

Good morning, Madame Chair and members of this committee. My name is Tina Keshava—I am an optometrist in Rutland and currently the president of the Vermont Optometric Association. Thank you very much for allowing us to demonstrate the need for scope expansion of optometry in Vermont. Not only are current optometrists trained and educated to perform these procedures, but we have also shown that it is safe and effective when they do.

As Dr. Barcelow mentioned earlier, our profession in Vermont has developed over the past century from providing glasses and checking vision, to dilating patients in the early 80's to monitor eye health, and to treating eye disease and infections in the early 2000's. Our education evolved before those changes were enacted, and it is time again for our scope to match what optometry graduates are trained to do. By allowing this expansion, patients will be able to have greater continuity of care with their local eye doctor and save on extra transportation, time, and copays of unnecessary referrals. Take for example, one of Dr. Phillips' patients. Once he determines them to be a candidate for SLT (laser treatment for glaucoma), he must refer them to a doctor in Burlington for timely care because the ophthalmologist above his office has a wait-time of more than 6 months! This patient then has to drive 45 minutes back and forth at least twice, once to have a repeat exam of what Dr. Phillips already did, and then another time for treatment. Dr. Phillips was able to perform this procedure less than a year ago, but now that he lives in Vermont, he cannot. Dr. Phillips is excited and ready to obtain this specialty, but not every optometrist will apply for this license— only those who feel confident and have the desire to perform these skills will pursue it, just like not every ophthalmologist performs cataract surgery. I would also like to address

concerns regarding complication management— most of the common complications from these procedures can already be managed by optometrists. The more severe ones, which are rare, usually need to be addressed by a retinal specialist, regardless of who performs the surgery, optometry or ophthalmology.

I would also like to speak for a minute on the issue of access. We do not disagree with ophthalmology that access is an issue for eye care throughout the state. It is unfortunate, but true for other disciplines as well, like dentistry and primary care. I can personally tell you that one of the first questions fourth-year students ask at career fairs is “What is the scope in your state?” These newly-minted optometrists do not want to be limited in what they can do based on a state-line. We hope that by increasing the scope to this degree, Vermont will be attractive to new grads and other highly trained optometrists, helping to fill the gaps in coverage we have or will have as some retire. Additionally, as discussed in Dr. Edlow’s article, there will be a shortage of ophthalmologists across the country within the next 10 years, as demand soars. Optometrists must be able to work to their full training to save the ophthalmologist’s chair time for patients with complex needs that are outside of this proposed scope, such as cataract surgery and injections for macular degeneration. This bill is about working as a team to help deliver the best eye care possible to Vermonters. Given how long OPR feels it will take to get the advanced procedures specialty license up and running, there is no time to delay. Vermonters cannot afford even worse access to eye care than we have now!

Lastly, OPR supports this bill after months of exhaustive research. It contains high standards for doctors seeking this specialty license, including

extra training, board exams, a preceptorship, proctored procedures, and adverse event reporting. It also requires more continuing education to renew this license than the traditional one, ensuring continued competency in these skills. Additionally, the Oliver Wyman report shows that allowing providers to practice to the full extent of their education and training is the way to reduce healthcare costs and improve patient access. That is what S.64 is all about. Instead of being the 49th state, like we were for allowing optometrists to treat glaucoma, please help us join the other 14 states and become one of the first in the northeast to fully expand scope by voting yes on this bill. Let's not let Vermont fall behind. Thank you again for your time. Dr. Phillips and I are happy to answer any questions that you have.