

**Department of Financial and Professional Regulation
Division of Professional Regulation
Collaborative Optometric/Ophthalmological Task Force Advisory Board Meeting**

Illinois Department of Financial & Professional Regulation
Division of Professional Regulation
Collaborative Optometric/Ophthalmological Task Force Open Minutes

Date: September 12, 2017
 Meeting Convened: 2:35 P.M.
 Meeting Adjourned: 3:45 P.M.
 Location: IDFPR Springfield Office, 320 W. Washington St., Room 285
 IDFPR Chicago Office, 100 W Randolph St., Room 375

Roll Call: Vince Brandys, O.D.
 Sohail Hasan, M.D., Ph.D
 Michael Horstman, Task Force Member
 Erin O'Brien, Task Force Member

Staff Present: Katy Straub, Associate General Counsel, IDFPR
 Lucienne Doler, Assistant General Counsel, IDFPR
 Chau Nguyen, Assistant General Counsel, IDFPR
 John Webb, Director of Legislative Affairs, IDFPR
 Kathleen Alcorn, Office of the Secretary, IDFPR

Guests Present: Chris Albanis, M.D., Jim Morphew, Leigh Ann Vanausdoll, Richard Paul, Matthew Jones, O.D., Preeti Thyparampil, M.D., Dan Reitz, Tamara Fountain, M.D.

Topic	Discussion	Action
Roll Call	Task Force Members Present: Vince Brandys, O.D. Sohail Hasan, M.D., Ph.D Michael Horstman Erin O'Brien	Meeting called to order.
Approval of August 22, 2017 Minutes	None.	A motion was made by Ms. O'Brien/ seconded by Dr. Hasan to approve the August 22, 2017 meeting minutes as presented. Motion passed unanimously.

<p>Analysis of Task Force Action</p>	<p>The meeting began with a brief recap of events of the August 22, 2017 meeting, during which the Illinois Society of Eye Surgeons (ISEPS) tendered its recommendation to the Task Force in accordance with the timeline set forth in the Optometric Practice Act. The Task Force adjourned shortly thereafter to allow members time to review and provide feedback at this September 12, 2017 meeting.</p> <p>Mr. Horstman then provided the Task Force with optometry's recommended curriculum for advanced optometric procedures in the form of a proposed rule listing nine specifically permitted procedures, with curriculum developed in coordination with faculty from the Illinois College of Optometry, including a thirty (30) hour program, demonstration of clinical proficiency, and ongoing continuing education requirements.</p> <p>The nine listed procedures are as follows: (1) subcutaneous/intradermal injections (retrobulbar, intraocular, and botulinum injections are not permitted); (2) subconjunctival injections (retrobulbar, intraocular, and botulinum injections are not permitted); (3) epilation by means other than forceps; (4) excision/removal/destruction of chalazion; (5) excision/removal/destruction of superficial lesions-benign; (6) removal of skin tags; (7) incision and drainage of cysts; (8) corneal debridement-other than dead tissue not including removal of pterygium or corneal neoplasias; and (9) biopsy – not including corneal biopsy.</p>	
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Mr. Horstman explained that the proposed rule is similar to a draft submitted for Task Force consideration at its March 2017 meeting, but has been revised to include clear language prohibiting use of both general anesthesia and lasers. Mr. Horstman further recounted that the list of nine procedures in this proposed rule had been previously agreed to by the parties during negotiation of the bill creating this Task Force.

Ms. O'Brien, Dr. Hasan, and Dan Reitz all expressed that their understanding of prior negotiations did not include agreement to this list of specific procedures. Mr. Horstman suggested there may be a need to involve the legislative sponsors in future discussions to resolve any misunderstanding.

In examining optometry's list of nine proposed procedures, Task Force members agreed that two of the nine procedures - epilation by means other than forceps and corneal debridement (other than dead tissue not including removal of pterygium or corneal neoplasias) - fell outside the category of surgical procedures and may therefore be appropriate for optometrists with advanced training to perform.

Mr. Horstman cautioned the Task Force that amending the Optometric Practice Act to define the term "surgery" (as was proposed by ISEPS in its recommendation) may preclude optometrists from performing procedures they are already performing today – procedures interpreted to be within their current scope of practice. He also pointed out that adopting an overly restrictive definition of "surgery" could prevent quick

adaptation to technological change in that every clarification to the definition would then have to be made legislatively.

Dr. Hasan explained ISEPS' reasoning for proposing that the term "surgery" be added to the Optometric Practice Act. In doing so, the proposed statutory language would make clear which procedures optometrists could perform under exemptions to surgery and would leave freedom to optometrists to determine appropriate training for any nonsurgical procedure (i.e. those procedures falling outside the definition of "surgery").

