DRAFT MINUTES
of the Second Meeting of the Optometry Technical Review Committee
June 7, 2022
10:30 a.m. to 1:30 p.m.

TRC Members Present	TRC Members Absent	Program Staff Present
Daniel Rosenthal, PE, (Chair)	David Deemer, NHA	Matt Gelvin
Christine Chasek, LIMHP, LADC	Brandon Holt, BSRT	Ron Briel
Marcy Wyrens, RRT		Jessie Enfield
Jessica Roberts, ATC		
Sarah Pistillo, REHS		

I. Call to Order, Roll Call, Approval of the Agenda

Chairperson Rosenthal called the meeting to order at 10:35 a.m. The roll was called; a quorum was present. Mr. Rosenthal welcomed all attendees. The agenda and Open Meetings Law were posted, and the meeting was advertised online at https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx. The committee members unanimously approved the agenda for the second meeting and the minutes of the first meeting.

II. Response to Committee Questions by the Applicant Group

Dr. Christopher Wolfe, OD, came forward to present a power point presentation to the members of the Optometry TRC to respond to Committee questions from the previous meeting on April 7, 2022. Dr. Wolfe reminded the Committee members that glaucoma treatment is the focus of the applicant groups' request to be allowed to utilize Selective Laser Trabeculoplasty (SLT). Dr. Wolfe identified nine states that have passed proposals similar to the current Nebraska Optometric proposal. Among these nine states is the State of Kentucky which passed its version of the proposal in 2013, adding that the number of SLT procedures performed by Optometrists in that state has increased every year since the passage of this proposal indicative of an increasing number of Optometric practitioners providing the services in question.

Dr. Wolfe went on to state that about sixty-two percent of Nebraska Optometrists surveyed have indicated that they would be likely to utilize SLT procedures if the applicants' proposal were to pass in Nebraska. Dr. Wolfe added that if the proposal were to pass it would in effect create seventy-two new access to care points for Nebraska eyecare patients vis-à-vis SLT procedures.

Dr. Wolfe continued his remarks by stating that information generated by the survey referenced above shows that some Nebraska patients are declining to undergo SLT procedures because of cost and access concerns under the current practice situation.

Dr. Vandervort, OD, responded to Committee questions about how complaints about practitioners are managed by the Board of Optometry. He stated that in Nebraska the judgements of the Board of Optometry are advisory rather than being the final word vis-à-vis charges brought against a particular practitioner as they are in some other states.

At this juncture in the meeting two Optometrists from Western Nebraska were introduced to the Committee members for the purpose of providing insight into the provision of eye care services in remote rural areas of Nebraska, namely, Dr. Tori Gengenbach practicing in Grant, Nebraska, and Dr. Creston Myers practicing in Alliance, Nebraska. Dr. Gengenbach commented that her experience with patients in the area where she practices is that they do not want to be referred to other eye care providers for follow-up procedures. According to Dr. Gengenbach they want follow-up procedures to be done by her in her office rather than be referred to some other provider, especially if they'd have to travel a long distance to get to them.

Dr. Myers commented that he is not concerned about the cost or complexity of the SLT technology, adding that buying, repairing, and replacing technologies associated with eye care practice is, and always has been, part of the realities of modern eye care practice. Dr. Myers continued by stating that the costs of SLT technology would not be prohibitive and thinks that the addition of SLT technology would be a good fit for the needs of his patients in Western Nebraska.

III. Committee Discussion

Dan Rosenthal asked if SLT can be a mobile unit, and if so, how would it be powered in remote rural areas? Dr. Wolfe responded that SLT units can be mobile but typically do not have a generator as part of the package but that backup batteries are part of such mobile units and that this should suffice to maintain them in the field. Dr. Wolfe went on to say that there are maintenance agreements and warranty plans for SLT units.

Marcy Wyrens asked the applicants to discuss how billing for SLT services would occur and if it would or would not be similar to how Medical Doctors bill for these services. Dr. Wolfe responded that this billing process would be done via the same billing procedures as are followed for Medical Doctors.

Christine Chasek asked the applicants to clarify how their education and training vis-à-vis the issues under review compares with the education and training received by Ophthalmologists. Dr. Wolfe responded by stating that Optometrists would need to satisfy Board standards pertinent to SLT that would be put in place if the proposal were to pass regardless of whether the Optometrists in question did or did not receive preparation for SLT services prior to graduation from their Doctoral program, and that such preparation must include proctored oversight of actual SLT procedures during their training program.

