

Dear Representative,

I am a practicing ophthalmologist here in Vermont. I was born and raised in the Northeast Kingdom, and I feel fortunate to live and work in Vermont now, providing care for Vermonters. I am writing to you this evening both as a physician and as a concerned Vermonter to urge you to oppose S.64. S.64 contains structural gaps that compromise patient safety, competency verification, and regulatory oversight. The training outlined in this bill requires performance of only 2(!) supervised procedures. Surgical competency is not established by the performance of 2 cases. Competency is demonstrated through repetition, graduated responsibility, management of complications and formal assessment of skill. S.64 does not define how proficiency is evaluated. It does not require objective skill assessment. It does not specify case complexity. It does not require documentation of outcomes. The 2 case threshold does not begin to capture the complexity, difficulties encountered or proficiency assessment integral to surgical training. Further, it allows minimally trained optometrists to oversee the training of subsequent cohorts without any verification of skill or outcome. These are all major weaknesses of this bill with real life consequences for the people of Vermont.

The skills and judgment required to perform surgery are learned and honed over many years of hands-on practical training with graduated responsibility and progressive autonomy based on demonstrated competence. Acquiring these skills takes a lot of practice and a lot of time. I have a good friend and colleague who initially trained as an optometrist in Canada and then decided that she wanted to be an ophthalmologist and surgeon, so she went to medical school and completed residency and fellowship training and is now an accomplished and experienced ophthalmic surgeon. I would gladly send a family member to her if they needed surgery because she has had the training required to make the judgment, perform the surgery and manage any potential complications that ensue. I think that this is an appropriate training pathway for someone who wants to perform eye surgery.

What is the purpose of S. 64? Is this bill truly serving the best interest of Vermonters? There has been no demonstrated surgical need beyond what is currently provided by ophthalmologists in our state. The wide gaps in this bill and lack of adequate standardized surgical training goes to the core of whether Vermonters receive safe, high-quality care. I hope you will vote no.

Thank you for your time and consideration, and thank you for your service to our state.

Sincerely,

Libby Houle, MD