



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

May 5, 2025

The Honorable Donna Bailey and Kristi Mathieson
Chairs, Committee on Health Coverage, Insurance and Financial Services
Maine Legislature
Maine State House
2 State House Station
Augusta, ME 04333

Dear Chairs Bailey and Mathieson and Members of the Committee:

We are writing on behalf of the American Academy of Ophthalmology, the world's largest association of eye physicians and surgeons. A global community of 32,000 medical doctors and surgeons—including our members throughout the state of Maine—we protect sight and empower lives by setting the standards for ophthalmic education. We are dedicated to advocating for our patients and the public to ensure the highest standards of patient safety and quality care. It is for these reasons that we respectfully request that you oppose LD 1803. This bill places patient safety and quality surgical care at risk in Maine by authorizing unqualified, non-surgically trained practitioners—optometrists—to perform delicate eyelid scalpel incisional surgery and laser surgery in and around the eye.

This legislation undercuts current standards of medical education and clinical training required to practice medicine and perform eye surgery that has kept Mainers safe for decades. The practice act for a specific healthcare profession is not the appropriate venue to determine what does and does not constitute the practice of medicine and surgery. Furthermore, LD 1803 places the development of training standards for eye surgery in the hands of the state's Board of Optometry, of which there are no medical doctors or trained surgeons as members. By enacting LD 1803, Maine would become the only New England state with a two-tiered system of surgical eye care.

We are deeply concerned about the prospect of establishing a system of care in Maine whereby patients from more vulnerable populations are left unaware of the significant difference in surgical training between ophthalmologists and optometrists and are therefore systematically sent for surgical care from optometrists with a much lower tier of experience, training, and safety. While facilitating access might seem like a justification for accepting lower quality surgical eye care for some, it must be noted that 83% of the state's population is within a 30-minute drive of an ophthalmologist and 96% within an hour drive. We believe that a constructive partnership between appropriately trained ophthalmologists and optometrists is the eye care model for the people of Maine that should be advanced to safely address current and future care delivery needs.

Improvement in surgical technology does not mean that the structures of the eye are more forgiving in terms of damage to the eye, scarring of vital structures or surgical judgment. Technology may improve the speed of surgery, but surgical judgement about the surgery to be performed remains very important with serious clinical decisions to be made. We support the role of optometrists as a valued component of the eye care team and our members work collaboratively with them daily. However, no matter how well-intentioned the legislators proposing LD 1803 are, the truth is that the optometric education model does not provide this vital knowledge base of medical and surgical expertise to determine who is a suitable candidate for surgery or more importantly the foundation to safely perform laser surgical procedures on and around the eye.

For these reasons, we respectfully ask that you uphold Maine's current high standard of patient safety by opposing LD 1803. Thank you for your time and consideration.

Sincerely,

Stephen D. McLeod, MD
Chief Executive Officer

Michael X. Repka, MD, MBA
President