

February 10th, 2021

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

Dear Representatives:

I am a board-certified ophthalmologist and fellowship trained Glaucoma specialist. I write to echo concerns about HB2541, which presents a safety risk to Oregonians in expanding scope of practice to our Optometry colleagues.

In the testimony supportive of this bill, one of the primary arguments is that HB2541 “allows Doctors of Optometry to practice to their highest level of education and training... [to] provide greater access in the healthcare marketplace to receive the timely, qualified care [patients] need”. The scope of this bill is widely-expansive in its definition, minimizing ocular laser procedures into a lump which proponents say is safe. As I discuss frequently with my patients, lasers are used in the eye under a number of conditions, treating fairly benign conditions with low-risk and treating near blinding end-stage glaucoma where the room for error is very small. Proponents would argue that ocular laser surgery is safe, and the bill excludes high-risk procedures. This is false. The high-risk laser surgeries that I perform in my practice as a glaucoma specialist, surgeries that my non-subspecialist Ophthalmology colleagues choose *not* to do because the patient is in a critical state and at high risk for imminent blindness, are *allowable* to Optometrists if this bill passes. Practicing at one’s highest level of training is a worthy ideal, however this bill sacrifices patient safety at enormous potential cost.

Proponents then continue, “Without updating the scope of practice for optometrists, 99.9% of the population with direct access to optometric vision care is denied access to routine high-quality care...” This particular statement is greatly puzzling and seems written to convince legislators that Oregonians cannot get the Ophthalmic surgical care that they require. I ask this question of legislators: do you have family members or friends that could not reasonably get cataract surgery because of inability to see an Ophthalmologist? I use cataract surgery here as proxy for access to surgeons as this is a well-known eye surgery. Access in Oregon for many of the common laser procedures is readily available at these physicians.

Lastly, proponents use the expanded scope of practice acts in Alaska, Arkansas, Louisiana, Kentucky, and Oklahoma and how “there have been no malpractice judgements against optometrists related to these procedures...” First, proponents specifically point out YAG laser capsulotomy and trabeculoplasty as procedural examples, however again they fail to acknowledge that HB2541 permits surgical procedures that are *much* higher risk, a legal slight-of-hand that one hopes was not deliberately misleading in its presentation to lawmakers. Lastly,

“no malpractice claims”, is not synonymous with “sound medical judgment”, a comparison that can be extended to multiple professional fields:

Representative Noble: during your Police force tenure, did you see officers exercise questionable judgement? Did you report them professionally or let it be known to the public about this behavior? Representative Alonso Leon: during your time leading Oregon’s GED program, did you hear about teachers that treated underrepresented students poorly? Did you report these teachers to their superintendent or supervisor?

Analogies abound, but the point is that the *absence* of disciplinary records, either legal such as malpractice, or appropriate reporting agencies, does not mean that good judgement is exercised in many or all cases. Good medical judgement is created through training, direct supervision, and extended everyday experience, especially with specialized pathology. Good medical judgement is what we all want for our own families. As you read through testimony, in something that may not be immediate obvious, several prominent Oregon glaucoma specialists such as John Morrison and Kevin McKinney, with multiple decades of clinical experience in treating devastating blindness from glaucoma, have written opposition to this bill. This clinical experience as sub-specialists working alongside Optometry colleagues, gives us tangible examples where well-intentioned clinicians refer to us too late, often after vision is irreversibly lost from glaucoma. HB2541 would exacerbate this effect two-fold, through reductions in mandated co-management, and through expanded scope of surgical privileges. Errors in judgment in the appropriateness of laser surgery for glaucoma, while difficult to capture, will undoubtedly occur to the detriment of Oregonians.

I ask the representatives to strongly consider opposing HB2541 for the continued safety of Oregonians. Thank you for your time and thoughtful considerations. Please contact me if there should be further questions.

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