

February 22, 2017

The Honorable John Braun Senate Ways and Means Committee 311 J.A. Cherberg Bldg. Olympia, Washington 98504-0482 20 F Street NW Suite 400 Washington, DC 20001-6701

P.O. Box 7424 San Francisco, CA 94120-7424

T: +l 202.737.6662 aao.org

We are writing today on behalf of the American Academy of Ophthalmology, the world's largest association of eye physicians and surgeons, serving more than 31,000 members worldwide, to ask for your opposition to Senate Bill 5411. We strongly feel that this legislation places unnecessary and counterproductive restrictions on the development and use of emerging remote technologies in ophthalmology.

The Academy's Clinical statement on Innovative Technologies in Diagnosing Eye Diseases and Conditions recommends that ophthalmologists evaluate remote technologies as they would any other diagnostic modality: FDA approval (if required), evidence of reliability and reproducibility from clinical trials or studies, evaluation of risk to the patient, (for example, situations that pose low risk to patients would be refractive assessments), and provisions for security of protected health information (PHI). Senate Bill 5411 would categorically deny ophthalmologists the ability to make these professional assessments in Washington.

A new study published in the medical journal <u>Ophthalmology</u> highlights the potential of these technologies to improve the lives of our patients. The study examined a novel telemedicine program, the Technology-Based Eye Care Services (TECS), being implemented in the US Department of Veterans Affairs. In the program, an ophthalmic technician, following a detailed protocol, collects information about the patients' eyes at a primary care clinic. A physician reviews the information remotely, develops an assessment and plan, and prescribes eyeglasses. Patients with possible abnormal findings are scheduled for a face-to-face examination in the eye clinic. The researchers concluded from data gathered from the early stages of this program that TECS has the potential to help prevent avoidable vision loss. These technologies, moreover, have the potential to improve operational efficiency, reduce costs and improve access to care. This program is only one example of a spectrum of emerging technologies in teleophthalmology.

Unfortunately, SB 5411 – although well intentioned – would manifestly fail to keep pace with new developments in our field and would ultimately be a disservice to citizens of Washington. We do want that outcome for the people of your state.

Thank you for your attention.

Sincerely,

Cynthia A. Bradford, MD

President

American Academy of Ophthalmology

Cynthia Bradford MD.

Kurt F. Heitman, MD

Secretary for State Affairs

American Academy of Ophthalmology

Daniel J. Briceland, MD

Senior Secretary for Advocacy

American Academy of Ophthalmology

cc: Senate Ways and Means Committee