



May 21, 2026

Vermont House Committee on Government Operations and Military Affairs

Vermont General Assembly

Montpelier, Vermont

RE: Support for S.64 as Passed by the Senate and Opposition to Proposed Amendment

Chair and Members of the Committee,

The American Optometric Association (AOA), representing more than 50,000 doctors of optometry, optometric professionals and optometry students nationwide, write to you in strong support of S.64 (as passed by the Vermont Senate on March 27th) and respectfully urges the Committee to reject the recently proposed amendment.

S.64 represents a thoughtful and measured modernization of Vermont's optometric practice act. This legislation not only improves patient access to quality eye care services from doctors of optometry (who already serve as primary healthcare providers), it also includes requirements related to education, training, and competency that have proven safe, and effective in states across the country for decades.

Doctors of optometry specialize in eye and vision care, and currently serve as primary healthcare providers in many communities across the country. This is especially true in rural states where optometrists are often the most accessible provider for patients seeking timely treatment for ocular disease and urgent eye conditions.

Optometry is, and has always been, an independent, doctoral-level profession with extensive safeguards in place to ensure patient safety remains the top priority. Optometrists must complete a rigorous four-year doctoral program and pass three separate National Board examinations to demonstrate competency before becoming licensed to practice. Educational standards for the profession are established nationally through the Association of Schools and Colleges of Optometry (ASCO) and the Association of Regulatory Boards of Optometry (ARBO). Additionally, the National Board of Examiners in Optometry (NBEO) includes both didactic and clinical testing on advanced procedures and lasers.

To perform advanced ophthalmic procedures, licensed doctors of optometry must satisfy specific educational and competency requirements established by state laws and regulations. As technology continues to evolve, states have elected to implement additional credentialing and training requirements to ensure providers can provide these safe and effective treatment options for their patients.

Across the country, state licensing boards are government-appointed regulatory bodies whose sole objective is to oversee their respective profession in order to protect public health, safety, and welfare. They certify that practitioners meet required education, examination, and ethical standards. These state boards license doctors of optometry and enforce the laws and regulations governing the profession. Oversight for doctors of optometry is exercised through these state-run

licensure boards, consistent with the authority for other doctoral-level healthcare licensing boards. Like medical and dental boards, boards of optometry are comprised of professionals and public members, typically appointed by the Governor, who are charged with protecting patients and ensuring accountability.

Since 1910, the Vermont Board of Optometry has effectively fulfilled this role. There is no identified, or demonstrated, basis to suggest that additional oversight by the medical board is necessary or warranted.

Additionally, the Vermont Office of Professional Regulation has spent substantial time, over a number of years, researching and evaluating the issues, and procedures, brought forth in S.64. This includes extensive discussion with ophthalmologists and other stakeholders. After doing so, OPR concluded that modernization of Vermont's optometric practice act should indeed move forward.

Unfortunately, the amendment now before the Committee substantially changes both the structure and intent of the Senate-passed legislation. It removes the three, in-office laser procedures originally included in the bill, requires oversight by the medical board (which is not the case in any state that has enacted similar legislation), requires optometrists to obtain an advanced therapeutic specialty tied to a practice agreement with an ophthalmologist, and permanently adds the laser procedures to the list of prohibited practices.

Collectively, these changes transform the legislation from a modernization effort into a highly restrictive framework that differs significantly from how optometric scope laws are structured in states that have successfully expanded access to medically necessary eye care services. Importantly, Vermont has already considered and discussed variations of this physician gatekeeper model during prior Office of Professional Regulation discussions and reports.

The amendment itself also acknowledges that ophthalmologists need not be physically present during advanced procedures and are not legally responsible for the actions or inactions of the optometrist performing those procedures. This raises an important policy question: if physician supervision is not required for safety or liability purposes, why should physician permission be required as a condition for care delivery?

The AOA recognizes that reasonable stakeholders may disagree on scope of practice policy questions. However, because there is overlap between the professions of optometry and ophthalmology, there will likely never be a proposal to modernize optometric scope that receives support from organized ophthalmology that includes services historically performed by ophthalmologists, regardless of the demonstrated needs of patients or communities.

Doctors of optometry have consistently demonstrated a strong record of safe, effective, and responsible patient care as state laws have evolved over time, as exhibited by no state law ever being repealed.



Opponents have made claims for decades that expanding scope for optometry will increase negative outcomes and increased patient harm have been grossly misrepresented and proven to be unfounded. States that have authorized trained optometrists to perform the procedures outlined in S.64 have expanded access to care without evidence of systemic patient harm. Economic and workforce analyses examining these laws have consistently shown improvements in patient access, reductions in travel burdens, and increased availability of timely eye care services, particularly in rural and underserved communities.

Patients in Vermont deserve legislation that provides access to qualified healthcare providers and identifies clear education, training, and accountability standards, all of which is included in the Senate passed version of S.64. Doctors of optometry already diagnose, manage, and treat complex ocular disease every day, including the pre and post-operative care in S.64. Any additional procedures authorized by law should continue to be regulated through the Board of Optometry using transparent competency and disciplinary standards, rather than through dependent practice arrangements requiring approval from another profession.

The AOA respectfully urges the Committee to reject the proposed amendment and support S.64 as delivered by the Senate.

Thank you for your consideration and for your continued commitment to improving healthcare access for Vermonters.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Hymes".

Jon Hymes
Executive Director
American Optometric Association