

March 27, 2023

Dear Chair Patterson, Vice Chair Hayden and Members of the Senate Health Committee,

I am a practicing ophthalmologist, specializing in glaucoma care, and I am also a board member of the Oregon Academy of Ophthalmology. I am writing to provide comments in support of SB 408 and the -1 amendment. I was present during Monday's work session but due to patient care responsibilities was unable to stay in the session until SB 408 was discussed. I am appreciative of the potential to appear virtually as this decreases the risk of inconveniencing scheduled patients.

I've been on the Oregon Academy of Ophthalmology's board for over 20 years. Throughout my career, I've seen the legislature discuss several scope of practice bills related to eye care, and I have participated in many of the negotiations and committee hearings. Over this time, I've noticed a few patterns that I think would be positively addressed by SB 408.

- First, it's very difficult to have the kinds of lengthy and thoughtful discussions that are necessary on these topics given the time crunch of the legislative process. Often, committee agendas are packed and the committee may only have time for a few minutes of testimony on these massive bills before they are faced with having to take a vote. And I know that these scope bills are just a few of the thousands of bills overall that are introduced and discussed each Session.
- Yet, scope of practice issues are often complex and difficult to understand. I do not envy legislators who are put in the difficult position of having to determine which scope bills are good ideas, and which pose a serious threat to patient safety. For example, even though I have gone to medical school and am a practicing physician, I would find it challenging to talk about the scope of practice for a podiatrist—this is outside my specialty and even with my years of medical training it would take considerable time and effort to determine what might be safe and appropriate. Most legislators have professional backgrounds that don't include medical training to aid them in these determinations.
- Another pattern I've noticed is that the two sides often come to the table with data that is conflicting and there is seldom time in work sessions to carefully evaluate these claims and arguments. Figuring out which data to trust can be extremely challenging.
- I think SB 408 with the -1 amendment would address these challenges, while ensuring that the legislature will maintain full authority to make decisions and vote on scope of practice bills.
- The bill with the amendment will require the health authority to convene a temporary panel of experts—actual providers with relevant experience on the procedures being discussed—to come together and share data related to education and training standards, patient safety, and access to healthcare. The panel and OHA will then take this information and compile it into a report with recommendations that legislators can choose to reference when a scope of practice bill comes before them for debate.

- I think it is important to emphasize that under this proposal, all kinds of providers would have access to this process, although it is not mandatory. While the scope commission and review process will require some work on behalf of the associations that choose to participate, I would argue that the work will be helpful to ensure well vetted—and safe—public policy.
- I want to emphasize that our intent is not to repeal the current scope of practice for any practitioners (and there is language in the amendment clarifying this). The intent of this bill is to create a tool for legislators to aid them in decision-making — and to make scope of practice proposals data-driven and scientifically sound.
- Finally, I would like to close by urging the committee to move SB 408 out to Ways and Means. I sincerely thank you for your time and attention to this proposal.

I am passionate about patient care and safety. For the past 10 years, I have volunteered on the Patient Education Committee of the American Academy of Ophthalmology and have chaired that committee for the past 6 years. We provide health education materials to the public that are accurate, understandable (health literate) and regularly vetted. For 13 years I have served as an examiner for the Oral Boards of the American Board of Ophthalmology to help protect the public by ensuring that only knowledgeable, skilled and ethical ophthalmologists receive board certification. This is the framework from which I view scope of practice decisions and from which I support SB 408.

I would happy to answer any questions you may have.

With respect,

A handwritten signature in black ink, appearing to read "J. Kevin McKinney". The signature is fluid and cursive, with a large loop at the end.

J. Kevin McKinney, MD, MPH

EyeHealth Northwest  
1306 Division Street  
Oregon City, OR. 97045  
Ph. 503-656-4221  
Fax 503-656-4249