To the honorable members of the Vermont Legislature,

For the record, I would like to state the following:

- As an ophthalmologist/optometrist with over 35 years of experience practicing in rural America, I can legitimately weigh in on the differences and similarities between ophthalmology and optometry, having completed both programs myself.

- Today, I can attest to you, based on my direct experience as an NSU Professor of over 22 years, that every class of procedure included in the Vermont Optometry bill regarding laser & office-based surgery has been a part of the core optometric curriculum since the mid-1990s. Please reference the included document containing course descriptions for the NSU Oklahoma College of Optometry (also available online). All courses, didactic or clinical, correlated to laser and surgical optometric practice are highlighted in yellow. Furthermore, all optometry schools in the nation have signed an affidavit attesting that this type of training is provided.

- As one of the **founding faculty** of the often-cited 32-hr NSU laser/surgery review course, I can attest that this course (with examination) exists to fulfill a statutory requirement. The Oklahoma statute requires the OK Optometry Board to impose these CME hours (along with exam) as part of the licensing process. Despite what the political opposition might suggest, this is <u>not</u> (**with emphasis!**) the only surgical or laser training optometrists receive, and it does <u>not</u> replace 4-years of comprehensive professional education and clinical experience. As a continuing medical education program, this course has been very popular. We present it as CME at the invitation of optometric state associations nationwide and have since the late 1990s. However, to say that this is the only training optometrists receive in these procedures is simply incorrect. Again, I reference the affidavit signed by all schools and colleges of optometry.

- There are presently eight states which authorize optometrists to perform laser procedures and roughly another dozen or so that permit some level of what is classified as non-*laser* surgical care. In addition to the direct, supervised procedural experience our students receive in one of NSU's 12 clinics throughout northeast Oklahoma, many complete externships in many of these other states obtaining even more practical experience with these procedures. Other optometry schools across the nation have similar programs in place. In addition, as in medicine, state licensing boards and national board examinations have the responsibility of ensuring entry-level competence in newly licensed providers.

- Regarding the political opposition's insistence that specific procedures and CPT codes be individually listed, this is simply not practical. No matter how straightforward the procedure, surgery cannot be approached (nor is it taught) in

a cookbook fashion where every procedure follows a rigid step-by-step recipe that never varies. The current CPT coding system does not (and cannot) cover every possible procedure or variation thereof. It is not unusual to find ourselves in situations where our billing experts tell us no specific code directly reflects the procedure performed. Hours are often spent with third-party payors attempting to resolve these matters. The qualified healthcare practitioner (OD, MD, DO, DDS, DPM) must have the ability to modify technique and adapt to the intangible nuances that each patient encounter presents. It would be impossible for me as an ophthalmologist to give you a list of every procedure or variation I perform or may need to perform at any given instance. Other states have adopted either whole classes of procedures permitted or more practically to remove competitive restrictions on training and the need to constantly revisit and amend scope of practice legislation, entire classes of procedures excluded.

- To address concerns regarding *how one can be licensed to perform a specific procedure that they may not have extensive formal training performing*, I will categorically state that this occurs in medicine all the time. While in school and residency, as physicians, we train to develop entry-level skills which transfer laterally to suit the host of circumstances we will encounter and which we will refine during our careers. The same applies to *optometric* physicians. Medical practitioners hold a plenary license. As a licensed osteopathic physician & surgeon, I can legally perform *any procedure*, utilize any treatment, attempt any therapy I feel warranted for the benefit of my patient, provided they fall within an acceptable standard of care. I can do this even though I, like all ophthalmologists, have only *residency-based* experience in a *limited* number of procedures, even within my specialty, and *in none of the procedures listed in the CPT catalog outside of my specialty*. The checks and balances in this system lie within my sense of ethics and duty to my patients, in recognizing my own limitations, in local credentialing committee's (hospitals, clinics, employers) which may not grant me privileges to do something they may deem I am not qualified to do, and in a ubiquitous medico-legal establishment which watches over us all.

- To require me or any physician, as a class of licensed providers, to adhere to a specific list of CPT codes would severely affect a physician's ability to deliver appropriate care. Codes change, codes are deleted, new codes are added yearly. Scope of practice laws would be outdated no sooner than they were passed, and legislators would constantly have to amend and update these statutes.

- The CPT system *is not* designed or intended to be used for purposes of licensure or credentialing. In 2021 alone, there were 329 CPT code changes, including 206 code additions, 54 code deletions, and 69 code revisions. Attempting to specify CPT codes with the intent to limit procedures and all variations thereof within a profession is counterproductive and simply not practical.

- Thank you for your time today. As someone who works with optometrists daily, in real-world situations, not as a member of the house of medicine attempting to follow a political agenda, I have absolutely no hesitations in encouraging the modernization of optometric services in the great state of Vermont. A more robust and comprehensive optometric scope of practice will certainly serve the public welfare within your communities. In my own home state of Oklahoma, this has certainly been the case for over 30 years. Thank you.

  Respectfully,

  Richard E. Castillo, OD, DO

References:

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