

12 February 2021

RE: HB2541

Dear Members of the House Health Care Committee,

As a physician and surgeon and board-certified ophthalmologist who has practiced in Oregon for 36 years, I write in opposition to HB 2541 a bill that expands the scope of practice for optometrists, because it poses a significant risk to patient safety.

I have worked alongside optometrists for decades and have great respect for their dedication in providing vision and eye care to our community. However, there are vast differences in training between optometrists and ophthalmologists especially pertaining to surgery. Ophthalmologists graduate from medical school and complete an internship plus a three-year surgical ophthalmology residency. Many go on for an additional year or two of fellowship. These many years of education and training provide the judgement necessary to know how and when to perform surgery, when not to perform surgery and how to handle unexpected events in surgery. The scant hours of surgical education in optometry school pale in comparison.

HB 2541 is an exclusionary bill. Other than the few exclusions written in the bill, any ophthalmic surgery is permitted. The bill defines ophthalmic surgery as "A surgical procedure performed on the human eye or adnexa in which in vivo tissue is injected, cut, burned, frozen, sutured, vaporized, coagulated or photodisrupted by the use of surgical instrumentation including a scalpel, cryoprobe or laser, or surgical procedures that include electric cautery or ionizing radiation".

There are over 100 surgical procedure codes that are not specifically excluded from optometry's scope of practice that would now become permissible. Any new type of surgery

developed in the future would also be permissible since it would not be specifically excluded in this bill. General anesthesia is excluded but strong I.V sedation such as propofol and fentanyl are not excluded. There are no patient age limits, allowing surgery on children.

This bill also removes the mandatory glaucoma consultation with an ophthalmologist when the optometrist notes continued vision loss in a glaucoma patient in spite of treatment on two medications. Glaucoma is a progressive and potentially blinding disease. If there is continued loss of vision in spite of treatment it is imperative to get a second opinion.

In this bill there is no oversight by the Oregon Board of Medicine or by any physician/surgeon of these surgeries; in this bill they answer only to the Board of Optometry, which consists of four optometrists and a member of the general public.

HB 2541 is not a patient-driven necessity. There is no lack of access to care. According to The Center for Medicare and Medicaid Services, 92.3% of Oregonians live within a 30-minute drive to an ophthalmologist. There is access to reasonable, timely referrals.

In summary, there is no health care delivery problem that this bill is supposed to remedy. This is a straight-forward patient safety issue. Many patients do not know the difference between an ophthalmologist and an optometrist. Passing this bill implies an equivalency of education, training and expertise in surgery, which is not correct.

Please help protect Oregonians. Vote for patient safety and do not support this bill.

Respectfully submitted,

Aazy Aaby, M.D.