July 18, 2016

Commissioner Stephen Miller
Department of Medicaid Services
275 E. Main Street
Frankfort, Kentucky 40621

Dear Commissioner Miller:

On behalf of the members of The Kentucky Academy of Eye Physicians and Surgeons (KAEPS), we appreciate the opportunity to provide comments about the recently proposed Kentucky HEALTH waiver. KAEPS is a state-wide, non-profit professional organization representing ophthalmologists across the Commonwealth. The mission of KAEPS is to promote and advance the science and art of medicine and surgery and to provide convenient and quality eye care to the citizens of Kentucky.

As medical doctors with specialty training in eye diseases and surgery, we support your efforts to update Kentucky's Medicaid services. We agree with many of the proposed changes, and we encourage a cost-effective approach founded on evidence-based principles. Our physician members strongly support preventive care, which has been shown to avoid problems and save significant treatment costs. To ensure standards of the highest quality, we recommend a minimum level of care in several specific areas, focusing on the major (most severe and most prevalent) causes of blinding diseases and conditions.

Diabetic retinopathy and macular degeneration are two leading causes of blindness, resulting in the inability of many patients to maintain gainful employment. Access to a full complement of anti-VEGF agents such as Avastin, Lucentis, and Eylea and the imaging studies to monitor and guide therapy are critical for the citizens of Kentucky.

Corneal infections are a major cause of vision loss. If not promptly and adequately treated, an infection in the cornea can lead to an opaque scar which might require a cornea transplant to restore vision, or perforation of the eye leading to potential loss of the eye. Because of the many types of micro-organisms that can infect and scar the cornea, a complete formulary to cover all classes of topical antibiotics, antifungals, antivirals and combination eye drops is necessary.

This formulary should consist of a basic generic tier of fluoroquinolones, cephalosporins aminoglycosides, polytrim, gram-positive effective ointments, anitvirals for herpes infections and antifungals. Reasonable access to higher tier or name brand medications for non-responsive serious infections is recommended. Steroid-antibiotic eye drops, such as tobramycin/dexamethasone, are necessary in many patients.

Certain eye conditions are better treated with contact lenses, rather than glasses. Contact lenses should be covered for keratoconus and other ectatic corneal disorders, aphakia, anisometropia and aniseikonia, and high refractive errors.

Glaucoma, a leading cause of blindness among all populations, requires careful monitoring and treatment to control the intra-ocular pressure and thereby prevent optic nerve damage and

blindness. Glaucoma patients require a full formulary of all classes of topical and oral glaucoma medications (prostaglandin analogs, beta-blockers, alpha-agonists, and carbonic anhydrase inhibitors). Medications combining two classes of drugs are frequently needed by patients to make their dosing schedules tolerable to promote vision saving compliance with treatment regimens.

Microinvasive glaucoma surgery (MIGS) has brought new excitement to glaucoma treatment. These procedures (i-Stent, trabectome, Ex-PRESS mini shunt, microshunts, and endocyclophotocoagulation, among others) are done in conjunction with cataract surgery. These and other emerging technologies are highly cost-effective in treating and controlling glaucoma at the same time as cataract surgery, which can save vision and decrease pharmacy and operative costs.

Detecting and treating eye problems is vitally important for children to avoid preventable permanent vision loss from strabismus and amblyopia and to promote better education and development for the rest of their lives. Yearly eye exams should be continued until the age of 20 years, and eye glasses should be provided for significant refractive problems (although reasonable minimums should be established to avoid the prescribing of unnecessary glasses).

Currently, there is no adequate scientific evidence to support the view that subtle eye or visual problems cause learning disabilities. Furthermore, the evidence does not support the concept that vision therapy or tinted lenses or filters are effective, directly or indirectly, in the treatment of learning disabilities. Thus, the claim that vision therapy may be indicated in the treatment of learning disabilities cannot be substantiated. Diagnostic and treatment approaches that lack scientific evidence of efficacy are not endorsed or recommended by KAEPS.

The Kentucky Academy of Eye Physicians and Surgeons believes that high quality medical and surgical eye care can be delivered throughout Kentucky's Medicaid population at a reasonable cost. We promote and support your efforts to carry out this program, and as requested, we respectfully submit these comments for your consideration. We would be happy to discuss these with you at any time if you need further information.

Respectfully,

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