H. 104 Testimony to House Committee on Government Operations
Amy A. Gregory, M.D.
2/21/19

To the chair and members of the committee, thank you for allowing our testimony this morning. I am Dr. Amy Gregory, president of the Vermont Ophthalmological Society. I am a comprehensive ophthalmologist with a solo private practice in Middlebury. I am predominantly a cataract surgeon, but I also perform glaucoma, eyelid, and laser surgeries. I have been in practice for 20 years, 10 years here in Vermont and prior to that, 10 years in the state of Oklahoma.

As ophthalmologists, we are not here for an "eyeball war" or a "turf" battle. Our primary objective is ensuring patient safety. We respect our optometric colleagues. They are intelligent professionals providing essential services in primary eye care. I work side-by side with an experienced optometrist in my own practice, but we are not equals. Our knowledge base, educational background, and clinical training is very, very different.

H. 104 seeks to allow the Vermont Board of Optometry the authority to grant advance procedure endorsements to optometrists which may result in surgical privileges. In Vermont, and in the vast majority of US states, eye surgery is restricted to ophthalmologists; medical doctors with a 4 year postgraduate degree who go on to complete an additional 4 years of a nationally accredited surgical residency training.

In medical school, students learn about the entire human body, how every organ system works from cellular level to end function as well as all the diseases that can impair it. Most medical students complete 2 years of basic science coursework and 2 years of clinical rotations in various areas of medicine. An MD degree provides direct experience managing patients in all aspects of medicine and this is important because patients with eye disease often have medical disease. The eye is not an isolated structure existing in space like a plastic model. It is an extension of the brain, a window into the cardiovascular system, a precious sensory organ within a living human body. I use the knowledge I gained in medical school every day in my ophthalmology practice including internal medicine, cardiology, neurology, even psychiatry. Having an appropriate fund of medical knowledge is particularly imperative in making decisions about and performing eye surgery.

After completing medical school, ophthalmologists complete a full year of medical or surgical internship prior to starting residency.

During residency, there is one on one mentored, progressive, surgical training with experienced surgeons over 3 years. Surgical competency is continuously assessed, monitored, and overseen by attending physicians. Residents have minimum requirements for outpatient visits, lasers, and surgeries. Not only are there minimum requirements, there are requirements for showing **competence** and **proficiency** in performing these surgeries and lasers. We spend countless hours in lectures, labs, clinics, hospital emergency rooms and operating rooms such that by the

time we complete residency, we have between 17 and 22 thousand hours of clinical experience. There is enormous oversight during this process.

Ophthalmology residents don't just learn the mechanical skills of surgery, they learn pre-surgical judgment, when a procedure should be appropriately performed and when it should not. They learn the nuances of performing laser and eyelid surgeries in patients with complex medical conditions and how to handle sight-threatening surgical complications. They learn how to manage anxious, jumpy patients that may have head tremors or can't keep their eye still. These are not things that are taught in optometry school or mastered in a continuing education course. Only 3 other states, OK, KY, and LA, have optometric laser authority as well as injections and scalpel surgery. No northeastern states allow optometrists to perform eye surgery. This means that students in Massachusetts, NY state, and Pennsylvania, which all have optometry schools, are not allowed to perform any of the surgical procedures proposed under advanced procedures. How are graduates of these schools truly learning surgery? Surgery cannot be learned by observation. Surgery cannot be learned on cadavers or a model eye. Surgery can only be learned with live practice.

H.104 will not improve access to eye surgery. There are no pent-up demands or months-long waiting lists for lasers and eyelid surgeries. Appropriately trained ophthalmologists are readily available to provide eye surgery to Vermonters.

H.104 will not lower health care costs. In our current fee-for service system, fees are fixed. Costs for surgical procedures does not go down because more people are doing them. More MRI machines usually means more MRIs, not cheaper MRIs.

H. 104 will not improve recruitment of new optometric graduates.
Statistics tell us that optometrists practice where the people are. There are 17.6 optometrists/100K population nationwide and this is close to the same for states with or without expanded scope bills. New optometrists are not flocking to the OD injection and surgery states just as they are not avoiding other states with restrictive scopes.

I'd like to spend a moment on lasers. There is an unfortunate tendency for optometrists, and probably the general public, to minimize the risks and potential complications of surgery performed with "lasers". Lasers are powerful technology that can blind an eye.
Performing laser eye surgery is not easy or simple. Many cases can be particularly difficult and challenging. Unexpected eye motion or delivering laser energy even a few thousandths of a millimeter off of the intended target can permanently damage a cataract lens implant.
https://www.safesurgerycoalition.org/
Complications can and DO happen even with less technically difficult laser eye surgeries. The lack of documented patient complaints in states with surgical authority does not mean that complications, mistreatment, or unnecessary treatment is not occurring. Patients may be unaware of inappropriate treatment or be hesitant to lodge a complaint against a close friend they see in church every Sunday, like Charlette in the video. Complications that are directly

attributable to poor judgement or overly cavalier confidence in an undertrained optometrist may not be known to a patient. They become known when an ophthalmologist sees them later.

Ophthalmologists have been recently accused of using “fear tactics” to encourage opposition to this bill. I would argue that fear of potential complications in allowing an undertrained person to perform eye surgery is a valid concern not just for us, but for our medical colleagues and our patients. We are all scared when it comes to potential harm to eyesight.

Finally, although we appreciate OPR’s willingness to modify some of the language in this bill and have reviewed the proposed new language, there are still issues of genuine concern to us. Neither the OPR director, nor the Health Commissioner, nor the members of the Vermont Board of Optometry have any experience in performing eye surgery or establishing standards for training eye surgeons.

You cannot become an eye surgeon without appropriate training and that training is 4 years of medical school and 4 years of surgical residency.

Patients who need eye surgery deserve the best-trained doctors. The state of Vermont should not reduce standards for eye surgery. The bar should not be lowered. **Lowering standards for surgery puts patients’ eyesight at risk and this is why we** oppose H.104