



**Opponent Testimony to the Senate Health Committee  
Ohio Ophthalmological Society and Ohio State Medical Association  
Sub. SB 36**

**Presented by Todd Baker, Executive Director, Ohio Ophthalmological Society  
and Monica Hueckel, VP, Advocacy, Ohio State Medical Association  
March 25, 2026**

Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the Senate Health Committee, my name is Todd Baker and I am here today on behalf of the Ohio Ophthalmological Society (OOS), a statewide professional organization of eye physicians and surgeons. With me is Monica Hueckel, who is representing the Ohio State Medical Association (OSMA), the state's oldest and largest professional organization representing Ohio physicians, residents, and medical students. Thank you for the opportunity to provide joint testimony today expressing our continued opposition to Substitute SB 36, regarding the scope of practice of optometrists.

OOS and OSMA remain committed to improving Ohio's eye healthcare system, but the amended language in Sub. SB 36 does not resolve our fundamental concerns regarding surgical training, patient safety, and appropriate oversight. Additionally, several of the "new" detailed requirements in Sub. SB 36 were ones that the proponents had previously testified were already components of the 32-hour training course required in the original version of the bill. Thus, the substitute bill does not establish many new requirements, but instead codifies what was previously asserted to already exist.

**Surgical Education and Training**

Surgical competence is not achieved through limited exposure to a procedure three, four, or five times as required in Sub. SB 36. It is developed through four years of medical school, followed by four years of intensive, ophthalmology residency training.

During residency, ophthalmologists repeatedly perform hundreds of laser and other surgical procedures over several years under the supervision of multiple faculty members. They are evaluated longitudinally through structured assessments conducted by program directors and Clinical Competency Committees — not based on raw case numbers performed over a few days and evaluated by a single instructor as proposed by Sub. SB 36.

Recent ophthalmology residency graduates report averages exceeding 100 laser procedures during training, often undercounting total exposure due to assisting and observational experiences. These numbers don't include the hundreds of other types of surgeries being done. This depth and breadth of supervised surgical education cannot be replicated in a 32-hour course. Equally important, medical school and residency training develop the clinical judgment necessary to determine when not to operate — a decision that is often as critical as performing the surgery itself.

Additionally, Sub. SB 36 still fails to acknowledge a foundational requirement of accredited surgical residency: graduation from medical school. Medical education provides comprehensive training in systemic disease, pharmacology, physiology, and whole-patient management. Surgical decision-making requires understanding how ocular conditions intersect with diabetes, hypertension, autoimmune

disease and other systemic factors. Optometric education does not provide equivalent medical training in these areas. This distinction is central to patient safety.

We have been clear in discussions related to Sub. SB 36 and previous versions. We believe there is a pathway for optometrists to do eye surgery in Ohio that doesn't require legislative action by this committee or any policy maker. Optometrists that want to do eye surgery can apply to medical school and then subsequently apply and be selected for ophthalmology residency. We know that pathway is possible because we have seen several examples of it working. In fact, the former chairman of The Ohio State University Department of Ophthalmology was originally trained as an optometrist and then went to medical school, did his residency and became an ophthalmologist doing surgery on numerous Ohioans.

### **Inadequate Oversight**

Sub. SB 36, like its predecessor, places authority for surgical certification with the Vision Professions Board, which lacks medical doctor representation and excludes any oversight by the State Medical Board. Surgical practice involves whole-patient medical considerations that extend beyond procedures isolated to the eye. Oversight of surgery by a board without physician representation raises significant concerns about establishing and maintaining appropriate medical/surgical standards. Recent experiences in other states, including Kentucky, where expanded scope resulted in serious patient harm, underscore the real-world risks of insufficient training and oversight.

### **Injection Authority**

While Sub. SB 36 excludes injections directly into the globe of the eye, it continues to authorize other types of injections, including those into the eyelid. The underlying deficiencies remain unchanged:

- Limited procedural exposure
- No medical school prerequisite
- Inadequate regulatory oversight

These concerns apply equally to injection authority as they do to surgical authority.

### **Age Limitation for Procedures Does Not Mitigate Concerns**

Sub. SB 36 limits procedures performed by optometrists to patients 18 and older, but this does not address the core concerns at hand with this legislation. For example, YAG laser capsulotomy procedures overwhelmingly involve patients over age 60 following cataract surgery. The exclusion of pediatric patients does not resolve training or oversight deficiencies.

In conclusion, like previous versions, we believe Sub. SB 36 is a solution looking for a problem. We remain committed to strengthening Ohio's vision health system through collaborative, patient-centered solutions. For example, just last week the Ohio Department of Health reached out to the OOS and the Ohio Optometric Association to discuss innovative and collaborative ways for the professions to encourage school districts with students in need to register for the OhioSEE program. We look forward to continuing to contribute to the advancement of policies that expand access to high-quality care.

Thank you again for providing us with the opportunity to share our collective comments and concerns on Sub. SB 36. Monica and I would be happy to answer any questions the committee may have.