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TESTIMONY OF THE MAINE SOCIETY OF EYE PHYSICIANS & SURGEONS IN SUPPORT OF L.D. 865, AN ACT TO PROTECT VISION CARE PATIENTS AND PROVIDERS

Joint Standing Committee on Insurance & Financial Services
Room 220, Cross State Office Building, Augusta, Maine
Thursday, April, 2, 2015, 1:00 p.m.

Good afternoon Senator Whittamore, Representative Beck, and Members of the Joint Standing Committee on Insurance & Financial Services. I am Linda Schumacher-Feero, M.D., a general Ophthalmologist practicing in Augusta and President of the *Maine Society of Eye Physicians and Surgeons* (MSEPS). I represent the Eye M.D.s who provide medical and surgical eye care to the citizens of Maine. Thank you for this opportunity to present testimony in support of L.D. 865, *An Act to Protect Vision Care Patients and Providers*.

I am here today to make you aware of changes in the delivery of vision care that are poised to negatively impact the quality of care, decrease patient choice, and increase costs to the citizens of Maine. While most vision care is delivered by optometrists, 15% of primary eye care is delivered by ophthalmologists. Collaboration between ophthalmologists and optometrists in the same practice setting is also increasingly common, allowing for better integration of vision and eye health services. A mandate requiring the optometrists and ophthalmologists in a practice to participate in a vision plan in order for either provider to be considered for admission to a medical panel is an obstacle to the delivery not only of vision care, but also of health care. Patients who have been followed by one doctor for years may suddenly find that their eye care provider is no longer in network for their insurance because the practice does not participate in a particular vision plan.

Most vision care plans allow subscribers to select an independent optometrist or ophthalmologist for their examination; however, that vision care provider may be prevented from providing lenses, frames, or contact lenses to that patient. The vision care provider may be limited to only using the vision care plan's own laboratory to manufacture the eyeglass lenses, rather than using an in-house laboratory or a competitive laboratory, regardless of cost, quality, or time factors. The patient is forced to make these secondary purchases through an

entity owned or controlled by the vision care plan, regardless of the patient's or the doctor's preference. Such practices restrict choice, and can lower quality and raise cost to consumers.

L.D. 865 would afford the citizens of Maine protection of existing relationships with their medical eye care provider. It would also preserve personal choice of a lens manufacturing laboratory or contact lens supplier. L.D. 865 would also prohibit future changes in the terms between the vision care insurance plan and the vision care provider without the provider's knowledge and agreement. This will preserve Maine's vision care provider's ability to offer the latest technology to patients so that they enjoy better vision utilizing good quality frames, lens, and contact lenses.

Thank you for considering the views of Maine ophthalmologists on L.D. 865. I would be happy to respond to any questions you may have.