OREGON ACADEMY OF OPHTHALMOLOGY
Eye Physicians & Surgeons

TO: **Representative Prusak, Chair**
Representatives Salinas, Hayden, Vice Chairs
Members of the House Committee on Healthcare

FR: **Sabrina Riggs**
On behalf of Oregon Academy of Ophthalmology
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RE: **Response to Representative Dexter's Questions on HB 2541**

April 12, 2021

Thank you for the opportunity to provide answers to Representative Dexter's questions on HB 2541 on behalf of the Oregon Academy of Ophthalmology. Below, please find our answers. Thank you for your thoughtful consideration.

1. **To what extent is access to optometry and ophthalmology care an issue in Oregon? What are that data that are showing this as we get different answers from different stakeholders and I would like to understand the sources for this data. Waiting 2-3 weeks for a specialist appointment is quite standard so please do not use that as a marker of an access issue in your answer.**

   Our survey of ophthalmologist members from all corners of the state show that a patient can be seen once properly referred within 2 weeks- or same day, for an urgent case. If the patient drove a long distance to see an ophthalmologist and a laser surgery is needed, such procedure will be done on the same day. We do not believe that access is an issue—our members are committed to rural access to healthcare, and many have set up satellite offices in rural areas of the state to ensure those populations are served. The optometrists' maps and data provided to the committee via OLIS do not reflect these satellite offices.

2. **I believe scope of practice expansion bills should improve access, quality or value of care. How does this bill assure that any of these would be expanded? Please take a data-driven approach to this answer. If you explain how access will improve it needs to be a compelling need that is not being addressed with current law. I absolutely understand more eye care will be available, the question is, is this care that we need and if yes, will it be high quality?**

This is an excellent question—which other states have considered and studied, too. What we can draw from those studies is that no—access is not improved, care is not bettered, and costs are not saved. Already submitted to OLIS, and linked here again, please find a study from Vermont, which considered a similar proposal from optometrists and commissioned their non-partisan Office of Professional Regulation (OPR) to look into the matter. The office stated:

"After consulting with stakeholders and conducting extensive and thorough research, OPR cannot conclude that optometrists are properly trained in and can safely perform the proposed advanced procedures. Further, OPR finds that there is little need for, and minimal cost savings associated with, expanding the optometric scope of practice to include advanced procedures. For these reasons, OPR recommends against expanding the optometric scope of practice to include the proposed advanced procedures."

Vermont opted not to give optometrists surgical authority.

ACCESS: studies from Oklahoma, where optometrists do have surgical authority, show that patients may actually drive farther, even past a qualified ophthalmologist, to see an optometrist for these surgical procedures. On average, patients who had a YAG capsulotomy performed by an optometrist drove slightly farther than those who saw an ophthalmologist. In a study looking at the small handful of states where it is legal for optometrists to perform surgery, we see that most optometrists who perform these procedures are located near city centers. These studies show that most patients do not benefit from improved access to care by seeing an optometrist for their procedure.

References:

Comparing Access to Laser Capsulotomy Performed by Optometrists and Ophthalmologists in Oklahoma by Calculated Driving Distance and Time. Ophthalmology 2017;124:1290-1295

Access to Ophthalmologists in States Where Optometrists Have Expanded Scope of Practice. JAMA Ophthalmol. 2018;136(1):39-45.

OUTCOME: In a study from Oklahoma, patients who had a laser trabeculoplasty (eg, SLT) performed by an optometrist rather than an ophthalmologist are 189% more likely to need the surgery repeated in the same eye. In addition, 10% of these lasers done by optometrists were repeated in less than 30 days, which is too early to know if the initial laser was successful and is not standard of care. These second lasers may have been unnecessary, would have increased

cost and can increase risk of complications such as inflammation and uncontrolled eye pressure, with can lead to loss of vision.

> **Reference:** Comparison of Outcomes of Laser Trabeculoplasty Performed by Optometrists vs Ophthalmologists in Oklahoma. JAMA Ophthalmology 2016;134(10):1-7.

When done by a qualified provider, these procedures are uncommon —a YAG capsulotomy is a surgical procedure that a patient only needs done once in their life, if at all. Similarly, laser trabeculoplasty is only indicated for some patients with specific types of glaucoma. If it is successful, it can be repeated but typically this is no more than once or twice in the patient's lifetime. Numerous studies have demonstrated surgeons who perform low numbers of procedures have higher risk of complications. Authorizing optometrists to perform laser surgeries would add a large number of providers who would only perform a limited number of procedures per year, increasing risk of complications. This would not be providing quality healthcare. **The -1 amendment also does not address these concerns**.

3. **What safety protocols are in place if a patient has a complication? Can optometrists fix the majority/all of the known complications themselves? If not, what are the expected relationships that will be in place ahead of time to be confident patient safety won't be compromised?**

   The vast majority of surgical complications in the US are handled by an ophthalmologist. The majority of optometrists simply do not have the training and practical experience necessary to consistently recognize and appropriately manage these complications. This care may require incisional procedures of the eye which optometrists are not authorized to do in any state. As well, this bill does not specify any partnership requirements—in fact, the base bill actually decreases partnership by removing glaucoma collaboration requirements (Section 4). The -1 amendment does not require any other protocols or collaboration requirements for the proposed expanded scope.

