

Testimony of Denise Hug, OD, MD
In opposition to SB 490
Senate Public Health and Welfare Committee
February 20, 2024

Thank you for allowing me to speak today in opposition to SB 490. My name is Dr. Denise Hug. I have a unique perspective to speak on the subject of optometric scope of practice because I'm both an optometrist and an ophthalmologist.

I'm just going to tell you my story. I grew up in a small rural town where the only real doctor we had was an older family practice doctor. But we did have an optometrist who came to town once a month from the big city, which by the way was 20,000 people. I started wearing glasses when I was 12, and I thought the optometrist had a really cool job. At this time I didn't even know ophthalmologists existed. I went to college and then to optometry school. After four years of optometry school I graduated and practiced for three years when it became clear to me there was so much that I didn't know. I truly didn't understand both simple and sometimes complex diseases that my patients had. I thought I knew pharmacology because we'd studied it in optometry school. But I did not. These were issues that bothered me, so I decided to do something about it, and I went back to school, to medical school followed by five more years of training: a year internship in general medicine, a 3-year residency in ophthalmology and an additional year for a fellowship in pediatric ophthalmology.

There's simply no comparison in the intensity or the scope of learning between medical school and optometry school. I worked very hard to finish at the top of my medical school class, to be able to earn a spot in the very competitive specialty of ophthalmology. After four years of medical school, you're required to do a general medicine internship, which was an invaluable experience. That really is where you start to learn how to take care of patients, not just to treat a diagnosis but to truly care for people. Three years of residency follow where thousands and thousands of hours are spent learning and applying medical knowledge in real-life situations with actual patients. Residency also is when surgical skills are obtained through hundreds of cases with one-on-one training under the supervision of highly qualified faculty. I chose to complete an additional year of training in pediatric ophthalmology. During that year alone, I performed more than 300 supervised eye muscle surgeries. I think it's important to understand that each phase of the medical education is a building block utilizing the knowledge gained in the previous segment. These all are critical to developing and training of physicians.

There's simply no equivalent to the training in the optometric world. The main reason I oppose this bill is the potential public health risk. It requires thousands of hours of training to be able to provide the level of care that is being proposed by optometry. There is absolutely a role for optometry in eye care, but it's not to manage medically complex diseases or to perform eye surgery.

Finally, please understand: I'm not anti-optometry. My husband is an optometrist. My brother is an optometrist. My sister-in-law is an optometrist. I have six optometrists within the practice where I work. So I'm actually quite fond of optometry.

I'd like to also add that not all optometrists want to increase their scope of practice. For example, my husband has no desire to perform or to practice medicine and surgery. For optometrists who do come to me and express that interest, I encourage them to increase their scope of practice, but to do it the right way through education and not legislation.

For all of these reasons, I ask that you oppose this bill. Thank you for taking my comments into consideration.