

Legislative Task Force on Aging  
Dr. Amy Maltry, MD  
7/25/24

Chair Klevorn and Members of the Task Force, I'm Dr. Amy Maltry, President of the Minnesota Academy of Ophthalmology, an organization representing over 300 eye physicians and surgeons in Minnesota. Thank you for the opportunity to speak about the importance of eye care for our elderly population and how we can improve the independence and community involvement for those who are visually impaired.

Ophthalmologists are second only to geriatricians in caring for patients over 65. According to the National Eye Institute and the American Academy of Ophthalmology (AAO), the prevalence of common age-related eye diseases such as cataracts, macular degeneration, diabetic retinopathy, and glaucoma is expected to double between 2010 and 2050.

Proactive intervention for eye disease can significantly enhance the health of older adults. A study published in JAMA in December 2021 found that cataract removal is associated with a nearly 30% lower risk of dementia among older adults. This means considerable improvement in the quality of life for affected individuals and their families, with benefits lasting beyond 10 years. This long-term benefit underscores the importance of eye care and timely intervention for vision-threatening conditions.

Even simple initiatives can make a difference. For example, the national AAO has a policy to color code eye drop caps. This system has been widely adopted and helps patients easily identify medications: antibiotic eye drops are tan, dilating drops are red, and steroid drops are pink, for example. Patients find it much easier to tell me about their yellow cap, purple cap, and gray cap drops than to remember medication names like timolol, brimonidine, and ketorolac. This color-coding has significantly improved medication safety and ease of use.

Along these lines, the mechanics of eye drop administration are challenging for many elderly patients. The bottles are often small and hard to squeeze, especially for people with limited dexterity. "Eye drop helpers" are small devices that fit around the eye drop bottle and aid in squeezing the bottle and guiding the drop to the eye. Insurance coverage for these inexpensive devices would make them accessible and improve medication adherence for our most vulnerable patients.

One of the greatest challenges my elderly patients face is transportation. When my patients express concerns about their vision, one of their greatest fears is losing the ability to drive and, consequently, their independence.

Every state sets visual acuity standards for driver's licenses, with most requiring 20/40 visual acuity for an unrestricted license. However, there is significant variability amongst states regarding peripheral vision requirements and restrictions for those with worse than 20/40 vision. This Task Force could recommend the Department of Public Safety review Minnesota's current

driver's license vision requirements to safely allow maximal independence for moderately visually impaired drivers.

For those who cannot drive safely, transportation to medical appointments and other essential activities is a significant challenge. Many elderly patients do not qualify for medical transportation and cannot navigate public transportation. Rideshare apps are often impractical for this demographic, and rideshare drivers are not trained in assisting the elderly. Providing safe transportation options would improve patient adherence with follow-up care, create independence, and greatly improve overall quality of life. Options include helping to facilitate trips from rural Minnesota to our regional medical centers of excellence and state support for non-emergency medical transport services.

Post-surgical care also presents challenges for older populations. After sedation for outpatient procedures, like cataract surgery, surgery centers require that a "responsible adult" accompany the patient and stay with them for several hours post-surgery. Many seniors live alone but don't meet requirements for Personal Care Assistance (PCA) or hospital admission after outpatient surgery. State support for a program that provides transportation and aids with companionship after surgery would alleviate this burden and allow patients access to surgery that can improve their function and maintain their health.

In conclusion, addressing the growing needs of our aging population requires thoughtful and proactive measures. By improving transportation options, reviewing drivers licensure requirements, and expanding post-surgical support, we can significantly enhance the quality of life for elderly patients facing vision impairment.

Thank you for your time and consideration, and I am happy to take questions.