

February 10, 2021

**Chair Prusak, Vice Chairs Salinas and Hayden, and members of the House Healthcare Committee,**

I appreciate this opportunity to give my testimony and explain my concerns regarding bill HB2541, which intends to expand the Oregon's optometrists scope of practice to include surgeries. I urge you to oppose this bill because it could jeopardize the eye health and safety of our fellow Oregonians.

The bill is written in an exclusionary language, stating what surgeries or procedures would be excluded from the optometrists' scope of practice. But most importantly, it does not explain which procedures they are requesting to perform. Purposefully avoiding detailing which surgeries or procedures they want to perform is most concerning and potentially dangerous for the general public. In the field of ophthalmology, there are a multitude of current surgeries and many more are currently under investigation and will be implemented in the future. This bill would allow optometrists to perform these procedures and surgeries. Unfortunately, the optometry curriculum is not designed to include the necessary training, time, and skills to be able to perform these surgeries safely.

The formation of medical and surgical judgment is a process that takes many years to develop; it requires time, study, practice, training, mentorship, and certification. There are many layers of safety within the medical field in order to protect the public. In addition, there is constant learning, maintenance of certification that a well-trained ophthalmologist continues to do in order to stay up to date.

In my particular case, I am a foreign medical graduate. I completed six years of Medical School in my home country, Panama. I then completed a one-year internship in the public hospital of Panama City, followed by a second year of internship in a rural hospital. During these internships, I rotated through different core specialties, like internal medicine and pediatrics, as well as other important subspecialties, like emergency medicine and ophthalmology. After practicing as a general practitioner, I decided that ophthalmology was my vocation and wanted to be trained under the most rigorous conditions in an excellent academic environment. That is why I pursued training in the United States. However, obtaining a position as an ophthalmology resident is extremely competitive. Therefore, I enhanced my curriculum by doing a year of clinical research. I passed all the necessary tests in order to be able to compete shoulder to shoulder with my American peers. After a lot of hard work and many scientific publications, I was fortunate to be selected as an ophthalmology resident at the University of Tennessee Health Science Center in Memphis, TN. Despite my previous internship training in Panama, I had to repeat a year of internship in the United States in order to qualify for board certification. Therefore, I completed another one year of internship, this time in the field of Internal Medicine. There were no exceptions, no shortcuts. I felt so privileged to be selected as an ophthalmology resident that I accepted my American internship with humility and a grateful heart. That year gave me a better understanding of the hospital system, the call structure, night shifts, and teamwork among all healthcare professionals. It prepared me for the next step ahead: ophthalmology residency. And this is how medical and surgical judgement is built; step by step, with the correct level of supervision and building upon previous knowledge, experience and skills. Once an ophthalmology resident, during the first year of residency my class and I dedicated our time to study as much as we can about ophthalmology, seeing multiple patients in clinic and answering all the ophthalmology consults coming from the six local hospitals. We spent countless nights waking up in the middle of the night to see multiple eye emergencies: gunshot trauma, foreign bodies in the eyes, chemical burns to the cornea, open globes, eyelid lacerations, corneal ulcers to name a few. Our days were not a 7:00 am to 5:00 pm job, rather a "get the job done" schedule, no matter how long it would take. Therefore, it is not correct to say that our training of 4 years equals the same 4 years of Optometry. The ophthalmologist training involves many more hours, multiple ER consults, and a higher complexity of patients. Many times, we consulted among other specialties. My first year as an ophthalmology

resident was heavy on clinical training and external procedures, but no intraocular surgery was allowed as a first-year resident because my program believed that a deeper knowledge and experience was necessary before intraocular surgery would be performed. And they were right. As a second-year ophthalmology resident we had to complete hundreds of hours in the Eyesi simulator, which is a virtual surgical experience that helps with training, before any live surgery was performed. Once we reached a level of confidence and training, every single surgery was supervised by a board-certified ophthalmologist. That is an example of the commitment of the ophthalmology field to public safety. Then, as third year residents, we were finally allowed to spend more time in the operating room. Importantly, every case we performed need to be logged online, because the Accreditation Council for Graduate Medical Education (ACGME), has a list of eye surgeries, with a minimum limit next to them, that we needed to complete in order to graduate. For example, in order to graduate, an ophthalmology resident needs to complete no less than 80 cataract surgeries safely. During these 4 years of training, all ophthalmology residents also underwent multiple evaluations, at least twice a year, by our program director and mentors, giving us constructive feedback and ways to improve. The goal of the ophthalmology training programs is to graduate competent and safe ophthalmology surgeons to the community, with sound medical and surgical judgement, an honor that my class and I received with our diploma. During my years as an ophthalmology resident, I became interested in the vitreoretinal subspecialty, which specializes in serious sight-threatening diseases including retinal detachments and macular degeneration. Therefore, I embarked into an additional 2 years of subspecialty training or fellowship. My training VISA at that time did not allow me to stay at my home institution, therefore, I travelled to Omaha, NE and was grateful to be selected at the University of Nebraska Medical Center. These additional two years required many hours of training involving intravitreal injections, lasers and intraocular surgeries. I learned from many excellent mentors who taught me the indications and contraindications for every procedure. They also taught me how to take care of possible complications. All the years of training allowed me to obtain certification by the American Board of Ophthalmology, an achievement that me and my family are immensely proud of, especially as a foreign medical graduate.

I have decided to share my testimony with you, dear members of the health committee, so that it would give you an idea of the effort, time and dedication necessary to become a competent ophthalmologist. Optometrists have an important role in our society. For example: they screen for eye diseases, correct myopia and astigmatism with glasses or contact lenses. Adding surgery to their scope of practice is not safe for the general public given their lack of training and expertise. Expanding their scope of practice to include surgery, may jeopardize the optometrists' role as a primary eye care giver, paying more attention to perform surgeries rather than screening patients appropriately and referring to an ophthalmologist when necessary. To perform eye surgeries is a privilege that should only be obtained through the established educational pathway, medical school and ophthalmology residency, not by legislative means. As an ophthalmologist, I feel it is our responsibility to clearly explain the risks involved with this bill. For all the above, please vote to oppose bill HB2541.

Sincerely,

A handwritten signature in black ink that reads "R. Diaz, M.D.". The signature is written in a cursive, flowing style.

**Rocio I. Diaz, M.D.**

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