TESTIMONY OF THE MAINE MEDICAL ASSOCIATION,
THE MAINE OSTEOPATHIC ASSOCIATION,
AND
THE MAINE CHAPTER, AMERICAN ACADEMY OF PEDIATRICS

AGAINST

LD 1803 - An Act to Amend the Laws Governing Optometric Practice

Joint Standing Committee on Health Coverage, Insurance, and Financial Services
Room 220, Cross Building, Augusta, Maine
Tuesday, May 13, 2025

Good Afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. My name is Jay Mullen, MD, FACEP, and I am an emergency room physician. I am submitting this testimony against LD 1803 - An Act to Amend the Laws Governing Optometric Practice, including its May 11th amendment, on behalf of the Maine Medical Association, the Maine Osteopathic Association, and the Maine Chapter of the American Academy of Pediatrics.

The Maine Medical Association (MMA) is a professional organization representing over 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State. The Maine Chapter of the American Academy of Pediatrics (Maine AAP) is a membership organization of 300 pediatricians and pediatric subspecialists dedicated to protecting the health of Maine children and adolescents.

The MMA, MOA, and Maine AAP's legislative committees have joined to advocate with one voice against LD 1803.

Every health care professional has an important role to play in caring for patients, and the clearly stated parameters of the profession's scope of practice ensure that a clinician with the education, training, and experience will deliver the care they are equipped to deliver. We recognize that over the years, there have been medical procedures that can and should be added to a clinician's scope of practice. We never want to gatekeep access to healthcare, especially when people in our state and country struggle daily to find a clinician to provide care. However, the decisions to expand the scope of practice should not be made lightly.

As for LD 1803, we have three main concerns with the bill as drafted.

First, and probably most concerning, section nine of the bill would allow the Board of Optometry to adopt rules to set standards, including the scope of practice for optometrists. The amendment changes this slightly but permits scope changes only through major substantive rulemaking. This Board has seats for five optometrists and one consumer—no one else. Scope changes should only be made by the Legislature through a public process allowing all voices to be heard and considered.

Second, sections ten and eleven of the bill would allow optometrists to prescribe hydrocodone combination products, which are a Schedule II drug. According to the Drug Enforcement Agency,

> Drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependence potential. The abuse rate is a determinant factor in the scheduling of the drug; for example, Schedule I drugs have a high potential for abuse and the potential to create severe psychological and/or physical dependence. As the drug schedule changes-- Schedule II, Schedule III, etc., so does the abuse potential-- Schedule V drugs represent the least potential for abuse.

In 2014, the Drug Enforcement Agency moved hydrocodone combination producers from a Schedule III to a more restrictive Schedule II drug.[1] In that decision, the DEA noted that

> Almost seven million Americans abuse controlled-substance prescription medications, including opioid painkillers, resulting in 22,134 Americans dying in 2011 from overdoses of prescription medications, including 16,651 from narcotic painkillers … Today's action recognizes that these products are some of the most addictive and potentially dangerous prescription medications available."

Eleven years later, Maine and the United States are still in an opioid epidemic. Expanding who can prescribe this drug should never be done lightly.

Finally, we will leave the specifics of the requested procedures to be added to the optometric scope by others testifying today, but we will note that eye surgery should only be done by qualified physicians. This is not gatekeeping medicine; this is protecting patients.

I am the Chief Executive Officer of Blue Water Health, which is a physician-owned and led Acute Care Provider Group that provides urgent care management and staffing solutions throughout New England. As such, my partners and I work all over and are on the ground to the healthcare access issues being discussed today. I partner with optometrists and ophthalmologists to provide emergency care to patients with eye problems. Optometrists

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[1] https://www.dea.gov/press-releases/2014/08/21/dea-publish-final-rule-rescheduling-hydrocodone-combination-products.

can and are used as critical partners in life-saving treatment and improving patients' lives. However, their education and training are not the same as physicians', and we should not blur the lines because it does not ultimately improve healthcare access.

