



Vermont Medical Society

Protecting Patients Eyes – The Most Delicate Asset We Have

Both the Vermont Ophthalmological Society (VOS) and the Vermont Medical Society (VMS) oppose allowing eye surgery to be performed by those without medical school or surgical residency training for the following reasons:

- **Patient Safety** - All surgical procedures, laser and scalpel, are invasive and carry inherent risk to patient safety. It is unnecessarily risky to allow eye surgery to be performed by those without extensive medical school and surgical residency training. Allowing optometrists to perform surgery without appropriate training, oversight, and competency assessments may expose Vermonters to significant potential harm.
 - **Lack of Training** -This proposal does not require that ODs get surgical training under supervision of a surgeon prior to performing on patients. The language as written requires only training through video, or in a laboratory. NO supervised training on a human eye is required prior to being endorsed. The vast majority of optometry schools, including all those in the Northeast, do not provide training on living patients and instead use models without providing any hands-on human experience. **Inadequate training presents a huge risk to patient safety.** There is a critical difference between the training that an MD receives and that an OD receives. Ophthalmology residents and fellows get hundreds of hours of supervised surgical training prior to ever performing a procedure solo. Procedurally oriented care such as invasive surgery and the management of its associated complications requires a unique educational process and philosophy that no optometric academic institution or training program provides.
- **No increased access** - There is no unmet patient need compelling this risky and dramatic change in optometric practice. Vermonters have adequate access to qualified and experienced MD eye surgeons when ophthalmic procedures of any kind are required. Wait times in Vermont when they do occur are largely due to wait times for surgical space in hospitals for certain procedures.
- **Unprecedented** - The proposed optometric legislation would, for the first time in the State's history, permit people who are not licensed to practice medicine to perform eye surgery on Vermont citizens. **Current allowed procedures for Vermont optometrists are very much in line with (or exceed) the large majority of state optometric practice acts** in this country. The proposal to expand procedures to surgery, lasers, and injections poses significant and unnecessary risks to patient safety.

We cannot compromise on the safety and quality of care provided to Vermonters. That is the only issue that matters.

History of issue

Between 2018 and 2019, multiple meetings and discussions were held between the Vermont Ophthalmological Society, Vermont Optometric Association and Office of Professional Regulation. Ultimately, in 2019, the parties and the House Government Operations Committee reached an agreement that directed the Office of Professional Regulation (OPR) to “evaluate the safety and public health needs of enlarging the scope of practice of optometrists to include advanced procedures.” [Act 30, Section 13 \(2019\)](#).

OPR Study

As directed by Act 30, The Office of Professional Regulation spent hundreds of hours researching and compiling data that resulted in a [comprehensive report](#) which was submitted to the Legislature in January of 2020. The OPR report directly addressed the questions raised by the House Government Operations Committee.

The OPR Report concluded:

“After consulting with stakeholders and conducting extensive and thorough research, OPR cannot conclude that optometrists are properly trained in and can safely perform the proposed advanced procedures. Further, OPR finds that there is little need for, and minimal cost savings associated with, expanding the optometric scope of practice to include advanced procedures. For these reasons, OPR recommends against expanding the optometric scope of practice to include the proposed advanced procedures.”

The Report goes on to find:

Access: *“Additionally, there does not appear to be a need for making these advanced procedures available in locations closer to Vermont residents. Vermont data shows that there is an ophthalmologist located within 30 miles of most Vermont residents. Even if there is a need for locating these services closer to patients, expanding the optometric scope of practice is unlikely to address this issue. Most Vermont ophthalmologists and optometrists are located in the same places.”*

Costs: *“OPR concludes that there will be little, if any, cost savings associated with the expansion of the scope of practice. Patients may be saved the additional costs of seeing a new doctor, repeating an exam, and traveling twenty minutes to see another provider. However, it is not clear to OPR that these costs savings are beneficial to the patient. Evidence provided by the VOS and experiences in other states show that optometrists sometimes refer patients for or perform unnecessary advanced procedures. At least in one study showed that significantly more repeated procedures were required when the initial procedure was performed by an optometrist. Thus, the initial costs savings to the patient may be outweighed by the costs of an unnecessary or repeated procedure.”*

Safety: *“According to the NPDB, between the years of 1992 and 2019, there were 59 malpractice payments and adverse events reported to the NPDB for Oklahoma optometrists. This is much higher than the three cases reported by the Executive Director of the Oklahoma Board. Less striking, but nonetheless significant, while the Alaska Board only reports one discipline case against an optometrist since 2011, the NPDB reports five malpractice payments or adverse events from the State. While the NPDB data does not offer conclusive evidence regarding whether the expanded scope of optometric practice has led to an increase in malpractice cases or adverse events, it does indicate that **the professional boards in these states do not have a full understanding of the complications, adverse actions and malpractice cases occurring in the state.**”*

To prevent just this type of dispute in front of legislative committees, the legislature also passed [Act 178 of 2020 \(page 30\)](#), which directs OPR to complete a preliminary assessment of scope of practice prior to consideration by the General assembly. These assessments are now required and assess whether a proposed scope of practice change protects public health and safety, impacts access to care, adequately addresses education and training and has an economic impact. Ignoring a scope of practice report as directed by Act 30 of 2019 and Act 178 of 2020 undermines the authority of the Office of Professional Regulation and the general assembly, which supported this process.