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May 12, 2025

Senator Donna Bailey
Health Coverage, Insurance and Financial
Services
Cross Building, Room 220
100 State House Station
Augusta, ME 04333

Representative Kristi Mathieson
Health Coverage, Insurance and Financial
Services
Cross Building, Room 220
100 State House Station
Augusta, ME 04333

RE: LD 1803, An Act to Amend the Laws Governing Optometric Practice

Dear Senator Bailey and Representative Mathieson,

These comments augment testimony presented today before the committee. If there is one relentless consistency in play with the scope of practice of optometry issue over the decades, it is that the ophthalmological community will vehemently object to any expansion and cite its mantra that optometrists are not well educated, they do not have the experience to do whatever the procedures might be, that access is not a problem now, and never has been, that timeliness of care is not a legitimate issue, that long delays in receiving care do not exist and that Maine citizens will suffer various eye related problems, resulting in blindness or serious and permanent vision loss. What is axiomatic in these scope disputes is that there is no merit to this ophthalmological mantra.

In the 1970s optometrists received approval to use diagnostic drugs. Ophthalmology made those arguments. In 1987 the legislature authorized the use of basic therapeutic drugs. The ophthalmological response was to predict dire consequences. In 1995 the ophthalmological response over authorizing certain optometric treatments of glaucoma was vitriolic. The same knee-jerk response occurred with advanced therapeutics in the early 2000s.

One example will suffice: in 1987 optometrists became authorized to prescribe and treat patients with therapeutic drugs. One ophthalmologist characterized the legislation as “a blatant attempt to convey clinical competence and training by use of the legislative process”. The Maine society of eye physicians and surgeons stated “The issue is critical for the prevention of blindness”.

The legislature decided to do a post enactment study between 1897 and 1990. A study Committee was formed to review use by optometrists of therapeutic drugs. The report to the Committee on June 15, 1990, from the panel comprised of Senator John Baldacci, Optometrist David Higgins and Ophthalmologist William Atley, reported that the study in its first nine months sampled 238,000 patient visits encompassing 7,122 therapeutic encounters. The panel concluded:

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In summary, the Therapeutic Monitoring Panel presided over a 29-month period of mandatory reporting of drug utilization by optometrists. **“No adverse effects were reported by either optometrists or ophthalmologists”.** (Emphasis added).

Even though that report speaks volumes it has not deterred ophthalmology from staying its course, even to this day, that any expansion is fraught with peril.

At this point in time 14 states have authorized legislation along the lines of LD 1803. Two, Montana and West Virginia, have enacted their bills this year. Over 146, 000 instances of relevant treatment in those states have reported virtually no adverse results. The Oklahoma Ophthalmology Association, however, has cited several anecdotal instances of adverse results. It appears only one can be verified. To put this in context, if there were 10 serious optometric adverse results out of the 146,000 total number of procedures, that would be a failure rate of 0.00684%. If there were 100, the failure rate would be 0.0684%. If there were 500 serious adverse results, the failure rate would be 0.342%. In short, in those states which have allowed optometrists to perform these procedures patient care has been a resounding success. Under any scenario that is an extraordinary success ratio. In medical care no one and nothing is perfect. Not optometry and not ophthalmology. It is not as if ophthalmologists do not have their share of adverse results. It is in the nature of medicine, unfortunately, that complications may occur, resulting in adverse outcomes. The resounding success of allowing optometrists to perform these procedures, however, continues to induce other states to authorize these procedures.

In addition, the number of Ophthalmologists in Maine is decreasing. This exacerbates the access to care issue. The most recent example is John Lonsdale, an ophthalmologist who has retired and closed his office in Lewiston, Maine. Interestingly, it is an optometrist, Troy Avery, who has taken over that practice to assist Maine patients within the scope of his licensure.

In conclusion, whether looked at through the lens of access, safety, prompt care and/or quality education optometry is well prepared to assume the responsibilities proposed in LD 1803 for the benefit of Maine citizens. Ophthalmology, in turn, is bereft of legitimate arguments to the contrary.

Respectively yours,

A handwritten signature in dark ink, appearing to read "Bruce C. Gerrity". The signature is fluid and cursive, with a large, stylized "G" at the end.

Bruce C. Gerrity

June 15, 1990

Honorable John R. McKernan, Jr.
Governor, State of Maine
State House
Augusta, ME 04333

Dear Governor:

As mandated by L.D. 1828, the Therapeutic Monitoring Panel has completed its task of overseeing optometric usage of therapeutic pharmaceuticals for the period September 1, 1987 to January 30, 1990. At present, 131 optometrists are licensed to use therapeutic pharmaceuticals out of 172 total licensed optometrists in the state of Maine. The great majority of the non-therapeutically licensed optometrists are either newly licensed (with therapeutic privileges pending), inactive, practicing out of state or in a pre-retirement mode with a younger partner who does possess a therapeutic license.

Over the 29 month reporting period it is estimated that approximately 30,000 therapeutic pharmaceuticals were administered by optometrists. The committee received no reports of adverse effects from either ophthalmologists or optometrists, except for local allergy (i.e. itching, lid eczema, etc.).

Based upon a sampling of approximately 238,000 patient visits encompassing 7122 therapeutic encounters in the first 9 months of use, the various categories of medications and frequency of utilization were as follows:

Antibiotics.....	59.5%
Steroids.....	9.0%
Anti-allergy.....	13.1%
Antibiotic/Steroid....	12.9%
Cyclopegics.....	4.8%
Miscellaneous.....	1.6%
	<u>100 %</u>

In all, forty chemically distinct preparations were used to treat 78 different anterior segment diseases. The general trend was for optometrists to prescribe with a greater frequency as time went by, but the exact magnitude of this trend is difficult to quantify since the data suggests some respondents failed to record every usage as the novelty of the reporting task wore off.

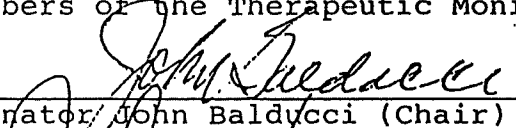
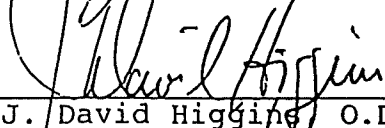
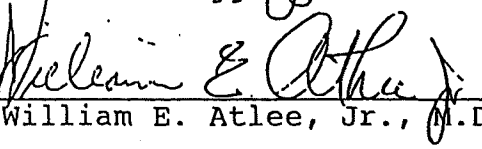
Due to confusion over the reporting format, the data on diagnostic pharmaceuticals were limited to 54 optometrists. A 9 month sampling of these data indicate the average optometrist sees 2625 patients per year and virtually all adults receive topical anesthetics for tonometry.

Honorable John R. McKernan, Jr.

Of the 106,272 estimated patient visits, there were only 845 reports of refractive use of cycloplegics and 15,218 patients were dilated (Mean frequency of dilation of 14.3% and median of 5.28%, due to a skewed deviation, as several optometrists dilate every patient). Again, no adverse reports were recieved by the Monitoring Panel.

In summary, the Therapeutic Monitoring Panel presided over a 29 month period of mandatory reporting of drug utilization by optometrists. No adverse effects were reported by either optometrists or ophthalmologists.

Members of the Therapeutic Monitoring Panel

	6/23/90
Senator John Balducci (Chair)	Date
	June 15, 1990
J. David Higgins, O.D. PhD.	Date
	June 18, 1990
William E. Atlee, Jr., M.D.	Date

cc: Charles P. Pray
President of the Senate

John L. Martin
Speaker of the House