

Dear Chair Collamore and Members of the Senate Committee on Government Operations:

As primarily a patient safety issue, we are pleased that the bulk of the medical concerns related to S.64 will be considered by your Health & Welfare Committee. For a preview of those issues, we look forward to your committee hearing from Jessica McNally, M.D., Comprehensive Ophthalmologist on March 12th about the complexities of surgery, that seconds count when making medical decisions, how training and years long/hands on training build the skills necessary to operate on the human eye.

This week you will hear from optometric doctors (OD's) about expanding their scope of practice to include "advanced procedures" to include "minor lumps and bumps" "simple" laser procedures and injections into the eye.

Any breach of the tissue is surgery – *this includes injections into and around the eye and laser surgeries*. **Surgery can be learned only through years of training with diverse pathology and one-on-one supervision from experienced physicians.** The surgery itself is only part of quality care; a fully trained physician will work with patients to decide which procedure or treatment is needed, if at all.

Anyone calling laser surgery "simple" does not understand how the body works. There is no such thing as a simple surgery, and that includes laser surgery — the laser is a high-tech scalpel. The cut is deep and permanent. First, when treating glaucoma or cloudy/opaque eyes with lasers, the physician needs to carefully focus the laser energy to structures within the eye that can be smaller than a human hair.

Missteps can lead to increasing eye pressure impacting the optic nerve, cataracts, damaged corneas, inflammation in the eye, conjunctivitis, and more. The energy of the laser can even create a shock wave that could cause retinal detachment. In Oklahoma, which is one of the few states to allow optometrists to use lasers to address glaucoma, [Medicare patients saw a 189% increase](#) in the chance that they would require a second, repeated laser surgery in the same eye to address the same condition.

While an in-office scalpel surgery may sound straightforward, these surgeries are in fact very delicate and should be conducted by a physician. A bump on the eyelid could simply be a benign cyst or a stye, or it could be a form of skin cancer. If left undetected, the tumor can quietly spread, putting the health of the patient at grave risk.

It is important for a trained physician to treat these conditions, because the complications can be serious:

1. Spread of cancer
2. Infection
3. Scarring
4. Damage to nearby structures

5. Death (extreme cases)

Injections in and around the eye are risky, and the complications can be quite severe. Injections can cause adverse cardiac events, perforation of the eye, allergic reactions, or they can result in the drug entering the blood stream if a vein is inadvertently injected. **Optometrists do not have the education, training, or even the costly equipment such as crash carts to deal with these potential complications.**

Any time a needle is placed near the eye, there are serious risks to patients that require clinical experience and judgment. For example:

1. A surgical error of just a few millimeters can result in a punctured eyeball and catastrophic vision loss.
2. Injecting eyelid lesions, which have blood vessels connecting to the back of the eye, can cause immediate and permanent vision loss.
3. Injecting into a cancerous lesion that has not been properly diagnosed can result in the cancer spreading.

Expertise in managing these types of serious complications is achieved through years of ophthalmic surgical residency and clinical training. It cannot be obtained in the current optometric curricula or in an “add-on” training.

Training matters

- **OPHTHALMOLOGISTS** - Every ophthalmologist is a medically trained physician and surgeon, having completed medical school and four or more years of ophthalmology residency in a hospital setting. Each ophthalmologist has logged approximately 17,000 hours examining thousands of patients before practicing independently, the minimum needed to perform surgery safely.
- **OPTOMETRISTS** - Going straight from college to optometry school (not medical school), their training focuses on primary eye care services such as examinations, refraction and contact lens fitting. As they are not physicians, accreditation standards for optometry schools do not include either education or clinical training in surgery or surgical care of patients. Their education and training focus on primary eye care services (e.g., eye exams/refractions and contact lens fitting) but not in the medical or surgical treatment of serious eye disease.

The most recent report from the Vermont Office of Professional Regulation (OPR) on this issue concludes: “OPR is unable to determine whether expanding the optometric scope of practice would improve patient access to care”. In Vermont, with something as precious as eyesight, we should not take unnecessary risks.

While your committee's jurisdiction is limited to the administration of government, including oversight of professional regulation, we hope you feel the gravity of this issue and do not take lightly the responsibility to patient safety this issue warrants.

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