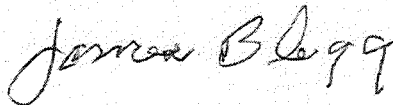


Dear Senate Health Committee,

My name is James Blagg. I live in the Oklahoma panhandle near the Kansas border. I had cataract surgery in Kansas 4 years ago and was doing fine until I saw my optometrist in Oklahoma a few months ago and he told me I should do a laser on my right eye. I didn't think anything was wrong but he said it should help with floaters. I had this laser done on my other eye in Kansas 4 years ago with my surgeon and it went great so I wasn't worried about it. But this time it didn't feel good and I knew something went wrong when it was done. My vision got a lot worse after the laser. I went back to see the optometrist a week later and he said he couldn't find anything wrong. So I waited a couple months but my vision didn't get better so I went back to Kansas to see if the Kansas eye surgeon could help me. He said the laser wasn't done right and it caused a big problem that needed to be fixed with a big surgery. I had the surgery a couple weeks later and it's healed up now so I can see again.

I knew there was a difference between my optometrist and my eye surgeon but now I know one should do surgery and one shouldn't. If I knew that then I wouldn't have let the optometrist laser my eye. I have family in Kansas and wouldn't want them to go through what I did. I hope in Kansas they keep having eye surgeons do these lasers. I'm just glad I can see again.

James Blagg

A handwritten signature in cursive script that reads "James Blagg". The signature is written in dark ink and is positioned to the right of the printed name "James Blagg".

Testimony of the Kansas Society of Eye Physicians & Surgeons
Mary Champion, MD – President
HB 2223 – In Opposition
Senate Committee on Public Health and Welfare
March 24, 2025

Madam Chair and members of the Committee, my name is Mary Champion, MD. I am the President of the Kansas Society of Eye Physicians & Surgeons (KSEPS) and represent the ophthalmologists who practice throughout the State of Kansas.

HB2223 allows non-surgeons to perform laser and eyelid surgery. The qualifications for performing those procedures is not certified or regulated by the Board of Healing Arts, and there is no peer-surgeon oversight. This is especially concerning given that only 3 of the 24 schools of optometry in the US are in states that allow optometrists these privileges, meaning that the training in the remaining 21 schools of optometry would likely be performed on model eyes or non-human tissue. The role of the legislature and the Board of Healing Arts is to ensure the public is protected – that surgeons are adequately trained and to investigate complaints.

There is no evidence that HB 2223 would shorten wait time or increase access. A recent study found that in 3 states where optometrists perform lasers (including Oklahoma), the ***optometrists practiced primarily in areas already serviced by ophthalmologists¹***. There is no evidence that recruiting optometrists to Kansas is problematic with the current scope of practice – the same scope as a majority of states.

Furthermore, drive time and wait times are not the only factors that affect where a patient decides to receive care. A National Consumer League survey of 600 patients found that many were unsure of the differences between an ophthalmologist and an optometrist, however when presented with a written profile of ophthalmologists, optometrists and opticians, ***95% of participants said they would prefer to see an ophthalmologist for surgery***. Kansas deserve to receive surgical eye care from qualified surgeons.

As president of KSEPS, I commit to working with our optometry colleagues to ensure that Kansans are protected and that the standards for surgical training and surgical eye care are the same for all providers who practice in Kansas.

On behalf of the patients we serve, and the eye physicians and surgeons of Kansas, we ask that you oppose House Bill 2223.

1 Shaffer J, Rajesh A, Stewart MW, Lee AY, Miller DD, Lee CS, Francis CE. Evaluating Access to Laser Eye Surgery by Driving Times Using Medicare Data and Geographical Mapping. JAMA Ophthalmol. 2023 Aug 1;141(8):776-783. doi: 10.1001/jamaophthalmol.2023.3061. PMID: 37471084; PMCID: PMC10360006.

Testimony of Dasa Gangabhar, MD, MHL (Masters in Healthcare Leadership)

Retired ophthalmologist, corneal transplant surgeon

Wichita, KS

Written opposition HB 2223

Honorable Members of the Senate Committee on Public Health and Welfare:

I am opposed to HB 2223.

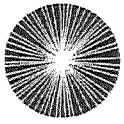
It is my distinct honor to address this committee. I have dedicated my 30-year career to practicing as an ophthalmologist and corneal transplant surgeon in the great state of Kansas, with locations in Wichita and satellite offices in many parts of rural Kansas. I have tremendous respect for my optometric colleagues and always will. I will forever cherish their friendships and be grateful to them for their collegiality.

After performing over 35 thousand eye surgeries, the most challenging one was the one that I had performed on my own retina, which ended my surgical career. I am now a medical school Dean. Hence, I have no dog in this fight other than to advocate for what I know is in the best interest of patients. Throughout my career, I was known as the "disaster doctor" because I handled everyone's most complex cases. Time and again, my colleagues and I have seen the perils of allowing practitioners without the necessary training to manage complex cases." I have performed hundreds of corneal transplants on patients whose condition was mishandled or where the correct diagnosis was delayed. I have handled thousands of patients where misdiagnosis or delayed diagnosis led to needless pain and suffering, loss of precious time and money, and all too often, the loss of our most precious God-given gift, our eyesight. These patients sometimes suffered a lifetime of vision problems, and their quality of life was forever compromised. The optometrists who cared for these patients were not bad people. They were not bad doctors. They were just plain old dealing with problems beyond their scope and beyond their training.

