



AMERICAN ACADEMY™
OF OPHTHALMOLOGY

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*Alaska Society of
Eye Physicians and Surgeons*

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May 8, 2017

The Honorable Lyman Hoffman &
The Honorable Anna MacKinnon
Alaska Senate Finance Committee
Alaska Senate, State Capitol Room 532
Juneau AK, 99801

Dear Chairman Hoffman and Co-Chair Mackinnon:

We are writing today on behalf of the Alaska Society of Eye Physicians and Surgeons and American Academy of Ophthalmology, the world's largest association of eye physicians and surgeons, serving more than 32,000 members worldwide, to ask to express our deep concern and to ask for your opposition to HB 103D, regarding the performing of eye surgery by optometrists, non-medical doctors. The current version of this bill raises our concerns for patient eye safety in Alaska. The latest amendments have fully exposed the now obvious intent of this bill to authorize optometrists to perform delicate eye surgeries.

We have asserted since this bill was introduced that HB 103 was intended to authorize optometrists to perform eye surgery. We have pointed out the danger of optometrists performing eye surgery without appropriate and substantive surgical education and training. We have expressed our concern not only based on our own clinical experience with these surgeries, but also based upon the findings of a peer-reviewed study in a leading medical journal documenting the harm the lack of appropriate surgical training by optometrists has already caused. In contrast, supporters of HB 103 have repeatedly and purposefully misled legislators in both houses stating that the bill's objective did not pertain to eye surgery by optometrists and to that end, produced no evidence of surgical training to legislators or committees. The public record is unequivocal on that point. But now, the current

version of HB 103 has unmasked and fully exposed the intent of the supporters of this bill. The bill not only defines ophthalmic surgery, but irresponsibly gives the Alaska Board of Examiners in Optometry the sole and explicit authority to include any eye surgery into the optometric scope of practice. This is unfortunately what we predicted the optometry board would do if this bill was enacted.

It is also unfortunate that it has thus far been misunderstood that the purpose of including a definition of ophthalmic surgery in the optometric practice act is to specifically prohibit optometrists from performing eye surgery, detail the classes of procedures that constitute eye surgery, and reinforce the fact that the responsibility to determine who performs eye surgery does not belong in the hands of the optometry board in order to protect the public.

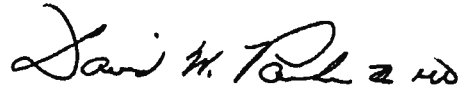
The reason that it is critical to both define ophthalmic surgery and specifically prohibit optometrists from performing these procedures has to do with the unique nature of the human eye and the surgical specialty of ophthalmology. Ophthalmology has had a long history of being in the forefront of introducing pioneering technologies into the surgical suite. Because the eyes are some of the smallest and most delicate parts of the human body, novel techniques and new technologies that enhance fine control, precision, and miniaturization is generally placed in the hands of ophthalmologists first. In addition to more traditional surgical instruments like needles and scalpels, surgical lasers have become the gold standard to treat certain complex conditions and diseases of the eye. It is also becoming increasingly obvious that genetic editing as well as nanotechnologies will be included in the future of ophthalmology, such as microscopic surgical robots controlled like drones. These revolutions in surgical technologies do not mean that the structures of the eye are more forgiving in terms of imperfect healing or that the many surgical judgments before, during and after surgery are any less important or that the eye diseases being treated are any less serious.

We are hopeful that you will reject this bill on grounds of patient safety. We ask you to oppose HB 103D and support safe eye surgery in Alaska.

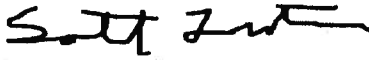
Thank you for your time,



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 Alaska Senate Finance Committee

Doniece Gott

From: Dr. Steve Compton <SCompton@alaskaheart.com>
Sent: Tuesday, May 09, 2017 11:04 PM
To: Sen. Pete Kelly; Sen. John Coghill; Sen. Click Bishop; Sen. David Wilson; Sen. Mike Dunleavy; Sen. Shelley Hughes; Sen. Anna MacKinnon; Sen. Bill Wielechowski; Sen. Berta Gardner; Sen. Tom Begich; Sen. Mia Costello; Sen. Natasha Von Imhof; Sen. Kevin Meyer; Sen. Peter Micciche; Sen. Gary Stevens; Sen. Dennis Egan; Sen. Bert Stedman; Sen. Lyman Hoffman; Sen. Donny Olson
Cc: AHI_DOCTORS_DISTRIBUTION
Subject: Your responsibility to the public

Dear Senators–

I'm writing to register my alarm regarding HB 103. As you know, the purpose of this bill is to allow optometrists to perform ophthalmologic surgery despite not having undergone medical training. I know something about medical training, having completed residency and fellowship training as an internist, general cardiologist, and clinical cardiac electrophysiologist.

