



Oppose Senate File 1144

Senate File 1144 is dangerous. It inappropriately expands optometry's scope of practice to allow for injections into the eyelids as well as the front of the eyeball itself. It allows injections into facial and eye muscles and prescribing of dangerous oral medications, like steroids for 14 days, without proper training or physician consultation.

This Legislation Must be Opposed for the Following Reasons:

This bill places Minnesotans vision care, medical health, and safety at risk.

- (1) Optometrists lack the minimum necessary training and expertise to safely perform complex injections around the eyes.
- (2) Prescribing of powerful medications by optometrists is unnecessary and places overall health and safety of Minnesotans at risk.
- (3) Misdiagnosis, and improper treatment/lack of follow-up has severe vision and healthcare ramifications.

Optometrists Lack Sufficient Medical Education and Training

Ophthalmologists (eye physicians and surgeons with over 20,000 hours of training) are expert surgeons who have completed **8-10 years** of education after college. Medical school is a 4-years of rigorous study of the entire human body. After medical school, ophthalmologists spend a year in general medical or surgical training, spending time in **hospitals, ICUs, and operating rooms**, applying their knowledge. Then, they spend 3 years (minimum) of **specialized training in the eye and delicate eye surgical techniques**. More than 50% of ophthalmologists also pursue specialized surgery with 1-2 years of additional intense training. Ophthalmologists have a **wide breadth of medical and surgical knowledge** as well as the skills to **recognize complex problems and manage side effects and complications**.

Optometrists (About 10% of the training of a physician) attend 4 years of optometry school after college. Limited exposure to general medicine, and no hands-on procedural education or supervision. ***Optometry schools do not provide consistent and adequate education and training in advanced procedures***¹ (i.e. injections being proposed in this bill).

Minnesotans Have Excellent Access to our Well-Trained Ophthalmologists

Over 95% of Minnesotans live within a 30-minute drive of a well-trained ophthalmologist. We have a favorable ratio of 7.95 ophthalmologists per 1M population (USA national average is 54.7 per 1M). **We urge you to OPPOSE the unnecessary and dangerous expansion of optometric scope of practice which would lower the quality of eye, especially for more vulnerable populations in Minnesota.**

PLEASE VOTE TO OPPOSE OPTOMETRIC SCOPE EXPANSION.

Serious Risks of Prescribing Medications Without Appropriate Training

Optometrists are a part of the eye care team, and they play a very important role in the delivery of routine eye care. Optometrists screen for eye disease that will require more advanced treatments which require referral to an ophthalmologist or eye physician. In Minnesota, optometrists are permitted to prescribe topical medications (eye drops and eye ointments) as well as certain oral medications *with necessary limitations* in place which protect patients.

However, SF 1144 is *dangerous*, recklessly increasing optometrists' prescribing privileges to allow:

- Oral steroid medications for up to 14 days without consultation with a physician
- Unlimited oral carbonic anhydrase inhibitors
- Unlimited oral antiviral medications
- Unlimited intramuscular delivery of medication

SF 1144 would allow optometrists without medical training to prescribe these medications to our most vulnerable populations, including ***infants and the elderly***.

ORAL MEDICATIONS

Oral steroids, carbonic anhydrase inhibitors, and oral antivirals all have potential lethal side effects if prescribed without knowledge of the patient's medical conditions and laboratory values. And all these medications require diligent monitoring for side effects.

The prescribing of oral steroids is particularly concerning. Steroid therapies have a variety of severe short and long-term side effects including high blood sugars, sleep disruption, psychosis, necrosis of the hip joint, bone disease, and obesity¹

- **Increased blood sugar** occurs within **1-2 days** of being on a steroid
- **70%** of people *without* diabetes have high blood sugars while on steroids¹
 - **20-30%** of those don't recover and *develop diabetes long-term*¹
- If a patient has diabetes, steroid medications may quickly result in dangerously high blood sugars, leading to **diabetic coma and death**²
- Many people need diabetes medications (like insulin) started or adjusted **at the same time** as steroid¹

SF 1144 allows an optometrist to prescribe oral steroid for an incredibly risky 14 days.

INTRAMUSCULAR MEDICATIONS

Intramuscular medication injection is used to treat complex whole-body medical disease.

The most common medications that are given by intramuscular injection³ include:

- Antibiotics (penicillin G, streptomycin)
- Biologic medications (immunoglobulins, vaccines, toxoids)
- Hormonal agents (testosterone, medroxyprogesterone)

Essentially ***none of these are used to specifically treat eye disease***. It is dangerous and unnecessary for an optometrist to deliver medication in this way.

1. Aberer F, Hochfellner DA, Sourij H, et al. A Practical Guide for the Management of Steroid Induced Hyperglycaemia in the Hospital. *J Clin Med.* 2021 May 16;10(10):2154.
2. Kang SH, Lee JY, Park HS, et al. Hyperglycemic hyperosmolar syndrome caused by steroid therapy in a patient with lupus nephritis. *J Korean Med Sci.* 2011 Mar;26(3):447-9. doi: 10.3346/jkms.2011.26.3.447. Epub 2011 Feb 25.
3. Polania Gutierrez JJ, Munakomi S. Intramuscular Injection. 2023 Aug 13. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan.