

March 13, 2025

To: Senate Health and Welfare Committee
From: Rick Hildebrant, MD,
Chair, Board of Medical Practice

Chairperson and members of the committee, thank you for the opportunity to speak today on the proposal to expand the scope of practice for optometrists in Vermont. I am here representing the Board of Medical Practice to address whether this expansion would best serve the people of Vermont by improving access to eye care and patient outcomes, based on **available evidence**.

This issue was **extensively discussed by the Board of Medical Practice in October 2023**, following the preliminary release of the **Vermont Office of Professional Regulation (OPR) report**. The **board unanimously voted against supporting the expansion of optometry's scope of practice**. The topic was revisited in **January 2025**, and while no formal vote was taken, **there remained no support for expansion, as no new evidence had emerged**.

During our deliberations, we identified **three primary concerns**:

- 1. The OPR report found insufficient evidence that scope expansion would improve access.**
- 2. The OPR report found insufficient evidence that scope expansion would impact cost.**
- 3. The board had serious concerns that allowing optometrists, who have significantly less surgical training than ophthalmologists, to perform ocular surgery could lead to worse patient outcomes.**

1. Expanding Scope Has Not Been Shown to Improve Access

There is **little research** evaluating whether expanding the scope of optometry improves access. However, a **2023 study published in JAMA Ophthalmology** evaluated the impact of optometrists performing laser procedures in states where this expansion has already occurred. The findings showed:

- Despite optometrists performing up to 37.1% of certain laser procedures in Oklahoma, there was no meaningful reduction in patient travel times.**
- In some cases, patients actually had to travel further to reach an optometrist performing laser surgery than an ophthalmologist.**



- **The study concluded that expanding optometrists' privileges had no measurable impact on increasing access to care.**

In Vermont, we already know that **there is no identified shortage of ophthalmologic surgical services:**

- **In 2020, the Eye Surgery Center in South Burlington submitted a certificate of need to the Green Mountain Care Board (GMCB) to expand services. The request was denied because the GMCB found there was no identified shortage of ophthalmologic surgical services in Vermont.**

However, Vermont **does have significant challenges in optometry access:**

- **While there is no published report on waiting times for optometry access when I called several practices for routine optometric care there was over a 10-month wait in Rutland.**
- **Expanding scope does nothing to address the real problem that Vermont lacks enough optometrists to meet current demand for routine care.**

The **Vermont Department of Health's "Optometrists 2022" Report** provides clear data on this problem

- **Workforce Data:** In 2022, Vermont had **102 active optometrists**, equating to **81.2 full-time equivalents (FTEs)**. Demographic data in the report indicates that as of 2022, 20 of Vermont's 102 optometrists were 65 or older suggesting that access to optometric care may decline further in the coming years.
- **Geographic Distribution:** Optometrist availability varies significantly but mirrors ophthalmology availability with **16 to 18 FTEs per 100,000 residents in Chittenden, Washington and Windsor Counties, while Essex and Grand Isle Counties have none.** Five other counties have fewer than 10 FTEs per 100,000 residents.

This data highlights that **Vermont's real eye care access problem is in routine optometric care, not surgical ophthalmology services.** Expanding scope would **not add more optometrists to underserved areas, nor would it reduce wait times for routine eye care and may worsen these problems.**

2. Expanding Scope Will Not Lower Health Care Costs

The OPR report found no evidence that expansion of optometry scope of practice to include surgical procedures would lower costs.

- Proponents of scope expansion conceded that procedure billing and payments are based on the procedure and not the licensure of the professional who performs them.
- The report also noted that ophthalmologists frequently find that patients referred by optometrists for procedures are often better served with **conservative, non-surgical treatment.** This suggests that expanding optometry's scope could **increase eye care costs** by leading to **unnecessary procedures**, while also **exposing patients to avoidable surgical risks.**

- The OPR report's final observation on cost referenced reviews from states that had expanded optometry's scope. These reviews either **lacked cost data entirely or found no evidence that the expansion impacted costs.**

Clearly, there is a lack of evidence that enacting S.64 would reduce health care spending.

3. Expanding Scope May Reduce Quality of Care

In terms of patient safety and quality, there is no primary research comparing the surgical outcomes of optometrists performing these procedures with those of ophthalmologists.

Some proponents of scope expansion argue that the absence of reported cases of worse outcomes in procedures performed by optometrists indicates that their outcomes are comparable to ophthalmologists. However, as the late Carl Sagan famously said, **“Absence of evidence is not evidence of absence.”**

The lack of reported complications does not necessarily mean that complications are not occurring—it may simply mean that they are underreported, misattributed, or not studied. A useful analogy is infectious disease surveillance: the absence of reported measles cases in Chittenden County does not prove that no cases exist. It may mean that cases were misdiagnosed, or that affected individuals did not seek medical care. Without rigorous data collection and comparative research, it is impossible to conclude that optometrists achieve the same surgical outcomes as ophthalmologists.

On the other hand, if optometrists did provide surgical care at the same quality level as ophthalmologists, we would expect to see studies demonstrating this—but no such data exists.

What we do know is that **surgical outcomes improve with experience and training:**

- **A 2016 systematic review of 32 meta-analyses covering more than 180 studies concluded that higher surgical volume is directly correlated with better patient outcomes.**
- **Ophthalmologists undergo 8–10 years of medical training and are required to perform a minimum number of surgeries on live patients before completing their residency.**
- **A published report from an ophthalmology residency program found that residents perform over 500 surgeries before graduation, far exceeding the required minimum of 100 surgeries.**
- **Optometrists do not receive this level of surgical training, even in expanded programs, which raises serious concerns about patient safety and surgical quality.**

Given these facts, **permitting professionals with significantly less surgical experience to perform delicate ocular procedures carries clear risks to patient safety.** Until robust comparative data exists, this proposal does not meet the standard of evidence required for ensuring high-quality surgical care in Vermont.

Conclusion

- **Expanding optometry's surgical scope has not improved access in other states.**
- **Vermont has no demonstrated shortage of ophthalmologic surgical services.**

- **Shifting surgeries to optometrists, who receive significantly less training than ophthalmologists, poses serious patient safety risks.**
- **The real issue Vermont faces is limited access to routine optometric care—not surgical care—and expanding scope would do nothing to solve that problem.**

Thank you for your time, and I welcome any questions.