107 Terra Bella Blvd., Covington, LA 70433 (p): 985-875-7898 (f): 985-875-9844

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

May 5, 2026

Re: Support S. 64 and Increase Vermonters Access to Safe Eye Care

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

I'm writing to you today as a practicing optometrist — I graduated from optometry school in 2015, and my entire career has been shaped by contemporary optometric training and practice. I have had the privilege to provide care in a private practice in Covington, Louisiana, about 45 minutes north of New Orleans in a community that borders rural Mississippi.

And despite our differences in geography, and humidity, I often feel like I could be one of your constituents, one of Vermont's optometrists. From that perspective, I want to share that the procedures outlined in S.64 are not hypothetical. For optometrists, like me, these procedures are integrated into the safe, contemporary eye care we are trained to provide every day.

In my practice, post-cataract YAG capsulotomies are commonly performed. Managing posterior capsule opacification is part of my daily care. Selective laser trabeculoplasty for open-angle glaucoma is primary surgical management. Evaluating narrow angles and treating acute angle closure requires timely clinical judgment. Removing benign eyelid lesions, especially chalazion excisions, are part of my routine skill set, and one of the most rewarding procedures I perform because of how immediately it helps patients look, feel, and function better when other topical and systemic treatments have failed.

S.64 does not invent new skills. It recognizes training that already exists and then places structured guardrails around it. Vermont's bill requires additional coursework, supervised preceptorship, documented procedural competency, national board examinations, continuing education, informed consent, and 30-day adverse event reporting. In some respects, those are stronger requirements than what was expected for Louisiana optometrists when our modern law was enacted in 2014. The safeguards in this bill would undoubtedly make Vermont's optometry law the most stringent in the nation.

I agree, no procedure should ever be considered "minor" in the sense that it is without consequence. Patients are human. However, because of my broad training and experience, I approach every procedure with respect for anatomy, physiology, and the human condition. I am attentive to patient anxiety, vigilant about vital signs and bleeding risks, and cautious and selective of the technique, medications, and instruments I use. I am disciplined in patient selection. Surgical judgment is not just about being able to perform a procedure — it is about recognizing when **not** to perform it. If someone is not an appropriate candidate under my care, I do not proceed.

That gravity is not unique to one profession. It is inherent to all patient care.

I began optometry school in 2011 in Tennessee, a state that at the time only had legislative authority to preform injections for treatment of chalazia, inflammation, infection, anaphylaxis, and lid lesions. This month, Tennessee became the 16th state to allow laser procedures. Nevertheless, I was still trained didactically and clinically in YAG and SLT procedures, in the management of surgical complications, and in ordering then sending out lesions for biopsy reports. The education existed regardless of statute. That's important. Optometry schools prepared us then, and continue to prepare students now, for where primary eye care is going, despite individual state statutes, so we can be the best prepared clinicians for the expanding needs of eye care across our country no matter where we choose to practice.

For example, fluorescein angiography has been taught in optometry schools for decades including its potential risks and adverse effects. I was trained in it nearly fifteen years ago. While it is not a routine diagnostic tool outside of retina-focused care, I was surprised to learn that Vermont law did not reflect optometry's long-standing education and board certification to perform this test. Not every optometrist will choose to incorporate fluorescein angiography into their practice, just as the ophthalmologists testifying before this committee shared they do not perform every subspecialty procedure in eye care. But for optometrists who do choose to proceed, the training is there, the education is there, and a clear pathway to competency already exists.

The images and videos previously presented by ophthalmology were excellent — and familiar. In my surgical clinic, I see those same conditions and perform many of those same procedures as part of patient care. Optometrists are trained to recognize bleeding, inflammation, intraocular pressure spikes, and other complications. We are trained on how and when to respond appropriately. My story is not unique. The difference between my experience and that of many Vermont optometrists is not education or capability — it is statute.

S.64 ensures that eye care is delivered thoughtfully and within a structured, well-defined framework. If widespread harm were occurring in states where optometrists perform these procedures, we would see it in the literature, in malpractice trends, and in public safety alerts over the decades. That has not materialized. In Louisiana alone, more than tens of thousands of laser procedures have been performed since modernization, without the outcomes that were predicted by the opposition.

In fact, in listening to the testimony shared by ophthalmology both during the Senate and now House Committee hearings, I have recognized something familiar in this debate. When optometrists began receiving authority to dilate patients in the 1970's, similar concerns were raised: patients would be harmed, and optometry's training was insufficient. It took nearly two decades for full national adoption then. Today, dilation is standard of care. The same was said about pharmaceutical prescribing authority and DEA licensure. Today, optometrists are on the frontline of medical primary eye care where prescriptive authority is routine. Even more, glaucoma standard of care is well-researched to be SLT, and the primary providers of glaucoma management and treatment are the optometrists in Vermont. Yet the willing and able optometrists in Vermont are restricted from providing the best management for early and moderate glaucoma to Vermonters.

I deeply respect the committee's caution for patient safety. I am proof this scope increases patient access to timely, skilled care by your communities' local optometrists. Change in healthcare is uncomfortable. But modernization does not equal abandon.

It equals progress.

After completing my family practice residency in Louisiana just after the state's optometric scope modernization passed, I realized something striking. Colleagues in other states were trained in the same procedures I was trained in. They passed the same boards. They learned the same skills. But their state law did not allow them to use them. There was nothing extraordinary about what I was doing or who I was clinically— I simply practiced in a state that trusted optometric education, board certification, and licensure.

Even more, once these legislative debates end, optometrists and ophthalmologists all return to caring for patients in our complementary roles. We continue referring, consulting, and co-managing just as we always have with no lesser care toward our patients.

S.64 recognizes that optometrists are trained to provide appropriate primary-level surgical care, and to refer when complexity exceeds that level. Not every optometrist will pursue this additional licensure. But for those who do, Vermont will have a workforce better prepared to meet its growing eye care needs — safely, responsibly, and within defined guardrails. With S. 64, legislators have an opportunity to lead the northeast in eye care, while encouraging more optometrists to consider Vermont home.

I am not asking you to imagine what optometry could become…S.64 isn't futuristic, it's time tested, patient-centered eye care that Doctors of Optometry are skilled and trained to preform today.

I am writing to you as someone who stands on the shoulders of the responsible modernization that came before me…

It looks like continuity of care.

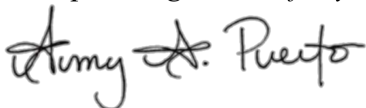
It looks like collaboration.

It looks like sound clinical judgment.

And it looks like safety.

And I believe Vermont is ready to lead this modernization for the health and access of its citizens.

In hope and gratitude for your time,



Amy A. Puerto, OD, FAAO
Diplomate, American Board of Optometry
Fellow, American Society of Optometric Surgeons
Member, American Public Health Association