Samuel Solish
Falmouth
LD 1803

Samuel P. Solish, MD
Testimony in Opposition
LD 1803
An Act to Amend the Laws Governing Optometric Practice
May 13, 2025

Senator Bailey, Representative Mathieson, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Dr. Samuel Solish, and I live in Falmouth, Maine and I urge you to oppose LD 1803. In 2024, I retired from active ophthalmology practice after 35 years. After advanced fellowship training in glaucoma my practice consisted of greater than 80% glaucoma consultation and surgery during my tenure as a physician. I practiced in Portland for the last 25 years. In the past, I have held many leadership positions in medicine including California Medical Association, Maine Medical Association, and the American Medical Association. I am a past president of the Maine Society of Eye Physicians and Surgeons. I have also held leadership positions with the American Academy of Ophthalmology. In addition, this year, I completed my term on the American Glaucoma Society Board of Directors.

Glaucoma is a chronic disease which affects vision through damage to the optic nerve which carries visual information from the eye to the brain. Elevated intraocular pressure is an important risk factor, however there are many who have elevated intraocular pressure who do not have glaucoma (Ocular Hypertension). Glaucoma subspecialty practice involves many aspects of glaucoma care from early diagnosis to advanced surgical treatment. In my practice I regularly evaluated individuals who were suspected of having glaucoma and followed and treated patients with chronic glaucoma and also treated patients who experienced emergency glaucoma crises. In evaluating and treating glaucoma it is important to differentiate the different types of elevated intraocular pressure and devise a plan whether to observe or treat. Acute emergency glaucoma is rare and usually handled by a glaucoma sub-specialist. Most commonly there is significant time (days to weeks) to fully evaluate and treat the condition and many glaucoma suspects do not need to be treated at all.

Laser surgery in glaucoma involves different lasers for different purposes. For early or advancing glaucoma, Trabeculoplasty (SLT) can be effective in modest reduction in pressure however it is not effective for acute glaucoma as its effect is limited and often takes days or weeks to confirm a benefit. YAG laser for narrow angles without elevated pressure has been shown in recent studies to be not as necessary as previously thought. Additionally angle closure glaucoma is rare and requires advanced skill and experience.

For almost 25 years, I worked cooperatively with ophthalmologists (MD, DO) and optometrists (OD) in Maine, New Hampshire, and Massachusetts to evaluate and care for patients with suspected or confirmed glaucoma. The number of glaucoma suspects is much larger than the number of actual cases of glaucoma. All practitioners have had great concern for the patient and their well-being. However, I was always concerned about the motivation for practitioners to overtreat or treat without evidence of need. This was particularly true of drops and lasers.

I am in opposition to LD1803. Access to care in Maine is not limited for acute eye disease although like all rare and uncommon medical issues travel distances create challenges for providing subspecialty care. In my experience, acute glaucoma cannot be managed by practitioners without the extensive training and experience of an ophthalmologist. Additionally, advanced glaucoma usually requires advanced subspecialty ophthalmology training in glaucoma. Even with extensive ophthalmology training, acute and severe glaucoma is difficult to manage. Laser

trabeculoplasty(SLT) for elevated pressure and YAG laser for narrow angles are non-emergent situations in the vast majority of cases (and may not be necessary at all). Therefore, I ask for a no vote on LD 1803.