

Testimony regarding H104 and proposed changes to eye surgery  
Jeffery D. Young, MD

Chair Copeland-Hanzas, and members of the House Committee on Government Operations:

I am a comprehensive ophthalmologist in Central Vermont (Berlin) and have practiced here for the past 6 years. I regularly perform nearly all of the procedures that our Optometry colleagues are requesting. I can honestly say, from my own experience that comprehensive surgical training (only available in an accredited 3 year Ophthalmology residency) is essential to properly select patients for surgery, safely perform procedures, and properly manage postoperative care.

One of the misleading items on the list of procedures requested by optometrists related to H104 is "Removal of benign eyelid and eye growths." Adding the word "benign" to this request makes it seem like removing lesions from the eyelid or eyeball is no big deal, after all it is benign. But, the very wording of this request demonstrates poor understanding of the gravity of these procedures. There is no one who can tell whether a lesion is benign or malignant just by looking at it. I have had a number of occasions where I have removed lesions that appeared benign, but which turned out to be skin cancers. If such cancerous lesions are removed improperly or incompletely there is a significant risk of spread of cancer, or of greater difficulty with reconstruction afterward. We have included some pictures (not for the faint of heart) that show some "benign appearing" eyelid lesions and some of the extensive procedures required to properly treat them.

The current standard for performing eye surgery in Vermont is very high, which is a good thing for your constituents and our patients. I got a taste of this standard first hand when I arrived to Central Vermont fresh out of my Ophthalmology residency at the Mayo Clinic. In residency training I had already performed over 170 cataract surgeries as the primary surgeon, but I was required by the hospital to have my first 8 surgeries observed by a senior surgeon, prior to being allowed to operate independently. This, fortunately, was nothing new for me, and I did not see it as a dig on my surgical training or skill. All my prior procedures and surgeries had been carefully observed to ensure that I had developed the judgement and skill necessary to safely treat my patients. This proctoring was an opportunity for me to demonstrate to my colleagues that I could safely treat my patients, and showed me how dedicated my hospital is to patient safety. An optometrist with the proposed "Advanced procedure endorsement" would never need to have any procedures observed by an experienced surgeon, and would likely never have had hands on training. With the current language the standard of training for performing surgery in Vermont would be significantly lowered.

The framework as proposed in H104, is a drastic shift in the qualifications required to perform eye surgery in Vermont. These proposed changes would lower the standard to classroom training (for 10s of hours) as opposed to 3 years of dedicated surgical training. Surely there must be a compelling reason to make such a dramatic change, right? Is it access? As mentioned before, the vast majority of Vermonters live within a 30 min drive of an

ophthalmologist. Is it about decreasing cost? Not that either. The cost would be the same, a laser procedure would cost the same whether done by an optometrist or ophthalmologist, and as mentioned before, there may be an increase in laser procedures performed by someone who gets new privileges that they want to try out and a new expensive laser that needs to be paid for. Maybe there are thousands of patients needing these procedures that are not currently being treated? Also not likely. There are no long waiting lists to get in for procedures in my clinic and this is the same with colleagues I've spoken with around the state.

As you know there are only 4 states in which optometrists can perform the procedures requested, even though similar legislation has been introduced in many states, and in several states it has been introduced defeated many times.

As an ophthalmic surgeon and advocate for my patients, I ask that you not to allow this legislation (H104) to proceed as written, to protect patient safety and ensure the highest standard for eye surgery in Vermont. We will all likely end up on the other side of a laser, needle, or scalpel some day, what standard would you expect of the person on the other end?

Jeffery D. Young MD