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February 11, 2021

House Health Care Committee
Oregon House of Representatives
900 Court Street NE, H-489
Salem, OR 97301

I am writing in support of House Bill 2541.

My name is Dr. Nicole Rush. I am an Optometric Physician on the rural southern coast of Oregon in Bandon, where I have been practicing for almost 20 years.

I am also currently the President of the Oregon Optometric Physicians Association. I am a Board Certified Optometrist. I have also taken the course that certifies me to perform these ophthalmic laser procedures we are talking about today.

First, let me simply explain that what we are asking for today is just the modernization of the Oregon statutes for Oregon Optometric Physicians to practice what we are taught to the top of our education.

More specifically, after a patient has Cataract Surgery there is often a cloudy film that forms behind the lens implant. We use a YAG laser in conjunction with the slit lamps we use every single day in clinic, to remove this cloudy capsule.

The other Laser Procedure that we are talking about is used to lower the eye pressure in our Glaucoma patients. These are often necessary if a patient's eye pressure is:

- Either not responding to their glaucoma eye drops,
- They are allergic to these drops,
- Or as in many elderly patients, they are not compliant with their eye drops.

Additionally, it is becoming more common as the first line of treatment for glaucoma, as there are many studies proving that these laser procedures are more effective & have better long-term outcomes, than patients on glaucoma drops alone.

Currently, optometric physicians are performing the pre- and post-operative care for the patients having these procedures done. So, we most certainly understand the potential complications of these surgical procedures and are able to competently manage these complications, should they arise. We do that now.

As for our exclusionary language, we see in all facets of life that technology is changing so rapidly that sometimes things become outdated as fast as they are learned and approved. Optometry students are being taught new procedures each year, but we must come back to the legislature each time to ask for permission to do these things, wasting tax-payer's time and money.

With a 6-month lag between legislative sessions, this is not timely in meeting the needs of our patients, nor is it productive to have to bother the legislature with these issues. That is why we have a regulatory board.

The communities I practice in are very rural and the nearest eye surgeons are 30-90 miles away, so I see this as a huge ACCESS issue!

In my practice we are seeing a large increase in the baby boomer population who need these procedures. These are the very patients who cannot travel these distances. They are often elderly and are having difficulty with their vision.

This adds extra costs for these patients to hire transportation, or their loved ones having to take time off work to take them to these appointments. And for many, this is just impossible for them to arrange.

Allowing patients to choose to receive these services locally could save the Medicaid program not only transportation money, but also time off work, travel time, and unnecessary second examinations.

The waits can be many months for these appointments, not only in rural clinics, but even in urban cities. And these procedures only take minutes to do.

Under these COVID circumstances, aren't we trying to keep patients from having to cross county lines and in some cases, state lines, as with my colleagues out in Pendleton and Ontario?

There are 13 counties in Oregon, where Optometric Physicians are the only eyecare providers.

Nationally, from 2000 to 2020, the number of Optometric Physicians increased by 48%, while the number of Ophthalmologists declined during that same time period.

Optometric Physicians NEED to be able to meet the needs of our aging population.

The patient can still always choose to go to an ophthalmologist, we are not trying to take that away, we are just increasing accessibility for these patients.

On behalf of our entire association, I encourage you to vote YES on HB2541!

Sincerely,

Nicole Rush, O.D.

OOPA President