

Dear House Committee on Health Care:

I am writing this letter to put in my two cents on a bill HB2541 before the Oregon legislature asking to amend optometric scope of practice.

What qualifies me to make a comment?

I graduated from medical school in 1974, did a qualified internship from 1974-75. Took residency in ophthalmology in 1979-82, and fellowship in 1982-83.

I practiced in general ophthalmology from 1983-89, then joined Pacific Cataract and Laser Institute in 1989, known as PCLI. PCLI's model was built by employing optometrists to do a lot of the preoperative and postoperative evaluations, in addition to a large network of optometrists throughout the Northwest, so I have had extensive exposure to the optometric profession. Since 1996 I've had the privilege of working in Central Oregon, in close cooperation with the optometric profession. Therefore, I am well acquainted with the scope and competence of optometric professionals.

I believe strongly that a good working relation between optometrists and ophthalmologists is beneficial in serving patients with vision needs, as long as each professional stays within, not only their scope of practice, but also competence.

Being an ophthalmologist, I have license to perform every conceivable ocular procedure, but my professional ethics of "doing no harm" has constrained me to do only those procedures I am well qualified to do, rather than doing everything I am allowed to do.

Optometrists have made significant inroads into expanding their scope of practice in the United States, including in the state of Oregon. Optometrists have sought legitimizing of their credentials in the practice of eye care. One of the ways they have done this is to add, by law, the designation of "physician" to their title. Traditionally, professionals have understood the designation of physician to refer to doctors that have passed medical boards after studying medicine for four years. Most physicians, that is MDs, have obtained training beyond the four years, being required to spend a year of internship. Some MDs have gone even further and taken residencies and fellowships.

Why have MDs gone to the trouble of spending 4-7 years beyond the required training? To ensure competence to treat serious diseases under supervision of a practicing specialist, all for the purpose of patient safety.

Now optometrists are seeking to acquire license to do procedures and using risky means to do them, bypassing the need for many years of supervised training to do what qualified MDs spend years to learn. For what purpose? Patient safety? Patient access? Or are there other motivations?

After studying the proposed HB 2541 I agree with Drs. Julie Falardeau and Beth Edmunds that this bill is written so vaguely and broadly that optometrists may take it as license to perform procedures on the eye for which they have neither the training, nor the skill to perform them safely, hence putting patients at risk.

I was reluctant to write against this bill, but after careful review and in the interest of safeguarding patients I decided to chime in. Much more, I'm sure, could be said against enacting this bill. Let me just add a cautionary note: Beware of ophthalmologists that support this bill. I suspect they would support it for reasons of self-interest, not patient access or safety.

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