



To: Senate Public Health and Welfare Committee

From: Jerry Slaughter
Executive Director

Date: February 20, 2012

Subject: HB 2525; concerning Optometrists

The Kansas Medical Society appreciates the opportunity to submit the following comments in support of HB 2525, which amends the licensing statute for optometrists. Although the bill appears to make a number of changes, substantively there are just two issues which are addressed. The first change reduces the three levels of optometric licensure to one, so that all optometrists now have a common licensure standard.

The second change – the part of the bill that we were involved in – addresses a problem that arose when the Medicare carrier for the region Kansas is in began denying certain procedure codes, including many that were clearly within current optometric licensure. That action created practice disruptions for many optometrists throughout the state, and resulted in a situation in which an out of state payor was in effect establishing the scope of practice parameters for the profession in a manner which was not consistent with the interpretations of the state licensing agency. Because the particular area of practice which was affected is an area in which optometrists and eye physicians and surgeons have had a long history of discussion and collaboration over the years, the KOA asked us to help them find an approach which solved the problem without having unintended consequences.

The KOA, the Kansas Medical Society and our affiliated Kansas Society of Eye Physicians and Surgeons (who are physicians specializing in Ophthalmology) discussed the issue, and all agreed that it was in the best interest of patient care for the professions to try to find common ground, and approach the legislature with a consistent message about solving the problem. After several months of discussions over what procedure codes should be approved for optometric practice, an agreement was reached that clarifies the law and provides necessary guidance to payors in the future. The clarifying changes would retain the prohibition on surgery and the use of injectable or general anesthesia, but

would make it clear that optometrists could remove non-perforating foreign bodies from the cornea, conjunctiva or eyelid; remove eyelashes; scrape the cornea for diagnostic tests, smears or cultures; dilate, probe, irrigate or close by punctual plug the tear drainage structures of the eye; express conjunctival follicles or cysts; debride the corneal epithelium; and co-manage post-operative care.

We particularly want to express our appreciation to the leadership of the Kansas Optometric Association, and Gary Robbins in particular, for their willingness to work with us to address this matter in a way that promotes good patient care and avoids a contentious legislative disagreement. We urge your favorable support of HB 2525. Thank you for the opportunity to offer these comments.