## Letters

## Bioptic Telescopic Lenses: Safety Statistics

The article on bioptic telescopic lenses (Clinical Update, October) did not list important safety statistics. Many states do not have safety data available or have not done recent surveys, but some data are available. A summary of bioptic driving safety statistics was published by Dougherty in 2015. The data in his tables and references indicate that the motor vehicle crash rate for bioptic lens wearers in California was 1.9 times higher than that of the control population. The crash rate for bioptic drivers in New York was 1.3 times the normal rate. The crash rate in Ohio was 3 to 4 times the normal. Maine discontinued bioptic driver's licenses in 1983 after there were 10 crashes with 4 fatalities among the state's 22 bioptic lens drivers between 1976 and 1983.

It is likely that this crash rate difference is even greater if the data are converted into crashes per million miles driven. Although data collection is different in different states, there is no doubt that the motor vehicle crash rate for bioptic lens drivers is high; i.e., not safe. Whether that is due to distraction caused by the device, peripheral scotomas, or a combination of factors is open for debate. There is ample evidence for increased crashes while wearing bioptic lenses, but the data show little evidence of increased crash rates from driving with decreased visual acuity; therefore, Maine has relaxed its visual acuity standards for getting a driver's license and will monitor the crash rates following this change to be sure that the new visual acuity standards are safe. The state will not permit bioptic lenses for passing the driving test.

Robert J. Dreher, MD, FACS Rockport, Maine

- 1 Dougherty BE et al. Invest Ophthalmol Vis Sci. 2015;56(11):6326-6332.
- 2 Dougherty BE et al. Invest Ophthalmol Vis Sci. 2014;55(4):4135.
- 3 Bioptic Lens Drivers 1976-1982 (Maine Bureau of Motor Vehicles 2/18/83); Duane Brunell, Maine Department of Transportation.

## **RESPONSE FROM THE EDITORS**

The 2015 article that Dr. Dreher cites found that the crash rate was high among bioptic drivers who had no previous driving experience but much lower among those with previous nonbioptic driving experience. In addition, the crash rate of the new drivers decreased as they gained experience. Dr. Dreher accurately reflects what the research found. What is missing is if the drivers had training, and, if so, how much and what type—and if they passed road tests before licensing. In Michigan, for instance, bioptic candidates must go through extensive off- and onroad training and pass 2 tests, and they are restricted to daytime and a small area until they have demonstrated after a year that they can drive safely.

In my opinion, statements about bioptic driving being dangerous should be sure to include information about the circumstances of licensing available.

Lylas G. Mogk, MD EyeNet Editorial Board, Low Vision Section

## The Who, What, When, and Why of Mid-Year Forum 2018, April 18-21

There has been a lot of activity in Washington since last year's Mid-Year Forum, and several battles continue. In particular, we must strive to prevent physicians from being penalized for receiving Part B drug payments—implementation of this damaging policy could cost you upward of \$100,000 in annual penalties. When it comes to advocating for your patients and profession, there is no better meeting than the Academy's Mid-Year Forum in Washington, D.C.

**Who.** At the Mid-Year Forum 2017, several hundred ophthalmologists, including more than 170 residents and fellows, came to Capitol Hill and advocated for ophthalmology. Our team from Florida met with 6 representatives to discuss issues. We expect an even better turnout in 2018.

What and when. The forum begins with a dinner briefing on April 18 to prepare you for the next day's meetings with senators and representatives. On the 19th, during the Congressional Advocacy Day, you will visit Capitol Hill to meet with members of Congress and their staff and discuss the most pressing issues affecting our profession. That evening, a welcome reception begins at 6:00 p.m., followed by a dinner featuring keynote speaker and astronaut David Wolf, MD, EE. The Mid-Year Forum continues the next day and will cover a variety of salient issues, including drug access, pricing, and payment in 2018, as well as the future of artificial intelligence in ophthalmology. The forum will also provide programming for members in training via the Advocacy Ambassador Program, including the L.E.A.P. Forward (Leadership, Engagement, Advocacy, Practice Management) session. Finally, the Academy Council's spring meeting takes place April 20-21, during which the council and leaders of state, subspecialty, and specialized interest societies discuss advocacy news and provide updates on activities and strategic issues.

**Why.** When you explain to senators and representatives how their votes impact their constituents, you vividly reinforce the advocacy work that the Academy conducts throughout the year. Your personal interactions with your representatives will change the course of ophthalmology. Register by March 6 to receive a discounted rate at aao.org/myf.

Darby D. Miller, MD, MPH Young Ophthalmologist Advocacy Subcommittee, Jacksonville, Fla.