

Talking Points for SB 876/HB 631

- **PATIENT SAFETY FIRST** – SB 876/HB 631 unnecessarily endangers patients by allowing optometrists, who are not medical doctors and do not have any surgical training, to perform surgery on the eyeball and to prescribe essentially all oral drugs in the Physicians' Desk Reference (PDR), including dangerous opioids.
 - SB 876/HB 631 would allow optometrists to perform multiple surgeries on and around the human eyeball including eyelid surgeries, refractive surgeries, surgeries involving needles, puncture of the cornea in emergencies - with multiple modalities such as scalpels, lasers, needles, ultrasound, ionizing radiation and by burning and freezing tissue.
 - There is no such thing as “minor” eye surgery. Eye surgery is delicate and is approached with the utmost care and caution by surgeons even after extensive residency training and years in practice. Eye tissue does NOT regenerate!
 - The U.S. Department of Veterans Affairs has a long-standing nationwide directive that strictly prohibits Optometrists from performing laser eye surgery in VA facilities.
 - The potential for harm is real. There are documented cases of sight threatening complications occurring after optometrists perform surgical procedures on patients in states like Oklahoma, Louisiana, and Kentucky.
 - With Florida at the epicenter of the opioid epidemic, it would be catastrophic to expand optometry’s prescribing authority to include narcotics to over 4,000 non-medical professionals.
- **IT’S FALSE TO CLAIM THAT PHYSICIAN ASSISTANTS (PAs) ARE DISPLACING OPTOMETRISTS.** The optometrists claim that PAs are performing eye surgeries and other delicate ocular procedures and thus argue OPTOMETRISTS should be allowed to practice to the same extent as PAs. That comparison is **FALSE**. First, PAs do not practice independently—instead they practice under the close supervision of medical doctors and in fact are regulated by the Florida Board of Medicine. Second, it is unorthodox for a PA to even be assisting an ophthalmologist. The vast majority of ophthalmologists in Florida do not employ PAs. In fact, the Chair Emeritus of the physician assistant training program at the University of Florida has formally stated that it would “inappropriate” for PAs to even assist an ophthalmologist in performing ocular surgery.
- **THERE IS NO ACCESS TO OPHTHALMIC CARE ISSUE REQUIRING SUCH A DANGEROUS EXPANSION OF OD SCOPE.** 90% of all Floridian’s are within a 30-minute drive of an ophthalmologist. This legislation would actually delay critical ophthalmic treatment by making optometrists gatekeepers, thus costing patients time and money when the expertise of an ophthalmologist is needed.
- **OPTOMETRIST’S DO NOT HAVE THE REQUIRED EDUCATION, TRAINING OR CLINICAL SURGERY SKILLS TO PERFORM DELICATE PROCEDURES.**
 - **Ophthalmologists**—are medical doctors and well-trained surgeons specializing in comprehensive eye care—that complete four years of medical school, one-year hospital internship, and three additional years in a surgical residency program—totaling more than 17,000 of extensive clinical education and surgical training hours—before they can treat patients on their own. Ophthalmology training not only provides technical skills, but it also, more importantly, instills the judgment to determine when *not* to operate.
 - **Optometrists**—are not medical doctors, they do not go to medical school but instead complete a four-year course in optometry. They receive a Doctor of Optometry (OD) degree to practice optometry, not medicine. The optometric education model does not require practitioners to complete a residency program. The optional optometric one-year “residency” program, which few optometric graduates undertake in any case, has no similarity to an ophthalmology surgical residency program.

- Surgical expertise cannot be obtained in the current optometric curricula or through an “add-on” training course. There are no shortcuts for learning how to safely perform surgery.
- **THE BILL WILL NOT REDUCE COSTS.** In fact, peer reviewed medical research published in the Journal of the American Medical Association (JAMA) shows there is a **significant increased incidence of required follow-up** surgery when procedures are performed by an optometrist when compared to when the procedure is performed by an ophthalmologist. Bottom line—the study shows twice as many laser surgeries are done on patients (same eye) if completed by optometrists. This means twice as many visits, twice the risk, and twice the costs.
- **THE BILL GIVES BOARD OF OPTOMETRY UNBRIDLED DISCRETION TO DETERMINE OPTOMETRIC SCOPE.** Current law protects the public by assuring that persons performing ophthalmic surgery are licensed to practice medicine and regulated by the Board of Medicine, a board comprised of medical doctors who understand the risks and responsibilities of practicing medicine. This legislation would place unbridled authority in the hands of a board comprised of non-medical doctors, giving a group of optometrists unchecked power to determine their scope of practice.
- **THE BILL EXPLOITS THE PANDEMIC.** The bill would strip away longstanding patient protections in the midst of a Global Pandemic, when the medical doctors in this country are focused on treating patients. Not only is this dangerous it does a disservice to the patients of our State who are limited in their ability to voice their concerns.