



Testimony Supporting SB 36  
Senate Health Committee

Elizabeth Muckley, O.D. Executive Director of the Ohio Optometric Association  
October 15, 2025

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

On behalf of the members of the Ohio Optometric Association and the patients we serve, I want to thank you for the opportunity to speak to you today in support of Senate Bill 36, legislation that will modernize the optometric scope of practice in Ohio for the first time in almost two decades.

My name is Dr. Elizabeth Muckley, and I serve as the Executive Director of the Ohio Optometric Association, an organization that represents 70% of practicing optometrists in Ohio. Prior to this role, I served as Director of Optometric Services as NE Ohio Eye Surgeons for 23 years, specializing in the medical management of glaucoma and corneal disease, working collaboratively in the same practice with both ophthalmologists and optometrists.

Ohio's doctors of optometry would like to sincerely thank Senators Jerry Cirino and George Lang for jointly sponsoring this patient-centered legislation that will allow doctors of optometry to better serve the people of Ohio. Let me be very clear. Senate Bill 36 is not about optometrists. It is about our patients. The provisions of this bill are the result of years of conversations with patients who either assumed we could already perform certain procedures or questioned why we could not provide these services in our offices. These limitations often required patients to seek additional care elsewhere, creating unnecessary delays, duplications of examination, and interruptions in the continuity of care. By modernizing optometry's scope of practice, this legislation ensures that Ohioans have timely access to high-quality, comprehensive eye care from the doctors they know and trust.

Our doctors recognize that scope of practice issues are complex and challenging, which is why our organization has been thoughtful and deliberate in bringing these proposals before the General Assembly. We would never ask this legislature to authorize doctors of optometry to perform any procedure for which we are not fully trained, educated, and clinically prepared. The safety of our patients, your family members, neighbors, and constituents, remains our highest priority. Ohio's doctors of optometry have an impeccable track record of upholding the safety commitments made to previous legislatures during past scope updates, always ensuring that patient safety comes first.

Proposed updates in SB 36 would allow optometrists to perform non-operating room procedures to remove benign eyelid lesions, permit three non-invasive laser procedures, and eliminate outdated oral prescribing restrictions. The bill also authorizes the Ohio Vision Professionals Board to set training and infection control standards, aligned with nationally-adopted protocols in other states that have expanded optometric practice provisions.

Fourteen states now allow optometrists to perform all procedures in SB 36, 23 permit various benign eyelid procedures, and 13 more have similar bills under review. Neighboring states like Kentucky, Indiana, West Virginia, Wisconsin, and Virginia already allow these procedures. Studies and state board data show comparable safety and complication rates between optometrists and ophthalmologists, with no increase in malpractice premiums. Over 160 Ohio doctors of optometry are dual licensed in Indiana or Kentucky and



already perform these procedures, just not in their Ohio offices. Forcing patients to cross state lines for care from the same doctor underscores how outdated Ohio's laws have become.

This bill is also important on the issue of workforce, as Ohio is fortunate to have one of the top optometric colleges in the country at The Ohio State University. SB 36 will update optometry's scope of practice to not only reflect changing educational and technical advances but also create a positive climate to compete against other states and allow us to keep those graduates in Ohio.

A panel of expert optometrists will follow my testimony to address key aspects of SB 36. I encourage you to also review the submitted written testimonies, which includes strong support from ophthalmologists, an ER physician, an Ohio VA optometrist who performed these procedures under previous federal authority, an eye care economist, students, patients, and Ohio-trained ODs who have left the state to perform thousands of these procedures safely where broader scopes of care are permitted. I have also included attestation letters with my testimony from the optometry licensing boards in the first four states that authorized laser procedures. These letters document the successful and safe performance of more than one hundred thousand procedures, providing strong evidence of the effectiveness and safety of these treatments when performed by doctors of optometry.

