

September 12, 2022

The Honorable Gavin Newsom  
1021 O Street, Suite 9000  
Sacramento, CA 95814

**Re: Veto Request: AB 2236, Optometric Surgery**

Dear Governor Newsom:

On behalf of the American Society of Retina Specialists (ASRS), we are writing to ask that you veto AB 2236. This legislation would inappropriately and dangerously authorize optometrists to perform scalpel surgeries, laser surgeries, and subconjunctival and other injections. This legislation would lower the quality and safety of eye care and put Californians at risk of vision-threatening complications.

ASRS is the largest retina organization in the world, representing over 3,500 board certified ophthalmologists—and more than 280 in California—who have completed fellowship training in the medical and surgical treatment of retinal diseases. The mission of the ASRS is to provide a collegial open forum for education, to advance the understanding and treatment of vitreoretinal diseases, and to enhance the ability of its members to provide the highest quality of patient care.

Retina specialists, like other ophthalmologists, have completed four years of medical school, a hospital residency, and three years of ophthalmology residency training, and then completed an additional 2-year retina fellowship. During their education, retina specialists receive extensive one-on-one training in surgical techniques and managing potential complications—both ocular and systemic.

Optometrists, by comparison, have no such training. The typical optometric education rarely goes beyond the post-graduate level and mainly focuses on examining the eye for vision prescriptions, dispensing corrective lenses, performing some eye screening functions, and prescribing topical medications. AB 2236 requires additional training for optometrists to perform the included procedures, but limits it to a mere 32 hours, as opposed to the four to five years of highly focused training retina specialists receive. ASRS does not believe supplemental training for optometrists is sufficient to ensure patient safety and opposes expanding their scope of practice in this way.

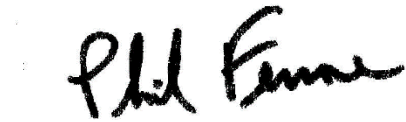
Successfully operating on eyes requires meticulous and finely honed microsurgical techniques. While it is frequently performed with little or no complications, that success is directly attributable to the proficiency of retina specialists and other ophthalmologists. These delicate procedures carry the risk of irreversible vision loss if not performed at an expert level. Were a minimally trained optometrist to perform these surgical procedures, the complication rate would skyrocket, putting the safety and vision of Californians at risk. Vision loss is known to cause accidents and other healthcare issues, such as depression, that would further threaten patients' health and lead to unnecessary spending. An economic analysis of vision loss "estimated that for 2017, the total U.S. economic burden of vision loss and blindness was \$134.2 billion, which comprised \$98.7 billion in direct costs (medical, nursing home, and supportive services) and \$35.5 billion in indirect costs (absenteeism, lost household production, reduced labor force participation, and informal care). The largest components of costs were medical

costs (\$53.5 billion), nursing home costs (\$41.8 billion), and reduced labor force participation (\$16.2 billion). Nationally, vision loss and blindness cost an average of \$16,838 annually per person affected.”<sup>1</sup>

Therefore, we urge you to veto AB 2236.

Thank you for your consideration. If you need additional information or have questions, please contact Allison Madson, Vice President of Health Policy, at [allison.madson@asrs.org](mailto:allison.madson@asrs.org).

Sincerely,

A handwritten signature in black ink that reads "Phil Ferrone". The signature is written in a cursive, flowing style.

Philip J. Ferrone, MD, FASRS  
President

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<sup>1</sup> Rein DB, Wittenborn JS, Zhang P, et al. [The Economic Burden of Vision Loss and Blindness in the United States](#). *Ophthalmology*. Apr 2022;129(4):369-378. doi:10.1016/j.ophtha.2021.09.010