

Feb 12, 2021

House Committee on Health Care
900 Court St NW, H-282
Salem, OR 97301

Re: Opposition to HB2541

Dear Representatives,

I am a board-certified ophthalmologist and fellowship trained retinal specialist who would like to voice my opposition to HB2541. The nature of my specialty is such that I do not provide general, comprehensive eye (i.e. vision exams, glasses) care like my optometry and many of my ophthalmology colleagues do. As someone whose practice is primarily based on referrals from other eye-care professionals, I receive insight on doctors' different management decisions before they elect to refer the patient to subspecialty care.

Very recently, I received a non-urgent referral from an optometrist for a diabetic patient who was thought to have developed a bleed in her eye, which is a fairly common occurrence. The referral was sent non-urgently, which would have been reasonable if the scenario had been true. However, upon my examining the patient, her diagnosis was incorrect and she actually had a viral retinal infection, which requires immediate therapy and can otherwise rapidly lead to blindness. My point of telling this story is not to highlight a misdiagnosis. Rather, it underscores how easy it can be to downplay an abnormal exam finding if one lacks sufficient context and experience. Missing or downplaying warning signs can lead to severe consequences. As I read through HB2541 and the discussion of safety, it strikes me that the writers of the bill are similarly downplaying the risks of the procedures they are proposing. As someone who manages complications of the laser procedures being cited in HB2541, I would underscore that they can be severe and permanent. While it is true that the vast majority of patients are treated efficiently and have great outcomes, that result is due to good medical judgement and skill developed over thousands of training hours. Just because ophthalmologists are proficient surgeons does not mean that the procedures themselves are simple and easily learned by someone who lacks proper surgical education.

I have the utmost respect for my optometric colleagues. I work closely with many of them and consider them good doctors and friends. However, the training between optometrists and ophthalmologists is fundamentally different, and my experience has shown me how that difference in perspective profoundly affects our approach to disease diagnosis and management. For me, it falls back to the old question of "what would you choose for your family member?" When it comes to physical interventions, lasers or otherwise, I strongly feel that the safety concern is real and would ask you to oppose HB 2541.

Sincerely,

Brian Chan-Kai, MD
Portland, OR