The profession of optometry is only 120 years old, and our practice is defined in Ohio Revised Code Chapter 4725. We only seek legislative updates when advancements in technology, education, and training make it necessary to improve patient care and access. It has been 17 years since our last scope revision, highlighting our commitment to pursuing change only when it is truly warranted and patient focused. In fact, Ohio's optometric scope of practice has only been updated three times.

The first was in 1984, when optometrists were permitted to use diagnostic dilating drops to examine the back of the eye, a now routine practice that also then faced strong opposition. The second scope expansion occurred in 1992, when optometrists were first authorized to prescribe medicated eye drops for conditions such as conjunctivitis and glaucoma, as well as a limited list of oral antibiotics and antihistamines. The most recent update, in 2008, expanded that oral formulary to include five broader categories of medications, reflecting advances in patient care and clinical training.

During all proposed updates, the same opponents gave identical arguments of inferior education and risk of patient safety. Yes, we were going to blind and harm patients if granted the ability to dilate pupils and prescribe antibiotic eye drops. Yet history proved those arguments were unfounded. These scope enhancements did not increase malpractice or negative outcomes. Instead, they enabled timely, essential care and improved access. What was once considered groundbreaking is now standard practice and the same will be true of the limited procedures outlined in SB 36 twenty years from now.

In developing SB 36, optometric leaders listened to doctors from across the state to identify what aspects of care matter most to patients based on their direct feedback. While the bill does not go as far as some optometrists might have preferred, SB 36 is not about us. It is about what is in the best interest for patients. This legislation focuses on safe, cost-effective, office-based procedures that align Ohio's scope of practice with national standards to ensure patients receive timely, high-quality care close to home

Optometrists and ophthalmologists share a long-standing, collaborative relationship, with many working together in joint practices to manage patient care. As part of the development process leading up to the



introduction of Senate Bill 36, the Ohio Optometric Association proactively met with ophthalmology leadership on several occasions to seek their input and recommendations regarding educational requirements, clinical training, and patient safety related to the proposed procedures and prescribing updates.

Recognizing the historical challenges of past scope discussions, the OOA entered these conversations in good faith, presenting an already pared-down, compromised bill proposal in hopes that our organizations could find common ground prior to the introduction of the bill. While these discussions were professional and informative, we were ultimately informed that any proposed expansion of optometric scope, regardless of its reasonableness or demonstrated safety, would be opposed on theoretical principle.

To date, and despite our repeated requests, neither the Ohio State Medical Association (OSMA) nor ophthalmology representatives have offered constructive language or specific recommendations to address their concerns with SB 36. The OOA did share our bill draft with the Ohio Board of Pharmacy, which expressed no opposition to the prescribing changes contained in the bill.

The Ohio Optometric Association proposes this update as a necessary step to improve access to vision care, reduce wait times, and create a more efficient, team-based approach to eyecare especially important amid growing healthcare shortages. By 2030, Ohioans over 60 will make up more than 26% of the population, and those over 85 are projected to increase by 51% between 2020 and 2040.<sup>1</sup> This “silver tsunami” is driving an expected growth of 7.1% over the next 5 years, underscoring the need for a well-trained, accessible eyecare workforce.<sup>2</sup>

Barriers to care for specialty services like ophthalmology, such as travel time and distance, loss of work time, excessive wait times for appointments as well as in-office waiting times are increasing. According to a report in the American Journal of Ophthalmology, the US Dept. of Health and Human Services forecast a sizeable shortage of ophthalmology supply relative to demand by 2035. Ophthalmology is one of the medical specialties with the lowest rate of projected work force adequacy with an expected 12% decline coupled with a 24% increase in demand.<sup>3</sup> This disparity is even more pronounced in rural areas where there is projected to be a 29% workforce adequacy compared to 77% in metro areas by 2035.<sup>3</sup>

In Ohio, some ophthalmologists already delegate eyelid lesion removal procedures to nurse practitioners and physician assistants. Wouldn't it make sense for optometrists who have a doctor-level advanced degree specific in the specialty of eye care be able to perform these select minor procedures, which would free up ophthalmologists to provide the advanced surgical care only they are able to provide? This is about efficiency and access to eye care.

