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Testimony in Opposition - S.64
An act relating to amendments to the scope of practice for optometrists
February 4th, 2026

Hello, and thank you for the opportunity to speak today. My name is Divy Mehra, and I am a chief ophthalmology resident at Dartmouth and the White River Junction VA Medical Center. As an active surgical trainee, I'd like to offer a perspective on the training required to safely perform the procedures listed in S.64. I hope to clarify what this training entails and why it is essential.

After college, the path to becoming an ophthalmologist begins with four years of medical school. The first two years focus on academic knowledge—learning how the entire body functions, including how the eyes fit in that system. In the final two years, students join clinical teams to care for patients and participate in procedures. For me, this hands-on exposure was heavy in procedures in the abdomen, chest, and face—not the eyes yet. While these aren't the same as ocular procedures, the technical and decision-making skills are foundational.

Next comes residency. The first year, known as the intern year, is an intense experience. Residents care for patients independently in hospital settings, often during acute illness. We learn how to obtain informed consent, discuss risks and benefits, and understand complications firsthand. This instills respect for procedures and an awareness of the responsibility they carry.

The final three years of residency are devoted specifically to the diagnosis and medical and surgical management of eye disease. Surgical training is progressive—residents begin by performing parts of procedures repeatedly under supervision until proficiency is achieved. Only then are we allowed to operate independently.

Optometrists also complete four years of post-college training. While many are excellent clinicians, procedural training typically is limited to lectures and short workshops—sometimes just a single weekend course—with practice on model eyes. These are helpful introductions, but they lack the realism of live patient care. Models don't move unexpectedly, models don't feel pain, models don't bleed.

Sometimes more challenging than performing a procedure is knowing *which* procedure to do—or when not to intervene at all. That clinical judgment comes from a wide breadth of procedural experience, from seeing complications, and from learning to weigh alternatives under supervision. During residency, I constantly make these decisions and receive direct feedback from seasoned doctors/surgeons. This iterative process builds the confidence and skill needed to provide truly informed care.

Why are 8+ years of training necessary? Because performing surgery is hard. But *knowing* how and when to operate is even harder.

As chief resident at the VA, I look to the federal standard, where a determination on this subject has already been made on this subject, under the pretense that veterans have earned the right to the highest quality care. This is enforced by the Veterans Health Administrative directive 1121, which defines the scope of practice for ophthalmologists and optometrists. This directive defines an ophthalmologist as medical doctor that can provide "surgical and laser eye care services."

There has been discussion about the VA Community Care Program, which is a referral program to providers practicing OUTSIDE of the VA system. This means that practitioners INSIDE the VA system can refer patients to optometrists OUTSIDE of the VA system for advanced procedures in states with expanded scope of practice. It DOES NOT allow optometrists in the VA to perform these procedures. VHA directive 1121 clearly does not include surgery or lasers within the scope of practice of optometrists.

I believe ophthalmologists and optometrists share a common goal: to provide high-quality, accessible, and affordable care. While I do not support S.64 as written, I hope this bill sparks further dialogue about how our team-based approach can evolve to serve patients better—safely and effectively.

Thank you for your time and consideration.