Testimony regarding LD 683

I am Samuel Solish, MD from West Falmouth and I practice ophthalmology in Portland Maine. Since 1990, I have been in full time practice of ophthalmology with an almost exclusive focus on diagnostic and surgical glaucoma. I went to Tufts University School of Medicine. In the five years following medical school, I was a intern in Internal Medicine and Resident in Ophthalmology (Tufts New England Medical Center) and Completed a Fellowship in Glaucoma (Washington University, St Louis). I am a member of the American Glaucoma Society and serve on the Patient Care Committee for AGS.

I submit this testimony in opposition to LD 683 as originally submitted.

Glaucoma is a daunting illness which only affects 1-2% of the population of the United States. Approximately 4 million people in the US are at risk for glaucoma and there are 120,000 Americans blind from the disease. It is the second leading cause of blindness in our country. In the last few years, huge strides have been made in the diagnosis and treatment of glaucoma. New methods of evaluation have made it possible to detect glaucoma earlier than ever, thereby possibly decreasing the number of people who develop severe visual disability from glaucoma. Our treatments have also undergone significant changes and advancement with new more effective and safer medications now available.

Unfortunately, glaucoma as a much more complex set of diseases than commonly thought. When identified, the primary treatment is to lower the eye pressure by medications or laser or surgery. However, *there are about 3 times the number of suspects than actual cases of glaucoma*. The greatest challenge to the practice of glaucoma is not treating but rather the knowledge and experience to identify those who need to be treated and those who should be left alone.

In the last few years the practice of optometry, has rapidly expanded and retrained to include greater knowledge of eye disease. Using medications to treat eye disease including glaucoma has been allowed in Maine for more than 12 years and only 70 of Maine's 210 optometrists have undergone the evaluation and oversight to prescribe medications. Having served on the Glaucoma Review Panel for the State Board of Optometry for 5 years, I was surprised at how simple the process of obtaining the advanced glaucoma license and how few optometrists actually availed themselves of the opportunity. For those that did submit to that process, I was well aware of the interest and drive to treat glaucoma.

My concerns with LD 683 is driven by my concern for public health, safety and cost. As written this bill would relax education and oversight requirements for the practice of medicine in the State of Maine. This legislation allows for use of procedures and medicines that are not even FDA approved (i.e.contact lens drug delivery), procedures and possibly surgery that only the Optometry Board would define. It authorizes use of medications and chemotherapeutic agents that are only rarely used by a select group of

sub-specialists (usually in conjunction with a internist or rheumatologist) and even eliminates simple education and training requirements for glaucoma treatment.

We are fortunate in Maine to have more than enough eye care providers, both ophthalmologists and optometrists, to efficiently care for our population. Access to care is not a major barrier to care as it is in other states. Finally, the community of eye care providers has been a congenial and one in which there has been a common sense of responsibility for Maine citizens. There is no need for two separate pathways for eye care in which the main losers will be the patients. Efficient delivery of health care requires integration and shared responsibility. We have that now. We should not be constructing new silos for care which do not communicate with one another. It will be more expensive and less safe for Maine and its citizens.

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