Ophthalmic Associates
542 W. 2nd Ave.
Anchorage, AK 99501

February 15, 2016

Dear Senators,

My name is Dr. Kelly Lorenz, and I am a board-certified ophthalmologist and glaucoma specialist in Anchorage, Alaska. I earned my M.D. from The Ohio State University. I completed a surgical internship, ophthalmology residency, and glaucoma fellowship at Henry Ford Hospital in Detroit, Michigan. I've practiced as a physician and surgeon in Michigan, California and Alaska. I operate on a weekly basis and have performed thousands of procedures. I am asking you to oppose SB 55.

Proponents of SB 55 claim it "modernizes and updates" the scope of practice for optometrists; however, it does so only by lowering standards of medical and surgical care. Patients in Alaska deserve more than an optometrist who underwent a weekend course at the Holiday Inn to learn surgery. They deserve a medical doctor who is not only trained as a surgeon, but who can also selectively and appropriately prescribe narcotics, with a full understanding of the patient's concomitant systemic conditions, and the potential impact of these controlled substances. Permitting optometrists to do all of this while letting them escape the watchful eye of the Alaska State Medical Board is criminal, and akin to allowing chiropractors to dabble in spinal surgery.

I've spent thousands of hours learning how to perform surgery. Four years of ophthalmology training is not the same as four years of optometry training. Ophthalmologists live and breathe surgery in residency, and spend nights, weekends, and holidays in the hospital performing surgery and learning sterile technique. Much of our "time off" is spent in wet labs practicing surgery on cow and pig eyes, as well as on simulation machines. At home, we tie endless surgical knots, and suture grape skins, plastic wrap, and tissue paper for practice. Obsessive-compulsiveness is the hallmark of a good surgeon. It is an honor, a privilege, a stress and a burden. It changes your life and your patients' lives forever. It changes your relationship with your patients. They are truly your responsibility.

Every surgeon, no matter how seasoned, no matter how skilled, occasionally experiences untoward outcomes. Only one half of our training covers surgery; the other half covers how to manage the inevitable surgical complications. I was taught that if one performs surgery, one must be fully capable of managing potential problems.

Here are some of the complications I have witnessed over the past few years. I've limited these to the procedures that optometrists would be allowed to perform if SB 55 passes. Fortunately, skilled ophthalmologists readily handled the complications of these "non-invasive" procedures. How would optometrists fare under similar circumstances?

- Intractable elevated pressure after laser (PI) peripheral iridotomy (where a laser punches a hole through the iris), requiring immediate glaucoma surgery
- Subluxed intraocular lens after laser capsulotomy, requiring surgical repair and repositioning of the intraocular lens
- Perforation through the full thickness of the eyelid after chalazion excision
- Globe rupture during limbal relaxing incision
- Scleral melting after pterygium surgery

- Inability to close the eyes after blepharoplasty, requiring reconstructive surgery with skin grafts
- Retrobulbar hemorrhage after retrobulbar block, necessitating emergent lateral canthotomy and cantholysis
- Systemic absorption of lidocaine after injection, leading to respiratory depression and the need to immediately secure the patient's airway

An optometrist in Oklahoma and spokesman for the American Optometric Association was quoted as stating, "The procedures we're doing are not technically involved". That shows how much they know- there are NO procedures that are NOT technically involved, there are NO "routine" surgeries and there are NO "non-invasive" procedures. The chairman of the University of Oklahoma's Department of Ophthalmology dealt with the aftermath of this way of thinking, encountering one patient whose glaucoma surgery had been completely undone by an optometrist who excised her "eye cysts", which happened to be a normal part of her glaucoma surgery. He also cited another patient whose "skin tag removal" delayed the diagnosis of invasive squamous cell carcinoma, requiring massive reconstructive surgery nine months later.

In addition, I would like to reiterate Dr. Reinhardt's point about rural Alaska: There is NO PLACE for the use lasers to perform peripheral iridotomies in rural Alaska. If a patient develops acute angle-closure glaucoma, this is treated medically first, with drops, pills and IV medications. The patient is flown to Anchorage because if these do not work in the acute setting, the answer is surgery, and not to attempt a laser through an edematous, cloudy cornea with the patient in active angle-closure. Because of the potential complications for hemorrhage and/or eye pressure spike, a preventive peripheral iridotomy is best performed in the vicinity of an equipped operating room. By the time the patient travels from a village, they may have already lost a significant portion of their vision.

There has been a push for SB 55 because of so-called "health access issues". As a part of the Alaska Native Medical Center, I can tell you that the ophthalmologists routinely fly out to many of the Alaska villages to provide care to both Natives and non-Natives, including Barrow, Kotzebue, Nome, Sitka, Juneau, Bethel, Dillingham, Kodiak and Ketchikan, just to name a few.

Senator Bill Stoltze, who deftly shoved the bill through the Health and Social Services Committee in under five minutes without valuable stakeholder input, interchangeably used the terms optometrist and ophthalmologist when referring to his own eye care provider, highlighting the fact that at least a third of the American public does not know the difference between the two. Further, over 90% of people polled by the National Consumer's League stated they would rather have an M.D. when it comes to surgery.

There is a reason why medicine organizes itself into cardiologists and cardiovascular surgeons, neurologists and neurosurgeons, etcetera. There's a reason why you want a surgeon to do surgery. They do it a lot, and they do it well, and they manage the inevitable complications. Please keep Alaska's high standards for medical and surgical care by opposing SB 55. Thank you for your time and consideration.

Sincerely,

Kelly Lorenz, M.D.