Dear Ms. Calvert:

The American College of Surgeons recently received a copy of the proposed rules (201 KAR 5:110) to implement legislation enacted in Kentucky to expand the scope of practice of optometry into surgery. We were opposed to the initial legislation, and are concerned with the vague language contained in the proposed rules.

Since our founding in 1913, the ACS has been focused on improving surgical quality and patient safety. We hold our surgeon members to the highest quality standards, and submit that non-physician members of the health care team should be held to the same if they want to perform surgery. We see nothing in the proposed rule for Kentucky optometrists to perform "expanded therapeutic procedures" other than references to completion of an acceptable course (how long/how many hours of instruction, how many hours of hands-on training per procedure, how much clinical or laboratory experience?); successful passage of a written exam (who writes, administers and grades the test?); or attainment of a credential for "expanded therapeutic procedures" in another state, which right now is limited to Oklahoma. Where are the quality standards? How will quality surgical care be maintained?

Surgeons undergo rigorous residency training following medical school, resulting in many years and thousands of hours of direct patient surgical care before they are licensed to practice independently. Optometrists do not go through the same education and training; yet they will be using lasers, scalpels, needles, ultrasound, ionizing radiation and tools that burn and freeze tissue. They will be able to perform eyelid surgeries, laser surgeries of the front of the eye, laser glaucoma procedures, and laser vision correction surgery (LASEK). As proposed, the rules do not provide assurance that optometrists will acquire the skill and judgment required to successfully perform delicate surgery and manage potential medical complications.
In 2003, guidelines for office-based surgery in Kentucky were adopted, applying to physicians, dentists or podiatrists. These guidelines address such issues as maintenance of emergency equipment, establishment of an emergency transfer plan, advanced cardiac life support (ACLS) certification, anesthesia standards, and office accreditation. Nothing in the proposed rules indicates that optometrists would be required to implement these guidelines in their offices, yet the surgical procedures they perform will be done in an office setting. It seems apparent that if other licensed professionals are covered by the guidelines, then optometrists should be, too.

Under the current law, the best thing for the citizens of the Commonwealth would be for the Board of Optometric Examiners and the Board of Medical Licensure to take on as a joint project the rulemaking to implement the statute. Clear, definite standards for education and training must be enumerated to assure patients that surgical quality and safety will be maintained.

Sincerely,

[Signature]

David B. Hoyt, MD, FACS
Executive Director