OLIVER M. KORSHIN, M. D.
DISEASES AND SURGERY OF THE EYE

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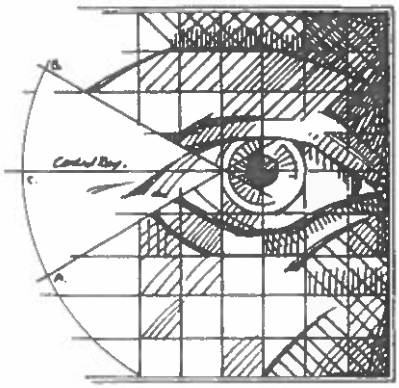

March 16, 2017

Rep. Ivy Spohnholz, Chair
Health and Social Services Committee
Juneau AK, 99801

Re: HB 103

Dear Rep. Spohnholz:

My name is Oliver Korshin. I'm a graduate of Harvard Medical School and a board certified ophthalmologist. I have practiced in Anchorage as a general ophthalmologist since 1982. For several years I served as Chief of Ophthalmology at the Alaska Native Medical Center, where I worked closely with optometrists, not only here in Anchorage, but also in Barrow, Sitka, Dillingham, Bethel, Nome and Kotzebue.

Without the Native Health Service's optometrists, we could not have provided such a high level of eye care to Alaska Natives, despite major impediments of distance, weather and transportation. Optometrists were (and remain) essential partners in the success of the Native Health Service's eye care program; optometry is a profession I admire and respect.

Fast forward to 2017: at 74 years old, I no longer perform eye surgery and no longer take emergency call. Thus, I hardly have a personal dog in the forthcoming fight over HB 103, which would allow the Alaska State Board of Optometry, with no surgical training or experience of its members, to define which invasive ophthalmologic diagnostic and surgical procedures its licensees may engage in.

I'm writing to you because I am double-boarded in Preventive Medicine, and my secondary specialty prompts me to do whatever I can to prevent the enactment of HB 103 into law in order to avert what may lead to a public health calamity.

A century ago, a similar controversy existed between M.D.'s and osteopaths (D. O.'s). Like optometrists today, D. O.'s petitioned state legislatures throughout the country to expand their scope of medical and surgical practice, while M. D.'s testified before the same legislatures, urging them not to do so, claiming that the public could be harmed. Schools of osteopathy responded by adding to their curricula the same undergraduate and postgraduate educational and training requirements as for M. D.'s, so that D.O.'s and M.D's have long since been considered equals by D.O./M.D. state licensing boards.

But optometry and ophthalmology remain two profoundly different professions, despite the fact that they both deal with visual disorders. The undergraduate and postgraduate educational requirements of each profession remain vastly different,

while the similarity of their names continues to sow public confusion, on which some practitioners capitalize, as to the education, training and capabilities of each.

As a legislator, you cannot afford to be confused on this important public safety issue.

HB 103, a briefly-worded bill, which seems so very innocent and innocuous on the face of it, would open the door for optometrists to perform complex, advanced and potentially harmful diagnostic and invasive procedures without the years of medical education, training and experience possessed by M. D. ophthalmologists.

On a different public safety note: my secondary specialty also prompts me to address the issue of controlled substances. The current Alaska optometry statute restricts the prescription of controlled substances to those containing hydrocodone and for a period not to exceed four days. HB 103 places no such restrictions on the prescription of controlled substances, meaning that optometrists could prescribe any and all controlled substances for any number of days. Allowing optometrists to prescribe controlled substances without any limitation whatever is inadvisable from a public health standpoint.

First, controlled substances are infrequently prescribed for ocular disorders, as eye pain does not respond well to them: every ophthalmologist knows this. I cannot recall the last time I prescribed a controlled substance for one of my patients, but it must have been at least 15 years ago.

Second, we are in the midst of an official, state-wide public health disaster (Gov. Walker's words) — a deadly epidemic of the abuse of prescribed and illegal opioids. Adding a whole new class of opioid prescribers such as optometrists, who lack even basic general medical training, can hardly help address this disaster, except negatively.

