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Testimony in Support of LD 1803: Expanding the Scope of Optometric Practice in Maine

Chairpersons Bailey and Mathieson, committee members, and esteemed colleagues,

I am here today to express my strong support for LD 1803, which would modernize the scope of practice for optometrists in Maine and align it with the education and training that doctors of optometry have received for decades. This legislation is about improving access to timely, effective, and safe eye care for patients across our state.

Opponents of LD 1803 have voiced concerns over the safety of optometrists performing in-office procedures such as chalazion removal, YAG laser capsulotomy, and SLT (selective laser trabeculoplasty). These concerns are not supported by data or real-world outcomes. The reality is that these procedures are both **safe and effective** when performed by trained optometrists. Since the 1990s, optometrists in 14 states have safely performed over **146,000 laser procedures** with an adverse event rate of just **0.001%**—a safety record that speaks for itself.

Critics often claim that there is little standardization in optometric training for advanced procedures. This is simply **not true**. Optometrists have been trained in these procedures for over 30 years, and modern optometry school curriculum, combined with clinical training and continuing education, prepare us well for these responsibilities. In fact, **optometrists already manage post-operative care and complications** from surgical and laser procedures regularly. We are trained, experienced, and equipped to respond to any adverse events that may arise.

For example, should a patient experience a retinal detachment following a YAG procedure, a rare but known risk, both an optometrist and an ophthalmologist would respond in the same way: by referring the patient to a retinal specialist. Similarly, if intraocular pressure increases after an SLT procedure, optometrists manage it effectively using pressure-lowering medications, just as ophthalmologists would.

Optometry is a medical profession that evolves with advancements in care, just like any other. As treatments and technologies change, so too must the scope of our practice. Our education has far outpaced the current legal limitations placed upon us in Maine, creating unnecessary barriers to patient care. LD 1803 would allow trained optometrists to practice to the full extent of their education and better serve patients, especially in rural and underserved areas where access to specialists is limited.

Although I practice in Southern Maine, I have a further unique perspective in that I grew up in the small town of Friendship, Maine in Knox County. A blue-collar lobstering town on a 10-mile dead end peninsula where you either turn right to drive another 10 miles for health care in Rockland or left at an equal distance to Damariscotta. I therefore see the struggles of my own family and closest friends as they navigate the eyecare profession and grasp to understand the extra travel, extensive waiting times and costs for ophthalmological care when extra appts are indicated outside of their optometrist's scope. It is not uncommon for me to receive multiple texts a month from the people I know asking me if they can come to Portland and have a procedure done that has been recommended by their local

optometrist. In hopes that I have some sort of connection or ability to help them jump the line to get procedures that can only be treated by an ophthalmologist in our state. It only is common sense to me that if doctors of optometry locally can provide the in-office procedures that our bill describes, there should be more time for our ophthalmologist colleagues to complete more cataract surgeries, glaucoma surgeries and other sensitive and intensive procedures that they do.

While I can work with my own patients to receive ophthalmological care within 3-6 months, it remains challenging for those I know from the midcoast region. A local ophthalmologist even suggested that a dermatologist could perform the in-office procedure for chalazion removal, thus avoiding prolonged waiting periods to see their office. I believe you would agree that optometrists that specialize in the eye and lid area are more qualified to handle chalazion removal. My experience with my patients requiring YAG capsulotomy are often asked to wait several months by certain ophthalmologists, which significantly disrupts activities such as grandparents needing to pick up children when it is dark in October or those traveling south during winter. SLTs are considerably underutilized as first-line therapy in glaucoma because optometrists, who handle primary care and diagnosis, cannot perform them. Consequently, we rely excessively on eye drops which come with side effects, long-term out-of-pocket expenses, and time-consuming and complex prior authorizations.

As a doctor of optometry practicing in Cumberland County and am a previous MOA President dating back to 2018. I can attest, this bill is no sudden, quickly put together idea. In Maine we do things the right way and align the needs of patients first and currently the time has come to advance to the more modern Optometric education. This bill is not the future of Optometry, but Present-Day Optometry based upon the training and education levels of Optometry Schools across the nation and the extensive clinical experience of practicing doctors of optometry in the field. LD 1803 is not about pushing boundaries, it's about aligning Maine's laws with modern, evidence-based optometric care. The data is clear: **optometrists can safely and effectively perform these procedures.** We urge you to support this legislation and put patients' access to timely, high-quality care first.

Thank you.

Kyle Benner, O.D.