

WRITTEN TESTIMONY

In Support of Substitute Senate Bill 36 Before the Senate Health Committee Ohio General Assembly

Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the Committee:

Thank you for the opportunity to provide written testimony in support of Substitute Senate Bill 36. I appreciate the thoughtful questions and careful deliberation that have occurred over multiple hearings on this legislation and related bills in this and prior General Assemblies. Like this Committee, I believe the foremost responsibility of health policy is to protect patients. I currently serve as Vice President of the American Optometric Association, representing more than 50,000 optometrists and optometry students across the country, and I am a Past President of the Ohio Optometric Association, living and working in Cincinnati, Ohio. In these roles, and throughout my career, I have had the opportunity to observe optometrists in numerous states who are already performing the types of procedures contemplated in this bill—safely, effectively, and in collaboration with ophthalmology colleagues.

The substitute bill before you reflects that same commitment to patient safety. It strengthens training requirements and adds additional guardrails to ensure Ohioans continue to receive high-quality eye care while modernizing optometric practice in a responsible and measured way.

Patient Safety and Optometric Training

Optometry is a doctoral-level medical profession with a long history of safely integrating new diagnostic and therapeutic technologies into clinical practice. Each expansion of scope in Ohio has followed a consistent and proven model: formal didactic education, supervised clinical experience, and verification of competency through state board oversight.

Substitute SB 36 builds upon that framework. It retains the 32-hour minimum didactic laser course that is widely recognized as the national standard, while adding meaningful enhancements in response to committee feedback. This approach mirrors how physicians learn new procedures after residency—through structured coursework followed by supervised hands-on experience.

Precepted, Hands-On Experience that Mirrors Residency Standards

One of the most important patient-safety enhancements in the substitute bill is the requirement for precepted, hands-on procedures on live patients that meet the same minimum accreditation standards applied to ophthalmology residency programs.

For post-graduate doctors of optometry, this includes completion of supervised cases in:

- YAG capsulotomy
- Laser trabeculoplasty
- Iridotomy
- Chalazion excision

These procedures must be precepted by either an ophthalmologist or by an optometrist who holds appropriate instructional accreditation or certification, with documentation submitted to the Vision Professionals Board. This ensures that no optometrist performs a procedure independently without documented supervised experience. The structure reflects the way procedural competence is developed across medical education: exposure, repetition, supervision, and verification.

Experience from Other States

Twenty-four states already permit optometrists to perform some combination of the procedures contemplated in SB 36. Through my work with the American Optometric Association and my service within Ohio, I regularly engage with optometric leaders, educators, and regulators from across the country. I have seen firsthand how these procedures are integrated into practice through structured education, supervised training, and board-regulated certification processes.

These states have not experienced increased rates of patient harm or adverse outcomes because of these expansions. Instead, they have seen improved access to timely eye care—particularly in rural and underserved communities—while maintaining high standards of safety and quality.

Ohio's substitute bill does not exceed national norms. By tying training requirements to residency-level minimums and adding explicit precepted case requirements, Ohio would adopt one of the most structured and conservative models in the country.

Additional Guardrails for Injections and Minor Procedures

The substitute bill also adds clarity and patient-safety protections related to injections and minor procedures, including:

- Prohibiting administration of vaccines
- Prohibiting injections directly into the globe of the eye
- Requiring adherence to OSHA and CDC standards
- Requiring basic life support certification

These provisions establish clear statutory boundaries and reinforce emergency preparedness.

Improved Access Through a Team-Based Medical Model

A modern, team-based medical model allows each member of the eyecare team to practice at the top of their training. When appropriately trained optometrists manage certain laser and minor procedures:

- Ophthalmologists can focus more time on complex surgical care
- Patient wait times decrease
- Care is delivered closer to home
- The overall system becomes more efficient

This approach strengthens—not replaces—the role of ophthalmology while improving patient access.

Conclusion

Substitute SB 36 reflects careful listening, thoughtful compromise, and a shared commitment to patient safety. The enhanced training standards, precepted case requirements, and expanded oversight mechanisms add further guardrails based directly on committee feedback. The required precepted cases reflect and mirror what ophthalmology residents are required to complete in their programs, while allowing Ohio to responsibly modernize optometric scope in a patient-first manner.

Thank you for your consideration and for your continued dedication to the health of Ohio's citizens.

Respectfully submitted,

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