It's hardly necessary to repeat the detailed arguments against such a potentially deleterious bill: it's likely that you've already heard them all and will no doubt hear them again, so I will not impose much longer on your time other than to say that the human eye is only about an inch in diameter, weighs only 7.5 grams (¼ oz.), and contains many highly specialized tissues and cells that produce what is commonly called "vision."

In short, the human eye is the most delicate, complex and essential sense organ of all. The privilege to invade such a tiny, advanced structure with scalpel, needle or laser is not something to be granted to practitioners who lack extensive medical and surgical training, regardless of their training, skills and experience in optometry.

HB 103 is the most expansive optometric scope of practice bill on the legislative table in the United States. Enacting it into law will sooner or later compromise patient safety. Please oppose it.

Sincerely,

Oliver Korshin M.D.

Oliver Korshin, M. D.

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March 16, 2017

The Honorable Ivy Spohnholz
Chairperson, Health & Social Services Committee
Alaska House of Representatives, State Capitol Room 106
Juneau AK, 99801

Dear Chairperson Spohnholz:

We are writing today on behalf of the American Academy of Ophthalmology, the world's largest association of eye physicians and surgeons, serving more than 32,000 members worldwide, to ask for your opposition to HB 103.

HB 103 would permit optometrists, non-medical doctors who have neither completed medical school nor surgical residency, to perform scalpel and laser surgery on and around the eye. HB 103 also gives unfettered authority to the Alaska Board of Examiners in Optometry to authorize optometrists to perform dozens of surgical procedures—all of which are invasive—on the eye and surrounding tissues using scalpels, lasers, needles, ultrasound and other means. We strongly feel that this legislation compromises the safety and surgical care of Alaska's eye patients by removing the current standards of medical education and clinical training required to perform eye surgery.

There are no shortcuts in learning to safely perform surgery. An ophthalmologist trains for four years in medical school, performs a one-year hospital internship and trains for three additional years in a surgical residency program before he/she can treat on their own. This training provides not only technical skills, but just as important, it instills the judgment to determine when and when not to operate. Moreover, an ophthalmologist's clinical training prepares them how to manage potentially fatal surgical complications that may arise.

The fact that that optometrists—non-physicians—would be able to perform all the eye surgeries authorized in this bill without ever having completed medical school and residency is alarming, and puts Alaska's eye patients at severe risk. Also, as alarming is the fact that the Alaska Board of Examiners in Optometry would decide whether an optometrist's education, training and experience is sufficient to protect eye surgery patients in Alaska. Unfortunately, unlike the Alaska State Board of Medicine, the Board of Examiners in Optometry has no experience in determining qualifications to safely perform surgery.

HB 103 would also remove existing safeguards placed upon the practice of optometry by the state legislature pertaining to the prescription and administration of pharmaceuticals. For

example, HB 103 would authorize optometrists to inject medications into the small and delicate structures of the eye. Additionally, the legislation would also authorize optometrists to inject Botox for therapeutic purposes and also to alter or enhance cosmetic appearance. Anytime a needle is placed in or near the eye, there are serious risks to patients that require adequate clinical experience and judgment.

In 2014, the Alaska State Legislature passed legislation to continue to allow optometrists to prescribe controlled substances containing hydrocodone. During consideration of this prescription authority, the legislature continued the four-day prescription limitation to protect patients. HB 103 would not only remove hydrocodone and other controlled substances prescription time limitation, the optometric bill would also expand the controlled substances that optometrists would be authorized to prescribe to include all Schedule Ia and IIa controlled substances which are very powerful and highly addictive substances.

Last year, SB 55—a bill very similar to HB 103—failed in the legislature. We respectfully ask that you once again uphold these high standards for patient safety and quality surgical care by voting "no" on HB 103. Thank you for your strong consideration on this matter.

