

2/11/20

Health Care Committee Members:

We ophthalmologists in Central Oregon would like to register our alarm about the introduction of HB 2541 by the Oregon Optometric Physicians Association. HB2541 would grant optometrists, who are non-physician practitioners, who have neither completed medical school nor surgical residency, to perform scalpel and laser surgery on and around the eye.

We strongly feel that this legislation compromises the safety and quality of surgical care for Oregon eye patients by removing the current standards of medical, clinical, and surgical training required to perform eye surgery. These safeguards currently ensure that citizens of Oregon have access to the safest and highest quality of surgical eye care. For these reasons, we strongly urge you to oppose HB 2541.

Optometrists are our friends and colleagues. Together the American Academy of Ophthalmology and the American Optometric Association have worked to provide guidance to ophthalmologists and optometrists in the proper sharing of care. We appreciate their valuable addition to the eye care team.

Many, if not most ophthalmologists work in concert with optometrists. However, granting optometrists surgical privileges for which they have not been adequately trained is not acceptable.

Eye tissue is extremely delicate. Once it is damaged, it is often impossible to fix. Among surgeons, eye surgery is considered one of the most difficult and delicate surgeries that are performed. Despite this, optometrists are seeking a carve-out exception for certain laser and scalpel procedures, based on the idea that these procedures are generally/inherently low risk. While some procedures are higher risk than others, no procedures are without risk, particularly when attempted by inexperienced providers.

Oregon has one of the best ophthalmology training programs in the country. These institutions must adhere to the national education criteria set by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME sets the minimum standards for becoming a qualified surgeon. Optometry training is not subject to the objective, proven, national ACGME standards, which include four years of undergraduate education, four years of medical education, one year of internship seeing complex medical and surgical patients, and three years of ophthalmology residency. Often an additional year of fellowship training is performed by ophthalmologists, to further master medical and surgical care. In total,

ophthalmology training involves more than 17,000 hours of clinical experience and training.

In contrast, the current optometric curriculum includes only a small fraction of the educational fundamentals established by the ACGME. Optometry school is limited to only 2,300 hours of clinical experience and the focus is on primary eyecare. This is in no way sufficient to perform eye surgery. To suggest that traditional medical and surgical training is no longer necessary to safely perform eye surgery strikes us as dangerously misguided.

Lastly, and pertinent to Central Oregon, HB2541 will not increase access to eye care. As a group we are always available for optometric referrals and direct patient access. With 16 of us serving Central Oregon we have more than enough ophthalmologists to deliver timely care. Including Deschutes, Jefferson, Crook, Lake, Harney and Grant county, that is 1 ophthalmologist per 17,000 people. The national average is 1 ophthalmologist per 18,000 population to effectively provide adequate care.

In the interest of patient safety and to maintain the integrity of medical practice in the state of Oregon, we ask to you vote NO for HB2541.

Please feel free to contact us if you have any questions.

Sincerely,

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