

Testimony of
The Connecticut Society of Eye Physicians
The Connecticut ENT Society
The Connecticut Urology Society
The Connecticut Dermatology and Dermatologic Surgery Society
On February 22, 2011

For the Committee of Insurance and Real Estate Committee
In OPPOSITION to
RB 6310 AAC Certain Health Care Provider Network Arrangements

Good afternoon, Senator Crisco, Representative Megna, and Members of the Insurance and Real Estate Committee. My name is David Emmel, M.D, I am a board certified ophthalmologist, practicing in Wethersfield, CT, I am also the president of the Connecticut Society of Eye Physicians and I am here representing over 1200 physicians in various medical specialties in **opposition** to RB 6310, AAC Certain Health Care Provider Network Arrangements.

We appreciate the intent of this bill, and understand that our optometric colleagues are not happy with the insurers; neither are we or any other providers. But we are opposed to this bill for several reasons. First and foremost, the professions are not identical, regardless of what you think about their individual merits. They are based on different degrees, different training, different paradigms, and often, different modalities of treatment. It is understandable that insurers might choose to deal with them differently.

In a progressively more monopolistic environment, this bill is potentially anti-competitive, creating a hurdle to market entry and limiting competition by preventing a smaller payor from selecting a small cadre of highly trained providers that can provide the full spectrum of care, from office evaluation to surgery. To ensure the best health care value, we should aim to broaden, not narrow, the competition among payors.

Furthermore, right now even within each profession, providers are not treated identically by payors; I do not get the same contract as my ophthalmic colleagues at Yale, Grove Hill, Pro Health, or even my solo practice friend in Trumbull, and different ophthalmologists are treated differently by payors based on special expertise or the extra training they have undertaken. To which ophthalmologist will they be regarded as 'identical'? It would be impossible for insurers to comply with this language.

This bill does nothing to promote patient choice. If all types of providers are to be lumped together, transparency becomes even more of a challenge. A given patient may have reasons for choosing one type of provider or another. In order to allow patients to make informed decisions about their care the system must let them identify providers by degree, training level, and scope, and not simply lump them all together. Studies have shown that patient empowerment may help control health care costs.

This bill will create problems for patients, for health care in general, and even for insurers. It will be difficult to administer, and unfair in its effects on providers. We urge opposition to RB 6310. Thank you.

Optometry/Ophthalmology Educational Training Comparison Chart

Degree/Qualifications	Optometrist (OD)	Ophthalmologist (MD)
	Optometry School	Medical School
Education	<ul style="list-style-type: none"> ◆ 4 years in length ◆ Average hours of coursework based on comparison SUNY Optometry School are <u>597.3</u> hours of basic 	<ul style="list-style-type: none"> ◆ 4 years in length ◆ Average hours of coursework based on average across medical schools are <u>1,436</u> hours.
	Optometry Residency	Ophthalmology Residency
Mandatory Post – Graduate Training	<ul style="list-style-type: none"> ◆ There is <u>no mandatory post graduate training</u>. About 15% go on to an optional 1yr training program. ◆ Additional optometry lab and instruction on ocular disease and management are <u>335.5</u> hours. 	<ul style="list-style-type: none"> ◆ Additional <u>4</u> years in training ◆ Must complete <u>1</u> year of general medical or surgical internship. ◆ <u>3</u> years of an ophthalmology residency training program. ◆ <u>40%</u> of ophthalmologists participate on a 1 or 2 year fellowship program ◆ Additional ophthalmology lab and instruction on ocular disease and management of a minimum <u>626</u> hours.
Clinical Experience During Mandatory Education and Training	<ul style="list-style-type: none"> ◆ On average of <u>1,910</u> hours of clinical experience. ◆ Optometrists have no minimum requirements for number of patient visits with ocular diseases or ocular surgical operative experience. 	<ul style="list-style-type: none"> ◆ Estimate of an average <u>60</u> hours per week. ◆ At least <u>17,280</u> hours are for clinical experience. ◆ ¹ACGME requires that Ophthalmologists have a minimum of <u>3,000</u> outpatient visits.
Profession Regulation	<ul style="list-style-type: none"> ◆ State licensure ◆ Several national boards with highly variable standards. None qualify for membership in the American Board of Medical Specialties. 	<ul style="list-style-type: none"> ◆ State licensure ◆ National board certification by the American Board of Ophthalmology, a member Board of the American Board of Medical Specialties. ◆ Recertification every <u>10</u> years for Ophthalmologists certified in 1992 or later.

