

Good morning, Representatives,

My name is Dr. Dean Barcelow, and I am a 3rd generation Vermont optometrist. I am also a past president of the Vermont Optometric Association. I practice in Bethel and White River Junction, VT. I graduated in 2009 with training in each of the procedures contained in S.64. I received hands-on proctored/supervised experience treating lid lesions and injections during my time as a student, and it was reinforced during residency.

I am writing to urge your **support and advancement of S.64** following yesterday's testimony.

It is important to understand the context of the opposition. The American Medical Association has a standing policy opposing all non-MD,DO scope expansion regardless of training or patient need:

"Our AMA continues to actively oppose legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training."

<https://policysearch.ama-assn.org/policyfinder/detail/resolution%20h%20321?uri=%2FAMADoc%2FHOD.xml-0-763.xml>

The AMA also operates a national "Stop Scope Creep" campaign that explicitly targets Optometry.

"Encourage state medical associations to support state legislation and rulemaking prohibiting optometrists from performing surgical procedures as defined by relevant AMA policies" <https://www.ama-assn.org/practice-management/scope-practice/4-ways-ama-working-stop-scope-creep>

It is disingenuous, at best, for the opposition to state to your committee that there is no agenda behind the testimony you received yesterday. This AMA campaign is front and center to its membership.

-Doctors of Optometry are able to prescribe all medications to treat the eye and its adnexa, including scheduled narcotics, and that would include medications for anxious patients.

-My professional liability insurance policy is written to include these procedures ALREADY.

-We often use a needle to remove foreign bodies because the point can get under the object. The idea that we do not use needles near the eye is simply not true. We manage anxious, jumpy patients who are in pain all the time.

-Optometry provides the BULK of the routine eye care in the State, and particularly in rural areas, we know our patient base and who is or is not receiving care because of travel difficulties.

-Office coverage my office is covered 24/7/365. In the last 17 years of practice, I can think of two instances where we were unable to provide timely (immediate) coverage for ANY patient, established or not. My local ER calls me when they have an eye problem.

-Insurance (both insurers and liability) requires that offices have a coverage plan for their patients. Speaking of health insurance, most of these procedures have what is called a global period, for which the Optometrist is responsible for all care relating to the procedure.

I respectfully encourage you to **move S.64 out of committee and onto the floor.**

Dr. Dean Barcelow