



Patient Safety First. Vote NO on HB 2541.

Ophthalmologists are medical doctors with eight years of clinical training across medical school, hospital internship, and a surgical residency program. Optometrist education is limited to four years and does not offer the medical or surgical training needed to treat complex eye conditions—nor perform surgery.

**When balancing expanded scope policy...
quality of patient outcomes must be the primary consideration.
HB 2541 is unsafe for patients.**

PATIENT SAFETY FIRST: HB 2541 needlessly places patient eye safety at risk by allowing optometrists, who are not medically trained surgeons, to perform surgery and other delicate procedures on, in and around the eye.

- **There is no such thing as a simple eye surgery.** However, HB 2541 would permit optometrists, who are not medical doctors and who have not completed medical school nor surgical residency, to perform scalpel and laser surgery on and around the eye. The bill would also remove important requirements that optometrists consult with ophthalmologists/MDs on complex glaucoma cases.
- **Lasers and scalpels are surgical instruments and tools that cut, penetrate, and burn human tissue.** Optometrists have no substantive experience in the modalities of scalpel surgery, much less laser surgery. Surgery is surgery, whether you use a blade or laser. Mastering the use of a laser requires the same, if not more, practice and experience as using a surgical scalpel. Lasers can cause spikes in intraocular pressure (IOP), which may require immediate operating room surgery, inflammation of the eye (mild or severe), focal cataract formation, corneal damage, bleeding, and permanent visual loss.

ACCESS: There are not access issues to highly trained ophthalmologists to perform these procedures in Oregon. 92.3% of Oregonians live within a 30 minute drive to an ophthalmologist¹.

OTHER STATES: Many other states have considered—and rejected—similar proposals. The Vermont Legislature asked their Office of Professional Regulation, a non-partisan office, to analyze their proposal. They recommended against an increased scope identical to the Oregon proposal. From the VT report:

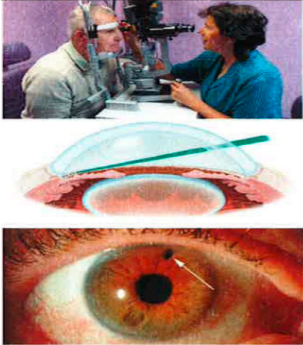
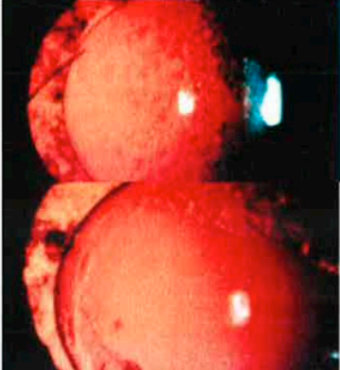
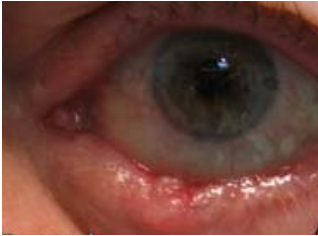
“After consulting with stakeholders and conducting extensive and thorough research, OPR (OFFICE OF PROFESSIONAL REGULATION) cannot conclude that optometrists are properly trained in and can safely perform the proposed advanced procedures. Further, OPR finds that there is little need for, and minimal cost savings associated with, expanding the optometric scope of practice to include advanced procedures. For these reasons, OPR recommends against expanding the optometric scope of practice to include the proposed advanced procedures.”

THERE IS NO SUCH THING AS A SIMPLE SURGERY.

¹ Source: Center for Medicare and Medicaid Services, US Census

Vote NO on HB 2541. The Risks to Patient Safety:

Here are just a few examples of the risks involved with these laser and surgical procedures:

	Surgical Procedure	Potential Complications
 <p>Photos: (Upper) Laser equipment is delivered in conjunction with a high-powered microscope. (Middle) In ALT/SLT, laser energy is focused on very fine structures in between cornea and iris ("angle"). (Lower) Peripheral Lens is just behind PI shown at arrow. Placement more toward the pupil could cause cataract.</p>	<p>Glaucoma Laser Procedures: Argon Laser Trabeculoplasty (ALT) Selective Laser Trabeculoplasty (SLT) Argon/YAG Peripheral Iridotomy (PI) Laser Iridoplasty</p> <ul style="list-style-type: none"> • Involves careful placement of laser energy to structures, some smaller than a human hair to achieve effect. • Requires special high power contact lenses and mirrors. • Improper treatment can permanently damage drainage structures (possibly making intraocular pressure problems worse) and cause cataract. 	<ul style="list-style-type: none"> • Severe post-operative intraocular pressure rises, possibly "snuffing out" an already damaged/weakened optic nerve in severe glaucomas. • Cataract due to laser injuries to lens capsule • Inflammation inside the eye • Corneal abrasion/infection/ulcer (from contact lens) • Conjunctivitis
	<p>Laser Capsulotomy:</p> <ul style="list-style-type: none"> • Performed sometimes following cataract surgery to create opening in membrane behind artificial lens. • Careful placement/restriction of laser energy needed to limit size of hole (note in lower photo how close opening is to lens edge) as lens can lose support and fall into back of eye or be damaged by the laser spots. 	<ul style="list-style-type: none"> • Retinal detachment (energy used creates a "shock wave") • Dislocation of artificial lens into back of eye. • Damage to artificial lens impairing vision • Corneal abrasion/infection/ulcer (from contact lens) • Eye Inflammation - inside eye or on surface of eye
	<p>"Removal and biopsy of skin lesions involving the lid and adnexa."</p> <ul style="list-style-type: none"> • Optometrists are not surgically trained to remove cancerous lesions. • This eyelid lesion may <u>appear</u> "low risk" even benign. <u>But it is cancerous!</u> <p>Improper technique in removing a cancerous tumor can have devastating consequences to the patient.</p>	<ul style="list-style-type: none"> • Possible spread of cancer • Infection • Scarring • Damage to nearby structures • Delayed diagnosis and treatment