

S.64, An act relating to amendments to the scope of practice for optometrists
Section-by-section summary of Rep. Stone’s proposal of amendment to HGOMA
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Sec. 1. 26 V.S.A. § 1703, definitions for optometry chapter

- Rep. Stone’s amendment would remove laser capsulotomy, laser peripheral iridotomy, and laser trabeculoplasty from the list of advanced therapeutic procedures that an optometrist holding an advanced therapeutic procedures specialty can perform:

Expanded scope of practice for optometrist with advanced therapeutic procedures specialty

S.64 as passed by Senate	Rep. Stone amendment
Excision and repair of nonrecurrent chalazia	Same
Excision and biopsy of many nonrecurrent lesions of the adnexa	Same
Closure of wounds from removal of lesion	Same
Repair of certain eyelid lacerations	Same
Corneal crosslinking	Same
Therapeutic pharmaceutical injections into eyelid or its adnexa	Same
Injections for fluorescein angiography	Same
Epinephrine injections to treat anaphylactic shock	Same
Vaccine during public health emergencies (if authorized by Commissioner of Health)	Same
Laser capsulotomy	Not authorized
Laser peripheral iridotomy	Not authorized
Laser trabeculoplasty	Not authorized

Sec. 2. 26 V.S.A. § 1716a, renewal of optometrist license

- Rep. Stone’s amendment would have the Board of Medical Practice, not the Board of Optometry, approve the five additional hours of continuing education in advanced procedures that are required for renewal of a license with the advanced therapeutic procedures specialty.

Sec. 3. 26 V.S.A. § 1720, prohibited practices for optometrists

- Rep. Stone’s amendment would remove “with or without the use of lasers” as a qualifier for the list of ophthalmic surgeries that an optometrist would be prohibited from performing and would add laser capsulotomy, laser peripheral iridotomy, and laser trabeculoplasty to the list of prohibited practices.

Sec. 4. 26 V.S.A. chapter 30, subchapter 5 – advanced therapeutic procedures specialty

- Rep. Stone’s amendment would:
 - Make the Board of Medical Practice, rather than the Board of Optometry, the lead agency to grant and oversee the advanced therapeutic procedures specialty;
 - Remove the laser-related topics from postgraduate coursework requirements that an optometrist who graduated from optometric school prior to 2019 must complete to obtain the specialty;

- Increase the requirement for clinical training supervised by a preceptor from eight to 18 hours, remove laser procedures from the preceptorship requirements, and increase from two to 12 the minimum number of the remaining procedures in which an optometrist must demonstrate proficiency by performing them on live, human patients;
- Require the optometrist to have a written practice agreement with an ophthalmologist ;
- Require the optometrist to have a written plan for transferring a patient to the hospital or other provider or facility if an adverse event occurs in connection with an advanced therapeutic procedure; and
- Require an optometrist to report the number of each of the advanced procedures performed during the previous licensure period as part of the license renewal process.

Sec. 5. Redesignation (technical provision; no changes)

Sec. 6. 33 V.S.A. § 1901h, Medicaid coverage for services delivered by optometrist holding advanced therapeutic procedures specialty

- Rep. Stone’s amendment would require Vermont Medicaid to cover services within the scope of an optometrist holding an advanced therapeutic procedures specialty to the same extent the services would be covered if delivered by an ophthalmologist (physician).

Sec. 7. Medicaid coverage; state plan amendment

- Rep. Stone’s amendment would require the Department of Vermont Health Access (DVHA) to seek approval from the federal government to allow Vermont Medicaid to cover services delivered by optometrists holding an advanced therapeutic procedures specialty starting July 1, 2028.

Sec. 8. Effective dates

- Sec. 7, the requirement that DVHA seek federal approval for Medicaid coverage, would take effect on passage.
- Sec. 6, the Medicaid coverage requirement, would take effect on the later of July 1, 2028, or federal approval of the Medicaid coverage.
- The rest of the act would take effect on January 1, 2028.