Opponents report that a patient is no further than 30-45 minutes from an ophthalmologist and access has not improved with scope expansion in other states. But this argument overlooks the real-world challenges patients face, especially in Ohio's Appalachian regions, where there may be only one ophthalmologist within that 45-minute drive serving multiple counties with appointment availability scheduled out 3 to 5 months. For elderly patients with limited mobility and compromised vision, a 45-minute drive often on highways is a serious barrier, especially when it requires a caretaker to take time off work. In contrast, optometrists offer significantly greater accessibility. We practice in 87 of Ohio's 88 counties, and 75% offer evening or weekend hours, compared to just 25% of ophthalmologists.<sup>4</sup> The idea that access isn't an issue ignores both the geography of Ohio, and the realities patients face when seeking timely eye care.



Finally, I want to reassure this committee that Ohio optometrists would never support any change to state law that compromises patient safety. Carrying the emotional, professional, and financial consequences of harming a patient from malpractice is every provider's greatest fear. No doctor would risk their license, reputation, or a patient's vision by performing a procedure they aren't fully trained and confident in. The certification course proposed and successfully implemented in all other states builds on our existing expertise in diagnosis, patient selection, and management, just as physicians and dentists receive additional training courses when learning new procedures.

For many years, the Ohio General Assembly has placed its trust in optometrists to deliver safe, effective care to patients across the state. From our proactive role in providing comprehensive eye exams for students with Individualized Education Plans (IEPs), to our consistently high participation in Ohio's Medicaid program. That same trust has extended to our efforts in underserved communities, where legislative support and targeted funding over the past two budget cycles have enabled us to reach children who fail school vision screenings. We would never jeopardize that trust by coming to you with practice law changes that are beyond our capability.

Mr. Chairman, Vice Chairman Johnson, and Ranking Member Liston, thank you for allowing me to testify today in support of SB 36 on behalf of the Ohio Optometric Association. With the chairman's permission, I would like to turn things over to Dr. Zimmerman and I will be happy to answer questions after the witness panel concludes.

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<sup>1</sup> Miami University, Scripps Gerontology Center

<sup>2</sup> [U.S. Eye Care Market Size & Share | Industry Report, 2030](#)

<sup>3</sup> Berkowitz ST, Finn AP, Parikh R, Kuriyan AE, Patel S. Ophthalmology Workforce Projections in the United States, 2020 to 2035. *Ophthalmology*. 2024 Feb;131(2):133-139. doi: 10.1016/j.ophtha.2023.09.018. Epub 2023 Sep 20. PMID: 3773923

<sup>4</sup> Soroka M. Comparison of examination fees and availability of routine vision care by optometrists and ophthalmologists. *Public Health Rep*. 1991 Jul-Aug;106(4):455-9. PMID: 1908597; PMCID: PMC1580253.



Board of Examiners in Optometry  
State of Oklahoma  
Office of the Executive Director

January 6, 2022

Chairman of the Health Committee  
Pocahontas Building  
900 E. Main St,  
Richmond, Virginia 23219

To the Chairman of the Health Committee,

In 1988 laser training was provided to optometrists at a joint meeting with ophthalmologists. Language in the Optometric Scope of Practice was interpreted to allow the Oklahoma Board of Examiners in Optometry to certify those who had received this laser training to perform laser surgery procedures. Between 1988 and 1998 the Board required the reporting of post-laser procedure outcomes and there were approximately 5,000 laser procedures performed with no negative outcomes.

Legislation, which took effect November 1, 1998, authorized the statutory definition of optometry to include laser surgery procedures. Since 1998 there have been an additional estimated 50,000 laser surgery procedures in which there were no complaints registered. The Board has been informed there were only two (2) insurance settlements made involving PRK. In those two cases a confidentiality agreement was in place. In total, Optometrists in Oklahoma have been providing laser surgery procedures for 32 years.

