

Opponent Testimony - S.B. 129
Ken Cahill, MD
Ohio Ophthalmological Society and Ohio State Medical Association
Senate Health Committee
June 12, 2024

Chairman Huffman, Vice-Chair Johnson, Ranking Member Antonio and members of the Senate Health Committee, my name is Ken Cahill. I am an ophthalmologist practicing in Columbus Ohio. I have been in practice for 40 years and specialize in comprehensive ophthalmology and oculoplastic surgery. I attended college and medical school at The Ohio State University. My internship was at Riverside Methodist Hospital. I was an ophthalmology resident at Pittsburg Eye & Ear Hospital. I was an Oculoplastic Surgery fellow at Grant Hospital, Philadelphia Children's Hospital, and Moorfields Eye Hospital in London. I am currently in private practice along with being a Clinical Professor of Ophthalmology at The Ohio State University and Chairman of Ophthalmology at Grant Medical Center. The language as drafted in section 4275.01 (A) (1) – (5) involves numerous surgical procedures and injections to treat complex conditions and injuries not simply the removal of some benign lesions.

The language as drafted in section 4275.01 (A) (1) – (5) involves numerous surgical procedures and injections to treat complex conditions and injuries. Specifically, the language would allow:

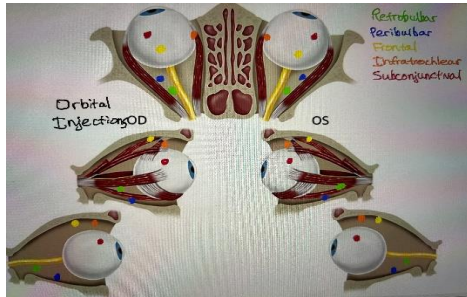
- any suturing other than corneal and scleral suturing
- any injection, other than an intravenous or intraocular injections
- the excision or drainage, or both, of a conjunctival cyst or concretion
- the incision and curettage of a chalazion
- the removal and biopsy of a skin lesion if the lesion has a low risk of malignancy and does not involve the eyelid margin

I have included a series of photos that depict the breadth and complexity of these surgical privileges being requested. Some of the many risks associated with these procedures include corneal scarring, double vision, and visual loss.

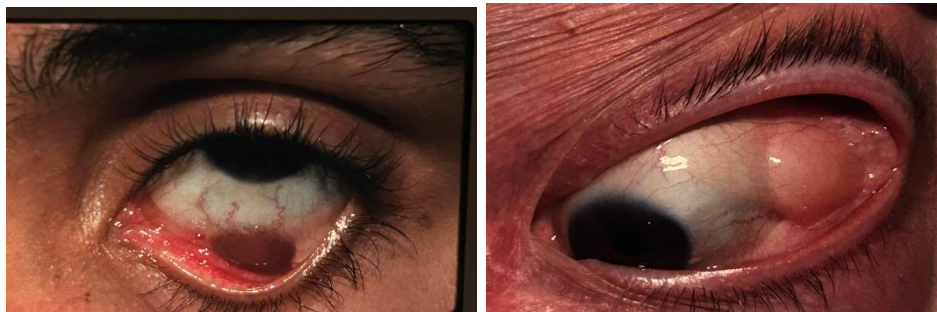
Suturing: The evaluation and surgical management of this laceration of the eyelids and anterior orbit is included in the scope of SB 129. The only suture repair that is excluded is the cornea and sclera.



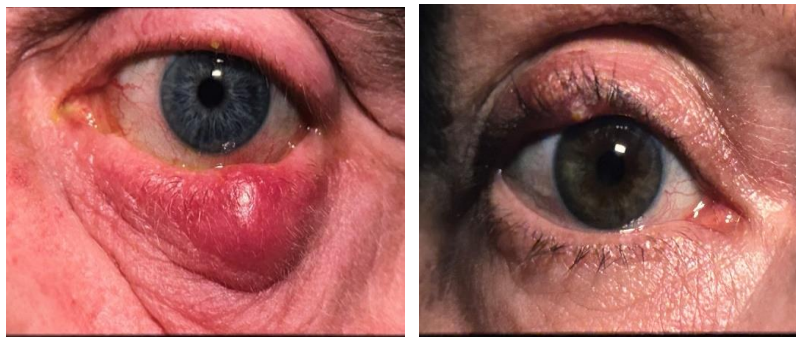
Injections: Only intraocular and intravenous injections are excluded from SB 129 all of these other injections around and behind the globe depicted here are permitted.



Conjunctival Cysts: Conjunctival cysts are positioned on or opposing the surface of the eyeball. Removal can require the injection of local anesthetic along the surface of the sclera of the eye or even behind the eye.



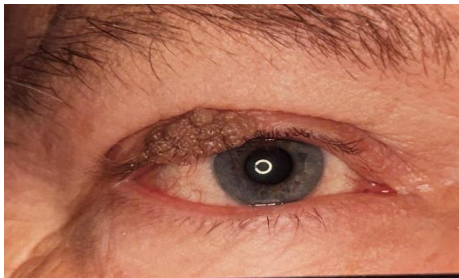
Chalazia: Chalazia frequently involve the lid margin or come very close to the lid margin, which creates risks for their treatment. Unlike other lid lesions, SB 129 places no restrictions on treating chalazia, whether they involve the lid margin or not.



Squamous and sebaceous cell cancers can mimic chalazia, further complicating the treatment of these eyelid “bumps”.



Benign Lid Lesions: Some of the most bothersome lid lesions involve the lid margin. These are not included in the scope of SB129 because of the complexity and risks of excising and repairing them. Benign does not mean small or harmless. It simply means that they are not cancerous. They can be large, inflamed, very symptomatic, difficult to excise, and difficult to repair.



These six small benign lid lesions all have a different diagnosis. There are different techniques for their optimal treatment and repair.



The training required to perform these procedures is extensive. Ophthalmology residents go through introductory lectures and labs at the beginning of their residency. That is just preliminary training. They are supervised when performing these procedures on patients one-on-one throughout their 3 years training. Each of them performs these procedures many times with direct supervision. Such rigor is required as complications related to these oculoplastic procedures include excessive scarring, impaired eyelid function, inadequate protection of the eye, pain, vision loss, and blindness.

Now, with permission of Chairman Huffman, I will turn the testimony back to Dr. Rachitskaya.