



February 8, 2021

House Health Care Committee

Oregon House of Representatives

900 Court Street NE, H-489

Salem, OR 97301

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Dear House Health Care Committee:

I write you today in support of HB2541. This bill allows Doctors of Optometry to practice to their highest level of education and training. Updating certain statutory provisions, while removing other unnecessary barriers in state law for Doctors of Optometry, is critical in keeping up with the rigorous education and clinical training that primary eye and vision care providers receive today. Ultimately, these updates will provide greater access in the healthcare marketplace for patients to better receive the timely, qualified and often critical care they need.

The majority of primary eye care is provided by a Doctor of Optometry. I currently practice in the rural community of Florence Oregon. The median age of Florence residents is 61 years. Our aging population is destined to see an increase in vision related problems in the coming years. Without updating the scope of practice for optometrists, patients must incur the added expense of referrals to specialists whose offices are roughly 60 miles away for procedures that could be performed without the long drive. We do work with Ophthalmologists on a regular basis but they perform most procedures in their own offices.

This results in the unnecessary duplication of care as well as hardship for those patients unable to drive to another office. The US Department of Health and Human Services (HHS) has recognized this growing concern for adequate vision care and has stated, "States should consider changes to their scope of practice statutes to allow all health care providers to practice to the top of their license, utilizing their full skill set."

Currently, five states - Alaska, Arkansas, Louisiana, Kentucky, and Oklahoma, permit ophthalmic surgical procedures, YAG laser capsulotomy and trabeculectomy, under their scope of practice acts. Taking this into account and stretching as far back as 1998 in the case of Oklahoma, there have been no malpractice judgements against optometrists related to these procedures or those proposed in HB2541. I served on the Oregon Optometric Physicians Association Board when we successfully added Therapeutics to our practices. I was also on the OOPA Board when we successfully added orals and injectables to our profession. Each time we testified for changes to our scope of practice, concerns about education and necessity were challenged. Each time it became apparent that our profession was in fact capable to take on the added responsibility for the benefit of Oregon's citizens.

Doctors of optometry are on the front lines of eye health and vision care. In addition to providing comprehensive vision care, we also manage the entire spectrum of ocular diseases. As a legislated profession, our ability to manage these conditions appropriately requires occasional modifications to the scope of practice defined in Oregon Revised Statutes. Technology and optometric training have changed to the point that it is now time to update Oregon statutes to reflect these changes.

It is for the reasons listed above that I support Doctors of Optometry practicing to their full educational authority. Thank you very much for your time and consideration of this issue. Please do not hesitate to contact me with any questions you might have.

Sincerely,

Robert Mans O.D.

Robert Mans O.D.

OOPA Past President