

### Testimony in re LD 683

I am Charles Zacks, MD from Cumberland, Maine - I have practiced in Maine since 1990. I graduated Yale University School of Medicine, served as an intern at The Newton Wellesley Hospital in Massachusetts, and completed a three year residency in Ophthalmology at California Pacific Hospital in San Francisco. After my residency, I completed a subspecialty fellowship in corneal and external diseases at Bascom Palmer Eye Institute in Miami. I am a member of the Cornea Society, and President Elect of the New England Ophthalmological Society.

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

My sub-specialty in ophthalmology exemplifies the inseparable association between diseases of the eye and systemic disease. I treat patients with illness such as rheumatoid arthritis, severe dermatologic disease, and conditions that require transplantation of corneal and other human tissue to save my patients' sight. I am well aware of both the sight-saving effects of systemic drugs, and their far reaching systemic effects and side effects. Under LD 683, many drugs capable of inducing severe systemic complications or death if improperly used would be available to optometrists without corresponding increment in their qualifications or education. Based on my experience, I believe the use of medicines such as Prednisone, immunosuppressive agents and unrestricted use of narcotics is currently within the *unique competence* of physicians – earned with years of education, and especially years of mentored experience in their use.

In reading LD 683, there is apparently some confusion regarding the relationship of a drug's safety to its route of administration. Everyone here should be aware that oral administration should not be synonymous with safety. Many drugs that would be available under LD 683 for oral administration nevertheless have systemic effects and side effects that must be understood in a comprehensive medical context.

All here should also be aware that "side effect" does not exclusively refer to something that *could* happen in *some* patients. Many drugs that would be permissible for optometrists' use under LD 683, if given in therapeutic doses, *will* have systemic side effects. These must be managed by a medical doctor, because they are beyond the training and experience of optometrists. In some cases, adverse effects could be missed altogether.

Finally, a note on costs. As a sub-specialist, I regret to say that I routinely see patients referred from both optometrists and ophthalmologists who have already had well intentioned but sub-therapeutic or non-therapeutic treatment. Medicines that had been used in their treatment must be discarded, many of which are now stunningly expensive. To put it simply, if more practitioners can prescribe, more will – raising costs to an unknown degree, and without necessarily improving quality of care or access to effective care.

Therefore, in the interest of patients' welfare and cost control, particularly for a range of patients I see with ocular and systemic disease, I believe the State of Maine should deny the unnecessary and over-reaching prescribing privileges that Optometry has requested in LD 683.