



OREGON ACADEMY OF OPHTHALMOLOGY

Eye M.D.s & Surgeons

Chair Prusak, Vice Chairs Salinas and Hayden, and members of the House Health Committee,

As Oregon ophthalmologists and members of the Oregon Academy of Ophthalmology Board, we are writing to you today to express our serious concerns about HB 2541. This legislation would permit optometrists, who are non-physician practitioners, who have neither completed medical school nor surgical residency, to perform scalpel and laser surgery on and around the eye.

We strongly feel that this legislation compromises the safety and quality of surgical care for Oregon eye patients by removing the current standards of medical, clinical, and surgical training required to perform eye surgery. These safeguards currently ensure that citizens of Oregon have access to the safest and highest quality of surgical eye care. For these reasons, we strongly urge you to oppose HB 2541.

Optometrists are our friends and colleagues. The American Academy of Ophthalmology and the American Optometric Association have worked together to provide guidance to ophthalmologists and optometrists in the proper sharing of care. We appreciate their valuable addition to the eye care team.

Many, if not most ophthalmologists work in concert with optometrists. However, granting optometrists surgical privileges for which they have not been adequately trained is not acceptable. Moreover, Oregon optometrists already have a broader scope of practice than their colleagues in the vast majority of states. For example, Oregon optometrists have authority to perform periocular and intravenous injections, as well as to prescribe Schedule II hydrocodone-combination drugs. This authority is not permitted in most states.

Eye tissue is extremely delicate. Once it is damaged, it is often impossible to fix. Among surgeons, eye surgery is considered one of the most difficult and delicate surgeries that are performed. Despite this, optometrists are seeking a carve-out exception for certain laser and scalpel procedures, based on the incorrect idea that these procedures are generally/inherently low risk.

While some procedures are higher risk than others, **no procedures are without risk**, particularly when attempted by inexperienced providers.

A recent study showed that for optometry-performed laser treatments (laser trabeculoplasty) in Oklahoma, when compared to ophthalmologists, patients required more retreatments, leading to an increased time and cost burden to patients and the medical system as a whole.¹ Oregon has one of the best ophthalmology training programs in the country. These institutions must adhere to the national education criteria set by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME sets the minimum standards for becoming a qualified surgeon.

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Optometry training is not subject to the objective, proven, national ACGME standards, which include four years of undergraduate education, four years of medical education, one year of internship seeing complex medical and surgical patients, and a three-year ophthalmology residency. Often an additional year of fellowship training is performed by ophthalmologists, to further master medical and surgical care.

In contrast, the current optometric curriculum includes only a small fraction of the educational fundamentals established by the ACGME. Optometry school is in no way sufficient to qualify them to become surgeons.

It is also important to note that the scope of necessary medical knowledge has expanded exponentially over the last forty years, not decreased. The number of medications and their interactions has increased enormously. The number of possible surgical approaches to the same eye disease has increased as well. To suggest that traditional medical and surgical training is no longer necessary to safely perform eye surgery strikes us as dangerously misguided.

One alarming impact of HB 2541 is that the Oregon Board of Optometry would decide whether an optometrist's education, training and experience is sufficient to protect patients who require eye surgery in Oregon. Unlike the Oregon Medical Board, the Oregon Board of Optometry has no experience in determining qualifications to safely perform surgery.

The Oregon ophthalmology training program has been responsible for training hundreds of ophthalmology residents and fellows to perform the types of surgery that optometrists would be authorized to perform if HB 2541 were to be enacted. Many of us are leaders in medical education and we are absolutely certain that the optometric surgical authority proposed in this bill will increase patient safety risks and lower the standards of surgical eye care. For these reasons, we urge you to oppose this dangerous legislation.

We appreciate your consideration of our concerns and would welcome any questions you may have regarding the complexity of surgical training and providing safe surgical eye care.

Respectfully,
The Oregon Academy of Ophthalmology Board

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