

Submitter: Grace Anderson

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB4010

Dear Representative Gomberg,

I am a doctor of optometry practicing in your district and I am reaching out to ask for your support in the passage of HB 4010. The bill removes the requirement that optometrists have hospital consulting privileges in order to qualify for a rural tax credit.

To compete with more populated areas in acquiring physicians, rural communities rely upon financial incentives such as tax credits and student loan forgiveness.

To function as intended, tax credits must be easily accessible. The requirement to have a hospital affiliation is an unnecessary barrier to many optometrists in rural communities. The credentialing process is arduous. It can take months or even years for small rural hospitals to establish criteria for new providers, and they often have little or no motivation to do so. HB 4010 removes section C requiring optometric physicians to maintain hospital consulting privileges to qualify.

Adding an addendum for optometrists to be added to the Oregon Health Care Providers Loan Repayment Program, in which many of my colleagues in Lincoln County benefit from (Oregon Health Care Provider Loan Repayment | OHSU). After researching the program, I learned that optometrists are an exempt provider, causing limited resources in already underserved rural counties of Oregon.

There often is a misconception among the general population about optometrists' scope of practice and our role in health care. We are not only trained to prescribe glasses and contacts, but also diagnose and manage numerous eye diseases and disorders like cataracts, glaucoma, macular degeneration, and diabetic retinopathy. I work closely with primary care providers and specialists in co-management of patients with autoimmune conditions, diabetes, coagulation disorders, and neurological diseases, to name only a few. Often, many underlying systemic diseases are first found during a routine eye exam. In my career, I have found all of the conditions listed prior, as well as different types of cancer, herpes zoster (shingles), and HIV/AIDS. (Comanaging Outside of Eye Care: Recognize These Systemic Risks (reviewofoptometry.com))

The majority of rural counties in Oregon have a high percentage of individuals over 65, which leads to increase healthcare costs. One of the most effective ways to reduce medical costs is with preventative care. The American Diabetes Association

recommends and eye exam within five years of being diagnosed and then a dilated eye exam annually to monitor for retinal changes (FOD-HVM-0-10-17-23.pdf (diabetes.org)). An estimated 11% of adults in the US have diabetes. Preventative care can not only save an individual's sight, but also greatly reduce healthcare costs in the long run.

The current Repayment Program includes nearly every other type of medical provider (primary care, dentists, dental hygienists, and mental health care specialists), but completely excludes eye care providers. New Mexico is currently the only state in the US that provides a repayment program for optometrists in rural areas. Other loan repayment programs are available for optometrists through the VA and Indian Health Services (IHS) through federal Public Service Loan Forgiveness (PSLF), however this is not available in most areas in Oregon and significantly limits who can be reached by this care. Alternatively, the VA and IHS have options for community care in which patients in these programs can see a provider closer to their home through community outreach. I have many patients with VA and IHS insurance, allowing them a much shorter drive time and easier access to eye care. The majority of my patients rely on Medicare and Oregon Health Plan insurance, a requirement for providers in the Loan Repayment Program.

We support expanding access to rural healthcare and HB 4010 is a positive step forward. Thank you for your support!