SESSION OF 2026

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2223

As Amended by Senate Committee of the Whole

Brief*

HB 2223, as amended, would amend the optometry law regarding scope of practice. The bill would also make technical and conforming amendments.

Scope of Practice for Optometry

The bill would amend the scope of practice for optometrists to:

- Allow the use of medical devices for the relief of any insufficiencies or abnormal conditions of the human eye and associated anatomical parts;
- Allow the use of medical devices and the administering, prescribing, or dispensing of pharmaceutical drugs through all routes of administration, except for those administered within the eye (intraocular injections) for the examination, diagnosis, and treatment of conditions affecting the eyes or vision;
- Allow the following specified procedures and treatments:
    - The removal of non-perforating foreign bodies from the clear, dome-shaped outer layer of the eye that covers the iris and pupil (cornea), the mucous membrane that covers the front of

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*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at https://klrd.gov/

the eye and lines the inside of the eyelids (conjunctiva), or eyelids;

- The removal of eyelashes;
- The scraping of the cornea for diagnostic tests, smears, or cultures;
- The dilation, probing, irrigation, or closing of the tear drainage structure of the eye;
- The expression of small, dome-shaped lesions that appear on the inner surface of the eyelid (conjunctival follicles) or small, fluid-filled sacs that form on the clear membrane covering the white of the eye (conjunctival cysts);
- The removal of dead, damaged, or infected tissue (debridement) from the thin, transparent layer of cells that covers the outer surface of the cornea (corneal epithelium);
- The making of a small incision in the eyelid to drain swelling of the meibomian gland, which is located under the eyelid, resulting in a cyst-like lump (chalazion), and removal of the contents (incision and curettage of a chalazion);
- The removal and biopsy of skin lesions without known cancer growth or tumor (malignancy);
- The performance of laser procedures after cataract surgery to create a small opening in the cloudy capsule to restore clear vision (laser capsulotomy); and
- The performance of laser treatment for certain glaucomas to improve fluid drainage in the eye to lower intraocular pressure (laser trabeculoplasty); and

- Permit the performance of additional procedures that are not specifically prohibited by the bill that

are within the scope of a licensee's education and training for the treatment of any insufficiencies or abnormal conditions of the human eye and its attachments or appendages (adnexa) as authorized by rules and regulations adopted by the Board of Examiners in Optometry (Board).

Specific Exclusions from the Scope of Practice of Optometry

The bill would specify that the scope of practice of optometry could include pre- and post-operative care for any of the following procedures, but would not include the performance of the following specified procedures:

- Surgery to repair or prevent damage to the retina, the light-sensitive tissue at the back of the eye (retinal surgery);
- Replacement of the entire damaged or diseased cornea with a healthy donor cornea (penetrating keratoplasty or corneal transplant);
- Administration of or surgery performed under general anesthesia;
- Surgery related to the removal of the eye from a living human being;
- Surgical extraction of the flexible clear membrane that sits between the pupil and retina (crystalline lens);
- Surgical intraocular implants;
- Removal of tissue from the muscles that control the movements of the eye (incisional or excisional surgery of extraocular muscles);

- Surgery of the skeletal cavity in the skull that houses the eyeball and its associated structures (bony orbit);

- Laser vision correction surgeries that reshape the cornea to improve vision (Laser-assisted *in situ* keratomileusis [LASIK] or photorefractive keratectomy [PRK]);

- Laser procedures to treat small, opaque spots that appear in the field of vision (YAG laser vitreolysis); and

- Surgery of the eyelid for cosmetic or mechanical repair of eyelid conditions, including procedures to address recurrent swelling (blepharochalasis) or drooping eyelid (ptosis) and procedures to partially close the eyelids (tarsorrhaphy).

The bill would require any licensee who performs the incision and curettage of a chalazion, removal and biopsy of skin lesions, laser capsulotomy, and laser trabeculoplasty to be held to the same standard of care in the diagnosis and treatment as that of a person licensed to practice medicine and surgery.

Credentialing

The bill would require any licensee applying for credentialing to complete and swear to an application form supplied by the Board as well as pay any additional fees as set by the Board in rules and regulations.

The bill would require licensees who seek to administer or perform the newly added procedures set forth in the bill or procedures recommended in the future to receive credentialing from the Board as follows:

- Licensees who graduated from an accredited college of optometry on or after July 1, 2020, would be granted a credential by submitting a request to be credentialed to the Board; and

- Licensees who graduated from an accredited college of optometry prior to July 1, 2020, would be granted a credential by providing proof of successful completion of a 32-hour certification program that includes lecture (didactic), clinical or laboratory experiences, and testing components approved by the Board and the program is presented by an approved school or college of optometry or school of medicine.

The bill would also require the Board to maintain and make available a public directory including the names and addresses of all optometrists licensed by the Board.

Interprofessional Advisory Committee

The bill would allow the Interprofessional Advisory Committee (Committee) to review new technologies to make recommendations to be considered by the Board. The bill would also allow the Board to request the Committee to meet to review a procedure and make a recommendation to the Board as to whether or not a procedure is appropriate for an optometrist to perform.

The bill would also require that the nominations for Committee membership of ophthalmologists be made by the Kansas Society of Eye Physicians and Surgeons.

Health Care Stabilization Fund

The bill would require optometrists who are credentialed to perform certain procedures to carry professional liability insurance of not less than $500,000 and to be included in the

Health Care Stabilization Fund for the additional $500,000 of professional liability coverage. The credentialed optometrist would not be required to participate if the initial surcharge to participate in the Health Care Stabilization Fund exceeded 15 percent. The requirement to participate would take effect January 1, 2028, for credentialed optometrists.

