

Chair Prusak, Vice Chairs Salinas and Hayden, and members of the House Healthcare Committee, I am writing in strong opposition to HB 2541. I am a retina specialist, who works closely with the optometric community. I have been collaborating on patients with optometrists for nearly 20 years. They are valuable team members in helping optimize vision through screening exams and the prescription of glasses. However, I can say conclusively that they do not have the training required to safely perform the procedures and care that would be included with this bill. Their clinical training is fundamentally different from an ophthalmologist's. Not only is their training a fraction of the duration, their emphasis is on prescription of glasses and how recognize what 'normal' looks like in the eye. They do not have nearly the exposure to pathology, complications and clinical management that is included in an ophthalmologist training.

Every week, I am reminded of how different their training is from ours. I will receive a patient with a working diagnosis of vein occlusion, when in fact it is a retinal detachment. I see patients diagnosed with a retinal detachment, when the actual diagnosis is ocular melanoma. I see a patient referred for cataracts, but the disease causing the vision loss is an epiretinal membrane. Each of these differences would be patently obvious to an ophthalmologist, who has the training required to make an accurate diagnosis, then create an effective treatment plan. However, optometrists do not know how to recognize these diseases, which puts the patients at risk. Fortunately, most optometrists refer patients, once the exam is 'not normal,' so their inaccurate diagnosis is less impactful regarding outcome.

HB2541 is especially alarming because it would give the optometrists latitude to perform an incomprehensible list of procedures. This bill is nothing short of irresponsible. Just last week, I received a patient who carried a diagnosis of retinal detachment - there was no detachment; it was just a tear that needed laser. If an optometrist doesn't know how to diagnosis a retinal detachment, how can they be expected to perform the surgery to repair it? HB2541 would grant them that ability.

HB2541 is dangerous for the patients, and it undermines the integrity of our medical education. Our family has an exchange student living with us from South America - she commented that one aspect of America that really impresses her is how we so effectively manage which practitioners can do which procedures. This ensures that all patients are guaranteed that their provider has received a basic minimum of training prior to being allowed to perform these procedures. In her home country, it is essentially unregulated, which exposed the patients to risk and gives them a loss of confidence in their health care system.

It is my understanding that one of the reasons cited for the creation of this bill is that it would improve patient access. In the state of Oregon, there are ample ophthalmologists to treat the patients. Access is not an issue.

In the interest of patient safety, I implore you to vote no on HB 2541.