

Senate Bill 55 Opposition E-mails

Senator,

I write with respect to Senate Bill 55, concerning proposed changes to sections of AS 08.72 (regulating the practice of optometry). I am opposed to the amendments.

I have been an Alaska resident almost my entire life, having been born in Alaska just before statehood and raised in Anchorage until I left for college. I have been admitted to practice law in Alaska since 1983. I am currently the vice-president of the Alaska Bar Association, and I have served as the president of both the Alaska Chapter of the Federal Bar Association and the Alaska Association of Criminal Defense Lawyers. Today, however, I write only on behalf of myself. It is with some interest that I read the recent media attention to SB 55. First off, I have been a "user" of vision services since the third grade when I was diagnosed with fairly severe myopia and astigmatism. I wore glasses and contact lenses my entire life up until 2012, so I paid many, many visits to the optometrist.

However, in about 2010 I began to notice that my vision was deteriorating. When I went to my optometrist, he was unable to improve my vision through corrective lenses, and he referred me to an ophthalmologist. I went to an ophthalmologist and was diagnosed with cataracts in both eyes as well as a condition called Fuch's Dystrophy, which is an inherited disease causing a loss of endothelial cells from the cornea with resulting retention of fluid and swelling, causing additional vision impairment. In 2012 and 2013 I had cataract surgery including the implantation of artificial lenses, and corneal transplant surgery for both eyes. I am the recipient of an organ donation, for which I am forever grateful. The procedures were extremely delicate and required the skills of a medically trained surgeon - a board certified ophthalmologist. I also had a number of follow up procedures including the removal of sutures, YAG laser iridotomy in both eyes, and YAG laser capsulotomy in one eye. I was fortunate to have a highly skilled surgeon perform these procedures. The results were simply miraculous. Not only did my cloudy vision become clear, but the implanted artificial lenses corrected my vision to 20/30; for the first time in my life I could legally drive without glasses. In addition, because these were medical procedures, my insurance covered almost 100% of the costs, something I'd never experienced with visits to my optometrist.

In any event, I have reviewed Senate Bill 55, the existing law, and the White Paper submitted by Dr. Scott Limstrom. In short, SB 55 seems like a really bad idea to me. The new definition of "invasive surgery" doesn't contain the statutory term of art, "includes;" therefore the proposed statute would not be interpreted to infer "but not limited to" under Alaska Statute 01.10.040

when it lists proscribed procedures. Meaning that other similar but not specifically stated procedures would not be prohibited from being performed by optometrists. The analogy that comes to mind is that I have occasionally gone to a chiropractor when I've tweaked my back, but I could not imagine my chiropractor performing laser scalpel back surgery on me - I would want to go to an M.D. for any serious procedure. The White Paper discusses numerous surgical procedure that legally an optometrist would be able to perform if AS 08.72 is amended as proposed under SB 55. Although I'm sure that optometrists would like to expand their line of income producing services, I do not think that the proposed legislation serves the best interests and health of Alaskans.

Thank you for your consideration.

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Dear Senator Costello,

Thank you for giving me the opportunity to share my concerns about SB 55. I am a fellowship trained Pediatric Ophthalmologist who also continues to care for all ages of individuals and who performs all types of surgical interventions on premature babies through advanced age. I retired from the U.S. Army after over 24 years of service and have been affiliated with the Alaska Native Medical Center since 1997. I am currently in private practice here in Anchorage. I cover 24 hour call with other local ophthalmologists and I often provide free and reduced fee eye care to Alaskans as well as Cambodians as I travel there on my own dime to train Cambodian ophthalmologists. My practice of medicine is all about taking care of people first even if I do not get reimbursed for it.

Let's be clear. SB 55 is about advancing the scope of practice of Optometrists using legislative means. Right or wrong, you as a legislator have the authority to legislate scope of practice and you will do just that if you believe it is in the best interest of Alaskans. Current language in our statute states--"(3) "optometry" means the examination, diagnosis, and treatment of conditions of the human eyes and visual

system, other than by use of laser, x-rays, surgery, or pharmaceutical agents, other than those permitted under AS 08.72.272; "optometry" includes the employment of methods that a person licensed under this chapter is educationally qualified to use, as established by the board". The new language suggested is--

* **Sec. 6.** [AS 08.72.300](#)(3) is repealed and reenacted to read:

(3) "optometry" means the examination, evaluation, diagnosis, treatment, and performance of preventive procedures related to diseases, disorders, or conditions of the human eyes or adjacent and associated structures, consistent with this chapter and regulations adopted by the board;

These "procedures" are limited to non-invasive surgical procedures and the bill provides a list of those "invasive" types of surgery that an Optometrist may not perform using the language below.