The bill would also amend the membership of the Health Care Stabilization Fund Board of Governors to add an optometrist.

Reporting Requirements

The bill would require credentialed optometrists to submit a quarterly report to the Board that would include the name of the optometrist, the total number of procedures performed during the quarter, the location where each procedure was performed, and the outcome of each procedure on the patient. The reporting optometrist would certify the accuracy of each report.

The bill would require the Board beginning July 1, 2027, to compile the quarterly reports from credentialed optometrists and make the annual report available to the public. The Board would be required to redact any personally identifiable information prior to making the reports public.

The reporting requirements would sunset on July 1, 2031.

Background

The bill was introduced by the House Committee on Health and Human Services at the request of Representative Buehler on behalf of the Kansas Optometric Association. [*Note:* A companion bill, SB 291, has been introduced in the Senate.]

House Committee on Health and Human Services

In the House Committee hearing on March 12, 2025, **proponent** testimony was provided by representatives of the Kansas Chamber, Kansas Optometric Association, Northeastern State University – Oklahoma College of Optometry, an optometrist, and a private citizen. The proponents indicated the bill would modernize the statutorily defined practice of optometry in Kansas and allow currently practicing optometrists as well new graduates to practice optometry to the full extent of their education and training.

Written-only proponent testimony was provided by representatives of Community Health Center of Southeast Kansas, the Kansas Board of Examiners in Optometry, the Pittsburg Area Chamber of Commerce, five optometrists, and one private citizen.

Opponent testimony was provided by Senator Clifford, representatives of the Kansas Medical Society and the Kansas Society of Eye Physicians and Surgeons, and a doctor trained in both optometry and ophthalmology. The opponents indicated the bill would expand the scope of practice for optometrists beyond their training by allowing non-physicians to perform surgery. The opponents generally stated that there is not a shortage of optometrists or ophthalmologists in Kansas and expressed concerns regarding the level of training optometrists may receive in the use of lasers.

Neutral testimony was provided by the Executive Director of the Kansas State Board of Healing Arts, who expressed concerns regarding the use of lasers, which is generally considered a type of surgery to be performed by medical doctors or doctors of osteopathy. The Executive Director also noted concerns regarding prescriptive authority and stated that optometrists could currently perform all of the procedures added by the bill under delagatory authority of an ophthalmologist.

No other testimony was provided.

Senate Committee on Public Health and Welfare

In the Senate Committee hearing on March 24, 2025, and January 29, 2026, representatives of the Kansas Chamber and the Kansas Optometric Association provided **proponent** testimony that was substantially similar to the testimony provided in the House Committee hearing. In the January, 29, 2026, meeting, the proponents also advised the Committee that a proposed amendment to the bill had been reached.

Written-only proponent testimony was provided by representatives of Americans for Prosperity Kansas, the Pittsburg Area Chamber of Commerce, seven optometrists, and ten private citizens.

Opponent testimony was provided by representatives of the Kansas State Board of Healing Arts, the Kansas Medical Society, and the Kansas Society of Eye Physicians and Surgeons. The opponents stated concerns regarding the differences in education and training requirements between optometrists and ophthalmologists, identifying the number of live eye procedures a physician has during residency and fellowship and noting that a residency is optional for an optometrist. The opponents noted that the health care system is a continuum of care and in order to maintain balance in the system and ensure patient safety, the system must respect each profession's expertise and role while only permitting a professional to perform the procedures they are trained and well-qualified to perform.

Written-only **neutral** testimony was provided by the President of the Kansas Board of Examiners in Optometry. The testimony stated the procedures outlined in the bill are part of contemporary education and training, noting the knowledge related to these procedures is part of the national

board examination. Kansas requires all optometrists to pass all three parts in order to apply for licensure in Kansas.

No other testimony was provided.

The Senate Committee amended the bill as follows:

- To require the optometrists credentialed to perform certain procedures to meet certain professional liability insurance coverage thresholds and to be included in the Health Care Stabilization Fund;
- To increase the membership of the Health Care Stabilization Fund Board of Governors by one to add an optometrist;
- To permit a process to add additional permitted procedures to be allowed by an optometrist only after having received a recommendation from the Committee;
- To change the standard of care for optometrist performing the performance of incision and curettage of a chalazion, removal and biopsy of skin lesions, laser capsulatomy, and laser trabeculoplasty to be the same as that of a person licensed to practice medicine and surgery;
- To provide a credentialing process for licensees who graduated after July 1, 2020, to request credentialing and for licensees seeking to become credentialed who completed their education prior to July 1, 2020, to complete a qualifying 32-hour certification program;
- To permit the Committee to review new technologies and make recommendations regarding whether to allow an optometrist to perform the procedure;

- To require that the ophthalmologists who serve on the Committee be nominated by the Kansas Society of Eye Physicians and Surgeons;

- To remove laser peripheral iridotomy as an authorized procedure; and

- To require quarterly reporting by credentialed optometrists to the Board and an annual report be made available by the Board to the public regarding the number, location performed, and outcome of the procedures provided by the credentialed optometrists.

Senate Committee of the Whole

The Senate Committee of the Whole, on February 17, 2026, amended the bill to make technical and conforming amendments.

Fiscal Information

According to the fiscal note prepared by the Division of Budget on the bill, as introduced, the Board indicates enactment of the bill would have a negligible fiscal effect on the Board's operations

Health; healthcare; optometry; Board of Examiners of Optometry; Kansas Society of Eye Physicians and Surgeons; Interprofessional Advisory Committee