

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

Thank you for the opportunity to appear before you again on Senate Bill 36.

My name is Dr. Michael Earley. When I last testified before this committee, I spoke in support of SB 36 and shared my perspective as a practicing optometrist of 37 years, a past president of the Ohio Optometric Association, and a long-time educator at The Ohio State University College of Optometry, where I most recently served as Associate Dean of Academic Affairs and Chair of Admissions before my retirement last year.

I am here today for a more focused purpose: to express my strong support for the substitute version of SB 36 and to explain why I believe the changes before you directly respond to the questions and concerns raised by members of this committee during prior hearings.

Over the course of multiple hearings on SB 36 this General Assembly and SB 129 last General Assembly, you asked thoughtful and appropriate questions about training standards, patient safety, and oversight. Those questions were not only heard; they were taken seriously. The substitute bill reflects a deliberate effort to strengthen the legislation without diminishing its core purpose which is allowing optometrists to practice to the level of their education and training while ensuring Ohio patients receive safe, high-quality eye care.

The most significant change in the substitute bill is the enhancement of training requirements. The postgraduate 32-hour certification course that is the standard across the country remains in the bill along with the current robust curriculum taught to students at the colleges of optometry. The substitute bill goes further by requiring all optometrists to have **precepted, hands-on training on live patients, with procedural minimums that meet the same accreditation standards required of ophthalmology residents as established by the Accreditation Council for Graduate Medical Education.** For students, this means supervised clinical exposure that aligns Ohio with national educational norms, something current Ohio law does not permit but which nearly all surrounding states now allow.

In addition to strengthening training standards, the substitute bill adds clear patient safety provisions. It explicitly prohibits the administration of vaccines as well as injections directly into the globe of the eye. It requires adherence to OSHA and CDC injection standards, mandates basic life support certification through organizations such as the **American Red Cross** or the **American Heart Association**, and restricts all procedures in the bill to adult patients aged 18 and older.

These additions directly address concerns raised in prior testimony and reflect a careful, measured approach to scope modernization.

From my perspective as an educator, these changes also have meaningful implications for Ohio's workforce. As I previously testified, Ohio State's College of Optometry is a nationally recognized program that recruits top students from across the country. However, our limited scope of practice places us at a competitive disadvantage compared to schools in states where students can obtain live-patient experience and graduate fully licensed to practice in all jurisdictions.

The substitute bill moves Ohio closer to parity with those states and sends an important message to students: that Ohio values advanced training, high standards, and modern eye care delivery. That message matters when graduates decide where to establish their practices and serve patients.

Finally, I want to reiterate that optometry is not seeking authority beyond its education or competency. The additional requirements in the substitute bill reinforce what I emphasized in my prior testimony: optometrists are extensively trained in ocular anatomy, diagnosis, and patient selection, and when given appropriate supervised experience, they have demonstrated safe and effective outcomes in states that have already enacted similar legislation.

Mr. Chairman and members of the committee, I appreciate the time, attention, and care you have devoted to this issue. The substitute bill before you reflects meaningful compromise, stronger safeguards, and a shared commitment to patient safety. For those reasons, I respectfully urge your continued support of Senate Bill 36 as amended.

Thank you again for the opportunity to testify.