

**Erin Lichtenstein, M.D.**  
**Testimony in Opposition**  
**LD 1803**  
**An Act to Amend the Laws Governing Optometric Practice**  
**May 13, 2025**

Dear Esteemed Legislators,

I am writing to you as an ophthalmologist who has spent the last two years training future eye surgeons. The topic at hand—whether optometrists should be granted the authority to perform laser or eyelid procedures—is a matter of significant concern, as it directly impacts the safety and well-being of patients under our care.

Let me begin by emphasizing the invaluable role that optometrists play in the field of eye care. Many of the optometrists in Maine have been my dedicated colleagues and friends. Optometrists are the primary eye care providers, the frontline professionals who deliver critical services such as routine eye exams, prescribing corrective lenses, and diagnosing ocular conditions and making timely referrals when those conditions require procedural or surgical intervention. Their role on the eye care team is very important and deeply appreciated. However, it is essential to acknowledge that they are not trained surgeons. Surgery, particularly on something as intricate and delicate as the human eye, requires an entirely different level of specialized education, training, and hands-on experience.

Ophthalmologists, by contrast, are medical doctors who undergo extensive training to become specialized eye surgeons. This journey entails four years of medical school, followed by a year of medical and surgical internship before a minimum of three years of rigorous ophthalmology residency. During this residency, aspiring ophthalmologists are immersed in the complexities of surgical techniques. They learn not only the procedural steps but also how to anticipate and manage complications that may arise, safeguarding patients' vision and overall health. Most importantly, they train with real and complex patients, not model eyes.

In my role as an attending physician, I have taught eye surgery to training ophthalmologists. I can attest that mastery of these procedures does not happen overnight or in a limited, hours long course. It takes months and often years of intense, closely monitored practice for residents to develop the skills and judgment required to perform surgeries with competence and confidence. I have seen resident ophthalmologists bloom into skilled surgeons over a period of years, not weeks. For example, procedures like YAG capsulotomy, which might seem straightforward at a

glance, can be highly intricate. A minor misstep during such a procedure can lead to devastating consequences for a patient. This is why the pathway to becoming a surgical ophthalmologist is so rigorous—it is designed to protect patients and ensure the highest standard of care.

Optometrists, while highly skilled in their domain, do not receive anywhere near the same training in surgery. Their education focuses on primary eye care, not the complexities of surgical intervention. Allowing optometrists to perform surgeries without the requisite years long, attending-monitored, training would create an unnecessary risk for patients.

I urge you to consider the significant differences in training between optometrists and ophthalmologists when making legislative decisions on this matter. Granting surgical privileges to practitioners who have not undergone the rigorous and prolonged training required for such procedures could compromise patient safety and lead to preventable adverse outcomes. Instead, let us continue to value the complementary roles that optometrists and ophthalmologists play on the eye care team, ensuring that each professional practices within the scope of their expertise.

Thank you for your time and thoughtful consideration of this critical issue. I trust that your decision will prioritize the safety and well-being of the patients we are all committed to serving.

Respectfully,

Erin Lichtenstein, MD