

**Testimony of the Connecticut Society of Eye Physicians
Before the Public Health Committee, March 5, 2007
H.B. 7159 - An Act Updating the Scope of Practice of Optometry**

Good Day, Senator Handley, Representative Sayers, and other members of the Public Health Committee. For the record, I am Dr. Bruce Shields, a glaucoma specialist practicing at Yale Medical School. I have published more than 130 articles and eight books, including a textbook on Glaucoma, I am the former chairman of the Ophthalmology Department at Yale and have been treating glaucoma patients for over 20 years. I am here today to speak in opposition to **H.B. 7159 - An Act Updating the Scope of Practice of Optometry.**

You will hear some of my colleagues here today address other systemic diseases that non-physician eye care practitioners wish to treat, but I will address the proposed changes in the requirements for referral of patients, who present with very difficult and in most cases surgically treated glaucoma's and how this will effect the safety and well being of patients. With this proposal, optometrists, who are not medical doctors, would be allowed to treat very complex systemic diseases of the eye. This would not only set a precedent in this country but would jeopardize the safety and sight of Connecticut residents. To my knowledge no other state allows such advanced practice of medicine by a non M.D.

Angle closure glaucoma, secondary glaucoma's, pediatric glaucoma, and glaucoma patients presenting with pressures over 35 mm of mercury are all very serious types of systemic disease that can cause blindness if not properly managed and require a medical degree and surgical abilities to appropriately treat and manage.

Angle Closure is a medical emergency. In contrast to the more familiar open angle glaucoma, the treatment of angle closure is usually surgical. Optometrists are not surgeons and referral to an ophthalmologist should always occur without delay. The risk of loss of vision is high.

Pressures over 35 mm of mercury are much more likely to be associated with serious and irreversible optic nerve damage and require prompt attention and a thorough and thoughtful evaluation.

Secondary Glaucoma's are by definition associated with other ocular and systemic conditions. They are more complex and require a broader knowledge of medicine. In addition, the secondary glaucomas often require surgery.

Systemic medications for the treatment of glaucoma are used primarily in emergent situations. Optometrists wish to use available oral agents without restriction even in non-emergent situations, and the only agents available at this time are the carbonic anhydrase inhibitors. This family of medications often has serious side effects and are a treatment of "last resort" prior to surgery. Numbness and tingling, nausea and appetite loss are common. More importantly, life threatening complications like liver or bone marrow failure can occur. In addition electrolyte imbalances and blood abnormalities which can lead to heart failure also occur.

The request to treat pediatric glaucoma is particularly worrisome. The management of pediatric glaucoma is usually surgical, and control is far more critical for someone with a life expectancy of 75 years compared to someone with a 10 year life expectancy. In fact, there are few ophthalmologists who feel comfortable treating children with glaucoma. If not treated properly, these children face a lifetime of blindness.

All these are potentially blinding conditions. The requested expansion of scope involves diseases for which the preferred treatment involves surgery in most cases, or an extensive knowledge of systemic physiology. This is not part of the optometric training or practice. The consequences of mismanagement are grave and, unfortunately, irreversible. And please remember that in Connecticut, we have large numbers of African-American and Hispanic patients with glaucoma and those individuals are at particularly high risk for loss of vision.

Connecticut is a small state, that benefits from a large population of well trained medical doctors (Eye M.D.s) which provide easy access to some of the best comprehensive eye care in the world. There is simply no need to put our citizens at risk by changing the requirements for referral of these difficult glaucoma patients. I appreciate your time and consideration of my testimony.