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State of Vermont House of Representatives  
Attn: House Government Operations & Military Affairs  
115 State Street  
Montpelier, VT 05633-5301

May 10, 2026

*Re: Additional Perspective on Patient Safety and Competency Pathways Within S.64*

**Dear Chairman Birong & Members of House Government Operations & Military Affairs:**

Thank you again for your thoughtful consideration of S.64 and for the seriousness with which your committee has approached patient safety and professional competency. I sincerely appreciated the opportunity to speak last week to your committee, and today I want to provide additional perspective as an actively practicing optometrist in Louisiana who has performed the ophthalmic surgeries outlined in S.64.

I understand the concern raised regarding differences in hands-on exposure between optometry schools. However, unlike in other states which have passed similar legislation, I believe it is important to recognize that S.64 does not rely solely on graduation from optometry school as authorization to independently perform advanced procedures. Instead, Vermont's legislation creates more guardrails for skilled optometrists by creating a separate, rigorous competency-based pathway requiring additional education, direct supervised preceptorship, procedural training, continuing education, and regulatory oversight before an optometrist may independently perform these limited procedures.

I also believe it is important to share that optometrists are, by nature and training, exceptionally cautious practitioners. We understand the privilege and responsibility of caring for patients' vision, and we take that obligation extraordinarily seriously. If a patient presents with a condition outside our training, comfort level, or scope, we refer appropriately. More importantly, optometrists take an oath to place patient welfare first, and that principle guides every aspect of our care.

There has also been discussion surrounding whether optometrists take "on-call" or manage postoperative and urgent patient care responsibilities. Optometrists absolutely provide emergency and after-hours care; in fact, many hospitals grant optometrists privileges across the nation to help with complex eye cases that enter the ER. Even more optometrists, especially those of us performing procedures or managing acute conditions, will personally instruct patients to contact us immediately if any unexpected symptoms arise after hours or on weekends. Many optometrists, including myself, provide direct after-hours access to patients, sharing our personal cellphone numbers, because we understand our responsibility to remain available throughout the healing process and ensure appropriate follow-up care.

Emergency eye care is already a routine and essential part of what optometrists do every day. Patients daily present to our offices for unscheduled appointments with sudden vision loss, eye pain, flashes and floaters,

corneal abrasions, foreign bodies, ocular infections, angle closure concerns, traumatic injuries, and other urgent conditions requiring immediate evaluation and management. And while we may have full schedules, we gladly take these patients in to manage their immediate and urgent eye care needs. In many communities in Vermont, like in Louisiana, optometrists are the most accessible eye care providers for these emergencies. Unfortunately, it is also common for patients initially evaluated in emergency rooms or urgent care settings to later be referred to an eye doctor because those facilities did not possess the specialized ophthalmic equipment or physician training necessary for appropriate diagnosis and treatment.

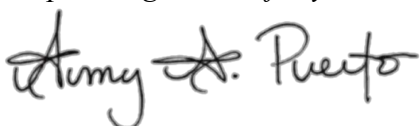
In Louisiana, it is not uncommon for dermatologists to refer periocular lesions, even seemingly simple skin tags, to eye doctors because of the sensitivity and complexity of the eyelid structures and surrounding ocular tissues. Or when it comes to eyelid lacerations, frightened parents may reach out to their local optometrists who can provide immediate consultation to their injured child. Yet in Louisiana, there's no debate whether the patient should see optometry or ophthalmology for that consult. When bills like S. 64 are passed, as what happened in Louisiana, we find that our colleagues in medicine trust optometry's expertise, they support our medical decision-making to provide an appropriate treatment plan, and when warranted, they are comforted to know we'll make appropriate referrals to oculoplastic surgeons or glaucoma surgeons for advanced surgical cases. Ultimately, what optometrists provide our communities is a sense of security whether in ocular emergencies or in managing their chronic eye care needs. This is the good eye care continuum you'll get when S.64 is put into practice.

After more than a decade practicing in Louisiana under a modernized scope framework, what I have witnessed is not increased competition between professions, but improved patient access. Patients receive care more quickly, more locally, and more efficiently. Optometrists are able to manage appropriate office-based procedures safely within clearly defined limits, while our ophthalmology colleagues remain focused on the necessary, more advanced surgical and hospital-based procedures that S.64 explicitly excludes.

S.64 does not lower standards of care. Again, Vermont's proposed pathway is more stringent than the pathway under which I was licensed in Louisiana over a decade ago. Yet, since then, Louisiana optometrists have provided over 30,000 laser ophthalmic surgeries safely...that's a significant show of access to primary, local eye care! For Vermont, be assured the legislation establishes a structured, supervised, competency-based process to responsibly expand timely access to eye care for Vermonters while preserving patient safety as the highest priority. For that, you should all be proud of this legislation.

Thank you again for your time, your thoughtful review of this issue, and your commitment to the patients and providers of Vermont. Please do not hesitate to reach out if I may provide any additional clinical perspective or answer any questions regarding modern optometric education, emergency care, or procedural training.

*In hope and gratitude for your time,*

A handwritten signature in black ink that reads "Amy A. Puerto". The signature is written in a cursive, flowing style.

Amy A. Puerto, OD, FAAO  
Diplomate, American Board of Optometry  
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