

February 9, 2021

## **Physicians**

Aazy A. Aaby, MD Christopher A. Aderman, MD Rebecca L. Armour, MD Alan R. Bengtzen, MD Robert W. Bentley, MD Charles J. Bock, MD Francisco Castillo. MD Brian T. Chan-Kai, MD Sonal B. Davé, MD William E. Flanary, MD Scott C. Grealish, MD Kerry B. Hagen, MD M. Christine Hauptmann, MD Daniel R. Holland, MD Matthew B. Kaufman, MD Jonathan R. Kemp, MD Shane K. Kim, MD Jordon G. Lubahn, MD Robert H. McGlynn, MD J. Kevin McKinney, MD Michael A. Page, MD Bryce R. Radmall, MD Andrew Romanowski, MD Roger M. Saulson, MD Jason H. Skalet, MD Amy Y. Tong, MD Prashanth Vallabhanath, MD Elizabeth A. Verner-Cole, MD Charles H. Weber, MD Jonathan Yoken, MD

## **Locations**

Southeast
Northeast
Gresham
Oregon City
Milwaukie
Sunnyside
Northwest
SW Barnes Rd.
Tigard
North Portland
Hillsboro
Wilsonville

## Administration

11086 SE Oak Street Milwaukie, OR 97222 Phone: 503-557-2020 Fax: 503-344-5110 Ann M. Hulett, CEO Dear Chair Prusak, Vice Chairs Salinas and Hayden, and members of the House Healthcare Committee,

As a physician and surgeon who has practiced in Oregon for 23 years, I wish to express my grave concern regarding HB 2541. This bill poses a serious threat to the safety of patients in Oregon. I would strongly encourage you to oppose HB2541.

"First, do no harm" is a time-honored principle of medical and surgical training and practice. HB 2541 proposes several changes to statute that would increase the risk of harm to patients.

As an exclusionary bill, HB 2541 allows optometrists to perform any surgical procedure not specifically excluded in the bill ... including procedures that have not even been invented yet. Ophthalmologists spend a minimum of 8 years managing patients under direct supervision and mentoring by experienced physicians and surgeons, not only gaining the surgical expertise needed to perform a broad spectrum of procedures, but also the critical thinking needed to evaluate new procedures. Technical skills are essential for safe surgery, but even more important is the judgment needed to decide when to operate, what procedure best suits the patient and how to manage complications when they occur. Formal optometric training and weekend surgical courses simply do not provide the depth of experience and the degree of expert supervision needed to safely perform surgery.

As a glaucoma specialist, I am particularly concerned that HB 2541 removes important language from statute that requires optometrists to consult with ophthalmologists on patients who are poorly controlled. I personally helped draft this language and testified in its support before the House Health Care committee in 2007. Removing this language from statute creates a serious risk of harm ... if glaucoma is mis-managed, the result can be permanent blindness, and even death. If the patient is referred too late in the disease process, nothing can be done to restore the vision that has already been lost.

Glaucoma is a complex condition that requires years of training and experience to adequately evaluate and manage. There are several different types of glaucoma, each of which must be correctly recognized to allow appropriate treatment. A therapy that may help one kind of glaucoma can actually worsen other types. Medicines used to treat glaucoma can have life-threatening effects in patients with certain medical conditions, on some types of general medications, or with specific allergies. Knowing whether a therapy can and should be used for a particular patient requires more training and experience than is provided by the optometric curriculum.

There are also conditions that look like glaucoma but are actually caused by issues outside the eye, such as very low blood pressure or a brain tumor. Ophthalmologists have spent 4 years in medical school ,1 year in general medical internship and at least 3 years in ophthalmology residency learning to recognize, evaluate and manage patients with these general medical conditions. Optometrists receive limited classroom education in general medical conditions but have no practical experience or training in actually managing these conditions. That limited knowledge and training can result in worsened health and even loss of life.

The existing statute is a reasonable compromise between ophthalmology and optometry, allowing optometrists to diagnose and initiate therapy for clear-cut, uncomplicated glaucoma, but requiring referral to an ophthalmologist when the glaucoma is worsening despite use of two medications or if a secondary glaucoma develops. This requirement is a patient safety measure that should not be relaxed.

Please vote NO on HB 2541. This bill poses a serious threat to patient safety for Oregonians.

I would be happy to answer any questions you have about this bill.

Respectfully yours,

J Kevin McKinney, MD, MPH Eye Health Northwest

Oregon City Oregon

Past President Oregon Academy of. Ophthalmology

Chair, Patient Education Committee American Academy of Ophthalmology