



# MAINE

OPTOMETRIC ASSOCIATION

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## Testimony Neither For Nor Against LD 1956, "An Act to Amend the Laws Governing Optometrists"

Joint Standing Committee on Health Coverage, Insurance, and Financial Services  
May 23, 2023

Good afternoon Senator Bailey, Representative Perry, and members of the Health Coverage, Insurance, and Financial Services Committee; my name is Dr. Sheridan Gove of Freeport. I am a licensed Maine optometrist and own Family Eye Health in Lewiston. I currently serve as president of the Maine Optometric Association. The Association has been in existence since 1911.

Optometry has always been a part of my life. My father was a licensed optometrist in Maine and I joined his practice just over a decade ago. I have also served on the MOA Board for approximately ten years. Simply put, optometrists must, and do, provide the highest of standards in eyecare for their patients. It is through this lens that I have reviewed the proposal before the committee today.

### **Importance of Optometrist-patient Relationship**

The personal connection between the optometrist and their patients is crucial. During the time optometrists spend with their patients, we get to know them. We are able to listen to their concerns, communicate important information related to their eye care in a way that they understand, and answer questions to help them make the best choices for their own care. This type of relationship and care cannot be formed when the only encounter with patients is remote. Accordingly, MOA believes there are a few areas within the drafted legislation that the requirement for in-person examinations should be clarified.

The definition of optometrist-patient relationship (page 3, line 23) should be amended to clarify that there must be an in-person examination at the outset of the doctor-patient relationship. This creates a baseline for care before remote services are appropriate. Accordingly, the language at page 3, line 30, should require an in-person "encounter."

As drafted, some additional requirements for minimum standards for eye examinations should be established. The language in LD 1956 includes a requirement for a physical examination of each eye (Page 9, Line 38). The “physical examination of the eye” should clarify that the examination be conducted in person and by the licensee. Additionally, objective and subjective refractions, which are in the current law at 32 M.R.S. §2417(3)(E), should be retained as a part of in-person minimum examination standards. The subjective aspect of the exam is important; this is where the optometrist not only evaluates objective data, but through discussion and observation augments the examination.

The definition of “therapeutic pharmaceutical” on page 4, line 24, should include “diagnose” as there are therapeutic drug applications that can assist in a diagnosis.

Finally, I suggest a change to the minimum prescription requirements for contact lenses. On page 11, starting on line 28, LD 1956 outlines what must be included in a contact lens prescription. As drafted, it requires that a prescription must include the date of examination, issue date of the prescription, expiration date, postal address of the prescriber, power, base curve or appropriate designation, diameter when appropriate and brand name or material or both. We suggest changing the language by striking “when appropriate” on line 30 and adding at the end a sentence, “The prescription cannot be altered.”

Thank you again for allowing me to provide comments today on LD 1956. I would be happy to answer any questions the committee may have.