



Original: 2323

Pennsylvania MEDICAL SOCIETY®

5

October 7, 2004

JITENDRA M. DESAI, MD
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Secretary

ROGER F. MECUM
Executive Vice President

The Honorable Robert Tomlinson
Chair
Senate Consumer Protection and Professional
Licensure Committee
Senate of Pennsylvania
Main Capitol Building
Harrisburg, PA 17120

Re: State Board of Optometry Final Regulation 16A-528 – General Revisions

Dear Senator Tomlinson:

I am writing as President of the Pennsylvania Medical Society to request that the Senate Consumer Protection and Professional Licensure Committee recommend against the final passage of the above-captioned regulations by the Independent Regulatory Review Commission (IRRC). The Society believes that the Board of Optometry didn't adequately address the concerns brought forth by the Medical Society and other commenter during the proposed rulemaking process and that the proposed final regulations expand the scope of optometric practice beyond statutory limits in a manner that potentially could cause harm to patients.

The Medical Society has reviewed and is in agreement with the continuing concerns over the regulations communicated separately by the Pennsylvania Academy of Ophthalmology. In addition, the Society continues to express its reservations over the proposed ordering of CT and MRI scans by optometrists as suggested in section 23.3 (a) (12) and the proposed use of all evaluation and management codes in the diagnosis and treatment of optometric patients. The Board of Optometry has admitted that MRIs and CT scans often require the administration of intravenous agents that is beyond the scope of practice of optometrists. Additionally, these scans are not without risk and therefore the ordering of such tests should be done only after the ordering practitioner has weighed the pros and cons of proceeding. Given the limited application such tests would have in diagnosing and treating conditions of the visual system for which optometrists are trained, it doesn't seem appropriate to permit these tests to be ordered and evaluated by optometrists when weighed against the cost, potential risk, and required participation of other recognized health care practitioners not under the supervision and direction of the optometrist.

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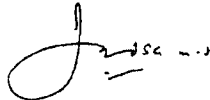
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With respect to the use of evaluation and management levels of care, certain of those levels, i.e. levels three and above require the taking of histories and physicals and decision making that takes into consideration the status of all body systems, including those beyond and unrelated to the visual system and therefore beyond the scope of practice of Optometry. Further, the Society is unaware of other instances where scope of practice regulations has been used in this manner to establish levels of services authorized to be provided.

Again, based on these concerns and those raised by the Pennsylvania Academy of Ophthalmology, the Pennsylvania Medical Society requests that the Senate Consumer Protection and Professional Licensure Committee recommend against IRRC's approval of these final-form regulations of the State Board of Optometry.

Sincerely,



Jitendra M. Desai, MD
President

Cc: Honorable Lisa Boscola, Minority Chair, Senate Consumer Protection and Professional Licensure Committee
Steven J. Reto, O.D., Chairperson, State Board of Optometry
Pennsylvania Academy of Ophthalmology
Chair, Independent Regulatory Review Commission



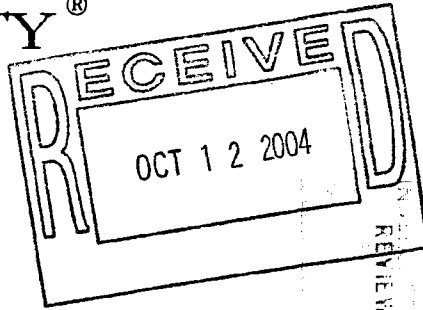
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Pennsylvania MEDICAL SOCIETY®

To: T. LAZO-Miller
10-13-04

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October 7, 2004



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TERRENCE E. BABB, MD
Secretary

ROGER F. MECUM
Executive Vice President

The Honorable Thomas Gannon
Chair
Professional Licensure Committee
House of Representatives
49 East Wing, Capitol Building
Harrisburg, PA 17120

Re: State Board of Optometry Final Regulation 16A-528 – General Revisions

Dear Representative Gannon:

I am writing as President of the Pennsylvania Medical Society to request that the House Professional Licensure Committee recommend against the final passage of the above-captioned regulations by the Independent Regulatory Review Commission (IRRC). The Society believes that the Board of Optometry didn't adequately address the concerns brought forth by the Medical Society and other commenter during the proposed rulemaking process and that the proposed final regulations expand the scope of optometric practice beyond statutory limits in a manner that potentially could cause harm to patients.

