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**Senate Finance Committee, Alaska State Senate, Juneau, AK
Co Chairman Senator Anna MacKinnon, Co-Chairman Senator Lyman Hoffman**

I would like to enhance the understanding and implications of Senate Bill (SB) 36 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 SB36 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 SB36 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 process or precedent for surgery. They have no medical license. It is irresponsible for a non-surgical



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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 SB36 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, SB36 would lead to more non-physicians seeking the right to practice medicine and they're going to turn to legislation to do that: exactly what the legislators do not want. 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 SB36 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 SB36! (House Bill 103)

Thank you.

Eric W. Coulter, M.D.