

Dear Senate Government Operations Committee:

In follow-up to the discussion the committee had last week on S.158 we wanted to provide information to you to try and answer some of your outstanding questions. We also appreciate that most of the questions were addressed in the OPR [report](#) and have tried to direct you to specific pages where applicable.

Optometry Training is Inconsistent and Inadequate when considering the Risk to Patients.

Most concerning, this bill has NO requirement for hands on experience on living human subjects and no requirement for close mentorship. Currently only a few states with optometric training programs would even be permitted to allow optometrists to practice on a living human subject. So, if this bill were to pass, an optometrist right out of school, never having done any procedures on a live patient, would be authorized to come into Vermont and perform a wide variety of surgical and laser procedures.

Reviewing the adequacy of professional training is OPR's skillset. The Office of Professional Regulation reviews educational requirements and training for every profession they oversee, balancing public health and safety with the minimum regulation necessary. OPR is known to be open and encouraging to professional growth and development. **Yet, in this case OPR concluded that there is a "lack of evidence showing that optometric education prepares optometrists to perform these proposed advanced procedures...permitting optometrists to perform these advanced procedures poses a risk to the public's safety."** OPR elaborates on page 8 of their report that "Even the more stringent and comprehensive optometric educational programs do not provide the level of training and experience obtained by ophthalmologists. What information is available about U.S. optometry schools shows that (a) curriculums vary widely (there is no standardized course of study regarding these advanced procedures); and (b) courses on lasers, injections and minor surgical procedures are very limited – they are short courses, with little to no lab time, and minimal practical experiences. Continuing education courses on advance procedures present similar limitations. They are short and have negligible practical experience requirements."

Lack of Malpractice Data

You have heard that there are no safety concerns in the few states that authorize advanced procedures. The OPR [report](#) looked in to this and the discrepancy between what the state boards of optometry are reporting and what the national practitioner data bank reports is called out on page 23. There is no way for us to know the number of complaints received by optometry boards or how they resolve those complaints. According to the [Association of Boards of](#)

[Optometry](#), there is no public access to this data. Their own website states that: "disciplinary sanctions imposed by a board are frequently reported on a state board's web site, or through a centralized repository of state licensure disciplinary actions... State Boards are also obligated to report certain information to the Health Care Integrity & Protection Data Bank (HIP-DB), a program established by the US Department of Health & Human Services, however, this databank does not currently offer public access to the data it collects. ARBO operates a limited national Disciplinary Data Bank that houses records of disciplinary actions reported by some of our state regulatory board members. This information is limited in scope and is only available to state optometry boards." In contrast, the names of physicians who are sued or who lose hospital privileges are available for public viewing at the National Practitioner Data Bank (NPDB). The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state to state without disclosure or discovery of previous damaging performance. In Oklahoma, Kentucky, and Louisiana, optometrists are performing surgical procedures in their offices, not in hospitals or ambulatory surgical centers. There is no mandatory reporting entity for in-office bad outcomes. In-office bad outcomes reported to the optometry boards are only made available to the public at the discretion of those optometry boards.

It is important to note that OMIC, the Ophthalmic Mutual Insurance Company, has implemented underwriting guidelines to ensure that coverage is only extended to health care providers for surgical procedures for which they have the necessary education, training and expertise to perform (see attached). OMIC does not offer coverage to optometrists for most surgical procedures (exceptions being limited to epilation, insertion of punctal plugs, and use of diagnostic devices – all of which are already allowed in Vermont). This raises another important point regarding why there seem to be so few malpractice claims for optometric surgery cases. It also raises an important question - Why would optometric malpractice insurance companies have "surgical exclusions" if they do not pose greater risk?

Advanced Procedures are NOT Primary Eye Care

Starting on page 21 of the OPR report, it states that "it is not clear to OPR that the proposed advanced procedures are "simple" and part of "primary eye care."

We urge you to review the OPR report and refamiliarize yourself with the important information it provides, and the questions it answers.

Also of note - In 2015, the

U.S. Department of Veterans Affairs issued a Veterans Health Administration Directive specifying that “only ophthalmologists will be privileged to perform therapeutic laser procedures of the eye and the eyelids at the Department of Veterans Affairs (VA) medical facilities.”

<https://www.navao.org/wp-content/uploads/2016/02/Performance-of-Therapeutic-Laser-Eye-Procedures-in-VHA-Facilities.pdf>

There is too much to lose to overturn the recommendations of the Office of Professional Regulation and gather data on your own. Please do not support passage of S.158.

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