

February 10th, 2020

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

I am a native Oregonian, veteran, and physician and hope you can take a moment to hear my concerns about House Bill 2541. I have read this proposed bill and am deeply concerned about the safety of my fellow Oregonians if this goes forward as is.

I work with optometrists every day and deeply value their contribution to eye care in our society. However, this unrestrictive bill would allow optometrists to perform hundreds of different types of eye surgeries. These surgeries range from eyelid surgeries, to LASIK, and all the way to freezing or irradiating tissue on the eyeball. The eye is a small, compact space and surgery that seems to be “localized” or “minor” can affect many or all ocular structures. For example, I have had to treat patients (in another state) who had minor “eyelid tucks” who could no longer look upwards after their procedure. This is because muscles that control the eye movement are just a few millimeters away from the lower eyelid skin, and if this very thin (less than 1mm) barrier is breached, it can lead to permanent restriction of eyeball movement.

As an academic physician who know trains future ophthalmologists, I have learned that surgical skill actually encompasses three main pillars, all of which need to be complete to become a skilled surgeon and comply with our “first, do no harm” principle of medicine:

- 1) Technical proficiency of how to do the procedure
- 2) Ability to know when *not* to perform a procedure
- 3) How to deal with complications that arise from the procedure

I’m concerned that this bill does not specify the amount of training needed to create procedural skill nor does it specify how it will test for this level of competency. Additionally, it leaves the Board of Optometry to decide how to test these optometrists, yet these optometrists making the decision on licensure are not trained in any of these procedures themselves. Lastly, it takes an ophthalmologist eight or more years of training (more than 17,000 hours of training) to learn these skills. Given that optometry school is only four years long, how can we ensure that their training is sufficient to allow them to do these procedures on their own. By allowing optometrist to do these procedures as proposed in the house bill, we will effectively be giving different levels of care to different individuals. Most importantly, if “certified by a board” how would the patient know that significant difference in care they might receive by a non-physician performing their procedure.

Access has long been an argument for why optometrists have asked for these procedural rights. However, in the few states that have granted rights to a very limited number of ophthalmic procedures to optometrists, it turns out that the optometrists who perform these procedures are primarily in locations where ophthalmologists already practice. We will not suddenly see better access to care in Brookings, Enterprise, or Baker City (where my family hails) due to this bill. Currently, there is an ophthalmologist within a 30 min drive to 92.3% of Oregonians. In fact, most residents live closer to an ophthalmologist office than to a Walmart! As a side note, this will also not improve the cost of health care, as optometrists bill under the same coding and RVU system as ophthalmologists.

In over 20 years as a voting member of our society, this is the first time I have written a testimony for a bill. I hope this explains how deeply concerned I am for the safety of my parents, my friends and family, and all Oregonians due to this bill asking for non-physicians to have the permission from our state to perform ophthalmic, surgical procedures. I hope you consider this as you hear this bill tomorrow. Thank you so much for taking the time to read this letter.

Please feel free to contact me if you would like to speak further on this matter.

Sincerely,

A handwritten signature in blue ink that reads "Eliesa Ing". The signature is written in a cursive style with a large, stylized "I" at the end.

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