

February 12, 2021

Dear Representatives:

I am a board-certified ophthalmologist and fellowship-trained pediatric ophthalmologist and adult strabismus specialist. HB 2541 places our patients and fellow Oregonian's health at significant risk. As a recent graduate and new practicing specialist, it alarms me to think that the decade I have just spent to master my discipline and grant me the privilege of providing medical and surgical care to patients as a clinician and surgeon is being disregarded by expanding the scope of practice for our optometric colleagues.

To summarize, I have been in medical school and post-graduate training for essentially a decade to reach this milestone in my new career. In contrast, an optometrist spends 4 years in optometry school before being able to practice optometry – the prescribing of glasses and contact lenses. After completing 4 years of medical school which taught me how to think critically and ethically, I then chose to specialize in ophthalmology, one of the most competitive specialties for a medical graduate to enter. Our discipline requires some of the highest national medical licensing exam scores, medical school course grades and outstanding evaluations in all clinical rotations to even be considered for interviews. If fortunate enough to match into an ophthalmology residency, the training is delayed one year so that the physician can complete a general medical or surgical internship to become a well-rounded provider who understands the whole of the human body and how ocular disease may represent underlying systemic disease. For example, in my training have I had patients referred for blurry vision or double vision who were treated with multiple pairs of glasses by an optometrist. After a basic neurological and ocular examination that we are taught in medical school and residency, the condition was not ocular but rather neurologic. A brain scan was ordered, and the patient was found to have a brain tumor. The months that went by where the patient was treated with glasses because the optometrist did not have the medical or ophthalmic knowledge to realize an alternative diagnosis was alarming and unfortunate outcome.

After completion of rigorous general medical and surgical training in medical school and internship does training in ophthalmology then begin. The well-rounded physician then immerses into rigorous ophthalmic clinical and surgical training. Over the next 3 years, the ophthalmologist must master this complex field, medical knowledge and surgical techniques. My colleagues in medicine, emergency care, and primary care frequently tell me how grateful they are to have an ophthalmologist to consult. After the ophthalmologist has completed residency, many go on to complete one or more fellowships lasting between 1-2 years to further subspecialize in this complex discipline. The majority of ophthalmologists choose to subspecialize because of the vast knowledge and surgical training needed to perform a variety of procedures including injections, lasers, and traditional surgery on the eye.

When I first saw laser procedures and cataract surgery being performed, I thought how amazing and effortless the surgeon made it appear. Only in residency did I learn just how challenging ophthalmic laser and microsurgery truly is and have utmost respect for the human

eye and the surgeons who perform ophthalmic laser and surgery on this delicate tissue. These laser and scalpel procedures are in no way low risk. Performing surgery is not only about technique that must be mastered in our years of supervised training to avoid potentially blinding outcomes, but also knowing if and when to operate and how to handle complications. Optometrist simply do not have this knowledge, training, or expertise.

I urge you to vote No on HB 2541.

Sincerely,  
Jocelyn Lam, MD  
EyeHealth Northwest, PC  
Board-Certified Ophthalmologist  
Fellowship-trained in Pediatric Ophthalmology and Adult Strabismus