometrists should be able to practice to their highest level of education. I feel that the list of procedures the committee stated towards the end of the proposal were accurate to what should be allowed in our scope of practice and what was taught when I was in school. Via communications with former profession since graduating, I have only heard more and more about what the schools are doing to continue improving educational standards towards the procedures that are being requested. Optometric education has adapted over the last several decades with the introduction of diagnostic drops, therapeutic drops, and then with oral medications in 2003 in this state.

Each time optometry's scope has been expanded, it has occurred seamlessly without an increase in malpractice cases or complaints. Optometrists have proven to be trustworthy professionals time and time again and would no doubt implement the proposed legislation appropriately with the proper safety mechanisms in place.

As a dual licensed optometrist, I am in the process of being granted my surgical privileges in the state of Alaska. Alaska's scope of practice boils down to "as taught" once the board of optometry has done the rule making process. They do not have an inclusion or exclusion list of procedures the way this legislation has been written. This proposed legislation in Washington would be incredibly safe the way it is currently written (though with some minor adjustments) as there are several components that would help prevent us from doing procedures that we are not properly trained to perform. There are checks and balances in place, which is how our country's government was meant run. Similar to that, these checks and balances will help to continue to keep patients safe while also improving access to care and reducing the cost of healthcare.

I would like to state my full support for the legislation with the slight modifications that are being made to adjust for clarity sake. I understand the concerns that some of the language may be read as an attempt to circumvent the legislative process in the future, but let me assure you that was unintentional and the language is being modified to become compliant with the concerns being

raised by the sunrise committee.

I truly appreciate all the research this committee did into the matters we have brought forward. I understand it's a long, arduous process and you'll be hearing comments from both sides. I encourage the committee to support those recommendations that were made in the draft report for the procedures mentioned as the evidence does indeed support the claims we have made. There was a recent Healio article that discussed the shortage of ophthalmologists once again (also written by an ophthalmologist) which I have attached. While it is difficult to verify the number of practicing ophthalmologists in the state since licenses are not registered by specialty, we feel there is plenty of evidence that we are facing a shortage that will continue to worsen in the next 5-10 years or more. Optometrists are ready and willing to face this shortage head on and continue to provide excellent care alongside our ophthalmologist colleagues.

Please feel free to reach out to me with any questions in the future.

Thank you for your time,

Nick Jankowski, OD
Mt. View EyeCare Center

From: [Jim Wilson](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: drdalke@valleyvisionclinic.com
Subject: Optometrists scope of practice
Date: Tuesday, September 28, 2021 5:02:18 PM
Attachments: [2021-09-28 16-53.pdf](#)

External Email

Please read the attached document concerning optometrists scope of practice.
Thank you.

Jim Wilson
541.429.0402

From: [Dr. Justin Dalke](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [Grassroots - Jennifer Crown](#)
Subject: Optometrists Scope of Practice Draft Support Comment
Date: Tuesday, September 28, 2021 11:34:33 AM
Attachments: [Dr.Dalke-LegislativeLetter.pdf](#)

External Email

From: [Carolyn and Ben Stoebner](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: grassroots@eyes.org
Subject: In Support of Optometry Scope of Practice 2021
Date: Monday, September 27, 2021 6:52:39 PM
Attachments: [In Support of Optometry Scope of Practice 9.27.21.pdf](#)

External Email

Letter attached. Thank you for your consideration.

Benjamin M. Stoebner, OD, FAAO
Edmonds Eyecare Associates
7315 212th St SW Ste 200
Edmonds, WA 98026
425-774-2020

Sent from [Mail](#) for Windows

From: [Ashley Bailey](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [Jennifer Crown](#)
Subject: Sunrise Draft Report Comment
Date: Monday, September 27, 2021 11:08:24 AM
Attachments: [Sunrise Report Draft Comment.docx](#)

External Email

Hello!

I didn't know if we needed to write the comment in an official letter to Dr. Shah like last time, or if you just wanted an actual comment. I've included the letter in case.

Thank you,
Ashley

"I agree with the Sunrise draft report that optometrists are capable and fully trained to perform the proposed procedures. Similar to other health care professional boards, the Board of Optometry should have the authority to make scope changes as needed to allow optometrists to practice as trained. – Ashley Bailey, OD"

Ashley Bailey, OD, Diplomate ABO

Optometric Physician | Chehalis

2517 NE Kresky Ave, Chehalis, WA 98532

[p 360.748.8632](tel:360.748.8632) | [f 360.748.3869](tel:360.748.3869) | [w pcli.com](http://www.pcli.com)

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From: [Les Walls](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [David Stanfield](#)
Subject: Letter of Support for the Optometry Sunrise Review
Date: Monday, September 27, 2021 10:29:40 AM

External Email

Please see the attached letter of my support for the Optometry Sunrise Review.....many thanks....Lesley L. Walls, OD, MD

From: [Justin Dalke](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [Grassroots OPW, Jennifer Crown](#)
Subject: Optometrists Sunrise Support, non OD provider
Date: Sunday, September 26, 2021 4:16:37 PM
Attachments: [Optometrist Scope of practice.pdf](#)

External Email

From: [Walker, Lorelei M \(DOH\)](#)
To: [DOH HSQA Optometry Sunrise](#)
Cc: [Chung, Noelle Lea \(ATG\)](#); [Burnham, Brad H \(DOH\)](#)
Subject: Optometry Sunrise Review - Letter from the Board of Optometry
Date: Thursday, September 23, 2021 2:12:52 PM
Attachments: [image002.png](#)
[Board of Optometry response - DOH Sunrise Report 9.23.2021.pdf](#)

Please see the attached letter from the Board of Optometry. Thank you for the opportunity to comment.

Lorelei Walker (she/her)

Program Manager

Board of Optometry

Washington State Department of Health

Lorelei.Walker@doh.wa.gov | 360-236-4947 | www.doh.wa.gov

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From: [Michael Sirott](#)
To: [DOH HSQA Optometry Sunrise](#)
Subject: comment on Optometry Sunrise Draft report
Date: Wednesday, September 22, 2021 4:15:31 PM
Attachments: [SunriseDraftComment-Sirott.pdf](#)

External Email

Attention Cori Tarzwell. My comments are in the document attached.