Sincerely

Cindy Bradford MD

Cynthia A. Bradford, MD
President
American Academy of Ophthalmology

David W. Parke II, MD
CEO
American Academy of Ophthalmology

Scott A. Linstrom, MD
President
Alaska Society of
Eye Physicians and Surgeons

CC: Members of the House Health & Social Services Committee

[redacted]

From: Carl Rosen [redacted]
Sent: Wednesday, March 15, 2017 8:21 AM
To: Bernice Nisbett; Rep. Ivy Spohnholz
Subject: HB 103

To the Alaska House Health and Social Services Committee, Chair Rep Spohnholz:

I strongly oppose HB 103 for the following reasons:

1. To be clear this is about giving a group of folks that have not attended medical school the privilege of performing surgery on trusting patients. Further, the bill would give the board of optometry complete jurisdiction as to what procedures are within the optometric scope of practice. How can a group of non-surgeons make these decisions? It is an understatement to say this is dangerous for patient safety.

2. Let's say optometrists get these privileges without medical school, internship, and surgical residency training that typically take eight years, what then? Would a couple of weekend courses suffice? And let's say this is OK with the legislature, would 1 or 2 cases a year keep an optometrist proficient enough? I think not.

3. Another important detail, how would optometry obtain hospital privileges or take call since surgical procedures, regardless of how skilled the surgeon will invariably result in a complication, particularly if enough procedures are done. What then? Providence, Alaska Regional, Matsu, Fairbanks Memorial, or Bartlett hospitals would have to alter their medical by-laws. The optometry board would then have to confront hospital medical staff oversight, something they are conspicuously trying to avoid.

4. What legal issues regarding malpractice insurance are required. A hospital transfer agreement needs to be in place if the patient has any cardiovascular, respiratory, or allergic complications during an ophthalmic procedure. I have not heard or seen any details regarding these important topics.

5. Dental aides are brought up. They work solely on tribal lands. Two years of procedures are required and if you lose a tooth or two if doesn't have the same impact as losing an eye.

6. Insurance payments for CPT codes related to eye procedures will need to be discussed and BC/BS or Aetna will be very reluctant to pay for optometry attempting to bill for procedures that is not routine and customary.

7. Don't you have a sense of deja vu? It seems every few years optometry finds a legislator willing to champion their cause. And here we are again. Truth be told, optometry schools are not teaching surgical or injection procedures because there aren't enough people on the outside willing to have an optometry student practice on them. It should be noted the American Academy of Ophthalmology feels SB36 is the most expansive scope bill in the United States.

8. Ophthalmology is a dedicated and important member of the medical community. We are feeling alienated and marginalized. It is stunning that after 24 years of service, free emergency trauma and ophthalmology call to the State, that when I attempt to meet with a legislator I am dismissed and told this is about a turf battle. I worked very hard to get here and the training is difficult for a reason.

9. Ask yourself would I allow my family to have a surgical procedure or a needle injection around or in my eye by an optometrist?. If you feel this bill is sound then vote yes, otherwise do the right thing and vote no, the only sensible solution.

For the record, I am an ophthalmologist with subspecialty fellowship training in Neuro-ophthalmology and Oculoplastics. The only such specialty ever to practice in Alaska. I have been at Ophthalmic Associates in Anchorage for almost 24 years. I am a past president of the Alaska State Medical Association. I have taken emergency night trauma call as a community service without pay for almost 24 years. Although a specialist I care for Alaskans with simple as well as complex problems. I started my education at Amherst College, then Harvard and Boston University School of Medicine. My wife graduated from Wasilla High School and my kids attend schools in Anchorage.

Sincerely,
Carl Rosen, MD
President
Ophthalmic Associates
542 West Second Avenue
Cell: 952-1700

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March 15, 2017

Alaska House Health and Social Services Committee
Representative Ivy Spohnholz, *Chair*
Representative Bryce Edgmon, *Vice Chair*

RE: Oppose S.B.36/H.B.103, An Act Relating to the Practice of Optometry

As plastic surgeons serving patients in Alaska, we urge you to oppose S.B.36/H.B.103, which seeks to expand optometric scope of practice. Patient safety requires that only licensed physicians with the appropriate education and training perform surgery in the ocular region.

