

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

I write in opposition to HB 2541. I am a practicing ophthalmologist, specializing in the retina, and I recognize the immense value in the care provided by my optometric colleagues. I frequently share in the care of patients with them, and depend on them as competent, caring, and knowledgeable primary eye care providers, and count many of them as friends. Many times, optometrists are the first to recognize an abnormality in an eye exam. Without such recognition, appropriate treatment of that condition cannot commence. I see patients every day who owe their optometrist an enormous debt of gratitude.

However, recognition of an abnormality by itself is not sufficient basis for the ability to surgically intervene. Possessing the knowledge of the steps of a procedure is not the same thing as understanding when that procedure should be employed. There are many factors to consider when undertaking treatment of a patient, particularly when that treatment involves surgery - procedures that irreversibly alter the structure of the eye (whether that be with scalpels, lasers, needles, or other tools) and can have potentially blinding consequences. These factors must be placed in the context of the patient and their own unique medical circumstances. While the steps of a procedure may sometimes be described as simple, the implementation of that procedure can be enormously complex. When we operate on an eye, we must acknowledge that the eye is not in a vacuum - it is connected to, and part of, a human body and we must have the appropriate knowledge and experience to anticipate what the consequences of that operation might be. There is no substitute for experience. In the case of ophthalmologists, it is obtained over four years of medical school, a year of internship in internal medicine or general surgery, and 3 years of residency in ophthalmology (and in my case, another 2 years in fellowship training). Experience like this cannot be legislated. In essence, HB 2541 is suggesting that it can be, and I urge you to vote no.

Respectfully,
Paul Tlucek, MD