4. **This bill will almost unquestionably increase overall cost as there will be a dramatic increase in the number of clinicians able to do these laser procedures. We know there is extraordinary "low value care" being delivered currently in our medical system which we are trying to address with our growth rate cap and value based payment work. How can we be confident there won't be an explosion in low-value optometric care with this bill? Just because something can be done doesn't mean it should be done.**

   We share this concern. Ophthalmologists specializing in these procedures in Oregon, today, say that it is not uncommon for a patient to be referred to them

for a YAG capsulotomy or SLT laser procedure by an optometrist, when it is not the best option or is not actually indicated. Some of these patients had a different underlying medical problem such as an undiagnosed retinal detachment, macular degeneration, or unrecognized glaucoma. In others, a different treatment would be more effective. We are concerned that if this bill passes, these patients would never see an ophthalmologist and might instead be subject to unnecessary surgery. We do not believe that optometrists are intentionally referring patients for surgery when it is not needed—rather, they just don't have the training, education and surgical background necessary to determine who does, and who does not, need these procedures. As noted above, Oklahoma patients who had these surgeries performed by an optometrist rather than an ophthalmologist are 189% more likely to need the surgery repeated. **The -1 amendment does not address this concern.**

5. **Laser procedures are surgical procedures. Optometrists are not trained surgeons and yet their licensing board will be credentialing surgeries. Please explain how this will prioritize patient safety.**

   We do not believe that the Board of Optometry is the correct oversight body to regulate surgery, as it is comprised of non-surgeons (optometrists) and public members. This would represent a dramatic shift in how surgical privileges are regulated, completely bypassing the Oregon Medical Board, and consequently would be dangerous to Oregonians. Splitting oversight of eye surgery between two regulatory bodies—the Oregon Medical Board, and the Board of Optometry—creates two unequal standards of care. **The -1 amendment does not address this concern.**

6. **I do not believe there are continuing education requirements outlined in this bill nor do I see base training requirements. I do understand some optometrists are trained to do these procedures but not all obtain training on human eyes. How many optometrists currently practicing in Oregon have been significantly trained in using these techniques? Of those, what percentage receive training on human eyes?**

   It is not legal for optometrists trained in Oregon to practice on live patients. There is the lack of evidence showing that optometric education prepares optometrists to perform the proposed advanced procedures. Despite multiple efforts, we have been unable to gather specific or detailed information about the curricula and courses offered by the U.S. schools of optometry in these advanced procedures. The most famous example of hands-on training for optometrists occurs in Oklahoma, which is a 32 hour, add-on course (16 hours for the laser portion). Obviously, there are stark, and concerning, differences in this course and the training received in medical school and residency by ophthalmologists. **The -1 amendment does not address this concern.**

7. **Is laser training for optometrists standardized at the national level? Will it be compulsory to be certified to do this in Oregon?**

   The bill does not specify this, and **the -1 amendment does not address this concern.** What information is available about U.S. optometry schools shows that (a) curriculums vary widely (there is no standardized course of study regarding these advanced procedures); and (b) courses on lasers, injections and minor surgical procedures are very limited – they are short courses, with little to no lab time, and minimal practical experiences.

   Optometrists are not permitted to perform surgery in 45 out of 50 states and, from 2015-2020, other states have rejected optometric surgery 54 times (in 23 states).

8. **The wording of this bill appears to be inclusive of all procedures except some specific exclusions listed in the bill. I think this is of questionable wisdom as medical practices and techniques change quickly, much more so than our statutes. When a new procedure comes along that isn't a standard procedure all optometrists get trained in, how will we be sure we are protecting patients by being sure all clinicians are appropriately trained if there is legal permission to do all procedures but those listed in the bill?**

   We agree with this concern, and **it is not addressed in the -1 amendment.** Instead, the amendment only clarifies that YAG and SLT *are* definitely included in scope, and the few exclusions listed are definitely not included. The bill leaves the door open for hundreds of other procedures, as decided by the Board of Optometry—which again, is comprised of non-surgeons.

9. **Do you have patient survey data that helps us understand whether patients prioritize clinician experience and training or time to appointment in non-emergency situations? If so, please share it.**

   The public does not have enough information to make an informed choice about care when it comes to choosing between an optometrist and an ophthalmologist because of confusion over the difference between the professions. An AMA study showed that 47% of those surveyed believe optometrists were physicians and 10% were not sure. We are concerned that permitting optometrists to perform procedures traditionally performed by medical doctors would further obscure the distinctions between optometrists and ophthalmologists, and their respective education and training, thus creating more confusion among the public. Surveys consistently show that the patients want only ophthalmologists to be allowed to perform eye surgery if they understand the differences in training. An AMA survey put that figure at 90%.

10. **If this bill passes, how will we know we are getting high-value care as a result? Will we review patient outcomes, satisfaction and overall cost across the state on eye laser care before and after this bill takes effect?**

    There is nothing in this bill or the -1 amendment requiring data collection, or review to ensure safety. And, no other state that allows optometrists to perform laser eye surgery has collected data to show that optometrists deliver high value care in this arena.