

Dear Chair Birong and Members of the House Committee on Government Operations and Military Affairs:

As the committee starts to consider S.64, the Vermont Ophthalmological Society and the Vermont Medical Society urge you to carefully weigh how this bill affects patient safety, access and cost.

S.64 would authorize optometrists to perform surgical procedures on the eye — including laser surgeries, needle injections, and scalpel surgeries — without requiring the surgical residency training that makes these procedures safe. Three points we ask you to carry into review:

1. PATIENT SAFETY - When surgical complications arise managing them requires differential diagnosis and systemic medical knowledge that falls outside optometric training. Vision loss is the consequence of getting this wrong.

This body recently passed H.237, which would grant prescribing authority to psychologists who complete a postdoctoral master's degree in psychopharmacology, a supervised prescribing practicum including 14-months of clinical rotations, and work in collaborative practice with a licensed psychiatrist. These requirements reflect a fundamental principle: when a profession seeks to expand into a new scope of clinical practice, patient safety demands that practitioners have the education, supervised experience, and accountability structures to do it safely.

S.64, which would expand optometrists' authority to perform surgical procedures on and around the human eye, contains NONE of these protections. Patient safety cannot depend on which profession is asking for expanded authority.

2. ACCESS IS NOT SOLVED - There is no documented backlog of Vermont patients who cannot receive necessary ophthalmic surgical care because of the current scope-of-practice framework. Vermont's eye care access problem is driven by geography — not by who holds a scalpel. Scope expansion will not move an optometrist to Newport or Morrisville. Evidence from states that have enacted similar legislation shows no meaningful improvement in rural access.

3. NO COST SAVINGS - There is no evidence this this will reduce the numbers of visits. Complication-driven follow-up care, revision surgery, and emergency intervention cost the system far more than any theoretical savings. We support efforts to improve Vermonters' access to high-quality eye care. We support teleophthalmology expansion, rural loan repayment incentives, and stronger collaborative practice agreements. We ask only that surgery remain with surgeons.

We respectfully urge the House Committee on Government Operations and Military Affairs to oppose any bill that does not contain education, training, and collaborative practice requirements necessary to keep patients safe.

Two states have recently vetoed similar legislation:

- New Mexico Governor Grisham said in [her veto letter on HB 36](#), a bill very similar to S. 64, this bill **“sets a dangerous precedent for allowing non-surgeons to perform surgical procedures...that are currently performed by medical doctors with significantly more educational and hands-on training requirements to receive their degrees.”**; and
- New Hampshire Governor Ayotte said in [her veto letter on HB 349](#), a bill less expansive than S.64, **“Authorizing non-physician providers to perform eye surgeries has the potential to create unnecessary risks for patients, particularly if additional surgical intervention is necessary. This is no criticism of our eye care professionals, as optometrists are essential care providers for eye exams, lenses, and non-surgical care. The reality is that ophthalmologists, who complete a minimum three-year residency after medical school, receive far greater supervised clinical and surgical training than optometrists. Laser eye surgeries are not minor procedures. Complications or failure of such procedures can lead to permanent vision loss. Even if most of these procedures go as planned, complications can require the full spectrum of surgical skills and training that only ophthalmologists as physicians possess.**

Thank you for your consideration. We welcome the opportunity to discuss this further.

Respectfully,