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TO: Senate Public Health and Welfare Committee

FROM: Todd Fleischer, CAE
Executive Director

RE: House Bill 2223

I am Todd Fleischer. I am the executive director of the Kansas Optometric Association, which represents Kansas optometrists. Thank you for the opportunity to submit testimony in support of House Bill 2223, which seeks to modernize the optometric scope of practice to reflect education and training of optometrists.

Doctors of optometry are independent primary health care providers who examine, diagnose, treat and manage diseases and disorders of the visual system, the eye and associated structures as well as diagnose related systemic conditions. They examine the internal and external structure of the eyes to diagnose eye diseases like glaucoma, cataracts and retinal disorders; systemic diseases like hypertension and diabetes; and vision conditions like nearsightedness, farsightedness, astigmatism and presbyopia. Optometrists also test to determine the patient's ability to focus and coordinate the eyes, and to judge depth and see colors accurately. They prescribe eyeglasses and contact lenses, low vision aids, vision therapy and medicines to treat vision conditions and eye disease.

As primary eye care providers in all corners of the state, optometrists are an integral part of the health care team and an entry point into the health care system. They are skilled in the co-management of surgical eye care, such as cataract, glaucoma or retinal procedures, which affect the eye health and vision of their patients, and they are an excellent source of referrals to other health care professionals. Optometrists have been licensed to provide care for patients in Kansas for more than 100 years. As advancements in treatment options, training and education have occurred, optometrists have gradually increased the level of care they can provide for their patients. However, there have been no significant changes to the optometric practice act for more than 20 years.

Because optometry is a legislated profession and scope of practice is determined by each state legislature, optometric practice acts vary from state to state. The current scope of practice in Kansas is more restrictive than an increasing number states, including our neighboring states of Oklahoma, Colorado and Arkansas, making Kansas a less-desirable option for optometric students to choose to practice in upon graduation, at a time when the numbers of ophthalmologists are decreasing nationwide, particularly in rural areas.



Currently, there are optometrists licensed in Kansas who are also licensed in Oklahoma, Colorado or other states where these procedures are allowed. It is unfortunate that they are unable to provide the same services in Kansas that they would be able to provide across the state line. Their education and training haven't changed. Nor has their desire to deliver the best care possible for their patients. It's just that Kansas law restricts their ability to practice to the level of their education and training.

We started our efforts to modernize scope in 2019. At that time, we met with representatives of the Kansas Medical Society and Kansas Society of Eye Physicians and Surgeons to discuss the need for scope modernization to reflect optometric education and training, both to provide additional treatment options for Kansas patients and to encourage students graduating from schools and colleges of optometry to return to Kansas to practice. Since then, we have had several conversations about the bill with the opponents, and it has been made clear that these organizations were unwilling to support the changes our organization believes are needed. Our representatives also came away from these meetings with the understanding that some of the opponents didn't have a clear picture of the depth and breadth of contemporary optometric education and training, nor the specifics of the current practice act that allows optometrists to prescribe topical and oral pharmaceuticals, treat eye disease like glaucoma, remove foreign bodies, etc. However, as we introduced the original language in 2020, we attempted to include clarifications to eliminate concerns from the opposition that the bill was too wide open and would allow optometrists to do procedures without appropriate training.

While the 2020 bill did not advance, we continued to listen to concerns. In 2023, we engaged the opposition again and presented revised language in 2024 that we believe addressed more of the concerns from the opponents, even though they didn't offer any compromise language. The 2024 bill did not move forward.

Although we had received little constructive input aside from comments that optometrists shouldn't be doing some of the procedures they had been doing safely in Kansas for decades or that optometrists were wanting to perform procedures that they weren't trained to do, we again modified the language to attempt to alleviate some of the concerns of the opponents when drafting HB 2223. To clear up some of these misunderstandings, HB 2223 includes language specifically addressing the additional procedures added as well as exclusionary language to make it very clear that optometrists are *not* seeking to do procedures outside of their education and training. We have heard discussion that optometrists will be wanting to do cataract surgery, retinal surgery, LASIK or use injections or a scalpel directly into the eye. That is simply not the case. These procedures, and many more, are specifically prohibited by guard rails built into HB 2223, which was introduced in 2025.

After HB 2223 passed the House in March 2025 on 97-24 vote, we were asked to meet by a representative of the Kansas Medical Society to discuss the bill. During those meetings we were able to agree on a potential amendment to the bill to reestablish the interprofessional advisory committee to provide guidance to the State Board of Examiners in Optometry about whether or not new treatment options resulting from new technology should be incorporated into optometric scope of practice. Also discussed during these meetings was a desire by KMS to include optometrists in the Health Care Stabilization Fund.

During fall 2025, representatives of the KOA met with representatives of Kansas Society of Eye Physicians and Surgeons to discuss the bill. Over several meetings, the representatives discussed various aspects of the bill, including the procedures allowed, credentialing, standard of care and inclusion in the Health Care Stabilization Fund. Following a meeting in early November when representatives of KSEPS



made specific suggestions regarding the bill, we sought clarification on the suggested changes before presenting them to our leadership. We received a formal proposal in writing Nov. 28, 2025, which is the first formal offer we have received since we started this process in 2019. After getting clarification on some language the following week, the KOA provided a response the next week during a scheduled telephone call. At that time, a response in writing was requested, and the KOA provided a written response early the next week. That response included areas of agreement, continued discussion and suggestions that we could not support. No response from KSEPS has been received.

The KOA continued conversations with the KMS regarding inclusions of optometry in the Health Care Stabilization fund and have agreed to offer language that would require those optometrists credentialed to perform the updated procedures in the bill to participate in the Fund. In our written response to KSEPS, which was shared with KMS, we have also offered to clarify language around standard of care and the make-up of the interprofessional advisory committee to address concerns raised by KSEPS.

We appreciate the opportunity to have these conversations with representatives of KMS and KSEPS regarding HB 2223 and we appreciated the willingness of all parties involved to have an open and honest dialogue. While there was not consensus on final language in the bill, we believe the changes the KOA were significant and address some of the concerns raised by the opponents.

While we recognize that scope of practice is not a favorite topic for discussion in the statehouse, we believe that scope modernization for optometrists in Kansas is long overdue. It is an unnecessary barrier limiting a provider's ability to be able to practice to the level of his or her training and quite frankly is a disservice to Kansas patients to not allow them to receive safe, appropriate care from the provider of their choice who is educated, trained and certified to deliver that care. It is also increasingly putting Kansas at a disadvantage when optometric students are determining where to practice upon attaining their Doctor of Optometry degree.

We ask for your support to pass HB 2223.

Thank you for your consideration.

