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STATEMENT OF BRAD SMOOT
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KANSAS SOCIETY OF EYE PHYSICIANS & SURGEONS
SENATE PUBLIC HEALTH & WELFARE COMMITTEE
Regarding 2025 House Bill 2223
January 29, 2026

Madam Chair and members of the committee, my name is Brad Smoot and I am appearing today representing the Kansas Society of Eye Physicians & Surgeons (KSEPS) in opposition to HB 2223. Thank you for this opportunity to comment on a couple of matters of concern.

At the end of the 2025 Session, you gave us the opportunity to speak with you about our concerns regarding this bill. We very much appreciate the opportunity the Committee extended to the parties to discuss those and other concerns over the interim in hopes of reaching a compromise. Our association had numerous meetings, calls and email exchanges with the proponents of this expansion of optometric practice. For months we believed progress was being made and that an agreement would be available to share with you. In late December, we received notice that none of our suggestions were acceptable to the Kansas Optometric Association and that maybe some proposals from the Kansas Medical Society might be. We have not seen those KMS proposals and although they may improve the bill, I am doubtful that they might be called a compromise with our members.

Among the points we tried to present last year was the incomplete or misinformation the Legislature has been given about this issue regarding other states and the basic need for this legislation in the first place. Attached to my testimony is a summary of some of those claims and a factual rebuttal. If you have time to review it, you will note that Kansas has no shortage of optometrists. In fact, we have the third highest ratio of optometrists to residents of any state in the country, a higher ratio than those states that allow the expanded practice being proposed in HB 2223. You will also be reminded that less than a third of states have enacted this expanded practice for optometry. Likewise, there is no shortage of ophthalmologists to serve your constituents. Ninety seven percent of Kansans are within an hour of a licensed ophthalmologist and 92% are as close or closer than they are to a Walmart. In short, there is no provider shortage, and your constituents don't need this bill. I encourage you to review those and other facts.

In addition, I'd like to call your attention to the provisions that transfer authority from the Legislature to the Executive branch and a Board appointed by the Governor and a special interest group. Many lawmakers express concern about delegating too much power to the Second Floor and as you know, once given way, it is very hard to get back. We think you, the elected Kansas Legislature, should decide the scope of practice of optometry and other professions, not some appointed board of special interests. But please see Section 1(a)(5) which gives that authority away. I urge you to remove that section and retain your control over these future scope of practice issues.

One of the other benefits of having some time to discuss a compromise is that we got to talk to many House members about the bill. Many were quite surprised by what they voted for. When

told that the bill Section 1(a)(4) allowed optometrists to cut tissue off a patient's face or curl their eyelids back to slice into lesions on the lid next to the eyeball, many were shocked. "I voted for that" or "I don't like that at all" were common responses. Did you all know that this bill permitted these practices by optometrists? It does. But you can fix that.

Likewise, when asked how optometrists were supposed to deal with lesions on the area surrounding the eye or face that might be cancerous, the most common response was "What?" Yet in Section 1(a)(4) HB 2223 allows optometrists to remove lesions "without known malignancy". How do optometrists know what tissue is "non-cancerous?" Are they required to have a certificate or document from a dermatologist or ophthalmologist that the patient's tissue you are allowing them to remove is not cancerous? Is the optometrist supposed to make that decision? If so, are they trained for that? In all the materials I've seen from the KOA, no where do they specify that optometrists have been trained to diagnose cancer. They just say that they are trained in all kinds of new stuff. Yet they would be authorized by this Legislature to diagnose that tissue they are about to remove with a scalpel is "without known malignancy."

There are only 9 states that allow optometrists to perform procedures like those proposed in HB 2223. Of those, only 3 states have schools of optometry. So where did these "trained" optometrists learn to perform surgery on live human beings? Where did they learn how to identify cancerous tissue? Certainly not in most schools of optometry. Did they learn all this during one of those 32-hour courses without even seeing a patient let alone supervised by surgeon or dermatologist? I've provided a link to a course curriculum which makes no mention of diagnosing skin cancer.¹ Ophthalmologists must do a minimum number of supervised or proctored procedures for the type of surgery on live humans before being certified. Why wouldn't optometrists have to do the same?

Moreover, current Kansas law holds optometrists to the same standard of care as a physician in treating open-angle glaucoma. See page 2, lines 27-32. Why would we not impose that same standard of care when optometrists perform these proposed procedures regarding lasers, scalpels and needles? If the risk is the same, shouldn't the standard of care be the same? We urge you to address this issue and amend the bill accordingly.

KSEPS remains disappointed that the optometrists were unable to compromise. But we trust you will see fit to fix this bill or not pass it. And of course, we remain willing to discuss a compromise that the Committee and others would like to see.

