February 19, 2021

To: House Committee on Health Care

Dear Representatives,

I am a board certified ophthalmologist with fellowship training in pediatric ophthalmology and adult strabismus, and I'm writing with my concerns regarding HB2541, which seeks to increase the scope of practice of our optometric colleagues. I am opposed to this bill, and will present a real patient case as an example.

I was sent a patient, who was presumed by his referring optometrist to be suffering from acute angle closure glaucoma with significantly elevated eye pressure. This is an ocular emergency, and requires prompt treatment to prevent irreversible vision loss. The patient was sent to my office directly from the referring optometrist. On exam, it was immediately clear that the patient was not in angle closure, and the eye pressure was normal. Instead, the patient had severe ocular inflammation related to a known autoimmune disease, and steroids were need to improve the inflammation.

If the patient had been treated with a laser procedure as recommended by the referring optometrist (which would be allowed under HB2541), the problem would not have been solved. In fact, the inflammation likely would have been made worse, resulting in further vision compromise. If I had seen the patient after the contraindicated laser had bee performed, it would have appeared that the inflammation was due to the procedure itself, which would have further delayed proper diagnosis and management of the patient's condition.

This case highlights several issues with the proposed legislation. First, surgery should be performed by surgeons who have the necessary training in both ocular and systemic disease. Ophthalmologists complete four years of medical school followed by a one year internship prior to beginning their ophthalmology training. There is no substitute for these years of medical education. Second, ophthalmologists perform these procedures dozens if not hundreds of times under close supervision during their training before practicing on their own. Third, I am not aware of data that shows that there is a real problem for Oregon patients in accessing care, and we triage and promptly evaluate such patients both during and after regular office hours on call. Finally, our standard for care in Oregon should be higher than that there have been no malpractice claims in Oklahoma. Would the patient I described have sued the referring optometrist if they had undergone an unnecessary procedure? Maybe, but likely not. The fact remains that the patient would have undergone an unnecessary procedure that would have put his vision at risk.

Thanks for your time and attention. I urge you to vote NO on HB2541.

Charles Bock, MD