

February 19, 2024

RE: SF 3758 and HF 3602; Surgery by Surgeons (SxS) bill: Yea (support)  
SF 0659 and HF 1031; Medication/Injection bill: Nay (oppose)  
SF 1761 and HF 1033; Optometric Board bill: Nay (strongly oppose)

Dear Members of the Senate Health and Human Services Committee,

On behalf of the University of Minnesota Health Sciences, School of Medicine, and Department of Ophthalmology and Visual Neurosciences, we give our enthusiastic support of the ***Surgery by Surgeons*** (SxS) bill, SF 3758. This bill will stop the unnecessary and potentially dangerous expansion of Optometric scope into a surgical field, and SxS will both protect Minnesotans eyesight and help maintain the ***high quality eyecare*** that we currently enjoy in our state. We are concerned that *non-surgically* and *non-medically* trained professions are seeking legislative approval to perform ophthalmic surgery, without having received the robust training required to develop surgical skills.

Medical School trains our students in complex medical and surgical care. Basic principles performed in surgery must be conducted in a well-supervised and knowledge-intensive environment. Our *School of Medicine* graduates are permitted, by law, after receiving a *Minnesota Board of Medical Practice* license, to practice medicine and **surgery**. We believe strongly that anyone who performs surgery, must have medical license. In order to become a Board-Certified or Board-Eligible Ophthalmologist, a medical or osteopathic doctor must complete an internship (one-year) plus a three-year residency program for a total of ~16,000 hours of training. These training requirements and educational standards for managing complex medical and surgical ophthalmology patients serves as the basis for introducing SxS bill SF 3758, HF 3602 and our opposition to SF 0659, HF 1031 and *strong* opposition to SF 1761 and HF 1033.

On March 5, 2020 I testified before this committee and shared that since I assumed my current position as Head of Ophthalmology at the University of Minnesota Medical Center in 2011, we increased the capacity to train Ophthalmologist by 25%. Most Ophthalmologist ~70% who graduate from our program stay in Minnesota and we now have graduated five classes of this increased size which already facilitates access to Ophthalmic care across the state. I also stated as mentioned above, that the Optometry training is excellent, however it is NOT a surrogate for Medical School, Internship and Residency Program. Lastly, I illustrated how Optometrists and Ophthalmologists are working collaboratively to enhance patient care in my Department, a model we like to extend across the state with the SxS bill.

With respect to SF 1761 and HF 1033 the American Board of Ophthalmology (ABO) is a member of the American Board of Medical Specialists (ABMS) and maintains even higher quality standards for specialty care and ophthalmic surgical training. Optometrists are licensed by the Minnesota Board of Optometry, and current Minnesota statute does not permit “invasive surgery” by Optometry. Optometry’s certification board is *not a member* of the ABMS. Therefore, an optometry board is not qualified to determine a medical or surgical scope of practice.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. van Kuijk', with a stylized, sweeping flourish at the end.

Erik J. van Kuijk, MD, PhD.  
Professor & Chair  
Dept. of Ophthalmology  
University of Minnesota