

Eye Physicians Achieve Historic Victory As Eye Wars Comes To A Close

After years of discussions, the Maryland Society of Eye Physicians and Surgeons (MSEPS) and MedChi successfully negotiated a compromise with the Maryland Optometric Association (MOA) to expand the optometric scope of practice. In crafting this compromise, MSEPS and MedChi fought to ensure that patient safety was appropriately maintained and that physicians continued to have necessary oversight in the clinical care of patients. Senate Bill 447/House Bill 471 achieves these goals while providing additional but limited authority to optometrists to prescribe pharmaceutical agents, diagnosis and treat open-angle glaucoma, order limited tests, and remove foreign bodies.

Senate Bill 447/House Bill 471 reaffirms the high standards of safe surgery set by many states throughout the U.S. by clearly prohibiting optometrists from performing surgery on and around the eye. The language, perhaps the safest in the country, prohibits an optometrist from performing procedures using any instruments, including lasers, scalpels, needles, cautery, a cryoprobe, or sutures in which human tissue is cut, burned, vaporized, removed, or otherwise permanently altered by any mechanical means, laser, ionizing radiation, ultrasound, or other means.

Senate Bill 447/House Bill 471 allows an optometrist to prescribe oral pharmaceutical agents. However, it specifically excludes the prescribing of controlled dangerous substances and other high-risk medications, administering pharmaceutical agents by injection or intravenously, and prescribing oral medications to children under the age of 18 years, except for oral antibiotics if the patient is either 16 or 17 years of age and a physician is consulted.

As introduced, Senate Bill 447/House Bill 471 would have authorized an optometrist to diagnose and treat all forms of glaucoma. MSEPS and MedChi successfully limited this provision to only open-angle glaucoma and then only if an optometrist can document that intraocular pressure and clinical stability have been maintained within a certain timeframe.

Similarly, as introduced, the bills would have allowed an optometrist to remove any foreign body from the eye. Again, arguing for patient safety, MSEPS and MedChi limited foreign body removal to situations in which the foreign body has not penetrated beyond the Bowman's membrane of the cornea and is within 2.5 millimeters of the visual axis of the cornea or when the foreign body is peripheral and anterior to the Mid-Stroma. Any removal cannot permanently alter tissue. Lastly, the bills do allow an optometrist to order only non-genetic blood tests but only after consulting with a physician.

In working with our optometric colleagues, MSEPS and MedChi strongly believe that Senate Bill 447/House Bill 471 strikes the appropriate balance to ensure that patients have access to eye care services while maintaining necessary patient safeguards. With these changes, Maryland remains one of the more restrictive states in the country. **In addition, MSEPS and MedChi negotiated that no further changes would be permitted to expand the optometric scope of practice for at least seven years.** All in all, this constitutes a major victory for MSEPS and MedChi and for the physicians and patients of Maryland.

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