

House Professional Licensure Committee

Public Hearing on HB 2727

Testimony of

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I wish to express my appreciation to the Committee on Professional Licensure to allow me to testify regarding House Bill 2727. I am David S.C. Pao, M.D., an ophthalmologist in private practice in Bucks County for 30 years. I am also on the active teaching staff of Wills Eye Institute of Thomas Jefferson University Hospital in Philadelphia. However, 90% of my profession endeavors are in patient care.

Ophthalmologists have always needed to contend with the definition of the three O's: ophthalmology, optometry, and optician. Opticians make eyeglasses. Ophthalmologists are medical doctors who have gone to medical school or an osteopathic medical school. They then complete one year of internship and three years of residency to practice ophthalmology. Optometrists attend optometry school after college. 30 years ago, there was a marked distinction between our two professions: ophthalmologists took care of patients medically and surgically; optometrists dealt mostly with eyeglasses or contact lenses. In the past 30 years, optometry has increased its scope of practice to allow treatment of most medical eye diseases; although there are still some limitations in Pennsylvania. They are not allowed to practice ophthalmic surgery. However, New Mexico and Oklahoma do allow optometrists to do laser surgery and limited eyelid and conjunctiva surgery.

There is no objection to the use of non-physician health professionals to treat patients. We definitely need them. Many doctors employ nurse practitioners in their offices because of this need. The crux of the issue is supervision. Each new patient is seen by the physician first to make sure that there is nothing urgent that only he or she with a medical education can tell. Once that is done, the physician maps out a treatment plan, and then the patient can see the nurse practitioner on subsequent visits. This is the best medical care. Under Pennsylvania Medical Practice Act of 1985, a physician is defined as one who has gone to medical school or osteopathic medical school. The federal registry states a physician is one who is licensed to practice medicine and surgery by the individual state's board of medicine. This is an important clarification to make. The physician has the ultimate responsibility and the nurse practitioner practices under his auspices.

If you have a minor problem, and you go to your physician's office, the nurse practitioner may see you and take care of you, but most importantly, they already have your medical history, and you have already been evaluated by a physician. If you go to a retail medical clinic or medical spa, no one has seen you before, and there is no medical history on record. You may have only a minor respiratory infection and may want to receive some antibiotics. In the case of children, they can appear to have a minor respiratory infection one day, and the next day it turns out to be meningitis. It is still your right to go to these clinics, but you have the right to be informed of the education of the practitioner.

The nurse practitioner and the physician assistant do receive good training under current educational guidelines, and their scope of practice should reflect this. However, the depth and duration of their education and training are not equivalent to those physicians undergo. With his or her education, the physician is better able to diagnose conditions in their early stages. Once you see a fire, anyone knows it is a fire. You need somebody with training to suspect smoke or that something is just not right. That is where the physician's 4 years of medical school, one year of internship, and 3 to 5 years of residency make the difference. As long as the patient knows the experience and the education of the practitioner, he or she can decide whom to

consult. I have no qualms about a patient seeing anyone. They can see an herbalist or an alternative medicine or naturopathic practitioner. They can see an acupuncturist, as long as they know whom they are consulting. The danger is that half the population sees a person with a white coat and a stethoscope and assumes that they are fully trained physicians and medical school graduates. This bill will give to patients the information they need to make informed decisions about health providers.

However, I recommend, in addition, the posting of signs in waiting rooms and reception areas that explain the differences in educational backgrounds of various health providers. When I go to a hospital waiting room, there is a huge sign that states the patient's rights and their privacy rights. When I go to a break room in a hospital, I see a big sign that states Federal Employment Regulations. Patients deserve information on their practitioners' training; I hope this sign I propose would supply it.

While the patient deserves to know the truth, we must be carefully in the amount and cost of more regulations. Regulations have made medicine 30% more costly; they have necessitated a lot more paperwork. They have driven my colleagues away from medical practice and deterred them from encouraging their children to go to medical school. That is a shame.

The government and the insurance companies are not helping the patient sort out the different professional titles of "health providers." Twenty-five years ago, Medicare listed optometrists, podiatrists, and chiropractors, as physicians under the Medicare payment system. As a result, they have expanded their scope of practice, and patients do not understand the differences in their training. Even many legislators do not know the differences. For example, our coroner of Bucks County is a podiatrist, although I learned upon inquiry that the county does have a contract with a pathologist in Philadelphia, should an autopsy ever be needed.

We hope the definition of physician does not change as it is stated in the Medical Practice Act of Pennsylvania. An additional problem is the title of "doctor" in front of a name. As stated, many people use the doctor title but never went to medical school. Dr. Phil, Dr. Joyce Brothers, Dr. Desert Dry, Dr. J. Even now, there is a two-year program for nurse practitioners to receive a doctorate in nursing. The question here is, now do we have to call a person a "doctor doctor" or "doctor nurse." Many professional degrees award a doctorate. As stated, there is a "Doctor of Nursing," "Doctor of Chiropractic," "Doctor of Podiatry," and "Doctor of Optometry." Hopefully proper designation under this law will clarify to the patient that these "doctors" did not go to medical school. I am not saying that patients should not be treated by them. They are a vital part of our health provider network and are needed to provide healthcare for all of our citizens. I just want patients to know the qualifications of their health provider -- in my case, physician.

In conclusion, I want to make a recommendation about name badges. These badges already exist and are provided by the hospitals across the state. Extending the requirement for badges to all will be beneficial. If existing badges confirm to HR 2727 then there is no need for duplication by the states with added cost.

Thank you for allowing me this opportunity to testify today.