

June 26, 2024

Members of the Nevada Board of Optometry,

We are writing to address the Optometry scope of practice concerning the treatment of the whole face with IPL, Radiofrequency, and Low Level Light Therapy.

Esteemed experts in the field, including Dr. Laura Periman, Dr. Rolando Toyos, Dr. Art Epstein, Dr. Douglas Devries, Dr. Selina McGee, Dr. Cory Lappin, and Dr. Bruce Dornn, have conducted extensive research on dry eye disease, meibomian gland dysfunction, and rosacea. Dr. Toyos identifies these conditions as involving both the skin and glands. Focusing solely on the eyes without considering the broader facial context may limit our ability to provide optimal patient care.

It is crucial to recognize that the facial vascular plexus plays a significant role in the health of the eyelids. Neglecting treatment of this interconnected network could compromise treatment efficacy. For instance, IPL targets facial blood vessels that release inflammatory mediators known to contribute to conditions like dry eye disease and meibomian gland dysfunction. Studies indicate that treating both the eyelids and adjacent facial areas reduces levels of these mediators more effectively than eyelid treatment alone.

Furthermore, FDA trials for the treatment of dry eye disease related to meibomian gland dysfunction with IPL include areas beyond the immediate eyelid region. Deviating from these established protocols risks diminishing treatment effectiveness. The Lumenis device was granted FDA approval for the treatment of dry eye disease in 2021.

Experts in our field have developed carefully considered protocols for addressing ocular conditions such as dry eye disease, meibomian gland dysfunction, ocular rosacea, and chalazion treatment. These protocols commonly involve treating areas that extend beyond the immediate eyelid, including the forehead, midface, and face itself.

In contrast, current regulations in Nevada permit advanced aestheticians, with significantly less training of 900 hours, to perform IPL, Radiofrequency, Low Level Light Therapy, Ultrasonic techniques, Nanoneedling, Microchanneling, Laser Hair Removal and other treatments with minimal oversight (signed collaboration document) by a healthcare professional. As Optometrists, with extensive education and training spanning over eight years, we believe we are uniquely qualified to provide both medical and aesthetic treatments for the eyelids and face.

We believe it is essential for Optometrists to lead in comprehensive eye care, ensuring patients receive treatment from qualified healthcare providers rather than seeking alternative care options from an aesthetician. Granting Optometrists the ability to perform these treatments or even

consideration of collaboration with another healthcare provider such as MDs, RNs, or PAs would represent a progressive step forward for our profession.

We appreciate the Board's consideration of this matter and respectfully urge you to reconsider the scope of practice to include the face. This adjustment would enable us to better serve our patients and uphold the highest standards of care in Optometry.

Thank you for your time and thoughtful consideration.

Sincerely,

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