The principle of "caveat emptor" should not apply to healthcare; patients trust us to guide them to the safest and most appropriate care. The public should not have to worry about choosing the right person for the job. They don't know nor should we expect them to know. It's our job to protect the public. And that is all this is about. It's not about turf, it's not about money, it's not about prestige. It's about public trust and doing the right thing for our patients. We must protect the public. And that is what brings me here today.

On behalf of the nearly 100,000 unique patients I have cared for, thank you for allowing me the privilege to advocate for the health and safety of Kansas residents. As representatives of the people, it is our collective responsibility to uphold the integrity of medical care in our great state.

I plead to you to vote NO on HB 2223.



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

March 20, 2025

The Honorable Beverly Gossage
Chair, Senate Committee on Public Health and Welfare
Kansas State Senate
Topeka, Kansas 66612

Dear Senator Gossage and Members of the Committee:

We are writing on behalf of the American Academy of Ophthalmology, the world's largest association of eye physicians and surgeons. A global community of 32,000 medical doctors and surgeons—including over 150 members in Kansas—we protect sight and empower lives by setting the standards for ophthalmic education. We are dedicated to advocating for our patients and the public to ensure the highest standards of patient safety and quality care. It is for these reasons that we respectfully request that you oppose HB 2223. This bill places patient safety and quality surgical care at risk in Kansas by authorizing unqualified, non-surgically trained eye care providers—optometrists—to perform delicate eyelid scalpel incisional surgery and laser surgery in and around the eye.

This legislation undercuts current standards of medical education and clinical training required to practice medicine and perform eye surgery that has kept Kansans safe for decades. The practice act for a specific midlevel healthcare profession is not the appropriate venue to determine what does and does not constitute the practice of medicine and surgery. Furthermore, HB 2223 places the development of training standards for eye surgery in the hands of the state's Board of Optometry, of which there are no medical doctors or trained surgeons as members. By enacting HB 2223, Kansas would be creating a two-tiered system of surgical eye care.

We are deeply concerned about the prospect of establishing a system of care in Kansas whereby patients from more vulnerable populations are left unaware of the significant difference in laser surgical training between ophthalmologists and optometrists and are therefore systematically sent for care from optometrists with a much lower tier of experience, training, and safety. While facilitating access might seem like a justification for accepting lower quality surgical eye care for some, it must be noted that 86% of the state's population is within a 30-minute drive of an ophthalmologist, while 97% is within one hour. We believe that a constructive partnership between appropriately trained ophthalmologists and optometrists is the eye care model that should be advanced in Kansas to safely address current and future care delivery needs.

Improvement in surgical technology does not mean that the structures of the eye are more forgiving in terms of damage, imperfect healing or surgical judgment. Technology may improve the speed of surgery but surgical judgement about surgery remains very important with serious clinical decisions to be made. We support the role of optometrists as a valued component of the eye care team, and our members work collaboratively with them daily. However, no matter how well-intentioned the legislators proposing HB 2223 are, the truth is that the optometric education model does not provide this vital knowledge base of medical expertise to determine who is and who is not a suitable candidate for surgery or the foundation to safely perform surgical procedures on and around the eye.

For these reasons, we respectfully ask that you uphold Kansas' current high standard of patient safety by opposing HB 2223. Thank you for your time and consideration.

Sincerely,

Stephen D. McLeod, MD
Chief Executive Officer

Michael X. Repka, MD, MBA
President

Testimony of Zach Unruh, MD
Senate Committee on Public Health and Welfare
March 24, 2025
HB 2223

Chair and members of the committee, my name is Dr. Zach Unruh, I graduated optometry school from University of Houston College of Optometry in 2010 and practiced optometry for 7 years in rural Kansas before beginning medical school at The University of Kansas School of Medicine. I graduated in 2021 and began a 4-year residency training to become an ophthalmologist in Texas at Baylor Scott and White health system. I will be starting a 2-year fellowship in vitreo-retinal surgery in Columbus, Ohio, this summer.

The goal of my testimony is to provide a brief review of my experience training in both optometry and ophthalmology.

In optometry school, the bulk of direct patient care came during the final year of training in community clinics as a mix of routine eye care, treating chronic conditions, and learning to recognize ocular emergencies and refer as appropriate. I estimate I graduated with at least 1500 patient encounters, mostly routine care. I felt comfortable with the pace of a full clinic and with my decision making about 2 years into private practice.

Residency is 1 year of general medicine, followed by 3 years of ophthalmology. About 60 hours/week seeing patients in clinic or in the OR, studying for weekly conference, preparing for grand rounds and journal club, practicing in the skills lab, and taking call 2-3 nights per week.

For a total of 4 months, my responsibilities involved seeing urgent referrals and hospital consults for vision threatening and sometimes life-threatening pathology. I have logged over 5500 primary patient encounters and almost 900 procedures to date. All of these procedures require supervision from pre op counseling to post operative care.

Through all of this, the largest difference I've noticed lies in the mindset and approach to healthcare as a proceduralist versus a primary care provider. In the ability to not only handle unexpected problems during a procedure, but to anticipate and avoid possible complications. The most difficult part of procedures is not always the mechanics, but the preoperative planning, counseling, and decision making. There are subtleties there that take years of training and practice to refine

I value the optometric community and the time I spent practicing. Eye care would not be possible without their vast contributions. Fortunately, many of my mis-steps as an optometrist were reversible with no long-term consequences. The hardest lesson of residency has been that once you begin manipulating human tissue, there is no going back, and the patient must live with the consequences of your actions.

I expected my training experiences to be different, but I have been overwhelmed by just how dramatic the differences truly are. Thank you for your time and consideration.