¹ See *Advanced Procedures Course*, OPTOMETRIC PHYSICIANS OF WASH., [https://www.eyes.org/advocacy/advanced-procedures-endorsement/advanced-procedures-course#:~:text=The%20Optometric%20Physicians%20of%20Washington%20\(OPW\)%20and,\(NSUOCO\)%20are%20hosting%20an%20Advanced%20Procedures%20Course](https://www.eyes.org/advocacy/advanced-procedures-endorsement/advanced-procedures-course#:~:text=The%20Optometric%20Physicians%20of%20Washington%20(OPW)%20and,(NSUOCO)%20are%20hosting%20an%20Advanced%20Procedures%20Course) (last visited Jan. 27, 2026).



Kansas Society of Eye Physicians & Surgeons

Claims and the Truth about HB 2223 Optometric Surgery

CLAIMS: Optometrists do not want to practice in Kansas because they cannot perform surgery and give injections around the eye. It is hard to recruit recent graduates to practice in Kansas. Optometrists are leaving the state because of the “restrictive” scope of practice.

- Kansas already has the third highest ratio of optometrists per capita in the entire country, and we have more optometrists per person than ALL the states that allow any form of surgery for optometrists!
- There is one optometrist for every 4,796 people in Kansas while in Oklahoma, where optometric surgery has been allowed for more than 20 years, there is one optometrist for every 6,655 people.¹ If surgery was actually a factor, why aren't Kansas optometrists swarming across the border?
- If scope of practice was a significant factor in where optometrists choose to practice, one would think they would be flocking to the surgery states... but this simply is not the case.
- If optometrists actually are leaving the state, it is more likely because of competition rather than anything to do with the scope of practice.
- The optometry lobbyists have not provided evidence that recent graduates not coming to Kansas or current optometrists leaving the state.

CLAIM: Optometrists are trained to perform these procedures. Schools of optometry across the country teach these surgical procedures.

- Only 3 states that allow optometric surgery have optometry schools. All other schools of optometry are in states where surgery is NOT allowed, so one is left to wonder just how a student can become proficient in the procedures if they are legally barred from performing them on patients (under the supervision of qualified faculty)..

CLAIM: Optometrists in 14 states are allowed to provide “these services.”

- Point of fact, only 9 states allow the same procedures as the Kansas bill. The other six have various limitations on the type of surgeries that can be performed. 3 states and the District of Columbia do not allow ANY form of optometric surgery.
- Half of the states that allow some type of optometric surgery passed the bill in the last five years, and three in just the past two years. This certainly does not provide a substantial track record.

CLAIM: There haven't been any problems in states that allow optometrists to perform surgical procedures. There are no complaints reported by optometry boards.

- There *are* problems. It simply is not credible to claim a “perfect” record. Ophthalmologists often see patients who have experienced bad results after being treated by an optometrist. Physicians take care of their patients and are not in the habit of suggesting patients hire a lawyer.
- A recent example from Kentucky revealed the daughter of an optometry licensing board member failed the “national” exam and was allowed to use the Oklahoma exam which she passed... and then caused blindness in a patient who had a YAG laser capsulotomy, resulting in a malpractice case. This is a clear demonstration of why demonstrated skill and training are critical to safe surgery.
- Most patients have no idea how to file a complaint with the optometry licensing board.

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¹ The number of optometrists per state is from the “Find a Doctor” feature on the American Optometric Association’s website. Population for each state is from US Census data for 2023.

CLAIM: *Malpractice insurance premiums for optometrists have not increased thus proving safety.*

- Insurance is based on the concept of “shared risk.” Since a small number of optometrists are performing any surgeries, and at a low volume, the very large pool of ODs *not* performing surgery more than compensates for the additional risk of optometrists who are doing surgery..
- While very few optometrists in the country are actually doing surgery, those who do have a very low volume. These infrequent surgeries also call into question the optometrists’ ability to maintain the level of skills needed to perform these surgeries safely. Much like an airline pilot, being licensed does not mean you are “proficient.”

CLAIM: *Patients can’t get in to see an ophthalmologist because they are too far away.*

- 97% of the state’s residents are within a one hour drive of an ophthalmologist’s office, and the vast majority are even closer.
- 92% of Kansans are as close – or closer – to an ophthalmologist as they are to a Walmart.
- Optometrists are distributed in the state roughly in the same pattern as the population, and tend to be concentrated in urban areas such as Kansas City and Wichita, much the same pattern as ophthalmologists..

CLAIM: *Allowing optometrists to perform surgery will save money.*

- This proposal will not save money. Insurance companies and Medicare pay the same to physicians (medical doctors) and to optometrists for the same services.
- It may cost the health care system more to allow optometrists to perform eye surgeries. There is evidence that repeat surgeries are done more often by optometrists than ophthalmologists. For example, a study that investigated laser surgery to treat glaucoma (trabeculoplasty) found that patients were 2 ½ times more likely to need an additional follow-up surgery when the initial procedure was performed by an optometrist, as compared to the same treatment performed by an ophthalmologist.