

Detwiler Eyecare

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Testimony Supporting S.B. 36
Senate Health Committee

Ron Detwiler, O.D.

March 5, 2025

Chairman Huffman, Vice Chairman Johnson, Ranking Member Liston, and Members of the Senate Health Committee:

Thank you for allowing me the opportunity to provide testimony in support of S.B. 36. I would like to first provide some context and history on optometric scope expansion.

In February 1991, Senator Robert Ney (R) from Barnesville, Ohio introduced S.B. 110 (119th General Assembly) which was legislation that allowed optometrists the ability to prescribe therapeutics specified in a formulary and remove foreign bodies. It also gave the then State Board of Optometry the authority to authorize by rule new or additional oral drugs to be added to the prescribing formulary.

Back then, I had the honor and privilege of serving as our State Affairs Committee Chairman and testified in support of that bill so that optometrists could effectively diagnose and treat their patients to the highest level of their training. I also spoke with legislators on the education and training of Doctors of Optometry, as well as the safety concerns of the proposed changes in optometric practice laws by our opponents, the ophthalmologists and organized medicine. The bill ultimately passed the Senate Health Committee 8-1, the Senate by 29-4, the House Health Committee 17-2, and the House 82-16 on February 15th, 1992. The law was effective May 17, 1992.

Enactment of S.B. 110 in 1992 made Ohio the 30th state in the United States with some form of optometric pharmaceutical legislation. At the time, Ohio's neighboring states of Indiana, Kentucky, and West Virginia had optometry laws permitting practice like that sought in Ohio. The bill enabled then licensed optometrists to become certified to use therapeutic drugs and treat their patients for disease, injury, or other abnormal conditions of the eye and visual system. Prior to that, optometrists had no prescriptive authority. In 2008, the optometric scope of practice was again updated through passage of H.B. 149 sponsored by Rep. Fred Strahorn (D) Dayton which included expansion of the 1992 therapeutic formulary to prescribing within 5 pharmaceutical categories.

Now let's fast forward to today. S.B. 36 would allow optometrists to perform 3 specific laser procedures, eyelid injections to remove benign lid lesions, and remove the 5 restrictive prescribing categories of oral pharmaceuticals in statute to allow an optometrist to prescribe any medication related specifically to all eye conditions.

Currently, there are 12 states allowing optometrists to use lasers and 20 states allowing lid lesions procedures. 15 additional states, including Ohio, are pursuing legislation for these scope of practice changes in their state laws. Expansion of scope is needed by all medical professions to

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render the highest quality eye care to our patients. There are striking similarities between 1992 and 2025 optometric scope expansion:

1. **Ensuring the Highest Level of Eye Care**

Expanding optometry's scope of practice to align with advancements in technology, education, and training will enable optometrists to provide the highest standard of care to patients.

2. **Addressing Workforce Challenges in Healthcare**

S.B. 36 will help retain a highly trained optometric workforce in Ohio, preventing the loss of practitioners to neighboring states with more modern scope-of-practice laws.

3. **Improving Access to Care**

As the population ages and the ophthalmology workforce declines, optometrists are well-positioned to meet the increasing demand for eye care services.

4. **Promoting a Collaborative, Efficient Model of Care**

Many eye care practices in Ohio already integrate both ophthalmologists and optometrists, leveraging their respective expertise to enhance efficiency and improve patient outcomes.

Despite ophthalmology's history of opposition to optometric scope expansion citing concerns about patient safety and optometric training, optometry has consistently demonstrated its dedication to high standards of care. With each expansion, our profession has upheld patient safety, and notably, no expansion has ever been repealed.

Over the past 33 years, much has evolved, yet our core principles remain unchanged. The four guiding principles outlined above continue to define both our profession's history and its future. As Doctors of Optometry, our commitment to our patients and our professional responsibilities remain steadfast. As an optometrist who has directly witnessed the benefits of each scope expansion in improving patient care, I urge you to support the passage of S.B. 36.

Sincerely,



Ronald Detwiler, O.D.