

A DIFFERING VIEW OF THE VERMONT STUDY THAT WAS CITED BY OPPONENTS

Opponents have submitted a report from the Vermont Secretary of State which reviewed a proposed expansion of optometric scope of practice in that state. That report recommended against the optometric expansion.

Vermont – 2019 ([Entire Review Here](#))

It is important to have context and additional perspective regarding that report.

Key points to consider regarding the Vermont report in relation to the proposal under review in Nebraska:

- The proposed expansion of optometric scope of practice in Vermont was significantly broader than what is proposed in Nebraska, going well beyond the addition of SLT authority.
- The Vermont report relied on information that was incomplete, inaccurate, and anecdotal. Those flaws are noted in an analysis provided by the American Optometric Association ([View Optometry Response Here](#))
- Since the Vermont report was issued in 2019, two other states (Washington and Colorado) that have done similar reviews of proposed enhancements to optometric scope of practice have specifically reviewed and referenced the Vermont Secretary of State's study. Both of these states disagreed with findings in Vermont and ultimately recommended favorably on expanding optometrists' authority.

You can read the reviews conducted in these two states here:

Washington – 2021 ([Entire Review Here](#))

Colorado – 2021 ([Entire Review Here](#))

Relative to the Vermont study and some of its findings and recommendations, Washington and Colorado reached opposite conclusions. The following segments of the Washington and Colorado reports are of special note:

- Page 28 of the Washington report states: "A commenter also requested we review the Vermont Office of Professional Regulation's report on a similar scope expansion proposal in their state. We did review this material and found our research and data did not align with the findings in the Vermont report. That report was released in 2019, so it is possible more information was available to us that was not available when that review was performed."

- Page 34 of the Washington report references the National Practitioner Data Bank data that the Vermont report tried to reference vaguely as showing OD's had complications. The Washington DOH stated that the Vermont data was essentially inconclusive.
- Page 26 of the Colorado report begins with the heading: "Recommendation 2 – Allow ODs to practice according to their qualifications, as determined by the Board and national examinations."
- Page 27 of the Colorado report makes the statement: "In conjunction with this sunset review, Colorado Office of Policy, Research, and Regulatory Reform (COPRRR) staff reached out to states that have expanded the scope of practice for ODs. What staff found was that there has not been the increase in regulatory actions taken against practitioners that opponents indicate. In fact, states that have expanded practice, often have it written into law that ODs are held to the same standard of care as other licensed professionals who perform the tasks."
- Page 28 of the Colorado report addresses access for patients as follows: "Moreover, a patient should not be forced by Colorado law to see a different professional for a minor procedure, regardless of the distance. This is especially the case when a trained professional is in the room making the diagnosis and advising the patient.... Forcing a patient to expend extra time and resources to unnecessarily see an additional specialist appears to be statutory overreach when viewed through the lens of the sunset criteria."
- Page 28 of the Colorado report also addresses the need to modernize optometric care: "It is clear conditions have changed since the last sunset review and that less regulation would benefit, and not hurt, the public. Prohibitions on ODs performing tasks that they have been qualified to perform, by the very organizations the General Assembly determined have the expertise to determine competency, is overly restrictive; and not allowing capable, qualified, licensed professionals to take the actions their patients need is not the most efficient use of personnel. Therefore, Colorado should join at least 14 other states, including neighboring rural states New Mexico, Utah, and Wyoming, and allow ODs to practice according to their qualifications determined by the standardized national examinations."
- Lastly, page 28 of the Colorado report supports authority of the profession's licensing board with the statement: "Because education and training has also evolved over time, the General Assembly should empower the Board to determine requirements for additional practice authorities. Assessments should be made based on the content of the NBEO examinations at the time they were taken by an OD. The General Assembly should also insist that ODs are held to the same standards of care as other licensed professionals that perform similar tasks."