I want to stress that this testimony is not meant to devalue optometrists' training. We fully recognize that our partnerships with clinical colleagues ensure everyone can obtain the necessary healthcare. However, each has a specific role to play based on their training, and many of the requests in this bill go too far.

We understand that the Maine Society of Eye Surgeons and Physicians and the Maine Optometric Association have come together and will continue to meet on this bill. We hope they will find some common ground, but as of right now, we urge that you oppose this bill.

Thank you for considering the thoughts of Maine’s physicians about LD 1803.

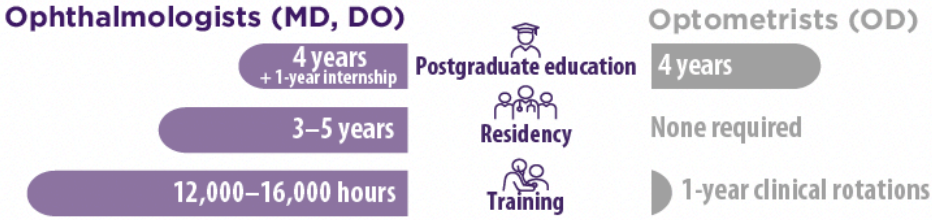
Best,

Jay Mullen, MD, FACEP

Protect physician-led care

Optometrists lack the comprehensive medical knowledge and experience necessary to safely perform surgical procedures on patients. The safe performance of surgical procedures, whether performed using a scalpel or laser, depends on the education and years of clinical training completed by physicians. The best way to support high-quality care is to keep physicians as the leader of the health care team.

PHYSICIANS ARE TRAINED TO LEAD



OPTOMETRISTS ARE NOT PROPERLY TRAINED TO PERFORM EYE SURGERY

Ophthalmologist education and training is…

Comprehensive: Study all aspects of the human condition—in the classroom, laboratory and through direct patient care, including more than 1,350 hours of biological, chemical, pharmacological and behavioral coursework.

Thorough and hands on:

- ✓ During medical school, ophthalmologists gain direct experience caring for patients across specialties and spectrum of diseases, completing two years of clinical patient care rotations across a range of fields, including family and internal medicine, obstetrics, gynecology, pediatrics and psychiatry.
- ✓ These skills are expanded and refined in residency, during which ophthalmology residents fine-tune their surgical acumen, including assisting and eventually performing thousands of surgical procedures under direct supervision as part of their training.

Rigorous and standardized:

- ✓ Minimum requirement of 3,000 ophthalmology outpatient visits during residency.
- ✓ Nine months of surgical or medical care in areas outside of ophthalmology.
- ✓ Extensive training in pre-operative, intra-operative and post-operative ophthalmic surgical care.
- ✓ Demonstrated knowledge of and competence in medical, diagnostic, and surgical ophthalmic care, including managing complications associated with anesthesia use.

With regards to surgical training, optometrist education is . . .

Insubstantial: Optometrist education includes only 572.5 hours of basic sciences coursework and focuses on primary eye care.

Limited:

- No substantive clinical training managing diseases affecting the entire body.
- Highly limited exposure to standard surgical procedure, aseptic surgical technique, or medical response to adverse events. Only 2 of the nation's 24 optometry schools are in states that allow optometrists to perform laser surgery.

Insufficient:

- No appropriate clinical training in surgery or surgical care of patients.
- Certification course in eye surgery is typically only 32 hours and does not require operating on live patients. The course includes the following:
  - 16 hours of training in laser surgery
  - 16 hours of training in incisional and injection procedures

Patient health and safety is threatened when optometrists are permitted to perform services that are not commensurate with their education or training.

79% of voters are opposed to optometrists performing eye surgery

189% increase in repeat laser trabeculoplasty (a type of glaucoma surgery) when initial surgery is performed by an optometrist rather than an ophthalmologist

MYTH	FACT
Expanding optometrists' scope of practice will improve access to care.	Access to care has not substantially improved in states that allow optometrists to perform surgery.