

Opponent Testimony - S.B. 36
Adrienne Delaney, MD - Ohio Ophthalmological Society
Senate Health Committee
October 22, 2025

Chairman Huffman, Vice-Chair Johnson, Ranking Member Liston, and members of the Senate Health Committee, thank you for the opportunity to speak today. My name is Adrienne Delaney, and I am an ophthalmology resident training in Ohio. I am here today on behalf of the Ohio Ophthalmological Society, in my capacity as a member in training.

I'd like to offer some perspective on the training required to safely perform the procedures listed in Senate Bill 36. I hope to clarify what this training entails and why it is essential for patient safety.

After college, the path to becoming an ophthalmologist begins with four years of medical school. The first two years focus on academic knowledge - learning how the entire body functions, including how the eyes fit into that system. The final two years are spent on hospital and clinic rotations, caring for patients and assisting with procedures across all organ systems. For me, this meant hands-on work in procedures involving the abdomen, chest, and face - not yet the eyes – however, these early experiences built the foundations required for precise technical skills and sound decision-making.

Next comes residency training. The first year, known as the intern year, is an intense and immersive experience. Residents care for patients independently in hospital settings, often during acute illness. We learn how to obtain informed consent, discuss risks and benefits of procedures with patients, and understand and manage complications firsthand. This instills respect for procedures and an awareness of the responsibility they carry.

The final three years of residency are devoted entirely to the diagnosis and medical and surgical management of eye disease. Surgical training is progressive over three years. It begins in a wet lab, where we practice on cadaver eyes, and then advances to performing portions of surgeries on patients while repeatedly under supervision. Only after demonstrating consistent proficiency are residents allowed to operate with less supervision.

By contrast, optometric education involves four years of post-college training focused on eye health, vision correction, and the management of some ocular disease. Optometrists are highly skilled clinicians and essential members of the eye care team. However, procedural training in optometry programs is limited - typically consisting of lectures and brief workshops, sometimes condensed into a single weekend course using model eyes. These exercises are valuable introductions, but they cannot replicate the unpredictability or complexity of real patient care. Model eyes don't move unexpectedly, model eyes don't feel pain, model eyes don't bleed.

A useful analogy is learning to play tennis. In lessons, your coach or a machine hits the ball to you the same way each time. You can anticipate the motion and practice your forehand swing. But in a real match, there are variables you cannot control: the opponent's spin, the wind, the pace, the angle of the ball. Suddenly, that controlled forehand doesn't always return the ball.

Ophthalmology residency prepares us for those unpredictable variables in patient care. By taking call and being responsible for any patient who calls in afterhours in a busy hospital system, you learn how to perform these procedures in emergent scenarios where conditions are not ideal, and you learn how to manage complications of these procedures that can be blinding, all while being supervised under the guidance of a senior fellow or physician.

Sometimes more challenging than performing a procedure is knowing *which* procedure to do - or when not to intervene at all. That clinical judgment comes from a wide breadth of procedural experience, from seeing complications, and from learning to weigh alternatives under supervision. During residency, I constantly make these decisions and receive direct feedback from seasoned doctors/surgeons. This iterative process builds the confidence and skill needed to provide truly informed patient care.

Why are over eight years of training with three of those years focused specifically on hundreds of eye surgeries necessary versus a thirty-two hour weekend course? Because performing surgery is hard. But *knowing* how and when to operate or perform a procedure is even harder.

I believe ophthalmologists and optometrists share a common goal: to provide high-quality, accessible, and affordable care. A team-based approach can evolve to serve patients better. Senate Bill 36 does not advance these important goals safely.

Thank you for your time and consideration. Now with the permission of chairman Huffman, I will turn our testimony over to Dr. Alexandra Rachitskaya.