IV. Responses to Committee Questions and Concerns by Ophthalmology Representatives

Dr. Shane Havens, MD, a Glaucoma specialist, formerly of the UNMC Residency Program, came forward to present a power point on SLT education, training, and practice from the perspective of Ophthalmologists. Dr. Havens stated that there are essential skills that are needed to provide SLT safely and effectively including being able to judge when a given patient is a candidate for such a procedure and when they are not. Dr. Havens went on to state that a practitioner needs to inform patients who are candidates for SLT that the procedure might have to be repeated to be fully effective, as well as that the procedure might not be successful at all and that other follow-up surgical procedures might be necessary to address the patient's needs. Dr. Havens added that SLT is seldom an emergent procedure and that this is one reason why it's best that Optometrists leave the procedure and its risks to physicians.

Dr. Havens went on to make the following observations from statistical reports about SLT:

- Data does not support the contention that passing this proposal would increase access to SLT services
- Data does not show significant enough demand for SLT to justify efforts to increase the number of providers who would provide such services
- Data shows that most Optometrists are not interested in providing SLT services
- Data from other states that have passed similar proposals does not support the contention that "real time" access to SLT has been improved, thereby

Dr. Havens continued by providing information pertinent to possible harm and increased costs from passing the applicant's proposal:

- The proposal is likely to increase the cost of eyecare
- Procedure failure would create a delay in getting effective care
- The risk of failure for patients with narrow-angle glaucoma is greater than for those with open-angle glaucoma necessitating referral to a physician because Optometrists are not able to provide follow-up surgery if SLT procedures fail
- The education and training of Optometrists does not compare favorably with the education and training of Ophthalmologists, and there doesn't seem to be a "gold standard" for Optometric education and training as there is for Ophthalmological education and training

V. Committee Discussion

Dr. Wolfe, in responding to Dr. Havens assertions about the inability of the proposal to make significant improvements in access to SLT care, stated that as a result of the passage of the proposal in the nine states identified previously that care is now being received in many towns and communities that previously did not have such services, and, that this is evidence of improved access to care.

Dr. Vandervort responded to Dr. Havens assertions about Optometric management of glaucoma by stating that Optometrists diagnose, treat, and, if necessary, refer patients to other health care providers if a given condition would best be handled by another professional, and that, contrary to what Dr. Havens said, this is evidence that Optometrists do know how to manage glaucoma.

Dr. David Ingvoldstad, MD, Ophthalmologist from UNMC, responded to Dr. Vandervort's concerns by stating that the issue in this review is surgery, not overall management of glaucoma, adding that surgical procedures require the best training possible for the sake of public safety and protection.

Dan Rosenthal asked the applicants if there is any evidence of inadequate or unsafe practices by Optometrists from other states that have passed similar Optometric proposals to the one under consideration by this Committee. Dr. Wolfe responded that Colorado's review of Optometric practice found no evidence of problems with Optometric practice or abilities.

Christine Chasek asked the applicants to comment on the differences between their education and training and the education and training of Ophthalmologists. Dr. Wolfe responded by stating that the core of Optometric education and training focuses on the interconnections between eye diseases and conditions, on the one hand, and the physiological systems of the human body, on the other, and that Optometrists learn how to perform procedures pertinent to diagnosis and treatment of eye diseases as they progress through their four-year education and training

program, throughout that program. Dr. Wolfe added that the purpose of the 16-hour course described in the proposal is to provide a "refresher" for things already covered in the past during the four-year education and training program.

Dr. Vandervort commented that Optometrists are taught to refer a patient to other health care practitioners if there are any procedures they are not confident in performing vis-à-vis the eye care needs of the patient in question.

Dan Rosenthal asked the applicants to comment on the core problem inherent in the access-to-eyecare debate in this review as they see it. Dr. Vandervort responded by stating that eye care patients in remote rural areas do not want to travel long distances for follow-up care procedures. These patients want such procedures taken care of in their local community by their Optometrist, and if such procedures cannot be done this way, they are likely to be reluctant to agree to have them done at all.

VI. Public Comments

David Watts, MD, President of the Nebraska Medical Association, came forward to present comments on the applicants' proposal on behalf of NMA. Dr. Watts stated that NMA is opposed to this proposal because it would create needless risks to public health and safety. He added that only physicians possess the necessary education and training to perform surgery safely and effectively.

VII. Next Steps

The Committee members agreed that the next step in the review process should be the public hearing.

VIII. Other Business and Adjournment

Program staff stated that they would be in touch very soon regarding scheduling a date and time for the third meeting of the Committee which will be the public hearing on the applicants' proposal. There being no further business, the committee members unanimously agreed to adjourn the meeting at 1:20 pm.