

Testimony of Brian Lynch, O.D.
Public Health Committee
HB 7159
March 5, 2007

Members of the Committee:

I am Dr. Brian T. Lynch. I am an Optometrist practicing in Branford, Conn., and am currently serving as the legislative chair for the Connecticut Association of Optometrists. I'm here to urge your support of HB 7159, *An Act Updating the Scope of Practice of Optometry*. This proposed legislation is not an expansion but an update to reflect current optometric care. This bill won't allow me to prescribe any medication or perform any procedure I can't already prescribe or perform. What it will do is allow me as a healthcare professional to decide that which is in the best interests of my patients when treating their eye diseases.

In 1996, the Connecticut legislature passed an optometric practice act which allowed Connecticut ODs to practice at a level similar to those in 33 other states. This act allowed us to prescribe any medication pertinent to eyecare, to treat glaucoma, and to perform non-invasive surgical procedures. However, like many of these practice acts, or "turf battles," the parties involved (optometry and ophthalmology) were asked to work out a compromise. Ophthalmology insisted on certain concessions or they would continue their opposition. These demands had nothing to do with public health policy or patients' best interests, only turf.

Since 1996, the profession of optometry, its clinical knowledge and our patients' dependence on us, has grown. These restrictions have become burdensome and interfere with our ability to care for our patients. We can treat one type of glaucoma but not another, even though the treatment is the same. If the pressure is above 35 we must refer but 34 is acceptable to treat, and the condition must improve in 72 hours or referral is mandatory.

These various restraints have undermined the doctor of optometry's clinical decision-making process. It prohibits them from doing what is best for their patient by obligating the OD to conform to a statute that is not based upon sound public health policy. These restraints result in delayed treatment, expensive and unnecessary referral, and less accessible care. Further, they impede a patient's right to choose a provider.

In making your decision, please consider the following:

1. Optometrists and Ophthalmologists are held to the same standard of care.
2. Optometric malpractice premiums are the lowest of any independent doctoral level providers.
3. There have been no cases of optometrists' inappropriately treating a patient for glaucoma or iritis.

4. Optometrists are the primary providers for 70-80% of the Medicaid and SAGA population.
5. This act would bring Connecticut in line with the 38 other states with similar practice acts.

The scope of legislated professions like optometry should be based on the provider's ability to care for their patients, the need for their services and sound healthcare policy, not "turf". I urge your support of House Bill 7159.

Thank you.