S.B.36/H.B.103 will allow optometrists – who are not physicians – to perform surgical procedures that fall squarely within the practice of medicine. Alarmingly, S.B.36/H.B.103 grants the Alaska Board of Examiners in Optometry authority over this expanded scope of practice, including determining which surgeries optometrists may perform. Optometrists have no education or training in surgical procedures. S.B.36/H.B.103 thus threatens patient safety and diminishes the standard of surgical care in Alaska.

S.B.36/H.B.103 also expands the pharmaceutical formulary optometrists may employ, with no prerequisite education in their safe use. Will optometrists recognize adverse reactions to these drugs? Will they be qualified to treat life-threatening complications? Optometrists receive nowhere near the medical education and training of ophthalmologists or plastic surgeons, and are therefore less capable to identify, understand and effectively treat conditions that cause eye disease.

Ophthalmologists and plastic surgeons complete 7-10 years of medical and surgical education and training, with increased clinical responsibility and decision-making authority. Optometric education is only 4-5 years, with significantly less clinical exposure and responsibility. Sadly, in 2009, the notable gap in optometric training became apparent when optometrists at a VA facility provided patients with substandard treatment for glaucoma. As a result, 22 patients suffered from progressive vision loss.

We believe S.B.36/H.B.103 will diminish the high quality of care Alaska's citizens deserve, and urge you to oppose S.B.36/H.B.103. Please contact Patrick Hermes, ASPS's Senior Manager of Advocacy and Government Affairs, with any questions at Phermes@plasticsurgery.org or (847) 228-3331.

Sincerely,
Debra Johnson, MD
President, American Society of Plastic Surgeons

Susan Dean, MD
Palmer, AK

William Wennen, MD
Fairbanks, AK

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

March 13, 2017

Honorable Ivy Spohnholz, Chair
House Health and Social Services Committee
Alaska State House
State Capitol Room 421
Juneau, AK 99801

RE: House Bill 103

Dear Co-Chair MacKinnon:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA opposes House Bill 103 which is just the latest attempt to expand the scope of practice for optometrists beyond their professional training, lower standards of care and put patient's health at risk.

Although the bill appears to be short, the expansion to the scope of practice is monumental.

All licensing boards have specific statutory grants of authority and specific restrictions that provide a balance between having elected officials create policy and protect the public's interest and the need to allow limited decision-making by individuals in specific occupation to implement those policies. The focus being on implementing licensing requirements and disciplining licensed members who violated the statutory polices created by elected members of the legislature. Boards were never seen as policy entities with discretion to define their own scope of practice.

House Bill 103 attempts to adopt a new standard granting virtually all policy decisions to the Optometry Board in two critical areas, prescription drugs and surgery. If the legislature adopts this new approach many pages could be removed from Alaska's Statutes by merely replacing authorities and restrictions with a single grant of authority saying "the board may adopt regulations necessary to govern...". This concept of just trust the Board to make the right decision threatens to empower businesses with almost unfettered power to make critical policy decisions in which they have a vested interest. While we do not intend to impugn anyone's character we should all acknowledge it is human nature to have natural biases in matters that benefit the decision maker. Thus, Boards comprised of licensed members regulate the scope of practice. At least until now, they do not define it.

Proposed legislation broadening the scope of practice for Optometrists has a long and somewhat controversial history in the Alaska Legislature. During the last legislature legislation was proposed to define new authority for Optometrists in the areas of surgery and prescription drugs. The last legislature was not persuaded to pass that legislation and Optometrists scope of practice was not expanded. House Bill 103 takes a new tactic to avoid the policy debate around defining the scope of practice and avoid the process of convincing legislators that the policy behind the proposed expansion in scope of practice is appropriate and instead grants an Executive Branch Board broad authority to adopt policy that past legislatures have rejected.

