

Dear Representative,

Attached is a visual side-by-comparison focusing on surgical training between ophthalmologists and optometrists. As you review the chart, remember that:

- The 32-hour course consists of lectures, videos, and simulations- **there are no surgeries on live human beings**
- The NBEO (National Board of Examiners in Optometry) requirements in the bill (Injections Skill Examination and Laser/Surgical Procedures Examination) are also simulations only- **not done on live people**
- While general 4-year medical training (MD/DO) may include limited eye-specific instruction, future ophthalmologists usually build substantial ophthalmic experience before residency. Many enter medical school already knowing they want to be ophthalmologists and may have worked as ophthalmic technicians or have research experience. They begin shadowing ophthalmologists in their first year and complete ophthalmology rotations in their third and fourth years—often including 3–4 months of additional structured training at other academic medical centers on "away rotations".

Why this matters for scope-of-practice debates: When states consider expanding ODs into surgical procedures, the training gap is the central concern. The surgical competencies ophthalmologists develop — not just the surgeries themselves, but the judgment required when something goes wrong — come from years of supervised operative experience that has no analog in optometry training. Granting surgical authority through legislation does not create that training; it simply authorizes surgeries without the corresponding preparation.

This is the argument the Vermont Ophthalmological Society and VMS is founded on in opposing S.64 — the issue isn't what optometrists are capable of learning, it's that the current educational pathway doesn't include the surgical training that should logically precede surgical authorization.

Respectfully,
Jessica McNally, MD
President
Vermont Ophthalmological Society