



January 12, 2022

Honorable Members of the General Assembly
Commonwealth of Virginia

RE: Opposition to HB 213 and SB 375 --- Optometry Performing Laser Procedures

Dear Honorable Members:

The American Glaucoma Society (AGS) is comprised of over 1500 members who are glaucoma specialists dedicated to benefiting our patients. Our society represents glaucoma and glaucoma specialists in the United States. It has come to our attention that optometrists in Virginia desire to perform laser surgery for glaucoma. As the executive vice president of our society, I would like to clearly state that our members are against this as we feel this would jeopardize the safety of your constituents and result in unnecessary billing and surgical procedures which would be grossly cost inefficient.

I have trained both optometry students and optometry residents for over 20 years. I have also trained ophthalmology residents and glaucoma fellows for over 40 years. I have published in highly respected peer-reviewed journals on optometric education and qualifications. I therefore have personal knowledge of optometric education and qualifications.

Glaucoma is the leading cause of permanent blindness and visual impairment in African Americans and Hispanics and the second leading cause in Caucasians. The elderly are also disproportionately affected with even small change in visual function can cause a decrease in reading ability, agility, physical activity, driving ability; and an increase in falls and earlier driving cessation. Glaucoma also disproportionately effects the elderly as 9.4% of older white individuals and 23.2% of older black individuals suffer from glaucoma. Allowing optometrists to perform laser surgery for glaucoma could create larger inequities in care adversely affecting the elderly and minorities.

Laser surgery for glaucoma, both iridotomy and trabeculoplasty, are SURGERY. They are not “painless” or “minor” interventions. They require both an understanding of the underlying pathology, an understanding of treatment options, an understanding of anatomy, technical skills, and the ability to treat complications. These procedures require years of training and practicing, on real humans to be able to perform correctly and safely. Both procedures are associated with serious sight threatening complications that optometrists are not able to diagnose and treat.

The “newly trained optometrist” has minimal clinical training in ophthalmic diseases with minimal *worthwhile* patient contact. They are taught important diagnostic skills, such as gonioscopy, on each other, and have limited exposure to this during their training, and have almost no ability to do this repeatably on “real patients”. This skill takes years to acquire and perfect. Without this skill, they can neither make proper diagnoses nor proper therapeutic decisions. Laser trabeculoplasty is based on skilled proficient gonioscopy techniques which optometrist do NOT have.

Likewise, an argument we often hear, is that there is a paucity of ophthalmologists in geographic proximity to patients requiring care. In Virginia, this is not the case. In Virginia most residents live within a 30-minute estimated travel time of an adequately trained ophthalmologist.

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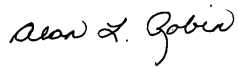
ALAN L. ROBIN, MD

We have seen in Oklahoma, where optometrists can do laser treatments, that they perform more laser treatments and are cost inefficient compared with ophthalmologists. In the Veterans Affairs system, optometrists who work without direct ophthalmology supervision both make inappropriate and inadequate referrals: poor surgical judgement.

In summary, modern trained optometrists should not be allowed to perform any surgical procedure (laser trabeculoplasty or laser iridotomy) for glaucoma because of inadequate training, judgement, and surgical training. They are cost ineffective and are a danger to patients' sight and independence.

Please don't hesitate to contact me if you have further questions.

Respectfully,

A handwritten signature in dark ink, reading 'Alan L. Robin', with a stylized flourish at the end.

Alan L. Robin, MD
Executive Vice President, American Glaucoma Society
Associate Professor, Ophthalmology and International Health, Johns Hopkins University
Professor Ophthalmology, University of Michigan