July 27, 2022

Optometry Technical Review Committee- Public Hearing

Good morning! My name is Patty Terp. P-A-T-T-Y T-E-R-P. I am a Board-Certified eye surgeon ophthalmologist in Fremont and am the current President of the Nebraska Academy of Eye Physicians and Surgeons. I am also Assistant Clinical Professor for the Creighton University Department of Surgery and Adjunct Assistant Professor for the University of Nebraska Medical Center Truhlsen Eye Institute, through which positions I teach medical students and ophthalmology residents. I am here today in opposition to the expansion of optometry privileges to perform SLT and to offer perspective on working as an eye surgeon serving rural Nebraska communities.

I am an Arkansas native who moved to Omaha to attend Creighton University, where after 8 years of schooling I obtained my Bachelor of Science degree followed by a Doctorate in Medicine. I subsequently completed both a 1-year Internal Medicine internship and 3-year surgical Ophthalmology residency at the University of Nebraska Medical Center. Obtaining Board Certification after residency required passing both a written and oral board exam. I am currently participating in Maintenance of Certification, which entails an average of 25 continuing education hours each year, passing quarterly questions, and performing quality improvement activities.

Since August 2015 I have been in practice with two other ophthalmologists at the Fremont Eye Associates (a practice started more than 35 years ago), which since this summer has merged to become part of the larger Midwest Eye Care. The patients we serve at our Fremont office span numerous counties, including Dodge, Washington, Burt, Thurston, Wayne, Cuming, Platte, Colfax, Butler, Saunders, and western Douglas counties. Aside from treating patients every weekday at our main Fremont location, we additionally hold monthly satellite clinics and perform surgeries in West Point, Blair, and Wayne. We treat patients of all ages and all financial statuses. We accept Medicare, Medicaid, commercial insurance, and uninsured patients, and we even participate in Eye Care America, which is a program of the American Academy of Ophthalmology, through which we provide *free* exams and treatment (including surgery if necessary) for medically underserved patients. Furthermore, we provide call coverage for our clinic patients, the Fremont hospital, and any new emergency patients 24/7, even if it means adding patients on to a busy clinic schedule. We have never and will never put a patient's vision at risk secondary to payment or scheduling concerns – our patients and their sight come first. The other ophthalmology practices serving rural Nebraskans function much the same way as ours.

Access to ophthalmology care is very good in Nebraska due to the commitment of our physicians. More than 99% of Nebraskans live within 30 miles of an ophthalmology primary clinic location or satellite office. These satellite offices in rural communities are typically attended at least monthly. In addition, 63% of Nebraskans have an ophthalmology clinic in their town. With broad coverage of the state in primary and satellite clinics, ophthalmologists provide rural Nebraskans with excellent access to specialty and subspecialty eye care.

As you have heard in previous testimony, just because selective laser trabeculoplasty is an in-office procedure does not make it simple or risk-free. First, there is a significant degree of training, experience, and skill required to properly select patients appropriate for SLT. Not every glaucoma patient is a good candidate for SLT. Some patients do not have the appropriate anatomy for safe and successful SLT, and patients with advanced glaucoma many require operating room surgery. Additionally, the laser procedure can at times be quite challenging based on the patient's ocular

anatomy, body habitus, positioning, and cooperation. Second, performing SLT is an *elective, non-emergent* surgery that can be scheduled with the appropriately-trained ophthalmologist who has an adequate volume of laser procedures to maintain procedural skills. Finally, when we are referred a patient for an in-office procedure, we almost always perform that laser or surgical procedure the same day as the patient's consultation visit to prevent unnecessary additional visits to our office and to limit costs to the system. We then often share post-operative follow-up with the patient's local optometrist if the procedure went as expected. If the procedure was more complex or higher risk than usual, we have further follow-up at our office to ensure the patient's course is proceeding safely before releasing the patient's care back to the optometrist if they were referred and it is deemed appropriate.

We are fortunate in Fremont to have a nice working relationship with our community optometrists. Nearby optometrists know if they call us with a complex patient or someone requiring a surgical procedure that we will see them quickly, even if it means adding the patient to our busy schedule that same day. I respect optometrists' expertise in contact lenses, difficult glasses prescribing, low vision services, and *non-surgical* eye care, and our collaborative interaction works well for this. Our community could serve as a model for how ophthalmology and optometry can collegially work together and share patient care responsibilities appropriately, safely, and efficiently within our current, respective scope of practice. With this in mind, I ask that the committee maintain the proven and well-established training and safety standards for surgical eye care and vote "no" on this proposal. Thank you.