NORTHEASTERN STATE UNIVERSITY

OKLAHOMA COLLEGE OF OPTOMETRY

January 31, 2021

To: Members of the Oregon House Healthcare Committee

Dear Members of the Oregon House Healthcare Committee,

I am writing this letter to you in support of Oregon optometry, and their efforts towards optometric scope expansion specifically including certain laser procedures for the front half of the eye. I am a proud graduate of Pacific University College of Optometry (PUCO) in Forest Grove, OR where I graduated in 2009 one year after my wife who is also a PUCO grad in the class of 2008. We are both extremely proud of our education and training received while spending 4 years of optometry school in Oregon. While in optometry school, we received top notch education, both didactically and clinically, in all aspects of optometry including contact lenses, low vision, vision therapy, primary care optometry, ocular disease of the anterior segment (front half of the eye), ocular disease of the posterior segment (back half of the eye), pediatric optometry, systemic disease as it relates to the eyes, injections in and around the eyes, and laser procedures. These laser procedures are the key reason as to why Oregon optometry is pushing for scope expansion, with their goal to catch Oregon up to the level of training that now happens for laser procedures for students at all schools and colleges of optometry.

I furthered my education after graduating from Pacific University in 2009, by doing a one-year residency in Oklahoma in 2009-2010. Since Oklahoma has had laser privileges for optometrists for over 20 years, I was able to take my wonderful training at Pacific University and build upon that by doing laser procedures in Oklahoma, specifically YAG laser capsulotomies, laser peripheral iridotomies (PI's), and selective laser trabeculoplasties (SLT's). In total, I have done, or supervised students and residents doing, well over 1,000 laser procedures in the nearly 12 years that I have been in Oklahoma.

These 3 laser procedures, YAG laser capsulotomy, laser PI, and SLT, are all procedures which optometrists are well equipped and trained to handle and perform. The laser procedures are done with laser slit lamps that require the exact same skill set as performing a slit lamp to examine the eyes. This is a skill that optometrists spend 4 years of optometry school working to master! Optometrists are masters of slit lamp exams. I can assure you that the most prominent skills needed to do a YAG cap, laser PI, or SLT are slit lamp skills and being able to focus on various structures in the eyes. Optometry students and optometrists do this every single day.

For all of the laser procedures mentioned, it would be a huge public health win for the Oregon public to have increased access to these procedures from eye doctors that are well trained to do them, and especially for the SLT procedure. SLT originated as a glaucoma laser procedure that was done once a patient had exhausted eye drop therapy, usually meaning they were already on 2, 3 or even 4 eyedrops. Over the past decade SLT, due to its safety and efficacy, has emerged as a first line glaucoma treatment option with numerous advantages over

Nate Lighthizer, O.D., F.A.A.O.
1001 North Grand Avenue/Tahlequah, Oklahoma 74464/918-444-4007/FAX 918-458-9608/ E-Mail: lighthiz@nsuok.edu

eyedrops in that it removes the non-compliance aspect from glaucoma treatment. Many glaucoma patients struggle with putting in their eyedrops on a daily basis for glaucoma, or even remembering to put them in. An SLT laser done one time every 2-4 years has been shown to be equivalent to the best class of eye drops that we have for glaucoma. The recent groundbreaking LiGHT trial, released in March 2019 in The Lancet, concluded: "Selective laser trabeculoplasty (SLT) **should** be offered as a first-line treatment for open angle glaucoma and ocular hypertension, **supporting a change in clinical practice**." Who usually treats glaucoma first? Optometry does. Oregon optometry is currently forced to treat their glaucoma patients with eye drops, when in many instances an SLT is just as good if not a better option due to patient compliance issues with drops, side effects of drops, etc. Oregon citizens deserve to have their primary eye doctor be able to treat their glaucoma with the best and most current options available which now includes SLT.

Just like any other aspect of medicine, education and training has evolved in optometry school over the years as technology has evolved and new procedures advanced. Optometry students that went to school in the 2010's no doubt received better laser education and training than optometry students that went to school in the 1980's. Students that go to optometry school today currently receive training on laser procedures at 4 levels:

1. Didactically in the classroom where students take full courses on laser procedures. In those courses, they listen to lectures, watch videos of actual procedures and get to interact with instructors/professors, ask questions and learn.
2. In the laboratory where students get hands-on training with actual lasers. Model eyes are used that simulate the procedure. Students are doing procedures and training on model eyes in the lab to simulate actual procedures. (see figure #1 below)
3. Students are tested both on the classroom portion via written exams, and the laboratory hands-on portion via practicals/proficiencies where they are observed and graded by a faculty member/professor as they are doing the simulated procedures.
4. Doing live cases/laser procedures on real life patients under the supervision of attending doctors. (see figure #2 below) This occurs for all of our 4th year optometry students here in Oklahoma where I am a faculty member. Because the current law in Oregon does not allow optometrists to do laser procedures, students are not able to get this 4th level of training in Oregon. So if someone tells you "we can't let the optometrists do these laser procedures because they don't have the proper training", the answer is because the law in Oregon does not allow them to get this final level of training.

