



American Public Health Association

Working for a Healthier World

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Concerning P. del S. 562
In the Senate of Puerto Rico

Submitted to the Senate Committee on Health

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Madam President and members of the Committee, it is my great honor and privilege to address you today with respect to important public health legislation pending before this committee. As the Executive Director of the American Public Health Association, I am representing approximately 50,000 public health professionals from over 50 different public health occupations, including many who are vision care professionals.

Among our main objectives at the American Public Health Association is a commitment to advocate for access to quality health care—including vision and eye health care. We applaud your committee for considering this important matter, to ensure that quality vision care is adequately addressed in public health policy. We are pleased to submit our views on P.S. 562—a bill that we believe will increase access to important vision care services in Puerto Rico.

Vision health remains an important public health issue. As the general population ages and life expectancy increases, vision health professionals anticipate an increase in age-related eye diseases. According to the National Eye Institute, the leading causes of vision impairment and blindness are primarily age-related eye diseases, such as macular degeneration, cataract, diabetic retinopathy, and glaucoma. While many vision problems are preventable through sensible preventive measures, like regular vision screenings, the American Public Health Association has noted that only about one-half of the total population in the United States who need treatment for eye diseases is receiving it. This poses a significant public health challenge.

Nevertheless, optometric services are readily available in thousands of communities in the United States, as well as Puerto Rico. In fact, in many communities, doctors of optometry are the only primary eye care providers available. Nationally, optometrists outnumber ophthalmologists nearly two to one, and optometrists already provide about 60% of primary diagnostic eye examinations. Many people who need medical eye care are already being treated by capable optometrists, particularly in rural or underserved areas. However, many optometrists are restricted from offering a broader range of vision care services. We believe P.S. 562 will help solve this problem, and provide greater access to vital vision care services for people who need them.

The question arises whether it is safe, or whether we are placing people at risk, by allowing optometrists to administer pharmacological agents as part of their vision health care practice. Given the current doctoral curriculum of optometry currently provided at optometry schools, as well as the high standards determined by the Puerto Rican Board of Examiners in Optometry, the American Public Health Association does not recognize any foreseeable risk in passing P.S. 562. Furthermore, the success other states have had in passing similar legislation further demonstrates the safety of expanding the authority of optometrists to treat their patients. Interestingly, the malpractice occurrence for optometrists—which acts as a barometer of safe and effective practice—is so low for optometry, that malpractice insurance premiums for optometrists are, and remain, the lowest of any of the independent doctoral-level health care professions. According to the American Optometric Association, these premium rates are even lower than those paid by some non-doctoral supervised allied health professions, such as nurse practitioners and physician assistants. Malpractice rates set so low for optometrists confirm a low rate of actual occurrence of malpractice.

Current optometry school education curricula—in Puerto Rico and elsewhere—trains optometrists to provide comprehensive primary vision care. Doctors of optometry in Puerto Rico must successfully pass the same board exam as optometrists in other areas of the United States. However, without the legal authority to use therapeutic pharmaceutical agents, optometrists cannot utilize all of their training to serve their patients. For instance, without the ability to use pharmacologic agents to dilate the pupils during an eye exam, diseases like glaucoma remain undetected and untreated. This results in greater risk for vision loss for patients, not to mention increased financial strain on individuals, families, and the health care system. From a purely economic point of view, it results in a tremendous loss of health care capital that could be mobilized to help prevent vision impairment and promote vision health.

We believe that the underutilization of optometrists limits the potential for timely screening, prevention, and treatment of vision problems—which risks the public health of Puerto Rico. The American Public Health Association believes that it is prudent public policy to utilize appropriately trained and licensed health professionals at their highest level of skill and training, as determined by state and territory licensing laws. All states already allow optometrists to use therapeutic pharmaceutical agents for the diagnosis and treatment of eye diseases. Furthermore, the U.S. Department of Veterans Affairs, all branches of the U.S. Armed Forces, the Indian Health Service, and the U.S. Public Health Service have regulations or credentialing statements that allow optometrists to utilize therapeutic pharmaceutical agents to the benefit of their patients.

The expansion of the clinical privileges of optometrists in Puerto Rico will increase the availability, accessibility, and cost-effectiveness of eye care. We believe it will result in a reduction in double visits and hospital emergency room visits as well. Nevertheless, we recognize the important relationship that must exist between optometrists—who provide primary vision care—and ophthalmologists—who provide primary, secondary and tertiary care. We do not intend to diminish the role of ophthalmologists in providing necessary and vital vision care.

We respectfully recommend that the committee approve P.S. 562, to allow the use of pharmacological agents by doctors of optometry for the diagnosis and treatment of eye disease. Thank you, again, for the opportunity to testify. I will gladly take any questions you may have.