

Please Oppose S.64

Expanding Optometric Surgical Scope of Practice

S.64 would authorize optometrists to perform surgical procedures on the eye — procedures currently reserved for ophthalmologists, who complete medical school, a one-year internship, a three- to five-year residency, and often fellowship subspecialty training. We urge the Legislature to oppose this bill. Expanding surgical scope of practice in this way does not improve patient access, does not reduce costs, and — most critically — creates unacceptable patient safety risks.

Please oppose S.64 and instead pursue evidence-based, safety-centered strategies to improve eye care access across the state. Vermont patients deserve care from providers who have completed the training necessary to perform the procedures they offer.

1. Patient Safety & Inadequate Training

The surgical procedures authorized under S.64 require a depth of medical and surgical training that optometric education does not provide.

- Optometrists complete a four-year Doctor of Optometry (O.D.) degree — a health professions program focused on vision examination, disease diagnosis, and non-surgical management. They do not attend medical school and do not complete a medical residency.
- Ophthalmologists complete four years of medical school, one year of internship, and a minimum three-year surgical residency. Subspecialists (retina, glaucoma, cornea, oculoplastics) complete an additional one to two-year fellowship — often 10+ total years of post-graduate training.
- S.64 includes procedures such as laser trabeculoplasty, laser peripheral iridotomy, needle injections, foreign body removal, and scalpel surgeries and drainage of lid lesions. Each of these procedures carries real risk of vision loss if performed incorrectly or if complications arise.
- The bill does not require optometrists to complete a supervised surgical residency or demonstrate hands-on surgical competency before performing these procedures on Vermont patients. Continuing education hours and short "procedural training" courses are not equivalent to a structured residency.
- When complications arise — hyphema, infection, elevated intraocular pressure, corneal decompensation — management requires differential diagnosis skills and systemic medical knowledge that fall outside optometric training.
- States that have expanded optometric surgical scope have documented adverse outcomes traceable to inadequate training, including cases requiring emergency ophthalmologic intervention and permanent vision loss.

2. This Bill Does Not Meaningfully Increase Patient Access

Proponents argue that expanding optometric surgical scope will address provider shortages and improve access in rural Vermont. The evidence does not support this claim.

- Access problems in Vermont are driven by geography, workforce shortages, and insurance barriers — not by scope-of-practice restrictions on optometrists. Allowing optometrists to perform surgery does not place an ophthalmologist in Morrisville or Newport.
- The vast majority of Vermont's optometrists are already concentrated in population centers. Scope expansion will not redistribute optometric practices to rural or underserved communities.

- Optometric scope expansion in other states has not demonstrated a measurable improvement in rural access to ophthalmic care. In Oklahoma — often cited as a model — rural surgical access did not meaningfully improve following optometric surgery authorization.
- If a complication occurs during a procedure performed by an optometrist in a rural area, the patient may be farther from an ophthalmologist capable of managing that emergency — creating a worse access problem than currently exists.
- There is no documented backlog of Vermont patients who cannot receive necessary ophthalmic surgical care because of the current scope-of-practice framework.

3. Cost Implications for the Health System

S.64 is unlikely to reduce costs and may introduce new financial burdens on the health system and on patients.

- Surgical complications are expensive. Procedures performed by inadequately trained providers lead to higher rates of post-operative complications, revision surgeries, and emergency care — costs that fall on patients, insurers, and Medicaid.
- Scope expansion may increase the overall volume of elective surgical procedures through demand inducement — procedures ordered by the same provider who benefits financially from performing them, without the independent clinical check that referral to a specialist provides.
- Malpractice costs and insurance premiums will increase for optometrists performing surgical procedures, costs that are ultimately passed on to patients through higher fees.
- Vermont's Green Mountain Care Board works to contain healthcare costs and eliminate unnecessary utilization. Expanding surgical scope without demonstrated need or proven savings runs counter to Vermont's cost-containment goals.
- The cost of managing avoidable surgical complications — including additional surgery, hospitalization, vision rehabilitation, and disability — has not been accounted for in discussions surrounding this bill.

4. Constructive Alternatives to Improve Eye Care Access

We support efforts to improve Vermonters' access to high-quality eye care through approaches that do not compromise patient safety:

- Fund mobile surgical unit programs that bring ophthalmology teams to rural regions on a scheduled basis.
- Strengthen collaborative practice agreements between optometrists and ophthalmologists for co-managed post-operative care — keeping surgical decisions with surgical specialists.