Ophthalmologists undergo 4 years of medical training, 4 years of postgraduate residency training, and often an additional year or two of subspecialty fellowship training. It's fair to point out that this is a very complicated field, and there is a lot to be learned.

Passage of HB103 would mean that an Alaskan hunting guide would receive more years of training than the person performing surgery on your eye.

This is not a political question, it is a question of patient safety. Do not equate a weekend eye surgery course to an ophthalmologist's 8+ years of training. Do not vote for this ill-conceived bill.

Respectfully,

Steven J. Compton, MD, FACP, FACC, FHRS
Clinical Cardiac Electrophysiologist

Doniece Gott

From: Dianne Holmes <dianneholmes@alaska.net>
Sent: Tuesday, May 09, 2017 11:34 AM
To: Sen. Anna MacKinnon
Subject: HB 103 unsafe & too costly for citizens

Anna,

Do not let HB 103 advance for a vote.

I understand that similar laws passed in other states do not have a way to track what has happened to patients who have undergone laser/surgery by optometrists.

So it would be unconscionable to allow this practice in Alaska without having hard data.

This bill would allow untrained optometrists to do eye surgery. MDs (ophthalmologists) are trained in years of schooling to use lasers and knives on our eyes.

HB 103 appears to say that eye surgery may not be performed unless it is within the scope of the licensee's training from an accredited optometry school and authorized by regulations by the board.

However, it is the 'board' who decides what constitutes adequate training. Could this mean a weekend session?

I also understand that one study indicated that patients in Oklahoma who had laser surgery by an optometrist were 10 (TEN) times more likely to have a repeat procedure within a short period of time. That translates to excess cost and suffering all the way around.

We should not have optometrists doing laser/surgery procedures in Alaska.

Dianne Holmes

Doniece Gott

From: Stephen Kulin <skulin@msn.com>
Sent: Tuesday, May 09, 2017 6:02 PM
To: Sen. John Coghill; Sen. John Coghill; Sen. Click Bishop; Sen. David Wilson; Sen. Mike Dunleavy; Sen. Shelley Hughes; Sen. Anna MacKinnon; Sen. Bill Wielechowski; Sen. Berta Gardner; Sen. Tom Begich; Sen. Mia Costello; Sen. Natasha Von Imhof; Sen. Kevin Meyer; Sen. Peter Micciche; Sen. Gary Stevens; Sen. Bert Stedman; Sen. Dennis Egan; Sen. Lyman Hoffman; Sen. Donny Olson
Subject: HB103/SB36

Dear Senator,

Thank you for the opportunity to express my thoughts on HB103/SB36. I rarely address my opinions, but find HB103/SB36 to be potentially dangerous to the health of Alaskans and likely lead to increased health care costs. The bill would allow optometrists to go beyond the scope of training that they have received, which is restricted to correcting vision by external and nonpermanent means. The eye is easily damaged and blindness is permanent. Optometrists do not have hospital privileges and are not trained to deal with the many possible complications that occur with injections or laser surgery. They have not received adequate training in pharmacology to understand the many interactions possible both with the body and other medications. In this complex medical world there are many patients on more than ten medications and trying to sort through side effects and interactions can be a challenge to any trained physician.

We all know that we want our business to be profitable. Undoubtedly, with an open door, optometrists will find procedures that have a high reimbursement, establish a weekend course, as many drug companies or equipment manufactures do to promote their products, and then push patients to have expensive procedures that have borderline benefit to the patient and possibly may even cause them harm. As an example, just look at the recent case of an Alaskan dentist that found that he could promote and make more just on side billing Medicaid for mostly unnecessary sedation than a board certified anesthesiologist's annual salary.

Please vote against HB103/SB36 so as not to open an unattended door to possible patient injury and unwarranted expense provided by optometrists practicing outside of their training and qualifications.

Sincerely,

Stephen Kulin