* **Sec. 7.** [AS 08.72.300](#) is amended by adding a new paragraph to read:

"invasive surgery" means surgery requiring penetration through the globe of the eye, extraocular muscle surgery, retina surgery, corneal transplantation, refractive surgery, or cosmetic lid surgery; in this paragraph, "refractive surgery" includes laser-assisted in situ keratomileusis (LASIK) and photorefractive keratectomy (PRK).

The issue is that the language is vague and leaves the door open to allow Optometrists to perform "non-invasive" procedures that are actually quite invasive and could still be harmful to Alaskans if performed by someone without appropriate training and experience. The risks of these "non-invasive" procedures allowed includes loss of vision and blindness. Yes, those risks are rare but they do happen which begs the question-- What is a non-invasive surgical procedure. That risk is there with every intra and extra ocular laser, injection and procedure. I tell all of my patients and parents that surgery is surgery and each of them carry risks even though it seems relatively simple and straightforward.

Optometrists are colleagues on whom I rely to provide the majority of primary eye care for Alaskans, and they are well trained for that purpose and that mission is appropriately described in the current statute. There is, however, a difference in the training between our two specialties, and the majority of Alaskans do not understand the difference. This could lead to them not obtain the safest and most appropriate care due to common thought that all eye doctors are the same when in fact there are differences in our training. The Ophthalmologists' four years of medical school followed by four more years to become a certified ophthalmologist is uniquely different from the four years of Optometry school. By the time we finish our residencies, we have had eight years of evaluating patients and performing procedures and learning and applying our knowledge to the human condition-- a condition where shades of gray are the rule and not straightforward black-and-white medical issues. We are trained in our over 60 to 80 hour work weeks (not counting after-hours studying) to determine when we need to treat and, more importantly and difficultly, when we do not need to intervene. During our residencies we are also evaluating and treating a high percentage of abnormal conditions rather than routine eye exams and have spent countless hours over many years performing surgical procedures while being proctored by certified surgeons. I say this not to devalue the importance and deep level of training that our Optometry colleagues have undergone during

their four year doctorate degree, but only to state that there is a significant difference between how we become 'eye doctors'.

I have real concerns when we legislate expansion of services for any type of surgery and procedures not based upon current standards that are accepted across the varied medical professions. It is easy to discount the verbiage in SB 55 that it is not really changing anything, but the reality is that it opens doors to surgical interventions by individuals not fully trained in the depth of how to perform those interventions and whether they are truly needed. It is not unusual for me to have referrals from my Optometry colleagues where a patient is sent for a certain type of surgery who in fact did not need surgery or the true underlying pathology had not been identified correctly.

We need to hold optometrists to the same standards as other medical professions. Like optometrists, dentists have a four-year doctorate degree. If they want to be able to perform surgeries, they must complete at least a four year residency in Oral Maxillofacial Surgery. Did you know that that some of the lid surgeries that would be allowed under the scope of practice change in SB 55 are already performed by Oral Maxillofacial Surgeons who are dentists? If SB 55 passes, optometrists would be able to perform this same surgery, but without having to go through the same rigorous training. If dentists who wish to become Oral Maxillofacial Surgeons must go through four or more years of surgical residency, why would we as Alaskans want less for any other type of provider especially when loss of vision and blindness are the known risks of even something that sounds as simple as an injection using a needle around the eye.

We need to do what is best for Alaskans. Some would argue that this expansion helps to provide care for Alaskans in our villages where there are no eye surgeons. I have been associated with village eye care for almost 20 years with the Alaska Native Tribal Health Consortium and have provided care in many of those outlying locations, and my Ophthalmology colleagues at ANMC still do so. In fact, essentially every location in remote Alaska where an Optometrist currently resides and practices is visited by one of those ANMC ophthalmologists multiple times a year and there are some facilities without Optometrists that they visit as well. The rare angle closure glaucoma eye emergency in the villages that could be partially treated under this statute change is already appropriately treated under the current system and the new language could result in delay in transfer to definitive intraocular surgical care that will not be available in the village even with this change and this delay leads to vision loss and blindness.

My goal as a physician is to provide safe and effective medical and surgical care. I take pride in my training and skills, but first and foremost I always strive to do what is best for each and every person for whom I care. Patient safety always comes first. I honestly am not convinced that the changes listed in SB 55 are truly about what is best for Alaskans. I urge you to carefully evaluate the language used in this bill and vote based upon what you feel is safest for Alaskans.

Sincerely,

R. Kevin Winkle, MD

SB 55 is absolutely an attempt to bypass medical school by optometrist who want to increase their scope of practice.

Peter James

Senate bill 55 is laughable and dangerous. A simple analogy would be a flight attendant wanting to fly a jet because he or she has read some flight books, instead of actual training and experience of flight school.

Nancy McDonald