

I wanted to write after reviewing the testimony yesterday to clear up some misunderstandings about Optometric education and S.64 in general.

The statement was made that Ophthalmology uses pathology following the excision and removal of lesions.

- Optometry also has access to pathology and sends excised tissue for examination. The “boundaries” of this bill likely exclude the need for anything beyond collection and submission for analysis.

The opposition testimony said that Optometry received classroom education and testing but did not receive live patient experience.

- When OPR worked on its sunrise report, this was a concern that was raised and addressed. Optometry schools in states that already allow scope receive every level of training. Students who rotate through those states, or on Federal property, also gain hands-on experience with live patients under supervised settings.
- S.64 requires that Doctors of Optometry applying for this license take additional *national boards* pertaining to these procedures; they also need a *minimum number of procedures* and *proctored hours* performing these procedures on LIVE patients.
- It is worth pointing out that should S.64 pass, this will be the most stringent set of requirements in ANY state across the country. It is no exaggeration to say that this bill will create the most rigorously trained Optometric workforce in the world. Oklahoma has allowed these procedures for ~25 years without the requirement for boards, proctored hours, or procedure numbers.

A question was asked about what professions perform surgical procedures.

- Doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry are all recognized by the federal government (CMS) as having Physician Status and who perform surgical procedures. Non-physician groups like Nurse Practitioners, Physician Assistants, and Certified Nurse Anesthetists also perform surgical procedures as defined by the American Medical Association's Current Procedural Terminology codebooks.
- Optometry performs chairside surgical procedures already. We already use needles to remove embedded foreign bodies from the eye, using sharp implements millimeters from the globe in patients who are anxious, jumpy, and unpredictable. We use a small drill-like tool called an Alger brush to remove tissue or grind foreign bodies out of the eye. We use a process called electrolysis to destroy tissue around the root of eyelashes. We debride or remove the epithelium of the cornea by scraping it off in certain clinical situations or after injury.

The question was asked about what Optometry can prescribe in relation to scheduled medication.

- In Vermont, optometrists can prescribe schedule 5, 4, and 3 medications. S.64 will amend our schedule list to allow a 72-hour supply of hydrocodone combination. Optometrists in Vermont can and do hold DEA certificates to prescribe medications for pain or anxiety. We also take mandatory continuing education on narcotics abuse each biennium and are required to consult the Vermont Prescription Monitoring System before prescribing.

The statement was made that there is no need in rural areas, or that the procedure volume is low.

- During testimony, the opposition stated that she no longer performed many of the procedures found in the bill. Ophthalmologists, as a profession, are often within a subspecialty just like the presenter to your committee. They specialize in Retina, or Cornea, NeuroOphthalmology, or Pediatrics. The number of available Ophthalmologists who are available to perform these procedures is LOW, but the need is growing.
- It is not what patients are saying. Travel for an hour each way is not a local trip; often, these patients are visually impaired and need someone else to take time from work to transport them to, wait, and transport them home. As you heard in testimony, current levels of Ophthalmologists in Vermont cannot meet the need for glaucoma laser procedures; new data shows that glaucoma lasers have better outcomes, and Optometry treats most of the glaucoma in the State of Vermont.

A statement implied that Optometrists provide inferior care due to insufficient training and education.

- Opposition has provided no evidence that there is inferior care provided by Optometrists. We have provided studies, board data from other states, economic briefs, and malpractice insurance data that all suggest that care provided by Optometrists is non-inferior. That does not mean there will be no complications.

There have been several questions about call coverage.

- Our malpractice insurance and our contracts with health insurers require that we have an on-call plan; every office already has a coverage plan.
- We do not require doctors to perform care that they are not comfortable providing.
- We took an informal survey of our members from across the state, and of 10 ODS surveyed, we received responses from 7. 5 offer 24-hour coverage for all patients, 1 offers 24-hour call for high-risk patients, and one does not offer call, but would if performing procedures in the office. Optometry provides the sole coverage for the White River Junction Veterans Administration (VA) Emergency Department in White River Junction.

A word about medicaid reimbursement.

- Navigating medicaid reimbursement is not unfamiliar to optometrists. In recent years, we worked with Medicaid to create reimbursement for amniotic tissue

placement (a procedure to put tissue over a wound for rapid healing). The VOA does not see medicaid reimbursement as a hurdle; Medicaid in the State of Vermont is responsive to outreach, and we work well with them.

Please let me know if you have any questions. Thanks for your consideration and all the work of the committee.

Sincerely,

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