



[Opinion: Missouri eye patients deserve expert care, not lower standards](#)

By Jonathan Schell

March 18, 2026

When someone is worried about their vision — one of our most treasured senses — distance matters, timeliness matters, and trust matters.

But recently introduced Missouri bills HB 2897 and SB 884 are not about improving access to care, despite what supporters of this legislation would have you think. Instead, they're about creating legal loopholes for optometrists to perform surgery on or around the eye, despite lacking the required medical training.

Eyes are not simple structures; they are delicate organs. So when surgery is involved — whether it's with powerful lasers, sharp scalpels, or the use of injections — there is no room for error because complications can lead to permanent vision loss.

To learn how to perform these surgeries safely, ophthalmologists complete four years of medical school, a hospital-based internship, and at least three years of surgical residency before independently operating on patients. In fact, each ophthalmologist completes more than 17,000 hours of medical training before being able to confidently and legally perform eye surgery.

In contrast, optometrists are crucial components of the eye care team, but they are not medical doctors or trained surgeons. They provide highly-valued care and expertise for eye exams, prescribing glasses

and contacts, and helping Missourians manage certain chronic eye diseases.

They are important partners in vision care, but they do not attend medical school, and they do not complete surgical residencies, which means they have a fundamental lack of the surgical training and experience needed to operate on your eye. Passing a bill to let them perform surgery without the necessary training does not improve care; it simply increases the level of risk patients assume.

Supporters of HB 2897 and SB 884 argue that this is about rural access. But the reality is, there is no widespread crisis when it comes to accessing surgical eye care. With nearly 500 ophthalmologists across over 124 communities, 89% of Missourians are no more than a half hour drive from an ophthalmologist.

If expanding surgical authority to non-surgeons truly improved access — as bill proponents claim — we would expect to see clear evidence from states that have already loosened their standards. However, in our neighboring state of Oklahoma, legislators granted optometrists the ability to perform certain surgical procedures, yet access to care in rural Oklahoma has not meaningfully improved.

What has increased there? Documented patient safety concerns and reports of harm tied to procedures performed without the depth of medical training required of physicians.

Oklahoma expanded its surgical scope despite possible consequences — and now there are documented cases of [some patients](#) who received eye surgery from an optometrist and are now losing their vision permanently.

Lowering the bar for who can perform eye surgery does not magically create more surgical availability in underserved areas. It simply creates two different standards of surgical care — one for patients who understand the significant training differences between ophthalmologists and optometrists, and one for those who may not.

Missouri lawmakers should ask a simple question: If a complication occurs during eye surgery, who has the necessary training and

experience to recognize a systemic emergency, manage unexpected bleeding, address anesthesia-related issues, or coordinate hospital-level care? That level of preparation comes from medical school and hospital-based surgical training, not from 32 hours of weekend procedural courses layered into non-physician curriculum.

We can, and should, strengthen access to rural health care in Missouri. But that means investing in physician recruitment, supporting telemedicine infrastructure, and ensuring rural hospitals remain viable. It does not mean redefining surgery in a way that has already harmed patients across the country just to fit a workforce argument.

Vision loss is often irreversible. Once gone, there is no medical or legislative fix.

For the sake of patient safety — especially in the rural communities these bills claim to protect — Missouri lawmakers should swiftly reject HB 2897 and SB 884 and keep surgical eye care in the hands of the ophthalmologists trained to perform it safely.

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