NORTHEASTERN STATE UNIVERSITY

OKLAHOMA COLLEGE OF OPTOMETRY

Colorado State Capitol
200 E. Colfax Avenue
Denver, CO 80203

April 5, 2022

Members of the Colorado House Health & Insurance Committee,

I am writing this letter to you in support of Colorado optometry and their efforts towards modernizing their optometric practice act, specifically allowing them to practice to the level of their education including performing injections, eyelid lesion removal, and certain laser procedures for the front half of the eye. In optometry school, students receive extensive education, both didactically and clinically, in all aspects of optometry including primary eye care, the diagnosis and treatment of ocular disease, systemic disease as it relates to the eyes, office-based procedures, injections in and around the eyes, and laser procedures. These office-based eyelid and laser procedures are taught in all 24 optometry schools and as an educator, I fully support Colorado optometrists practicing to the level of this training.

I graduated from Pacific University College of Optometry in 2009 and completed a residencyat NSU Oklahoma College of Optometry which allowed me to build on my solid foundation of training and perform YAG laser capsulotomies, laser peripheral iridotomies (LPIs), and selective laser trabeculoplasties (SLTs). 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 are all procedures which optometrists are very well equipped and trained to handle and perform. They are done with laser slit lamps (biomicroscopes) that require the exact same skill set as performing a comprehensive eye examination which optometrists have mastered during their schooling and in their daily practice. It is the ability to use and focus a slit lamp on specific structures in the eye, something that optometrists do all day, every day, that is the single most important skill needed to perform all laser procedures. Optometrists in Oklahoma have been safely performing eyelid lesion removal and in-office laser procedures since 1998. The benefits we have seen here are that patients can be treated locally, they can receive a more timely treatment and that money is saved for the patient and for the healthcare system. We have been able to provide more comprehensive care for our patients, especially in the rural parts of our state.

As primary eye care providers, optometrists usually diagnose and initiate treatment for glaucoma. As such, for SLT in particular, it would be a huge public health win for Coloradans to have increased access to this procedure from their local optometrists. SLT originated as a procedure that was done after failing eye drop therapy but over the past decade, due to its safety and efficacy, it has emerged as a first line

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

treatment option. SLT done every 2-4 years has shown to be equivalent to the daily use of the best class of eye drops for glaucoma and removes compliance issues associated with drops that can decrease the efficacy of treatment. The recent LiGHT study, published in March 2019 in The Lancet, concluded: "SLT should be offered as a first-line treatment for open angle glaucoma and ocular hypertension, supporting a change in clinical practice." Colorado 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 schools over the years as technology has evolved and new procedures advanced.

Students that go to optometry school today receive training on laser procedures at 4 levels:

1. Didactically in the classroom where students take full courses on laser procedures
2. In the laboratory where students get hands-on training with actual lasers. Model eyes are used that simulate the procedure. (see figure #1 below)
3. Students are tested both on the classroom portion via written exams, and the laboratory hands-on portion via proficiencies where they are observed and graded by a faculty member.
4. Doing laser procedures on real patients under the supervision of attending doctors. (see figure #2 below) This occurs for all of our 4th year optometry students in Oklahoma. We have had many Colorado optometrists come to Oklahoma to complete all levels of training as they are currently not legally allowed to do them in Colorado.

I think we can all agree that the training is better in 2020 than it was in 1980. The question could then be reasonably posed, "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 the SLT laser which came about after their formal training ended? The answer: they went to a weekend course or were trained 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-long 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, as an elected member of the Colorado 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. 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, and recently was named one of the top 250 (of 45,000) optometrists in the nation. I practice in Oklahoma because the laws in Oklahoma allow me to do what I have been trained to do. Colorado's current optometry statutes do not. Modernizing the optometry practice act in Colorado will only help Coloradans receive improved access to care from well qualified optometrists and will also facilitate Colorado becoming a location where the best and the brightest future eye doctors practice.

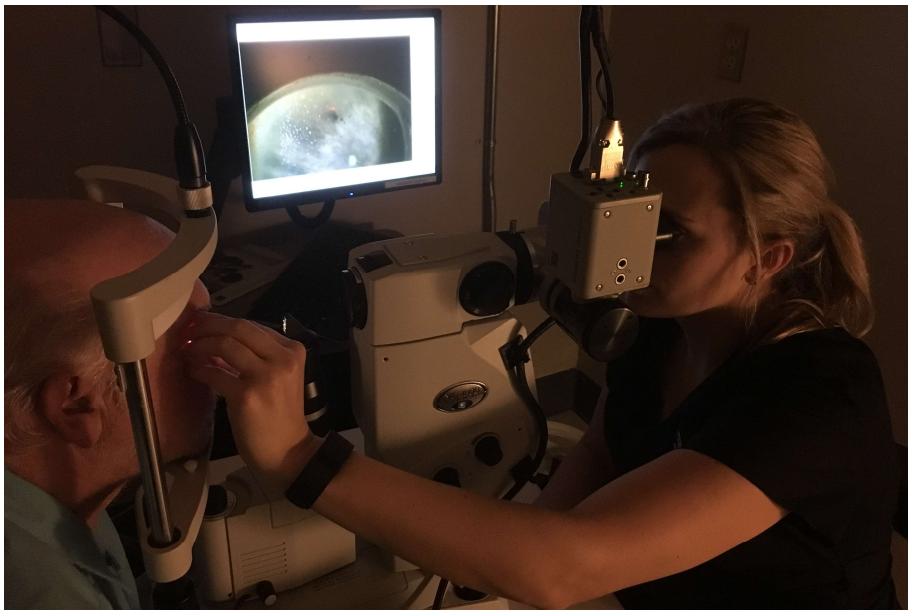
If you have any questions, please do not hesitate to contact me anytime.