So we all probably agree that the training is better in 2020 than it was in 1980. The question could then be reasonably posed "well what if a doctor graduated from optometry school in 1990 and wants to do laser procedures now? How do we get them trained?" I would answer that question with this: if an ophthalmologist finished their ophthalmology training in 1990, how did he/she get trained on Lasik refractive surgery which came about after their formal training ended? The answer: they went to a weekend course or a 1-day course or were trained on how to do Lasik by a technician from the company that makes the laser. In other words, they built upon their education and training, and when a new procedure came about, they took an hours to days training course and added a new skill to their arsenal. An optometrist that graduated 30+ years ago would be doing the exact same thing.

In conclusion, I am sure you are very proud to represent the citizens of Oregon as an elected member of the Oregon House. It goes without saying that you want what's best for your constituents. You want the best and brightest optometrists caring for your citizens whether it pertains to laser procedures, infant eye exams, contact lens eye exams, low vision exams, or general eye exams. I was the valedictorian of my Pacific University optometry class of 2009, voted top clinician in my class, one of the top 4 residents in my residency class nationwide in regards to national boards scores, and recently was named one of top 250 optometrists in the nation (out of nearly 45,000). I don't say any of that to brag or pat myself on the back. Frankly, it does not matter. I say it for this reason: I practice in Oklahoma because the law in Oklahoma allows me to do what I have been trained to do. Oregon's current optometry law does not. Passing this law in Oregon will only help the Oregon citizens receive top notch care from well qualified optometrists, and also will facilitate Oregon being a location where the best and the brightest future eye doctors practice.

Nate Lighthizer, O.D., F.A.A.O.
1001 North Grand Avenue/Tahlequah, Oklahoma 74464/918-444-4007/FAX 918-458-9608/ E-Mail: lighthiz@nsuok.edu

If you have any questions, please do not hesitate to contact me anytime.

Sincerely,

O.D.

Nate Lighthizer, O.D., F.A.A.O.
Associate Professor
Associate Dean
Director of Continuing Education
Chief of Specialty Care Clinics
NSU Oklahoma College of Optometry
Pacific University College of Optometry Alum – Class of 2009
lighthiz@nsuok.edu
918-444-4007 (office #)
918-457-8781 (cell #)

Figure #1 – Students receiving hands on laser procedure training in the laboratory. The students seen here are doing an SLT procedure on model eyes.

