

Good morning. My name is Jessica McNally, and I am an ophthalmologist and current president of the Vermont Ophthalmological Society.

Chair Lyons, thank you for allowing me to testify on behalf of Vermont ophthalmologists to voice our concerns about S.64, a bill that would expand the scope of practice of Vermont optometrists to include eye surgery.

To be clear, the singular goal of Vermont ophthalmologists is to ensure that Vermonters receive safe, high-quality surgical eye care. With that in mind, we have grave concerns about this bill and its implications.

In the close to 20 years I've been in practice, I have seen firsthand the confusion about the difference between an ophthalmologist and an optometrist. In fact, a [2018 survey](#) conducted by the American Medical Association found that over half of respondents either did not know or were not sure if an optometrist was a physician. All ophthalmologists are physicians and surgeons.

As you will hear, ophthalmologists complete a four-year undergraduate bachelor's degree program after which they complete four years of medical school identical to other physicians and surgeons. After completing medical school, ophthalmologists move on to obtain 4-6 more years of residency and fellowship training. All ophthalmology residency programs are standardized across the country and must meet rigorous, national Accreditation Council for Graduate Medical Education requirements (ACGME).

As in all surgical residencies, ophthalmologists are held to the highest standard of care and do not graduate from their program until they have proven competency, not simply by numbers of surgeries performed or passing board examinations, but by meticulous formal assessments by our mentors. These include elements such as working cohesively with colleagues, professionalism, patient relationships, and surgical skills and progression. Each member of residency program Clinical Competency Committees must agree that a resident has attained competency before the resident is allowed to graduate.

Optometrists also complete a four-year undergraduate bachelor's degree program. They then attend a four-year optometric program and have the option of completing additional training after that. This additional training is not required to obtain a Doctor of Optometry degree. In the materials provided by the optometrists in the OPR report, examples of such additional training are given including low vision, contact lenses, and ocular disease. What we (and what OPR) found is that in four-year optometric programs there are didactics (for example lectures and videos), along with laboratory simulations of surgeries on model eyes and model skin. The standardization of numbers of hours of didactics and numbers of simulations performed is not clear to us from one optometry program to another. What is clear, and what OPR has found, is that at the majority of optometry schools there is no hands-on surgical training on live human beings. In fact, there are only 2 states out of the

14 with expanded scope that have optometry schools that can train their students in all of these surgeries on live human beings.

We have observed that the system of licensing optometrists to perform advanced procedures is starting to develop cracks. Recently, it was revealed that Kentucky allowed [21 optometrists](#) to be licensed without passing all of the required exams. A malpractice [lawsuit](#) has been filed against one of those optometrists relating to use of a laser. Even optometrists have expressed concern about this lack of responsibility by the Kentucky Board of Optometric Examiners. A West Virginia court also recently determined that their Board overstepped its bounds, and they [voided a rule](#) that allowed optometrists to perform eyelid surgeries.

The two main arguments that VT optometrists have brought forward since beginning their effort to expand scope involve access and cost. Optometrists in Vermont have repeatedly asserted that by allowing scope expansion, access to these surgeries will be improved. In Vermont we are extremely fortunate in that we have enough ophthalmologists to provide all scalpel and laser surgical care in and around the eye. It has been suggested that the absolute numbers of ophthalmologists in VT does not reflect access because some of us subspecialize and don't perform these surgeries. The fact is that there are only a handful of ophthalmologists (typically Retina specialists) who don't perform these surgeries. Furthermore, a [July 2023 article](#) published in the Journal of the American Medical Association showed that in Oklahoma, Kentucky, Louisiana, Arkansas, and Missouri, scope expansion to include laser surgeries did not lead to shorter travel time or improved access. A more recent [November 2025 article](#) published in the Journal of the American Medical Association (full research letter submitted) demonstrated that, although there has been a decrease in the number of ophthalmologists, they are practicing in a greater number of locations. The article further determined that, nationwide, driving distances to optometrists and ophthalmologists is similar.

We have approximately 33 practicing ophthalmologists in the state. Expecting one to be in every county is unrealistic- it would be like expecting to have a urologist in every county and then have primary care physicians increase their scope by performing urological surgery to fill the gap. The 4 eye care providers mentioned by Dr. Barcelow all practiced in Washington and Orange County. They were all of retirement age in solo practice. To expect a young optometrist to come to VT and buy such a practice with the expectation of performing laser and scalpel surgeries is illogical- lasers can cost anywhere from \$40,000-\$60,000. There are no studies showing that optometrists are flocking to states with increased scope and settling in rural areas.

And we continue to have concerns that the primary eye care needs of Vermonters are not being met. According to OPR's website, there have been 31 newly licensed optometrists in Vermont in the last 6 years. It is difficult to understand how expanding the workload of an already busy optometric provider to include surgeries could possibly improve access to primary eye care. Another major issue we are seeing is that some Vermont optometrists

have stopped taking vision insurance, leaving patients to seek care outside of where they live or work.