Additionally, laser eye care is provided by optometrists in a majority of the 77 counties in the State of Oklahoma. The accessibility of this care provides an economical benefit to the citizens of the state since travel expenses are greatly reduced. Oklahoma optometrists may also work together in the same offices as ophthalmologists. These optometrists provide care at the level of their laser certification. Insurance providers authorize payments for laser procedures for Oklahoma licensed optometrists which includes senior citizens covered by Medicare.

Today laser training is provided to students of optometry in all Colleges of Optometry, most of which are state supported. The Oklahoma Board of Optometry certifies all optometrists upon successful passing of Oklahoma State Board Exams. The laser exams are conducted at the time of the annual Board Exams. The National Board of Examiners (NBE) provides laser testing on the laser education being taught in optometry schools for state Boards of Optometry.

*Dr. David Cockrell, President*  
1711 West 6<sup>th</sup> Street  
Stillwater, Oklahoma 74076

*Dr. M. Patrick Day, Vice-President*  
565 South 30<sup>th</sup>  
Clinton, OK 73601

*Dr. Selina McGee, Board Member*  
200 W Covell  
Edmond, OK 73003

*Dr. D. J. Riner, Board Member*  
9720 E. 31<sup>st</sup> St., Suite A-1  
Tulsa, Oklahoma 74146

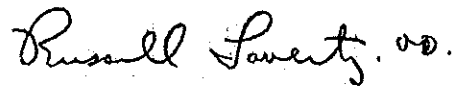
*James Coburn, Secretary-Treasurer*  
PO Box 1665  
Muskogee, Oklahoma 74402

Optometrists practicing in Veteran hospitals through the nation routinely provide laser procedures to our veterans if the optometrist's scope of practice by licensure will allow. Therefore, many optometrists practicing in VA hospitals will have an Oklahoma optometry license or license from another state that has an equivalent scope of practice.

The Board of Examiners in Oklahoma no longer requires ophthalmic laser treatment reporting since this is a routine procedure in optometric offices in our state.

Oklahoma optometrist's malpractice insurance rate is listed as one of the lowest in the nation.

Sincerely,

A handwritten signature in black ink that reads "Russell Laverty, OD." The signature is written in a cursive style.

Russell Laverty, OD, Executive Director  
Oklahoma Board of Examiners in Optometry



COMMONWEALTH OF KENTUCKY  
**BOARD OF OPTOMETRIC EXAMINERS**  
CARSON KERR, EXECUTIVE DIRECTOR  
2365 HARRODSBURG ROAD, SUITE A240  
LEXINGTON, KY 40511

PHONE: (859) 246-2744

FAX: (859) 246-2746

August 31, 2021

Dear Delegate Sickles,

In 2011 the Kentucky Legislature passed Senate Bill 110 or the "Better Access to Quality Eye Care" bill. The Kentucky law became effective on June 8, 2011 and constituted an expansion of Optometrists' scope of practice which allowed Kentucky Optometrists to perform certain laser procedures, remove benign lesions from the eyelid and granted increased authority to allow medicines to be delivered by injections or other appropriate forms. The law also allowed the Kentucky Board of Optometric Examiners the authority to determine the scope of optometric practice in Kentucky outside of the procedures excluded in KRS 320.210. To date the Kentucky Board of Optometric Examiners has credentialed over 410 Optometrists to perform expanded therapeutic procedures. This law has been successful in delivering much needed medical eye care to underserved areas of the state as Optometrists credentialed in expanded therapeutic procedures practice in over 75% of Kentucky's 120 counties.

To date, there have been over 40,000 laser and surgical procedures performed in Kentucky by Optometrists. The Board of Optometric Examiners has received no complaints and has not heard of any adverse outcomes relating to the performance of this expanded scope of practice.

Furthermore, there was no increase in malpractice rates with the passage of SB110. There is no difference in malpractice rates between Optometrists in Kentucky who have extended therapeutic privileges and those who do not and there is no difference in malpractice rates between Kentucky Optometrists and Optometrists in surrounding states without extended therapeutic privileges.

