

OREGON MEDICAL ASSOCI

MEMORANDUM

To: Chair Prusak
Vice Chair Hayden
Vice Chair Salinas
Members of the House Health Care Committee

From: Courtni Dresser, Director of Government Relations

Date: February 18, 2021

Re: Statement from OMA

The Oregon Medical Association is writing testimony today, in opposition of HB 2541. Putting scope of practice issues into statute is difficult, as it is asking legislators to become medical experts and make decisions that health care professionals should decide.

We are looking at these issues through three lenses:

First and foremost is patient safety. Will this issue have adverse effects on patients?

Second, we look at the issue of equal access. Is there a concern about access? Are patients unable to receive necessary care within the provider community that currently provide this scope?

Finally, we look at accountability. Who is responsible for patient safety? Are there adequate remedies if an adverse event occurs?

A main concern regarding this legislation is around patient safety. The procedures allowed in this bill are broad and we do not see any minimum training requirements spelled out in the bill to qualify Optometrists to perform these extensive eye surgeries. Currently, Optometrists have four years of training and are not required to complete residency or fellowship programs. Ophthalmologists complete four years of training, but also complete residency and fellowship programs supervised by seasoned ophthalmologists and specialists.

Optometrists have a great deal of experiences and are an important part of the eye health care team. However, this bill would allow them to do procedures that they are not fully and adequately trained for. There are no national surgery training programs for Optometrist and in some cases when training does occur, the training is done on artificial eyes and tissue and does not involve supervised procedures on human eyes. HB 2541 also removes the requirement that Optometrists collaborate with Ophthalmologists on complex glaucoma cases. Mismanagement of glaucoma leads to permanent vision loss and/or blindness.

OMA does not believe access to qualified ophthalmologists is an issue, especially in considering the seriousness of an adverse event. There are Ophthalmologist throughout the state that can and are able to do these surgeries. The laser procedures that are mentioned by proponents are the kinds of procedures that a patient will only have completed once in their life, if at all. Further, the bill language does is not limited to just a few laser procedures—in fact, it is incredibly broad. Any procedure not expressly excluded in the bill could fall under an optometrist’s scope of practice—including procedures that have not even been invented yet.

As well, this bill places oversight of these surgical procedures by optometrists at the Board of Optometry, which is comprised of non-surgeons and public members. We believe that oversight of surgery by non-surgeons would mean that it is difficult to hold optometrists accountable.

Any scope of practice change must be based on standardization of the training, adequate training and demonstrated competence in the patient care.

Finally, I think it's important to look around the country. Only five states allow for Optometrist to perform surgeries. Every year legislators, like yourselves across the country see a bill like this in their legislatures and many of the states say “no” and continue to say “no”. You heard about Vermont and how a non-partisan office did the research and concluded that optometrist are not adequately trained for performing major eye surgeries.

Scope changes, especially as serious as this one, need time and opportunity for discussion. Optometrist and Ophthalmologist collaborate with each other every day across this state to provide the best care for Oregon patients and their vision needs. The legislature should oppose this bill. And Optometrist and Ophthalmologist should continue to collaborate, find places to improve training, care, and opportunities to work effectively and efficiently together for all patients.