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Tony Evers, Governor
Dan Hereth, Secretary

May 22, 2024

TO: Members of the Assembly Committee on Health, Aging and Long-Term Care

FR: Mike Tierney, Department of Safety and Professional Services Legislative Liaison

RE: CR 23-040 relating to continuing education

Thank you for holding this hearing on CR 23-040. This rule incorporates changes in continuing education to better reflect the practice of optometry. The rule also ensures optometrists receive due credit for steps they take to elevate their ability to serve patients with diverse medical, religious, and cultural differences. In medical context, this is also known as culturally relevant care.

We understand there are two provisions that are the focus of this hearing. A change to s. Opt 8.02(1) and s. Opt 8.02(1m).

Under the change to s. Opt 8.02(1) optometrists, who invest their own time and their own money to learn how to better relate to patients with diverse ethnic backgrounds and varied religious, cultural, and medical beliefs, have the right to have a one-hour course in culturally competent care count toward the 30 continuing education hours required for renewal.

Over 2300 years ago Hippocrates said, "*it is more important to know what sort of person has a disease than to know what sort of disease a person has.*" An optometrist who can better understand and thereby better know and respect a patient, is better equipped to provide care. The result is better patient outcomes and, arguably, lower health care costs stemming from the improved effectiveness of care.

Today, with the simple swab of a cheek or spitting into a tube, DNA analysis can be performed and literally transformed into a map of the world showing not only the genetic origins of a person, but also shedding light on potential medical issues.

Providing medical professionals, such as optometrists, with the ability to better equip themselves with knowledge related to the cultures, religions, traditions, beliefs, and ancestry of their patients is vital to identifying patients who are at risk or suffering from genetic disorders, identifying issues and potential underlying causes, and making the proper treatment decisions or referral to a genetic counselor or other medical professionals.

Over the last 15 years alone, nearly 500 genes that contribute to inherited eye diseases have been identified. Presumably, that number will increase as research moves forward. Worldwide, genetic eye diseases affect about 1 in 1,000 people. Obviously, it is to the benefit of the patient for the optometrist to have greater knowledge of the patient to facilitate communication and either effectively treat an issue or make a referral to another provider or genetic counselor as intended under state law. Here are some of the insights we've learned already:

- Persons who are of African descent have greater odds of having diabetic retinopathy, cataracts, and glaucoma.

- Persons who are of Scandinavian descent have greater odds of having another type of glaucoma as well.

- Persons who are of Irish descent can be more likely to contract MS and have eye movement issues as a result.

- People with Ashkenazi Jewish ancestry may have issues with the muscles controlling eye movements due to greater odds of having Nemaline Myopathy.

- There are also specific eye problems that are more prevalent in people who have HIV – about 70% of people with HIV experience vision issues.

- A person of European decent has about a 1 in 20 chance of having a Factor V Leiden gene mutation that is an additional risk factor for development of Behçet disease, while a person of Asian descent has a 1 in 100 chance of having the same mutation. (Behçet disease is a systemic disease of young adults characterized by venous occlusion in both the deep venous and retinal circulations. In severe ocular disease, blindness may occur despite immunosuppressive treatment.)

The Optometry Examining Board has the statutory authority to promulgate rules related to continuing education under s. 449.055(2m). Rather than having the cultural competency education required as originally proposed in Board deliberations, the Board chose to simply allow an optometrist to complete this education for one credit - thereby legally ensuring the proposal is neither arbitrary, capricious, nor the imposition of an undue hardship.

As shown, it is a matter of fact, based on genetics alone, there are medical issues that may affect one group more than another. Religious and cultural differences also affect how a person will respond to a suggested course of treatment. In some cultures, there is a belief blindness is a punishment or a curse from God as result of a perceived wrong committed by an individual, the individual's family, or a past generation. Medical professionals who work with patients with a cancer diagnosis often find persons have cultural or religious beliefs related to cancer that may not be shared by patients from other cultures and religions but need to be considered and respected to provide the most effective treatment.

It is also critically important for our military combat veterans, and their families, to have culturally competent and relevant care. As the son a of World War II Marine Combat Veteran, I know this to be fact. My father was awarded three Purple Hearts for wounds sustained in combat, but because his paper medical records, which were over a foot thick, did reflect any head injuries then subsequently when he had vision issues, sleeplessness, and severe migraine headaches the doctor visits provided no meaningful results. Had he had access to the culturally relevant and competent care trained medical professionals can now provide, when he experienced sleeplessness, vision issues and severe migraine headaches, doctors would have known to discuss his wartime experience and would have found that he was near one of the largest explosions to occur in the Pacific theater of the war and only survived because the landing craft he was on had not lowered the ramp. As vision issues are frequently a symptom of the traumatic brain injuries sustained by combat veterans now, and in my father's generation, optometrists who are trained in providing culturally relevant and competent care are far better positioned to be able to assist and guide our military combat veterans and get them the help and treatment they need.