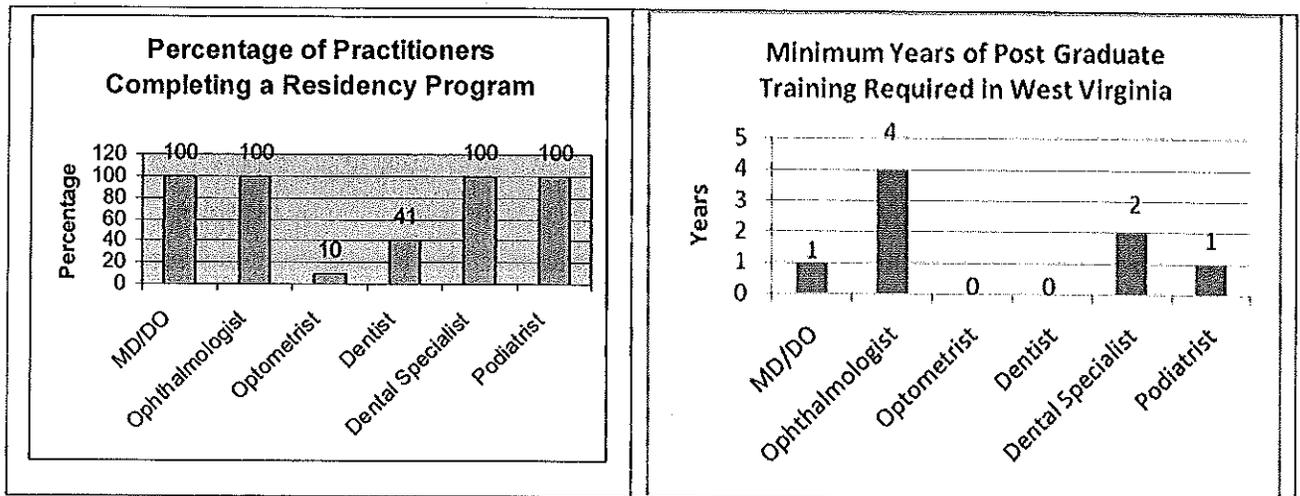
¹ Accreditation Council for Graduate Medical Education

Post Graduate Training Comparison Between Optometrists and Selected Professions

Ophthalmologists are medical doctors or doctors of osteopathy who specialize in the treatment of eye disease after three to four years of training after medical/osteopathic school and hospital residency. In arguing for expanded scope of practice to treat eye disease, optometrists, on the other hand, compare their education and training to podiatrists and dentists. However amongst the many significant differences between optometrists and these other professions is post-graduate training.

Since we are discussing eyes - not feet or teeth, the more reasonable comparison is between the education and training of an ophthalmologist and that of an optometrist. The question at hand is whether optometrists, without seeking the approval of or consulting with the state medical or osteopathic board, any medical or osteopathic schools, or any ophthalmology residency program, have devised a unique method to learn to perform surgical procedures with just enough fragments and bits of knowledge to not harm patients in this state. The answer is that they have not. Optometry school is not a substitute for four years of medical or osteopathic school, a hospital residency, and three years of ophthalmology residency training.

It should be pointed out that optometry education is not comparable to even podiatry or dentistry education. To be licensed in this state, podiatrists must complete a one-year podiatric surgical residency program. To be licensed as a dental specialist, these specialists must complete at least a two-year postgraduate program, depending on the specialty. Although there is no residency requirement for dental school graduates, 41 percent of dental school graduates immediately enter a post-graduate training program. In contrast, only about 10 percent of optometrists complete a residency program nationally. Furthermore, the completion of a residency is not required as a part of any optometry school program and is not a requirement to be licensed in this state.



MD/DO

All medical doctors and doctors of osteopathy must complete at least a one year residency program upon graduation from medical school or osteopathic school.

<http://www.wvbom.wv.gov/medpracact.asp>

Ophthalmologists

In addition to the same one year residency program that all medical doctors and doctors of osteopathy must complete, to become an ophthalmologist, the MD/DO must also complete an additional three to four year residency training program that specializes in medical and surgical treatment of the eye. http://www.acgme.org/acWebsite/downloads/RRC_progReq/240pr106.pdf

Optometrists

Nationally, approximately 10 percent of all optometrists complete a one year residency program. Moreover, optometric *residencies are not required in West Virginia or elsewhere by law or by professional standard.* <http://www.opted.org/teampublish/uploads/SpringStudentInterest.pdf>

Dentists

Nationally, approximately 41 percent of dental school graduates immediately enter into post-graduate training program. About 27 percent of all dentists enter a general dentistry residency program and an additional 14 percent enter a dental specialty program. www.adea.org/DEPR/Assocreptjune01.pdf

Dental Specialists

Completion of at least a two year post graduate program is a prerequisite to be licensed as a dental specialist. <http://www.wvdentalboard.org/30-4.pdf>
http://www.ada.org/prof/ed/specialties/specialty_certifying_report.pdf

Podiatrists

West Virginia requires podiatrists to complete a one-year podiatric surgical residency program. Today, virtually all podiatry school graduates in the US complete a podiatric residency. It is now a licensing requirement in 41 states. <http://www.wvbom.wv.gov/medpracact.asp>