

MEDICAL SOCIETY of the STATE OF NEW YORK

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Division of Governmental Affairs
MEMORANDUM IN OPPOSITION

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A.2803 (PAULIN)

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S.2063 (LIBOUS)

**AN ACT to amend the education law, in relation to
the practice of optometry**

This measure would expand the scope of practice of optometrists to allow those who have been certified for phase one and two therapeutic agents, and who have completed a phase three therapeutic pharmaceutical agent certification course of didactic education approved by the department, to use and write prescriptions for certain oral pharmaceutical agents. The 30 hours of didactic training that this proposal would require is a small fraction of what medical school curricula require. The idea that a non-medically trained person can learn to prescribe serious medications over a few days shows a profound lack of understanding with regard to the responsibilities entailed. Significant supervised hands-on relevant clinical training is essential for assuring patient safety and it is required by New York State as well as national licensing boards in order for individuals to prescribe and treat patients with potentially dangerous oral medications. **The Medical Society of the State of New York opposes this bill and believes that it is not conducive to good patient care.**

The optometric education is a four-year program that focuses on primary eye care. It provides a completely inadequate educational footing to prepare optometrists to understand the effects of medicine on the human body or the interaction of one medicine with another. The SUNY College of Optometry provides only four lecture credit hours of general pathology and immunology and five lecture credit hours of pharmacology in the entire four-year curriculum. No hands-on clinical training is received. Moreover, this bill requires no additional clinical training in pharmacology. The vast majority of patients in optometric school clinics are seen for eye glasses or contact lenses. No hospital internship or residency is required. In New York, there are only four residency positions in ocular disease open for optometrists.

The optometric student has virtually no patient management responsibilities and no exposure to the diagnosis and treatment of systemic disease. The potential complications of systemic medications can be serious and even life threatening.

Ophthalmologists, on the other hand, are medical doctors whose training begins after graduation from college, with four years of medical school. Their medical school curriculum includes entire courses devoted to pharmacology and pathology, followed by two years of supervised clinical training in a variety of medical disciplines. Ophthalmologists must complete a one-year hospital internship during which time they take care of patients with a wide range of systemic diseases. The hospital internship provides them with a progressively independent hands-on experience in the use of drugs, drug interactions, and patient response to

systemic medications. Ophthalmology residents then spend another three to four years in a hospital setting, focusing exclusively on the diagnosis and treatment of eye disease and its relationship to a patient's overall health status. Typically, between 3,000 and 9,000 patients, mostly suffering from eye disease or injury, are seen and thousands of prescriptions are written by ophthalmology residents during this period.

Based on their limited training and clinical experience, and in view of the potential side effects of oral medications, allowing optometrists to prescribe such medications would create significant health risks for the patients in New York State. Only a few, primarily rural, states allow the unrestricted use of all drugs specified in this legislation with no referral, consultation requirements or other limits such as duration of treatment or age of patient.

Among the complex oral drugs which optometrists would be given unlimited authority to prescribe under this bill all have potentially serious consequences. Some of these are:

- Antivirals are generally used in treating people with compromised immune systems and diseases. Side effects include seizures, coma, leukopenia, liver impairment, renal failure, malaise, lethargy and confusion.
- Analgesics are pain management drugs, which are designated by the Federal Government as controlled substances. Side effects include cardiac arrhythmias, GI disturbances and psychological and physical dependence.
- Antihistamines, decongestants and anti-allergens are used to treat symptoms of allergies. Side effects include hypotension, unusual excitement or sedation, nervousness, restlessness, irritability, GI distress, confusion or memory loss, dizziness or seizures.
- Antibiotics are used to treat a variety of primarily bacterial infections. Allergies to these medications causing a variety of reactions may occur.
- Corticosteroids, are drugs that could have serious consequences and should be used with caution.

The bill language requires some referrals and notifications by optometrists to physicians after prescribing certain

Drugs and the bill specifies an extended course of treatment for which an optometrist may prescribe corticosteroids for patients. The amended version of this bill does not correct the flaws in the prior bill.

Optometrists are currently limited to prescribing only specific categories of drugs, which are limited to topical application to the surface of the eye for therapeutic purposes. Moreover, many of the drugs optometrists are seeking to prescribe for oral use are not within the current list of allowed categories. This means that not only are they seeking to expand their scope of practice to include prescribing oral drugs, but they are also seeking to expand upon the categories of drugs they want to be able to prescribe. This expansion would include drugs with extensive and severe side effects, including controlled substances, that should only be prescribed by a medical doctor.

The eye is not a separate entity from the rest of the body and cannot be treated as such. Many systemic diseases affect the eye, and treatment of the eye can have a systemic effect on the body. Optometry students do not attend medical school and so do not become familiar with or have experience in the management of systemic, multi-system illness. They lack the appropriate education and training to make judgments about the overall medical condition of the patient.

The wide range of systemic medications that is being proposed in this bill have the potential for significant side effects in addition to interactions with other medications. For example, many patients today take Coumadin or similar "blood thinners". The level of the drug in the body and the blood's ability to clot must be constantly monitored. Numerous medications, including many antibiotics, can affect the blood levels of Coumadin, often reducing clotting ability to dangerous levels and increasing the risk of hemorrhage anywhere in the body. When such antibiotics are necessary, blood clotting must be monitored more closely and the Coumadin dose

may need to be adjusted. Not only is experience in the use of systemic medications critical for the safety of patients, but if you cannot manage the complications that you cause, you should not be prescribing the drugs. The use of systemic medications raises the level of necessary knowledge and responsibility considerably over topical medications. This knowledge is not obtained through a weekend course or six hours of lectures, but rather by rigorous training and clinical experience with patients.

The only condition precedent for such a vast expansion of prescription privileges is certification for the use of limited topically applied drugs for treatment. The use of topical medications in no way allows a practitioner to use powerful systemic medications with significant potential complications. Allowing optometrists, who have extremely limited medical training and no medical experience to prescribe the oral medications listed in this legislation, presents serious and avoidable health risks to the public. Moreover, the public will be further confused into mistakenly believing that there are no differences between an ophthalmologist and an optometrist, and may be misled concerning the education, training and expertise of their practitioner.

Finally, there is no demonstrated public need, public demand or public support for additional eye care services and such far-reaching legislation. Nor has it been shown that there are patients in New York who are unable to obtain necessary eye care. New York has the highest concentration of ophthalmologists of any state in the country and almost twice the national average. Moreover, in every county of the state (except Hamilton County where there are no physicians and no optometrists) there exist a supply of primary care practitioners who are readily available and capable of prescribing needed medications. These practitioners are medical doctors who are fully trained in areas such as pharmacology and able to understand and manage the impact of medications on the human body. Therefore, the public need for additional persons authorized to prescribe oral medications is simply not there.

For the above reasons, the Medical Society of the State of New York strongly opposes this measure and urges that it be defeated.

Respectfully submitted,

2/27/15 - OPPOSE
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