The Task Force discussed leaving the term "surgery" undefined as it currently exists in the Optometric Practice Act.

Meeting guest, Tamara Fountain, M.D., who serves as an ocular plastic surgeon and professor at Rush University, observed that in her practice, even dermatologists are hesitant to address conditions near the eye and often refer patients to an ophthalmologist for evaluation. She opined that one cannot separate performance of clinical procedures from the vast body of knowledge required to correctly diagnose the need for those procedures.

Meeting guest Mathew Jones, O.D. commented that optometrists already make these assessments when determining the patient's ailment and the appropriate professional to refer the patient.

The Task Force discussed the need for access to eye care. Mr. Horstman commented that in many areas outside of Cook County, access to

ophthalmology specialties is limited. Meeting guest Tamara Fountain, M.D. commented that the standard of care should not change based on where a patient lives. Meeting guest Mathew Jones, O.D. reiterated the advanced training proposed in the curriculum and commented that professionalism is what keeps optometrists from performing any procedure they're not properly trained to address. Meeting guest, Preeti Thyparampil, M.D., a board-certified ophthalmologist, explained that every condition exists along a spectrum. There can be unforeseen complications after performance of a procedure, and any provider must be trained in the entire spectrum of managing complex conditions. She further elaborated that a professionalism approach, a "code of honor", is not enough to protect patients. Meeting guest Matthew Jones, O.D. commented that whole anatomy is taught in optometry school, and such complications are addressed in proposed curriculum.

Dr. Hasan commented that only a handful of states allow these advanced procedures. He questioned: Why follow these states? Why not follow a majority of states that don't currently allow optometrists to perform these advanced procedures? Mr. Horstman reminded the Task Force that optometrists already receive advanced training at the Illinois College of Optometry and then move to other states to perform these procedures. Mr. Horstman also responded that there is a demonstrated need in Illinois. Residents in parts of Illinois must travel 1-2 hours to see an ophthalmologist that will accept

Medicaid, and will wait weeks or months for an appointment.

Addressing patient safety and outcomes, Mr. Horstman referred to a letter from a major optometric malpractice insurance company confirming that malpractice rates are no different in states that allow optometrists to perform advanced optometric procedures. Dr. Hasan inquired as to the number of optometrists in these states that perform advanced procedures. Meeting guest Tamara Fountain, M.D. explained that you can't draw any reliable conclusions based on malpractice rates without knowing how many optometrists are performing advanced procedures. One cannot expect to see an increase in rates until there is a large pool of optometrists providing these services. Mr. Horstman suggested the Task Force look to Oklahoma, as optometrists have been performing advanced procedures there for more than twenty years.

Meeting guest Mathew Jones, O.D. commented that malpractice insurers inquire into which procedures optometrists perform in their practice and suggested this data must be used in statistical analysis since it is being collected. Meeting guest Tamara Fountain, M.D. explained that malpractice insurers are conducting due diligence by gathering such information, and that malpractice litigation has a long tail – changes in rates don't show up immediately. Meeting guest Richard Paul agreed, and opined as to the need to find out how many optometrists in those states are performing advanced procedures and at what frequency before drawing conclusions about insurance premiums.

	<p>Returning to the list of proposed procedures, the Task Force discussed use of injections in treating chalazions and cysts. Meeting guest Mathew Jones, O.D. added that inclusion of injections might encompass future injectable treatments currently under study by the Food and Drug Administration (FDA). Mr. Horstman clarified for the Task Force that optometrists are currently permitted to administer intramuscular injections in limited emergency situations.</p> <p>Dr. Hasan indicated that optometry's proposal as presented today will be sent to ISEPS' Board for review prior to the next scheduled Task Force meeting. Ms. O'Brien expressed that the Illinois State Medical Society (ISMS) has concerns about any non-M.D. performing surgical procedures.</p> <p>John Webb, Director of Legislative Affairs for the IDFPR, informed the Task Force that the bill's legislative sponsors plan to attend the next scheduled Task Force meeting on October 10, 2017.</p>	
<p>Old Business</p> <p>I. 2017 Meeting Dates</p> <p>II. Deadlines</p>	<p>It was confirmed with the Task Force members that the next meeting is scheduled for October 10, 2017 at 2:30 p.m.</p>	
<p>Adjournment</p>		<p>There being no further business to discuss, a motion was made by Mr. Horstman / seconded by Dr. Hasan to adjourn at 3:45 PM. Motion passed unanimously.</p>