

LEVEL LICENSURE FOR OPTOMETRY – A Narrative regarding H.B. 2336
Presented February 14, 2005

Introduction

My name is Dr. Sharon Michel Green. I am a doctor of optometry who practices in Lawrence. I am the current president of the State Board of Examiners in Optometry (SBEO) and had been the secretary-treasurer of the Board since 1998. The idea of level licensure for optometrists is not new to the profession. There are already five states that have mandated full scope licensure for their constituents. The most important reason to have all Kansas optometrists practicing at the highest level of licensure is to ensure that all patients are getting the highest quality of care. When doctors receive additional education and push themselves to learn about the most recent medical issues, better referrals can be made and patients can be better educated. Kansas consumers could be assured that whichever optometrist they visit would be practicing at the highest level of licensure.

Definitions

NPA: No Pharmaceutical Agents

DPA: Diagnostic Pharmaceutical Agents

TPA: Therapeutic Pharmaceutical Agents, topical and oral

Highest level of licensure: TPA + glaucoma medications

History

The use of diagnostic pharmaceutical agents (DPA) by Kansas optometrists was passed by the legislature in 1977. It meant that certain eye drops could be used to dilate the pupil for purposes of diagnosis. The use of topical pharmaceutical agents was passed in 1987 to treat eye infections, glaucoma agents in 1996, and oral drugs in 1999. In 1987 and 1996 it was not mandated that all Kansas licensed optometrists be required to obtain the higher level of licensure. In 1999, all optometrists were required to have the additional education regarding oral medications in order to retain a therapeutic license (TPA). At that time doctors who had only DPA or NPA licenses were not required to upgrade. In not requiring full participation from all our constituents, Kansas optometry now has four different levels of licensure. In addition to being confusing from an administrative perspective, it is misleading to the public who are unaware that optometrists can have such different levels of training and licensure.

4. Current Statistics

Of the 469 practicing optometrists in Kansas, 98% hold a therapeutic license. 305 doctors (65%) are at the highest level of licensure which includes the ability to treat glaucoma. 71% of the remaining therapeutic optometrists are currently working to upgrade their licenses to the highest level. Of the remaining 29%, 13 optometrists would be at age 65 or older by the time the law went into effect. The other 31 optometrists have not considered license upgrade to be a top priority and some have indicated they intend to wait as long as they can. Only 2% are either DPA or NPA.

Economic Impact

There would be no economic impact on Kansas consumers or on 98% of Kansas optometrists. The doctors who are licensed at DPA or NPA only would need the greatest amount of additional education which would require additional time out of the office. This time away from the office can be spread out in the next few years. All current active licensees will be required to have TPA licensure by 2007 and glaucoma licensure by 2009, thereby elevating all Kansas optometrists to the highest level of licensure.

If there were no Kansas optometrists who could provide treatment of glaucoma, there would be an economic impact on patients who would have to drive farther in order to receive care. A real example of this is the elderly gentleman who frequently travels to Washington, Kansas to see his optometrist who monitors and treats his glaucoma. In order to receive care at the next nearest doctor's office, this gentleman would have to cross the Kansas border and be treated in Nebraska. It is certainly in the best interest of the public to have all optometrists better trained to detect a condition that might otherwise go undetected.