

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

As an Oregon ophthalmologist, I am writing to you today in opposition of HB 2541. I would like to highlight the following arguments against this bill. I would also urge you to consider yourself or a family member undergoing these treatments in the future with the following information.

1) Allowing optometrists to manage glaucoma without ophthalmologist oversight: While optometrists learn about glaucoma in optometry school, it is limited in scope compared to an ophthalmologist's training and experience, both in number of patients examined and treated while in training, as well as breadth of disease presentation. Furthermore, the training required to carry out glaucoma laser surgery is more than just simply "learning the procedure." Yes, optometrists can technically learn such a procedure, as they are used to working around the eye. However, the technical aspect of performing a surgical procedure is a VERY small part of the process. More important is to learn WHEN it should be performed, WHEN IT SHOULD NOT be performed, how to manage the complications (of which there are many, even with "simple laser procedures"), and recognize the potential long-term sequelae of the procedure. As I'm sure many have described already, we all have stories of patients who were inappropriately referred by optometrists for 1) treatment that was not needed, 2) wrong diagnosis, and 3) inappropriate timing of referral and treatment (delay of care that resulted in permanent vision loss due to not recognizing the severity of the patient's condition). Can you imagine what could happen to these patients if they had not been referred to the ophthalmologist for oversight? It could result in a patient either undergoing an unnecessary procedure (increasing health care costs), or it could lead to permanent vision loss or unnecessary risk. I am lucky to work very closely with many skilled optometrists in our private practice who are excellent at knowing their limits, as they are aware of the difference in training necessary for carrying out surgical procedures. They see it every day in the many patients we take care of, working as a team.

2) Access to care: While there are areas of Oregon that do not have very close (<30 miles) access to an ophthalmologist, this is rarely a limiting factor of care for most patients, as those who live in more rural areas are (unfortunately) used to driving some distance for necessary services. Ideally, we would increase residency funding in order to have a larger pool of ophthalmologists available (this is a separate soap box). However, driving distance should not be a reason to allow optometrists to work outside their scope of training. I have many patients who are willing to make a long drive for their monthly eye injections since they know the longer drive allows them to have access to a physician with appropriate training. Of the procedures requested in this bill (primarily glaucoma and YAG laser), these are typically one-time treatments. It does not require frequent visits to an ophthalmologist. If you were to poll patients who live in rural areas and ask them what they would prefer, 1) having to make a longer drive a couple of times to see an appropriately-trained eye surgeon for their procedure, or 2) see their local optometrist who is not a surgeon, who may perform an inappropriate/unnecessary procedure, and who could not handle any complications that arise from the procedure, I would imagine the response would be overwhelmingly positive on making the longer drive to access the best care possible for their vision. What would you want for yourself or your family?

I urge you to oppose HB 2541. Ultimately, we should do what is best for all Oregonians, not what is simply most convenient. I thank you for your attention and am happy to provide further details if needed.

Sincerely,

Elizabeth Verner-Cole, MD