The Medical Society has reviewed and is in agreement with the continuing concerns over the regulations communicated separately by the Pennsylvania Academy of Ophthalmology. In addition, the Society continues to express its reservations over the proposed ordering of CT and MRI scans by optometrists as suggested in section 23.3 (a) (12) and the proposed use of all evaluation and management codes in the diagnosis and treatment of optometric patients. The Board of Optometry has admitted that MRIs and CT scans often require the administration of intravenous agents that is beyond the scope of practice of optometrists. Additionally, these scans are not without risk and therefore the ordering of such tests should be done only after the ordering practitioner has weighed the pros and cons of proceeding. Given the limited application such tests would have in diagnosing and treating conditions of the visual system for which optometrists are trained, it doesn't seem appropriate to permit these tests to be ordered and evaluated by optometrists when weighed against the cost, potential risk, and required participation of other recognized health care practitioners not under the supervision and direction of the optometrist.

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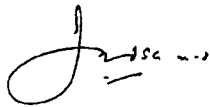
E-Mail: stat@pamedsoc.org

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Again, based on these concerns and those raised by the Pennsylvania Academy of Ophthalmology, the Pennsylvania Medical Society requests that the House Professional Licensure Committee recommend against IRRC's approval of these final-form regulations of the State Board of Optometry.

Sincerely,



Jitendra M. Desai, MD
President —

Cc: Honorable William Rieger, Minority Chair, House Professional Licensure
Committee
Steven J. Reto, O.D., Chairperson, State Board of Optometry
Pennsylvania Academy of Ophthalmology
Chair, Independent Regulatory Review Commission

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Pennsylvania Academy of Ophthalmology

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Honorable Thomas Gannon
Chairman, House Professional Licensure Committee
Harrisburg, Pennsylvania

Dear Representative Gannon:

I write on behalf of the Pennsylvania Academy of Ophthalmology regarding State Board of Optometry Final Regulation 16A-528 General Revisions. Our comments all refer to 23.3 (a).

23.3 (a) (9): Irrigation of the lacrimal system requires passage of a blunt steel instrument through the tear duct opening and into the eyelid and internal lacrimal drainage system. Incorrect passage of the instrument can tear the fleshy portion of the tear duct causing permanent scarring and tearing. Such a procedure is invasive in nature and beyond an optometrist's scope of practice.

23.3 (a) (11): The calculation of intraocular lens power is the responsibility of the surgeon performing cataract surgery. While a technician/layperson or optometrist can do the measurements under a surgeon's supervision, the calculation of the implant power is the purview of the surgeon and errors in this proceeding will have serious visual consequences for the patient. Now surgeons would be required to rely on outside calculations. This could result in the wrong intraocular lens being placed in the eye.

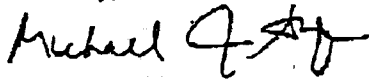
23.3 (a) (12): The ordering of CT and MRI scans often requires the intravenous injection of contrast dye. Some of these dyes are toxic and can result in patient death if inappropriately administered. The Board of Optometry concedes that optometrists cannot administer intravenous agents and they should not be permitted to order such administration. Also, CT and standard X-rays pose radiation risks to patients and health care providers. The subjecting of patients and other health care providers to such risks should only be in the domain of the fully licensed physician. Lastly, the optometrist should not be ordering tests to diagnose tumors and strokes. Any clinical suspicion of such conditions should merit prompt referral to a licensed physician. In addition, the misinterpretation of the results could lead to the failure to treat serious illness or the initiation of unnecessary treatment by someone not trained in the medical conditions revealed by the test results.

23.3 (a) (13): The Board of Optometry again requests the ability to order tests requiring the administration of intravenous agents particularly related to fluorescein angiography, while stating that optometrists cannot themselves perform the injections. This puts nurses and other professionals trained to perform intravenous injections at undue risk. The "angiographic specialist" referred to by the Board of Optometry is not responsible for the safety of the patient. The ordering provider is responsible and this must remain a fully licensed physician, not an optometrist who admittedly cannot perform injections. Deaths have occurred from these injections.

23.3 (a) (14): The request to include all levels of evaluation and management codes is inappropriately included in these final form regulations. We are unaware of specific billing/coding levels in any scope of practice regulations. These coding requirements change periodically and some of these codes specifically require full physical examinations, e.g. heart, lungs, etc. The Board of Optometry cannot mandate coverage of codes for which its members lack the medical training or statutory right to perform. We feel that this is an unacceptable and dangerous precedent in our Commonwealth's practice acts.

On behalf of the Pennsylvania Academy of Ophthalmology, I thank you for your attention to these critical issues.

Sincerely,



Michael J. Azar, M.D.
President
Pennsylvania Academy of Ophthalmology

Cc: All Members; House Professional Licensure Committee