Worldwide, there is a wealth of research and information related to the benefits of optometrists providing patient centered and focused care that is culturally relevant care. Literally, all the Board is doing in this rule in signaling to optometrists who wish to be at the top of their profession and provide the best patient care possible, that if they take a course, it will count.

Presently, an inactive provision in Opt 8.02(1m) reads, "*during the biennial registration period commencing December 15, 2019, and ending December 14, 2021, unless granted a hardship waiver in accordance with sub. (3m), the 30 required hours of continuing education shall include 2 hours on the topic of responsible prescribing of controlled substances.*" At present, there is no CE requirement in place for the responsible prescribing of controlled substances due to this provision having sunset.

As of April 30, 2024, there were 1,286 active optometrists in Wisconsin. Of that number,1,102 do not prescribe controlled substances and do not have a Drug Enforcement Administration permit that allows them to prescribe opioids. CR 23-040 exempts these optometrists from needing to obtain completely unnecessary continuing education regarding prescribing practices.

For the 184 licensed optometrists who can prescribe, the rule does re-instate an education requirement for controlled substance prescribing. However, the requirement is for a 1-hour course because controlled substance prescribing is rare among optometrists, and some optometrists obtain the DEA permit because some insurers will not pay for other drugs they prescribe (non-controlled substances) unless they also have a DEA permit.

It should also be noted that statute 961.39, except for hydrocodone, prohibits optometrists from prescribing schedule I or II substances. The amount/dosage of hydrocodone that may be prescribed is strictly noted in the statute.

The department supports the work and intent of the Optometry Examining Board on this rule.

Thank you.

Cicero Action

CULTURAL COMPETENCY & DIVERSITY TRAINING IN CONTINUING EDUCATION

Wisconsin Clearinghouse Rule 23-040
Optometry Continuing Education

Cicero Action believes that it is inappropriate for the State of Wisconsin to include or require what amounts to ideological indoctrination through continuing education programming for optometry in Wisconsin.

Over the last five years, we have seen sweeping changes across American culture and institutions to require diversity, equity, and inclusion and related concepts like cultural competency through training modules. These training modules have been adopted on higher-ed campus, in corporate board rooms, in K-12 classrooms, and through popular culture institutions. Many of these training modules amount to ideological indoctrination, and they are perceived by much of the population as such.

"Cultural competency" and "diversity training," are pleasant-sounding, yet they are highly loaded ideological terms. "Cultural competency" can amount to adopting beliefs about our population as being composed of groups of oppressors and groups who are oppressed. It eliminates the importance of individuality and boils individuals down to their race and sex. "Diversity training" divides Americans along the lines of their immutable characteristics such as race and sex. These concepts undermine the fabric of American society and the basic premise of judging individuals based upon their character rather than the color of their skin. It is inappropriate for a state government to endorse these divisive concepts into continuing education requirements.

In Wisconsin, higher ed requirements for "diversity training," have resulted in faculty job applicants and student groups being mandated to make a pledge in favor of divisive ideologies. This is a horrible precedent and likely

infringes upon First Amendment rights. It is inappropriate for additional state-sponsored training modules to require an endorsement or engagement with divisive belief systems. Government institutions ought to be neutral. Yet ideological training is becoming more common, as this clearinghouse rule considers.

These ideological training modules are not without controversy and are not politically neutral. In fact, the Bipartisan Policy Institute's polling on campuses across the country finds that two-thirds of students believe DEI programming is in conflict with basic rights to free speech and open expression.

More recently, and particular after the October 7th terrorist attacks on Israel, Americans are revisiting these divisive concepts like diversity training and cultural competency, they are understanding how these flawed ideologies are dividing Americans. Indeed, American in-fighting over conflicts in the Middle East are common in the younger generations that have been raised with ideologies that divide groups on racial lines and categorize groups as oppressors and the oppressed.

States including Michigan, Kansas, and Virginia have recently considered such training modules and in their licensing and continuing education systems. The proposals have failed in Kansas and Virginia.

In conclusion, we are already seeing the sad and bitter fruit ideologies such as "diversity, equity and inclusion" and "cultural competency." The State of Wisconsin should not endorse such training, nor should it assist such divisive ideologies in spreading.