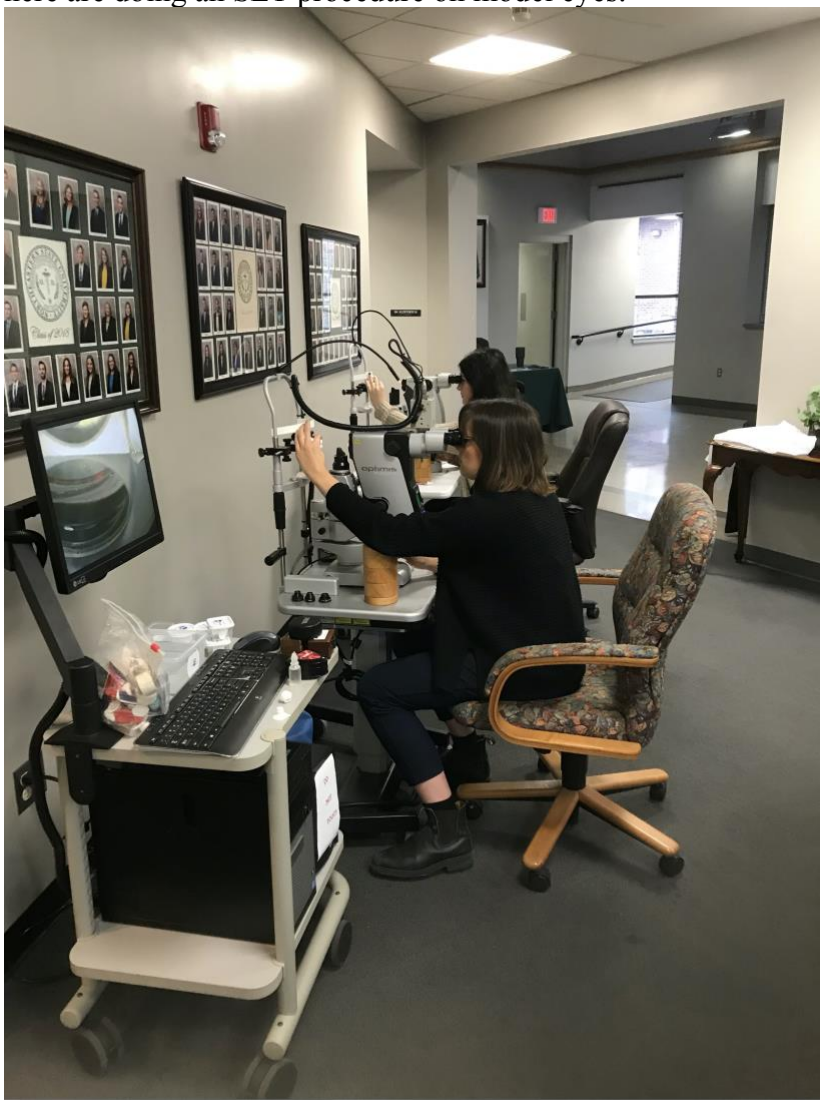
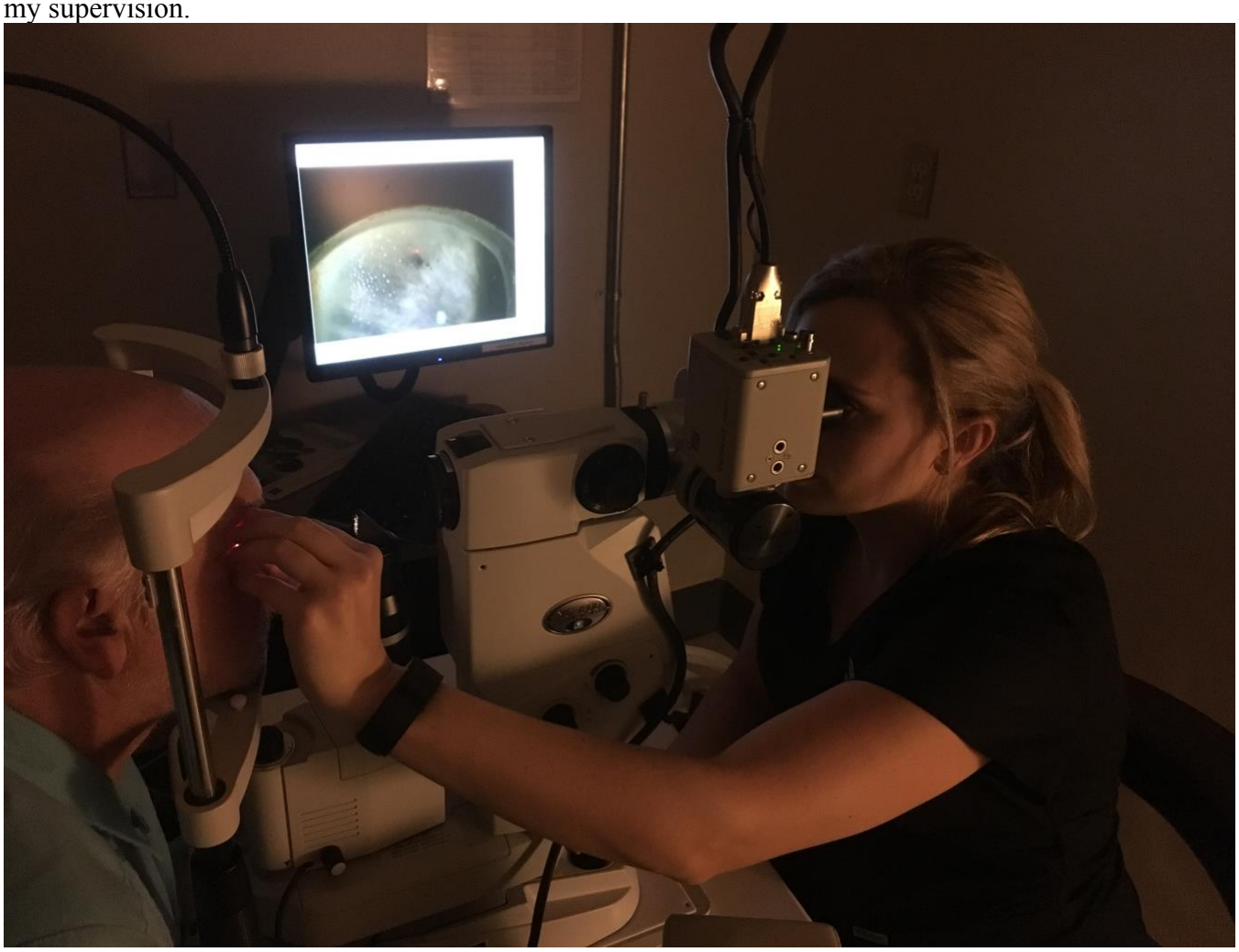


Figure #2 – An optometry student performing a laser peripheral iridotomy (laser PI) on a patient under my supervision.



Nate Lighthizer, O.D., F.A.A.O.
1001 North Grand Avenue/Tahlequah, Oklahoma 74464/918-444-4007/FAX 918-458-9608/ E-Mail: lighthiz@nsuok.edu