



KANNARR Eye Care

The Clear Choice

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Family Practice Optometry • Contact Lenses • Ocular Disease

VISION SOURCE - PITTSBURG, GIRARD, & FORT SCOTT

SB490

Madam Chair and Members of the Senate Committee on Public Health and Welfare:

I am writing to share several points concerning the SB490 Optometric Scope Modernization Bill. This bill is of the highest importance to me because it will have a significant impact on my patients and profession. I am an optometrist and the managing member of a group optometric practice with multiple locations in Southeast Kansas, including our main office in Pittsburg, Kansas. Along with providing optometric care to our region, we are providing on call services for the two area hospitals covering Crawford and Bourbon Counties. We are also very engaged in clinical research, having participated in over 175 clinical trials. My partners and I grew up in Kansas and attended optometry school at the University of Missouri-St. Louis (UMSL). Soon after graduating, I was able to return to Kansas and raise my family here.

SB490 will modernize the profession of optometry by allowing Kansas doctors of optometry to perform procedures that we have been educated, trained, and certified to do. Specifically, SB490 allows optometrists to provide in-office procedures including removing lesions such as cysts, styes, and skin tags and to use injectable medications (excluding intraocular). The bill will also allow us to perform three specific laser procedures: laser capsulotomy (YAG), selective laser trabeculoplasty (SLT), and laser peripheral iridotomy (PI). These procedures should be utilized in primary eye care offices. In addition, SB490 does EXCLUDE an extensive list of procedures that optometric education does not provide training for.

My colleagues and I have discussed at length the need for this bill in their written testimony. The difficulty with patient access to ophthalmology includes long wait times for appointments, multiple trips to offices an hour or more for many, and days of work missed by caregivers taking their family members to appointments. Not to mention, that the number of ophthalmologists practicing in Kansas is declining, and the average age of these ophthalmologists is 61, leaving one to believe many are approaching retirement age. Combined with a nation-wide population that is aging (incidence of eye disease increases with age). Without an increase in access to these types of procedures, patients may struggle to find acceptable and timely care in the near future. It also becomes an increasing challenge to recruit newly graduated optometrists to Kansas when our doctors can't practice to the highest level of their training.

The training and ability of optometrists to provide these procedures is a key component of this bill. As an optometrist, I spent four years in optometry school after completing an undergraduate degree at Pittsburg State University. (Some optometrists complete an additional year of

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residency.) This included 10,000 hours of education and over 2,000 proctored patient encounters. While all of today's optometry students are trained to perform the procedures included in SB490, I received my training while in clinical practice. It is important to note that I learned these procedures in a 32-hour continuing education course, which is common practice in health care fields. This was only possible due to the extensive training I received in optometry school, learning anatomy, pharmacology, and many facets of patient care such as identifying lesions and determining their need for removal with a straightforward procedure and/or referral to a tertiary care provider for more extensive treatment. I also mastered the ability to do an array of physical tasks, such as working under a microscope (slit lamp), performing gonioscopy (key component of SLT), and removing embedded foreign bodies from the eye, including the cornea, one of the most critical parts of the visual system. This provided the knowledge and physical dexterity to allow me to become proficient in these procedures in a 32-hour course, much as an ophthalmologist would learn a new skill or technique at a continuing education course.

It is important to notice that when any healthcare profession attempts to modernize their scope of practice, medical doctors in opposition point to concerns of safety for patients. While concern for their patients is a worthy cause, the facts must be examined, and this argument must be deemed unsubstantiated. Thirty years ago, when Kansas optometry advanced their scope of practice. Organized medicine argued patient safety would be compromised if optometrist could use topical and oral medications. All of these safety concerns proved to be unfounded. Optometry is a self-policing profession. The State Board of Optometry will continue to ensure optometrists are educated, trained, and certified to complete any procedure a doctor of optometry is providing.

Kansas optometry puts the needs and safety of our patients above all else. We are confident in modernizing our scope of practice because we have a historical perspective that proves optometrists will safely provide these procedures. A few key points include, but are not limited to, the following: there is no discrepancy in malpractice rates from the eleven states where optometrists perform these procedures in comparison to the states where they do not; although all medical procedures can have unwanted complications, when 100,000 of these procedures were performed by optometrists, the complication rate was no greater than when performed by ophthalmologists. If an increase in complications was occurring, it would be reflected in rising malpractice rates. Complications, when they arise, most happen post-operatively. Currently, optometry is providing post-operative care for patients undergoing these procedures by ophthalmologists. Managing these complications is not a new aspect of care for optometrists. NO state that has modernized their optometry scope has seen a need to revoke the new scope of practice. This data directly indicates a safe quality outcome with optometrists performing these procedures.

Optometry is the primary eye care provider in the U.S. The main roles include completing most eye exams, identifying, and providing treatment for most eye conditions, and creating a referral when a level of care outside of their education and training is indicated. SB490 allows the optometric community to continue to do exactly this. In the last thirty years since the optometry scope of practice has been modified, changes in both education and technology have impacted the level of care that we are able to provide.

The opposing discussion has been an attempt to differentiate the training between optometrists and ophthalmologists. I would never argue nor question the training of an ophthalmologist; but the question is not the level of education of a medical doctor; nor is it a question of who has the highest level of surgical training. The question is: are optometrists well-educated, trained, and certified to perform the procedures in SB490? The answer is a resounding YES! This yes is supported by 100,000 procedures performed by optometrists in eleven states without an increase in complications. The optometric community is not merely speculating impact that SB490 will have on the safety of Kansas citizens, we are examining known facts, confirming our track record, and holding our profession to the highest standards necessary to ensure the outcomes our patients deserve.

I strongly and respectfully ask this committee to move SB490 forward to the Senate, thus allowing for the modernization of optometric scope in Kansas. SB490 permits optometry the ability to provide care for our patients in the way we were educated and trained to provide, continuing to deliver the patients of Kansas access to the quality care they deserve.



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