While the legislative process can be slow, cumbersome and even frustrating the legislature should tread cautiously in avoiding that process by moving legislative policy functions to the executive branch. Especially moving policy decisions to licensed individuals with a vested interest in the outcome.

We have two specific concerns with House Bill 103.

1) A broad grant of authority allowing the Board of Optometry to self-regulate the use of prescription and pharmaceutical agents without restriction is unprecedented and grants authority to a Board that without argument provides authority for prescribing prescriptions and pharmaceutical agents beyond the training of Optometrists.

House Bill 103 would remove patient protections regarding prescription and administration of pharmaceuticals. Optometrists are not physicians and do not receive training necessary to perform injections into the globe of the eye. Furthermore, this legislation could ultimately allow optometrists to inject Botox for either cosmetic or therapeutic purposes. Optometrists simply are not trained to perform such procedures.

With regard to prescriptions House Bill 103 would allow the Board to grant authority to non-physician optometrists to prescribe any controlled substances, including opioids. In 2014, after much deliberation the Alaska Legislature allowed the limited and <u>temporary</u> prescription of substances containing hydrocodone to be prescribed by optometrists. Even this small expansion drew great deliberation and concern. Allowing controlled substances to be prescribed by individuals without appropriate training jeopardizes the health of Alaska patients. Any expansion in scope of practice for prescription drugs or pharmaceutical agents should be expressly defined in statute.

2) A broad grant of authority allowing the Board of Optometry to self-regulate what ophthalmic surgeries and what "noninvasive" procedures can be performed is unprecedented and without argument provides the Board authority to allow surgeries and procedures beyond the training of Optometrists.

ASMA has great concern over the expansion of practice to include invasive surgery.

Not only do optometry schools not currently provide the education and training to perform surgery safely that is comparable to ophthalmology residency programs but even if they started optometrists who have already graduated have not acquired that education and training. The surgeries included in past efforts and admittedly are the goal include dozens of surgeries with lasers, scalpels, needles, ultrasound and other techniques. None of these surgeries are "superficial" or "not invasive."

Quite simply, expanding the scope of practice for optometrists to include laser surgeries is inappropriate given optometrists' level of training and providing a broad grant of authority to the Board to allow such an expansion is inappropriate.

If Optometrists believe an expansion of scope of practice is warranted the legislature needs to make the policy decision to do so after hearing testimony, weighing patient safety and a thorough debate. Any such expansion should be defined to allow the Board to understand the limits of the authority and allow it to implement the policy.

ASMA requests that House Bill 103 not move from your committee.

Sincerely,

Dr. Graham Glass, President
Alaska State Medical Association

cc: House Health and Social Services Committee Members

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02/27/2017

Alaskan House Health & Social Services Committee, Juneau, AK
Committee Chair Representative Ivy Spohnholz

I would like to enhance the understanding and implications of House Bill 103 (HB103) and demonstrate why this does not represent a valid option for Alaska's optometrists and ophthalmologists. In general, both professions get along just fine in this state and nationally. We work together routinely. However, desires by a few optometrists to legislate with HB103 and establish complete surgical and pharmaceutical *autonomy* for the Alaskan Board of Examiners in Optometry is unprecedented. It is off the charts.

47 States in the Union do not allow optometrists to even perform any type of 'surgery', let alone determine what procedures are allowable. *Not a single state* has an Optometric Board that can make a boast of autonomy over what surgical procedures it can or cannot do, if any.

Please note that HB103 is indeed a radical departure from the norm and that no other states have enacted such a broad statute. The Sponsor Statement of SB36 states that "this bill is updated to reflect current and modern-day practice". What it proposes is clearly not current and modern-day practice by any definition. *What is being proposed is nothing short of a sea-change.* It is a change in the very definition of what constitutes a physician and surgeon, which is the realm of the State Medical Board. The Alaska State Medical Board opposes SB36. Alaska does not need to be a medical care experiment.

