

Dear House Healthcare Committee,

Thank you for your service and commitment to protecting all Oregonians. I am an ophthalmologist/glaucoma specialist and I would like to express my concern regarding HB2541 as this bill impacts the safety of all Oregonians. This bill would allow optometrists who have not gone to medical school and are not physicians/surgeons to perform scalpel and laser surgery on and around the eye. Moreover, removing the requirement that optometrists consult with ophthalmologists in the cases of worsening glaucoma despite being on two or more glaucoma medications is very alarming as glaucoma is an irreversible cause of blindness. Patients with a potentially blinding condition who do not always understand the difference between optometrists and ophthalmologists deserve the opportunity to at least have a consultation with a medical doctor/surgeon if their condition is worsening. This legislation compromises the safety and quality of eye care across our state by removing the current rigorous standards of medical, clinical, and surgical training that is required to perform eye surgery and manage complex glaucoma. I hope you can stand in opposition to HB2541.

Optometrists are our colleagues and we appreciate their valuable contributions to the eye-care team – however, there is a marked difference in the clinical training between ophthalmologists and optometrists. This bill is dangerous as it is an exclusionary bill: it allows optometrists to practice any ophthalmic surgery determined to be acceptable by the Oregon Board of Optometry except for the short list of procedures that they have specifically listed in this bill. This would give optometrists the ability to perform any ophthalmic surgery not on this list – from injections into the eye to biopsies of the temporal artery surrounding the eye to any new ophthalmic surgery that may be developed in the future as these are not explicitly mentioned in the bill. Ophthalmologists must adhere to a national standard and perform a certain number of each procedure under the guidance of established surgeons to be deemed competent in this procedure. Reading about procedures or doing wet-labs on model eyes does not prepare one adequately to perform eye surgery much less bestow the equally important knowledge of when not to do surgery. Why lower our current stringent requirements to perform ocular surgery?

As a glaucoma specialist, I have an appreciation of the complexity of glaucoma. It can be caused or exacerbated by many different medications, systemic diseases, and specific unrelated ocular conditions. Moreover, the treatment is often not as simple as starting an eye drop. When patients have glaucoma, I often find myself working with them to minimize their nocturnal hypotension, collaborating with family medicine/sleep medicine physicians to better treat obstructive sleep apnea, ordering and reviewing complete blood counts to address anemia, etc – my training in medical school and experience treating these conditions during my medical internship has provided me the tools to recognize and address non-ocular conditions that may worsen glaucoma. I have seen patients wherein their peripheral vision loss is actually not secondary to glaucoma but rather a brain tumor – mis-diagnosing this condition can have serious implications on a person's life.

Proponents of this bill argue that HB2541 will increase access to eye care. However, we are fortunate in Oregon that 92.3% of Oregonians live within 30 minutes of an ophthalmologist so this truly is not about access to care. Moreover, our practice, like many ophthalmology practices, has a policy to see any optometric referral within two weeks of the referral. Frankly, we receive calls on a daily basis from optometrists who ask that a patient be seen that very day and we oblige as we want patients to have the care that they need in a timely fashion.

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

Sincerely,

Nisha Nagarkatti-Gude, MD, PhD