I hope this information has been helpful and should you require any additional information, please let us know.

Sincerely,

A handwritten signature in blue ink that reads "Jonathan L. Shrewsbury, OD".

Jonathan Shrewsbury, OD  
President, Kentucky Board of Optometric Examiners



THE STATE  
*of* **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,  
and Economic Development

BOARD OF EXAMINERS IN OPTOMETRY

P.O. Box 110806  
Juneau, Alaska 99811-0806  
Main: 907.465.2541  
Fax: 907.465.2974

October 11, 2021

The Honorable Mark Sickles (Delegate)  
Pocahontas Building  
900 E. Main St,  
Richmond, Virginia

Dear Delegate Sickels,

The Alaska Board of Examiners in Optometry has received no complaints regarding care rendered following the signing of CSHB103(FIN) into law on July 26, 2017 and the subsequent statute change of AS 08.72.278 and integration of regulation 12 AAC 48.040 that expanded optometric scope of practice in Alaska to allow increased access to care throughout the state of Alaska.

The Alaska Board of Examiners in Optometry continues to judiciously and carefully monitor all aspects of optometric care for the benefit of the citizens of Alaska.

Sincerely,

Damien R. Delzer, O.D., DiplABO  
Chair, Alaska Board of Examiners in Optometry



# Louisiana State Board of Optometry Examiners

419 Hwy 165 N., Oakdale, LA 71463, 318-335-2989  
Fax 318-335-4090, E-Mail: lsboe@yahoo.com

August 04, 2021

The Honorable Mark Sickles  
(Delegate)  
Pocahontas Building  
900 E. Main St.  
Richmond, VA. 23219

Re: La. Optometric Laser Procedures

Dear Delegate Sickels,

In response to your request, I can report that Louisiana Act 398 of the 2014 Louisiana legislature expanded the scope of practice of Optometry allowing Doctors of Optometry who qualified, with additional training, to perform advanced ophthalmic surgery procedures, including laser procedures.

In promulgating the rules to administer the act, the Louisiana State Board of Optometry Examiners (LSBOE) included a provision that all Doctors of Optometry who perform laser procedures were required, as a provision of renewal of their license to practice Optometry, to keep a log of the number of laser procedures performed, and any adverse outcomes noted, and report that to the Board.

Of the 480 Doctors of Optometry practicing in Louisiana, 313 have become certified to perform the procedures to date.

The data from the years 2015-2020 show that Louisiana Doctors of Optometry have performed 14,311 laser procedures with zero negative outcomes reported.

In addition, there have been no complaints to the Board regarding Doctors of Optometry performing these procedures from patients or other doctors, and the Board is not aware of any malpractice suits filed regarding this.

Jeff Anastasio, O.D.  
Covington, La  
President

Gary Avallone, O.D.  
Ruston, LA  
Secretary

Dale Benoit,  
Belle Chasse, LA  
Consumer Member

Gerald Gerdes, O.D.  
Oakdale, LA  
Member

James Sandefur, O.D.  
Oakdale, LA  
Member

Christopher Wroten, O.D.  
Denham Springs, LA  
Member

The LSBOE participates with the National Practitioner Data Bank/Health Care Integrity and Protection Data Bank (NPDB/HIPDB) in sharing data regarding Doctors of Optometry and any disciplinary actions committed or reported. The LSBOE has received no communication from the NPDB/HIPDB regarding any malpractice suits, licensure suspension/revocations or other adverse actions regarding Louisiana Doctors of Optometry performing these advanced ophthalmic surgical procedures including laser procedures.

It is clear to the Board that the law has been of great benefit to the citizens of Louisiana, allowing greater access to these procedures, especially in the rural areas of the state.

If I can be of further assistance, please feel free to contact me at any time.

Sincerely,

Dr. James D. Sandefur

Secretary

La. State Board of Optometry Examiners