

April 26, 2023

RE: HF 1031 and SF 679

Dear Legislator,

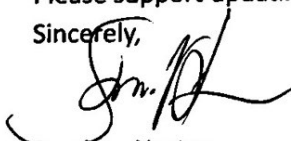
I am reaching out to help improve the care for patients in Minnesota. I have been seen several times in the past few years by my local optometrist for flare ups of Iritis due to my underlying disease of Ankylosing Spondylitis (inflammation in my spine). Iritis causes painful inflammation, redness and blurred vision. Most patients with this condition are managed with eye drops but my case is unique, because of the underlying inflammation in my body from Ankylosing Spondylitis I require a short course of oral steroids to control the inflammation in my eye.

Recently I saw my rheumatologist and mentioned that I was having eye issues again. They recommended that I see my eye doctor and said that they would be able to prescribe steroid eye drops and oral steroids if it was indicated. I was able to get in to see my optometrist the next day and the iritis flare up was confirmed. But I learned that my optometrist is not licensed to prescribe oral steroids which meant I had to go back to my rheumatologist to get the 10 day course of oral prednisone to manage the inflammation in my eye. This delayed my care and was an inconvenience for myself and my optometrist who made several phone calls.

I find it unfortunate that my optometrist is restricted in prescribing this medication. It is also frustrating because the Rheumatologist assumed that my optometrist could prescribe the oral steroid if needed, they trusted the optometrist to treat my condition.

Please support updating the scope of practice and help improve eye care for all Minnesotans.

Sincerely,



Stephen Norton

Vadnais Heights, MN