Opponent Testimony, SB 36
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October 22, 2025

Chair Huffman, Vice Chair Johnson, Ranking Member Ingram and members of the Ohio Senate Health Committee, thank you for the opportunity to provide testimony in opposition to SB 36.

My name is Michael Shaughnessy, MD and I am a board-certified ophthalmologist and a board member of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO). The AMCNO is one of the oldest professional associations in Ohio and represents more than 7,200 physicians and medical students from all the contiguous counties in Northern Ohio. We are proud to be the stewards of Cleveland's medical community of the past, present and future.

We wish to express our concerns about SB 36 and the expansions it provides to optometry practice. We are particularly wary of the significant differences in training requirements between ophthalmologists and optometrists as optometrists seek to do surgical procedures.

Ophthalmologists, before they can practice independently, must have a bachelor's degree, an allopathic or osteopathic degree, and complete several years of residency, which generally includes 12 months of preliminary experience in direct patient care in diverse settings and at least 36 months of ophthalmology specific experience. To be eligible for full licensure, ophthalmology residents must participate in a minimum of 3,000 outpatient ophthalmology visits and serve as the primary surgeon and, in some cases, additionally as the assistant surgeon on a minimum of 231 procedures according to the standards set by the Accreditation Council for Graduate Medical Education. These requirements are critical to training our ophthalmology workforce to the utmost extent in the surgical skills and patient safety standards they need to know and practice before they are ready to be fully licensed.

Meanwhile, SB 36 outlines just 32 hours of training for laser surgery, and a yet undetermined amount for the other procedures included in the scope expansion. These training hours can also be completed during schooling, further condensing the amount of practice these providers will have before being able to perform surgery on patients.

Further, increasing optometric scope has not been shown to have meaningful impacts on rural health options. In states with expanded scope, a review of Medicare data found that most patients who underwent surgeries by optometrists did not live in rural communities, undermining the argument that expanding scope will somehow expand access[1]. Moreover, while proponents of the

[1] Stein, J. D., Kapoor, K. G., Tootoo, J. L., Li, R., Wagner, A., Andrews, C., & Miranda, M. L. (2018). Access to Ophthalmologists in States Where Optometrists Have Expanded Scope of Practice. *JAMA Ophthalmology, 136*(1), 39. https://doi.org/10.1001/jamaophthalmol.2017.5081

bill have demonstrated that states with scope expansion have not had unsafe outcomes, that does not mean they've had optimal outcomes either. A 2016 analysis found that, among 1384 eyes receiving laser trabeculoplasty, 35.9% treated by optometrists required additional trabeculoplasty in the same eye, versus 15.1% of those treated by ophthalmologists[2].

Many of these bills looking to increase the scope of practice of various providers are predicated on physician shortages, which is something the physician community is also deeply concerned with. Changing scopes, however, won't fix this issue—and sets a dangerous precedent for establishing two levels of care based on a patient's zip code. We believe all patients in Ohio deserve access to the highest level of care.

For these reasons, we ask that you do not support SB 36. Thank you for your time.

[2] Stein, J. D., Zhao, P. Y., Andrews, C., & Skuta, G. L. (2016). Comparison of Outcomes of Laser Trabeculoplasty Performed by Optometrists vs Ophthalmologists in Oklahoma. *JAMA Ophthalmology*, *134*(10), 1095. https://doi.org/10.1001/jamaophthalmol.2016.2495