OOPA
4404 SE King Road
Milwaukie OR 97222
(503) 654-5036 PH
(503) 659-4189 FAX
www.oregonoptometry.org

OREGON OPTOMETRIC PHYSICIANS ASSOCIATION

Monday, April 12, 2021

TO: Members of the House Healthcare Committee
RE: HB 2541

The following were proposed questions along with the answers and data to support the answers.

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.**

Access - Oregon optometrists outnumber Oregon ophthalmologists more than 2-1 (total licensed ***practicing*** **optometrists = 681** providing care through **959 doctor/location combinations**; total licensed ***practicing*** **ophthalmologists = 273** providing care **through 390 doctor/location combinations**. *(*American Optometric Association*). **Optometrists are present in all but four Oregon counties** while **ophthalmologists have no practices in 14 counties**. Access problems are especially prevalent in rural communities. There will soon be a shortage of ophthalmology residents, thus a shortage of new ophthalmologists *(*New England Journal of Medicine*). Oregon residents may live close to an ophthalmologist, but that does not guarantee timely access to a specialist. Expanded scope of practice will improve both geographical and timely access.

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.**

Access – (Please see above). **Need** - "It would be a huge public health win for the Oregon public to have increased access to these procedures from eye doctors that are well trained to do them, and especially for the SLT procedure. Over the past decade SLT, due to its safety and efficacy, has emerged as a first line glaucoma treatment option with numerous advantages over eyedrops in that it removes the non-compliance aspect from glaucoma treatment. Many glaucoma patients struggle with putting in their eye drops on a daily basis for glaucoma, or even remembering to put them in. An SLT laser done one time every 2-4 years has been shown to be equivalent to the best class of eye drops that we have for glaucoma. Oregon optometry is currently forced to treat their glaucoma patients with eye drops, when in many instances an SLT is just as good if not a better option due to patient compliance issues with drops, side effects of drops, etc. Oregon citizens deserve to have their primary eye doctor be able to treat their glaucoma with the best and most current options available which now includes SLT." **-Dr. Nate Lighthizer, O.D., F.A.A.O.**

Need:

Risk for vision disorders and diseases highest among those 40 years old and older

- 43% of Oregon's population is 45 years old or older
- 17% of population is 65 years or older

According to the Office of Economic Analysis, State of Oregon, population is forecast to grow:

- 51% of population will be over 40 by 2025 – growth of 8%
- 52% of population over 40 by 2030 – growth of 16%
- 53% of population over 40 by 2035 – growth of 24%
- 54% over 40 by 2040 – growth of 31%
- 55% over 40 by 2050 – growth of 44%
- **Population over 65 is forecast to grow by:** 17% in 2025, 30% in 2030, 37% by 2035, 44% by 2040 and 61% by 2050
- Since Jan 2011, there have been an average of 460 ophthalmology residency slots per year. In 2020, the number of residencies was increased to 495. (Association of University Professors of Ophthalmology. Ophthalmology Residency Match Summary Report 2020)
- 2020 AMA data show there were approximately 17,800 practicing ophthalmologists in the U.S. with 273 practicing primarily in Oregon.

- On average, 550 ophthalmologists retire each year *(Review of Ophthalmology)* which means that the number of practicing ophthalmologists is decreasing annually as the number exiting the profession is greater than new entrants.
- Optometry graduates 1680- 1760 doctors each year and has an average attrition of 880 doctors per year. With a 2021 practicing workforce of 48,579 nationally, optometry continues to grow by about 900 new doctors per year. Oregon currently has 681 practicing optometrists (twice as many doctors of optometry as ophthalmologists) practicing in over 900 locations throughout the state.
- As of December 2020, Oregon had 61 designated Medically Underserved Areas and Populations. Optometrists are currently practicing in 39 of these designated areas and ophthalmologists are practicing in only 20 of these underserved areas.

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?**

Yes, the large majority of complications that arise from these procedures (iritis or transient pressure spikes) are complications optometrists have been treating for decades. As with any complication, a referral process is, and has been, in place for specialty needs.

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.**

Quite the opposite. As highlighted in the 2019 Avalon Health Economics Study (attached), the national healthcare system would conservatively have a system wide estimated savings of $4.6 billion.

Locally, the estimated savings are highlighted as follows:

Oregon State Projected Savings for Eye Disease Cases			
Disease	Prevalence[1]	Saving per Case[2]	Total Projected Savings
AMD	29,932	$ 108.45	$ 3,246,125.40
Diabetic Retinopathy	95,203	$ 108.45	$ 10,324,765.35
Glaucoma	31,900	$ 108.45	$ 3,459,555.00
Total Cases:	**157,035**	**$ 108.45**	**$ 17,030,445.75**

Sources:

[1] *"Vision Problems in the U.S. - Oregon State." Prevent Blindess America,*

[2] *Avalon Health Economics (2019). Optometry's Essential and Expanding Role in Health Care: Assured Quality*

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.**

Doctors of Optometry already successfully perform “surgical” procedures and have been safely regulated by the state board without issue or incident. This same level of professional oversight would remain moving forward.

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?**

Education requirements, as it has been historically and successfully done over the years, are put in place and regulated by the state board to maintain the most up-to-date standards in a timely and efficient manner. As with all providers, OD’s begin their training on models and non-human subjects. State boards across the country have been successfully regulating these procedures without a reported incident.

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

There are national standards taught. Certification requirements are determined by the state board.

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?**

This is exactly why this language is listed this way. Patients deserve the care that best suits their need and that our doctors are trained to provide, and we should not have to come before the legislature in a continued effort to best serve our patients. That is why states like WY just added provisions to a bill signed by the Governor last week that had this foresight added for the ultimate future benefit of the patient.

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.

As found in the Avalon Health Economics report cited above, 91% of Americans support laws which allow doctors of optometry to provide the full range of care they are trained to provide. The Avalon report also found 96% of Americans say assured access to eye health and vision care is an essential priority, second only to overall access to primary care (97%).

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?

This is the benefit of being a legislated profession. If problems arise or needs are not being met with data supported by the patient population, the will of this body can be enforced and the privileges given today can just as easily be taken away. In the history of this profession, not one single scope of practice advancement in any state in this country has ever been reversed.

Cordially,

Derri Sandberg, OD

Advocacy Director