

**Neutral Testimony on HB2223  
Senate Public Health and Welfare  
Kansas State Board of Healing Arts  
March 24, 2025**

Chair Gossage and Honorable Committee Members,

Thank you for the opportunity to provide this neutral testimony concerning HB 2223. My name is Susan Gile, and I am the Executive Director for the Kansas State Board of Healing Arts (“KSBHA” or “Board”). The Board is the executive body tasked with licensing and regulating 16 different healthcare professions in Kansas. *See* K.S.A. 65-2801 *et seq.* The Board is composed of 15 members, 12 of whom are licensed healthcare professionals from various professions, including eight licensed physicians, three chiropractors, one podiatrist, and three public members. **The statutory mission of the Board is patient protection.**

The Board stands neutral on the passage of HB2223 but does have some questions/concerns and feels the bill needs some clarification prior to passage.

- Section 1 (4) provides for the optometrist to utilize laser capsulotomy, laser trabeculoplasty and laser peripheral iridotomy. This is a medical procedure and is practicing medicine and surgery. The use of lasers is specifically addressed in *K.A.R. 100-25-1* and *100-27-1*.
  - *K.A.R. 100-25-1* defines surgery as “a manual or operative method that involves the partial or complete excision or resection, destruction, incision, or other structural alteration of human tissue by any means, including the use of **lasers**, performed upon the human body for the purpose of preserving health, diagnosing or treating disease, repairing injury, correcting deformity or defects, prolonging life, terminating pregnancy, or relieving suffering, or for aesthetic, reconstructive, or cosmetic purposes.”
  - *K.A.R. 100-27-1* is more specific to lasers and restricts the use of certain lasers to physicians or those under the supervision of a physician who is **physically present**.
- Passage of HB 2223 allows for members of a Board with no licensed physicians to perform surgery.
  - *K.S.A. 65-2869* defines persons engaged in the practice of medicine and surgery as: “(b) Persons who prescribe, recommend or furnish medicine or drugs, or perform any surgical operation of whatever nature by the use of any surgical instrument, procedure, equipment or mechanical device for the diagnosis, cure or relief of any wounds, fractures, bodily injury, infirmity, disease, physical or mental illness or psychological disorder, of human beings.”
  - As written, HB2223 would patently allow for a non-physician to perform surgery.
- Passage of HB 2223 gives the Kansas Board of Optometry Examiners the latitude to add additional procedures without legislative authorization or oversight;

- Section 1(5) “K.S.A. 65-1501 is hereby amended to read as follows:  
65-1501. (a) The practice of optometry means: the performance of additional procedures that are not otherwise prohibited by subsection  
(b) 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 adnexa as authorized pursuant to rules and regulations adopted by the board.”

During the House Health and Human Services Committee hearing, there was a great deal of testimony about how ophthalmologists and optometrists are equally trained on the use of lasers and the performance of the procedures outlined in the bill.

It may be helpful to have a visual comparison of the education and training requirements of an optometrist vs an ophthalmologist.

To obtain a license, **optometrists** must:

- Complete an undergraduate degree
- Attend a four-year Optometry program
- Pass the NBEO Exam

After receiving their license...

- Optometrists will complete 24 hours of continuing education annually.

To obtain a license, **ophthalmologists** must:

- Complete an undergraduate degree
- Complete medical school
- Complete residency training
- May Complete a fellowship in ophthalmology
- Pass the USMLE

After receiving their license...

- The ophthalmologist will complete 50 continuing education hours annually.

In accordance with the Kansas State Board of Healing Arts mission, **patient safety** must remain the primary focus. Ensuring that Kansas patients receive the highest quality care.

Proponents of this legislation have claimed that they receive training on these laser procedures comparable to ophthalmologists. However, these trainings – which involve practicing on plastic eye models, often in conference centers – do not provide the necessary real-life experience. The optometrists are not practicing on actual patients. Instead, they are being taught only the procedure technique.

It's important to consider that performing a medical procedure encompasses far more than the emulation of a procedure or technique. To provide the highest quality of healthcare, one must be prepared for the eventuality of something going awry. Medical Doctors – through their education and clinical training - are best prepared to handle these eventualities. This is why they are the only professionals trained and qualified to perform unsupervised surgical procedures.

An American Medical Association article from January 6, 2025 addresses this very issue and provides important context about training quality. Please find the article linked [here](#).

- “Just 3 of the nation’s 24 optometry schools operate in states where optometrists are allowed to do eyelid procedures – about 5% of the country’s total number of students.”

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- “A 32-hour course exists for optometrists to learn about lasers and similar procedures. Fewer than four of the hours are spent on manual labs doing injections and eyelid procedures.”

A lot of attention has been given to the argument that this bill will increase the availability of services to Kansans, possibly decreasing wait times and travel distance. But the fact remains that no data has been presented to indicate that this is factual other than anecdotal evidence. These anecdotes, if true, are simply not a legitimate reason to provide patients in rural areas with a lower quality of healthcare. I would argue that there is even less margin for error in these communities, where receiving emergency follow-up care is more difficult.

The healthcare system is a continuum with all members having equal importance. Every day, optometrists and ophthalmologists practice interpedently, each with their own area of expertise and respect for each other’s profession. It is important to maintain the balance of the system by ensuring that each profession maintains this expertise and performs only the procedures they are trained and well qualified to perform.

Thank you for your time and consideration.

Sincerely,



Susan Gile  
Executive Director