

I am writing to express my concern and my opposition to proposed legislation S.64 coming before your committee this session, which would expand optometry scope of practice in our state. I am a Vermonter, an ophthalmologist and one of your constituents. I was born in Berlin, VT, raised in the Northeast Kingdom, where my extended family resides, and I have been practicing Ophthalmology at UVM since 2015, serving patients from all corners of our state.

My particular area of subspecialty is ophthalmic plastic surgery which involves diseases/disorders of the eyelids, the orbit and the tear drainage system. I spend all day every Tuesday performing in-office procedures, so-called minor procedures, on the eyelids. Almost without exception, these procedures do not feel minor to the patients--they often tell me how terribly anxious they are in anticipation, and this is often reflected in elevated blood pressure on the day of the procedure, sometimes so elevated that we need to postpone it to another day because they can't safely undergo injection of lidocaine with epinephrine which will elevate their blood pressure even further, putting them at risk of a heart attack or stroke and most certainly causing intraoperative bleeding that is difficult to control. I counsel patients honestly about what to expect from the procedure--the injection of lidocaine into the delicate eyelids to numb the area can be quite painful. It is not uncommon for patients to flinch or move during this injection, when the needle is millimeters from their eye. When a patient flinches or hyperventilates or swears, it is essential that I remain calm and relaxed. I can do this because I have had a lot of practice, now with 10+ years of independent practice under my belt, and before that 4 years of residency training and a year of subspecialty fellowship training. Throughout my years in training I provided patient care and performed surgery on real patients for 60-80 hours a week under the direct supervision of skilled and experienced ophthalmologists. Optometry schools simply do not provide standardized and necessary training to perform surgery.

Another issue that greatly concerns me is the failure to consider the experience, training and mentorship required to manage surgical complications, which, as every surgeon knows, are unfortunately inevitable. I speak from experience when I say that managing surgical complications is often technically and emotionally more challenging than learning the surgery itself. If this bill passes, will optometrists who have no standardized training on real people be prepared to manage the inevitable complications that ensue?

Last year, I spent a weekend in Montreal with an outstanding colleague and friend to celebrate her 50th birthday. She trained in Canada as an optometrist, practiced optometry for several years and then realized that she wanted to pursue additional training. She went back to medical school, then completed ophthalmology residency in Canada so that she could perform surgery. Still seeking more challenge and skills in her medical practice, she then pursued two subspecialty fellowships. She is an outstanding doctor and surgeon. I send her surgical referrals regularly and am grateful for her skills and expertise. Another of her friends in attendance at that birthday celebration followed that same path. I think that this is an appropriate avenue for anyone who is interested in

performing eye surgery. Interestingly, there were also several Canadian optometrists in attendance who reported that this kind of optometric scope expansion is not even an issue on the table in Canada.

Many people do not know the difference between optometrists and ophthalmologists and need protection from harm or inappropriate treatment. Patients who need eye surgery deserve the best trained doctors. I hope that you will protect Vermonters by opposing this legislation. Please don't hesitate to contact me if you would like to discuss this further or have any questions I might be able to answer. Thank you for your service to our state.

Sincerely,

Libby Houle, MD