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

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

Dr. Pearl Shin
HB1233 Testimony
House Health Committee
March 23, 2022
Written Testimony

Thank you, Madame Chair and Members of the Committee, for your time. My name is Dr. Pearl Shin, and I am an optometrist specializing in geriatric optometry. I was drawn to this demographic because I wanted to provide care to a frequently underserved population who, many times, need the most amount of visual and medical ocular intervention. I graduated with my doctorate in 2015 from the University of Alabama at Birmingham and completed my residency in Ocular Disease and Surgical Management at Omni Eye Specialists in Denver. Throughout my years of optometric studies, I received both academic and hands-on clinical education for in-office procedures, including YAG and SLT lasers, lid lesion removal, and injections.

On average, I see 20-25 patients a day in their nursing homes and assisted living facilities across the Denver Metro area. In addition to the services I am able to provide them as an optometrist, many of these patients need simple eye procedures to improve their quality of life like eyelid lesion removals and therapeutic laser treatments. These additional treatments require me to refer them to an ophthalmologist. In my experience, if the nursing home calls the day I refer a patient to another doctor, it usually takes 2-3 months before they can get scheduled, if not longer. I have personally seen patients wait over a year for a simple YAG capsulotomy to clear up cloudy vision.

For example, I have one patient who is on dialysis, and, because of the complexities of getting him to dialysis several times a week, they were unable to make the dialysis and ophthalmologist's schedules coordinate for over a year. Patients experience a decline in cognition from treatable vision loss, because they don't get the care they need in a convenient and timely manner.

Additionally, I have a patient who is currently on a waitlist for a procedure being discussed in this bill. As a senior citizen residing in a care facility, she greatly relies on two hobbies for her happiness and well-being: reading and playing Bingo with other residents. As she waits for this simple procedure, she is not able to enjoy either hobby. While these are informal observations, I have noticed an increase in depression symptoms and a decrease in cognition without her being able to take part in these activities. This wait time is unnecessary, as is her decline in quality of life. With the passage of this legislation, I would be able to refer her to a more robust network of optometrists trained and skilled to perform this simple procedure.

I hope you can see the importance of updating our practice laws to reflect our level of training. The populations who will benefit the most from it are our patients and our community. I hope you will support House Bill 1233 with the sponsor's amendments.

House Health & Insurance
04/06/2022 01:30 PM
HB22-1233 Sunset Continue Regulation Of Optometry
Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Eddy Najjar For Self	Hello, I am a constituent. I would like you to vote Yes on HB1233. This bill conforms to the standard of Care that Optometrists are regularly qualified and certified to perform. Many states have already passed similar bills and Optometrists have provided excellent care to patients and have allowed patients to be treated in office which limits unnecessary referrals in these areas to other professionals. When a patient can be treated for these services at an Optometry practice, it decreases patient's travel time, and the patient paying multiple copays and/or deductibles as well as provide the patient with excellent care. I also would like you to vote NO for any bill that would supervise Optometry in any way. Optometry has always been an independent profession and they are highly qualified Eye Doctors that manage and treat Ocular Disease, perform some surgical procedures including lasers, fit and prescribe hard to fit contact lenses and glasses, and perform Low vision services to name a few. Their education is a professional doctorate degree with required board examination to ensure competency. This is similar to other professions such as Dentistry, Podiatry and Medicine. You can follow the DORA report to understand what is in this bill and how it greatly benefits Patients. Sincerely, Dr. Eddy Najjar OD
anton wash None Self	bba
Brandon Tibbitts For Self	Madame Chair and Committee Members, my name is Dr. Brandon Tibbitts. I practice optometry in rural Alamosa. I received my Doctorate of Optometry at Southern College of Optometry in Tennessee and upon graduation completed a yearlong residency at the VA Hospital in Memphis. Ten years ago we relocated to Alamosa where my wife and I are raising five active kids in the beautiful San Luis Valley. I love living and practicing eye care in Alamosa but there are some inherent challenges with eye care in rural areas that House Bill 1233 can help solve. Rural Coloradans need access to eye care that is local, readily available, safe, of the highest quality, and cost effective. This bill implements DORA's recommendations by adding language that would allow optometrists to practice to the extent of their training. I

	was trained in ophthalmic lasers, administering periocular injections, using IV injectables for diagnostics, and removing lesions using local anesthesia and cauterization techniques. When I lived in Tennessee, I was able to use my training and perform many of these procedures. Since moving to Colorado, I was required to cease use of these valuable treatments for my patients even though I have safely and effectively performed them while practicing in Tennessee. Instead of being able to fully use my skills and education, I have to refer my patients to oculoplastic and glaucoma surgeons in Pueblo, requiring a 240-mile round trip over La Veta pass which is often covered in snow and ice. This referral will cost my patients more time and money, with duplicate copays and travel expenses. Currently there are full-time practicing optometrists in 41 of Colorado's 64 counties, ready and able to provide necessary care to our rural population. Ophthalmologists are only present in 21, or 1/3 of Colorado's counties, with many of those listed in rural counties not present full time. Some only come in for consultations as infrequently as one day a month. In fact, only 14 of the 53 counties that aren't along the I-25 corridor have access to an ophthalmologist, even part-time. We aren't asking to perform procedures that we haven't been trained in. We are asking to ease the burden on our patients and allow them to receive care that they should be able to receive from their optometrist and can in numerous other states. Please support Chairwoman Lontine's amendments that would help to more clearly implement DORA's report and then vote yes on House Bill 1233.