

Testimony of Zachary Unruh, OD MD
Senate Public Health & Welfare Committee
In Opposition to SB 490 – February 20, 2024

Madam chair and members of the committee, my name is Dr. Zach Unruh, I graduated optometry school from University of Houston College of Optometry in 2010 and practiced optometry for 7 years in rural Kansas before beginning medical school at The University of Kansas School of Medicine. I graduated in 2021 and began a 4-year residency training to become an ophthalmologist in Texas at Baylor Scott and White health system.

My primary goal as a physician has always been to optimize patient outcomes, and optometrists already have a clearly defined and irreplaceable role in doing so. My optometric training prepared me well to provide care within the current scope, but I would not have been comfortable with anything beyond that. As I accumulated experience practicing optometry, I sensed a gap in my knowledge and skills that ultimately motivated me to pursue an additional 8-10 years of training.

Ophthalmology is a hyper competitive specialty to match into. A typical day during second year of medical school included a full day of lectures, labs, patient encounters, and studying for the organ system block covered in class. In addition, I woke up at 5am each morning for a year to study for step 1 of the medical board because an average score on that national exam would have limited my ability to secure a place in an ophthalmology residency.

My second year of residency, I spent an extra 20+ hours outside of clinic hours studying for weekly conference, preparing for grand rounds and journal club, practicing in the skills lab, and taking call 2-3 nights per week. For 2 months that year, my responsibilities involved seeing urgent referrals and hospital consults for vision threatening and sometimes life-threatening pathology. I have logged over 2000 primary patient encounters and over 300 procedures and will likely triple that before graduation.

In optometry school, the bulk of direct patient care came during the final year of training in community clinics as a mix of routine eye care, treating chronic conditions, and learning to recognize ocular emergencies and refer as appropriate.

The stark difference in hours of training and quality of experience is important, but the largest divide lies in the mindset and approach to healthcare as a proceduralist versus a primary care provider. In the ability to not only handle unexpected problems during a procedure, but to anticipate how that procedure may impact future care, and in some cases modify or eliminate

other options for the patient. My wife who is a current practicing optometrist can identify a time last fall when I began thinking as a surgeon rather than an optometrist.

I value the optometric community and the time I spent practicing. Eye care would not be possible without their vast contributions. Fortunately, many of my mis-steps as an optometrist were reversible with no long-term consequences. The hardest lesson of residency has been that once you begin manipulating human tissue, there is no going back, and the patient must live with the consequences of your actions.

I expected my training experiences to be different, but I have been overwhelmed by just how dramatic the differences truly are. Thank you for your time and consideration.