

Testimony to Vermont Senate Committee on Government Operations

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Good afternoon, my name is Amy Gregory, I am the Immediate Past-President of the Vermont Ophthalmological Society and Board Member of the Vermont Medical Society. I am an eye physician and surgeon from Middlebury who has practiced comprehensive ophthalmology for over 20 years. I perform cataract, glaucoma, eyelid, and laser surgeries. I am here to testify in support of maintaining the highest patient safety standards for surgical eye care.

In early 2020, the Vermont OPR completed a very thorough study addressing proposed optometric scope expansion to include advanced procedures/eye surgery. This extensive study and subsequent final report was very clear in its conclusions: Optometric scope expansion to include advanced procedures is unnecessary, because patients' eye surgery needs are currently being met, and not recommended, because optometric training in eye surgery was found to be non-standardized and inadequate. After OPR submitted their report concluding that the proposed optometric scope expansion was not in the public's best interest and definitively recommending against it, a number of optometry schools contributed additional information on their educational programs including more detailed course descriptions. Review of this additional information showed no new evidence of appropriate surgical training. OPR's position and conclusions remain unchanged. Optometric scope expansion to include surgery remains unsupported because current optometric training for eye surgery remains inadequate.

Training on lasers and surgical instruction is not standardized among optometry schools and varies from state to state. The lack of hands-on, real-life procedural experience in the vast majority of current optometry schools is a very serious concern. As an example, laser eye surgery by non-ophthalmologists is only legally allowed in two states with optometry schools, Oklahoma and Kentucky. You have already heard about the Oklahoma program. In Kentucky, the laser course objective states that students "demonstrate an ability to perform simulated laser therapy". So, laser training on a live patient is not a requirement even in a program whose state authority allows optometrists to perform lasers.

What about post-graduate training for optometrists who are not recent graduates and may be well along in their professional careers? The proposed 32 hour post-graduate optometric education courses purporting to cover an extensive list of surgical procedures in a long weekend are wholly inadequate for surgical training and involve zero hands-on experience with live patients.

Are simulated procedures and lasering model eyes adequate surgical training? Do continuing education courses, of any hourly length, qualify an optometrist to perform eye surgery without any real-life experience? Does optometric board certification for lasers and procedures turn an optometrist into an eye surgeon when they have never performed a single procedure on a living patient? The answer to all these questions is no.

It is critically important that a surgeon have extensive procedural experience with living patients. Living patients talk, shake, blink, cough, tear, bleed, faint, curse, and feel pain. They squeeze their eyes shut or can't hold them still while you are performing a laser. They make sudden movements when you do anesthetic injections on their eye or eyelid because it hurts. If you have never performed surgery on a live patient, how can you possibly know how to handle the unexpected, the complicated, the complex. If you are an ophthalmologist, you know because that is an integral part of your training.

As Dr Kim discussed, ophthalmology training involves one-on-one mentored, progressive, surgical exposure with qualified oversight over a period of 3 or more years. Surgical skills are not only taught, but continuously assessed and closely monitored by experienced attending physicians and surgeons in a hospital setting. Medical Doctors who graduate from ophthalmology training programs must demonstrate appropriate clinical judgement, competence, and proficiency in performing eye surgery.

If you review the optometry school course descriptions for laser and surgery training, you will see repeated use of the words "observation" and "simulation". You will see that training for injections sometimes means practicing on fellow students. Training with scalpels and sutures is done on artificial skin. You will see laser and surgical courses taught by non-surgeons.

Most eye surgery is not a life-or-death situation but always carries a potential risk for visual harm. Would you want a provider with no real-life prior surgical experience to put a needle in or near your eye or laser it? If you believe, as I do and as OPR has already concluded, that this bill poses any degree of unnecessary risk to the safety and welfare of Vermonter's eyes, then you must oppose it.