Indeed, both the 2020 and 2023 reports from OPR conclude that “OPR is unable to determine whether expanding the optometric scope of practice would improve patient access to care.”

I can assure the Committee that if a Vermont patient needs expedited or urgent eye surgery, our optometrists know that they can reach out to us directly. In fact, many of us have each other’s personal phone numbers and e-mail addresses.

With regards to cost, many arguments have been put forward by Optometry insisting that scope expansion will decrease cost. For example, they propose that scalpel or laser surgery could be performed on the same day as the diagnosis in their offices, thus saving the patient unnecessary visits and travel time to a surgeon. This argument does not hold water. All ophthalmologists can cite examples of patients who were sent to them for the surgeries in S.64 that, after being evaluated, were deemed unnecessary or ill-advised. This in fact decreases cost by avoiding a surgery. Furthermore, it is nearly impossible to perform surgery on the same day of a patient evaluation because of complicated reimbursement issues and obtaining the required prior authorizations.

The 2023 report from OPR invalidates Optometry’s claims by stating “OPR is unable to determine whether scope expansion would have an impact on costs”.

Optometrists have repeatedly portrayed ophthalmic lasers as “safe” and “easy”. The Vermont Ophthalmological Society firmly disagrees with this characterization. Ophthalmic lasers, as proposed for use inside the eye, are categorically surgical instruments used for altering tissue. Surgical treatment with ophthalmic lasers is not a primary eyecare service and should be performed by physicians who are hospital residency-trained surgeons. Furthermore, the existing and future laser eye care needs of Vermonters do not come close to providing the caseload numbers needed for optometrists to maintain competency. I have reviewed the laser surgery data from my practice from September – November 2025 and have submitted it for your review. It demonstrates the relatively low numbers of lasers performed compared to the number of referring optometry practices and optometrists.

Optometry scope expansion into the scalpel and injection surgeries listed in the bill would allow optometrists to remove lesions (what some refer to as “lumps and bumps”) on the eyelids and around the eye “without characteristics or obvious signs of malignancy”. The Oculoplastics specialist at UVM, Dr. Libby Houle, has spoken and written at length about how difficult it is to predict a malignant from a nonmalignant lesion and how that even she, an expert, has been surprised with biopsy results. Other challenges in removing lesions from the eyelids involve what happens to the skin after the removal, for example how the wound is often much larger than expected once the lesion is cut off. There can be unexpected excessive bleeding that can be anxiety provoking for the surgeon and the

awake patient. The bill would also allow repair of traumatic eyelid lacerations. Repair of even superficial eyelid lacerations can be extremely complex and is much more difficult than suturing a surgical incision.

Other proposed surgeries in the bill include corneal crosslinking. There is only one ophthalmologist in Vermont who is trained to perform this surgery, and that is because he is a fellowship trained Cornea specialist. This surgery is outside the scope of practice of all other VT ophthalmologists.

Our Retina surgeons have significant concerns about the inclusion of fluorescein angiography in the bill. This is a dye test to look at structures in the back of the eye. The dye is injected into a vein, often causing nausea and sometimes vomiting and potentially anaphylaxis. Our Retina specialists maintain that the far majority of retina disease can be diagnosed with other equipment that is already widely available and utilized regularly in almost every optometric practice in the state.

Even after hearing all of our concerns about training, risk to patient safety, and finding that there would be no increase in access or cost savings, OPR has concluded that it supports expanding the optometric scope of practice to include the proposed advanced procedures so long as optometrists have the necessary training.

So, the question then becomes, who decides what that necessary training is? Is it OPR? Is it the Vermont legislature?

What OPR was tasked to do by legislators was to create a compromise that would make some feel better about optometrists performing eye surgery. To that end, they have created a training program for eye surgery, which they have labeled a preceptorship. Clearly, OPR does not find that current optometric education provides the necessary training to perform these surgeries. Otherwise, they would not have created a surgical training program themselves.

We have the utmost respect for OPR and for the work they have done on this issue, but they do not have the expertise to make recommendations on the training required to safely perform eye surgery. When we asked them in one of our meetings, how can you possibly know in any detail about all the professions you oversee, the answer was “we depend on experts”. We, Ophthalmologists, are the experts. OPR’s proposal to bolster training experience, some of which has been adapted for the bill, falls far short of ensuring safe eye surgery in Vermont. Setting appropriate standards for medical and surgical training should only be done by a properly accredited organization. This organization should be comprised of individuals with firsthand knowledge and expertise in eye surgery and developing curricula with proven standardization to ensure competency of surgeons and accountability of the accrediting body. Safe eye surgery for Vermonters can only be provided by physicians who have completed medical school and an ACGME accredited Ophthalmology residency program.

I will close with where I began, that the singular goal of the Vermont Ophthalmological Society (VOS) is to ensure that Vermonters receive safe, high-quality surgical eye care. As legislators, your ultimate responsibility is to protect the safety and wellbeing of the people of Vermont.

Respectfully submitted,

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