According to the AMA Journal of Ethics (December 2010, Volume 12, Number 12: 941-945): "While some suggest that the trend is toward an expanded scope of optometric practice, history suggests that [Oklahoma] is an outlier. Most states—including those that have entertained proposals by optometrists to expand their scope of practice—have chosen not to allow optometry's practice to expand into surgery and other areas of medicine." Oklahoma has been the procedural testing bed in optometry for years.

Optometrists outnumber ophthalmologists by a ratio of four to one. Nationwide, about 30 percent of consumers don't know the difference between the two types of eye doctors and assumed that optometrists had medical degrees, according to a survey conducted by the National Consumers League in 2005. When the differences were identified, ninety-five percent of the 600 Americans surveyed wanted an M.D. wielding the scalpel or the laser if they needed eye surgery. Alaskans should not have to ask their prospective surgeon "Say doc, did you go to medical school?" This is not serving the public interest well. Please maintain Alaska's surgical integrity as does the rest of the United States.

Optometrists require a four year degree, the same as many paramedical professions including chiropractic. SB36 is equivalent to chiropractors trying to legislate an ability to do orthopedic surgery. *The difference educationally and surgically between a chiropractor and an orthopedic surgeon is the same difference that exists between an optometrist and an ophthalmologist.* The suggestion is not that these are not competent doctors of their profession. The statement is simply that they have no training

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process or precedent for surgery. They have no medical license. It is irresponsible for a non-surgical body to direct any approach to surgical care or to self-determine what procedures they can do. The very fact that they are requesting this should give everyone pause to consider the level of judgement involved. *It is alarming and it keeps coming around.* This type of legislation has failed every year and should fail again!

A more logical approach would be to *develop and incorporate surgical training during their tenure in optometry school.* Then, demonstrating as allopathic and osteopathic MD's do through surgical training, review and Board Certification, that they are capable of surgical patient care. There is also an established process for becoming a surgeon, be it orthopedics, cardio-thoracic, plastics, ENT, general, neurosurgery or ophthalmology. If the goal is to become an eye surgeon, then I might suggest going to medical school as a start, not optometry school. *Legislation is not the appropriate answer or forum for this, especially without demonstration of competence or training in place.*

This leads to the ongoing drama you and we must be subjected to every year or two. If surgical privileges, injections and expanded prescriptive authority is desired by the Alaskan Board of Optometric Examiners, then they should spend their energy developing surgical education and training rather than bullying our legislature for unwarranted 'approval' of tasks unfamiliar.

If this is unrealistic or unattainable, then an agreeable list of procedures approved by the Alaskan Board of Optometric Examiners and the Alaska State Medical Board might be a better solution. To my knowledge no attempt at this has ever been considered. The Alaska State Medical Board is there for a reason and it would be better to work with them than to try and circumnavigate around them.

The American Academy of Ophthalmology and the **Alaska Society of Eye Physicians and Surgeons** are against SB36. The **American Medical Association** has taken opposition to these expansion bills in the past and present. The **Alaska State Medical Board** itself is very much against HB103 or any paramedical establishment trying to legislate privileges unmerited. Without substantive demonstration of a surgical curriculum or training, I doubt very much that their positions will change.

Finally, HB103 would lead to more non-physicians seeking the right to practice medicine and they're going to turn to legislation to do that: <u>exactly what the legislators do not want</u>. This would lead to an ongoing process of harmful curtailment of medical and surgical integrity in the name of appeasement. The few lines of proposals in HB103 seem innocent enough, at first glance. Look again closely and you will see that the integrity of medical and surgical care in Alaska is at risk.

Please oppose HB103! (SB36)

Thank you.

Eric W. Coulter, M.D.

JOHN B. DEKEYSER, M.D., P.C.
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February 26, 2017

Dear Representative Ivy Sponholz,

I have become aware of SB 36 advocating for prescriptive authority and surgical privileges for optometrists. I would encourage you to oppose this bill. Optometrists do not receive this training in their graduate school. And, it is not something that can be taught over a weekend in a hotel conference room. Please vote against this bill.

I am board certified in OB/GYN and moved to Anchorage in 1984.

Sincerely,

John DeKeyser, MD