

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

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February 16, 2017

Senator Lyman Hoffman, Senator Anna MacKinnon
Co-Chairs
Senate Finance Committee
State Capitol Room 532
Juneau AK, 99801

Re: SB 36

Dear Senators Hoffman and MacKinnon:

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.

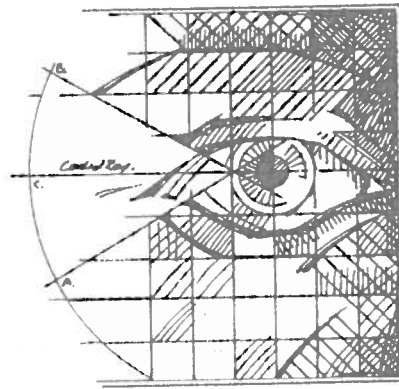
Without the Native Health Service's optometrists, we could not have provided such a high level of eye care to Alaska Natives, despite major impediments of distance, weather and transportation. Optometrists were (and remain) essential partners in the success of the Native Health Service's eye care program; 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 SB 36, 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 SB 36 into law 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, so that D.O.'s and M.D.'s have long since been considered equals by D.O./M.D. state licensing boards.

Optometry and ophthalmology remain two very distinct professions, however, despite the fact that they both deal with visual disorders. The similarity of their names sows understandable public confusion, but, as a legislator, you cannot afford to be confused.



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 as to the education, training and capabilities of each. As legislators, you cannot afford to be confused.

SB 36, 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.

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. SB 56 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 in this manner is highly inadvisable.

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 10 years ago.

Second, we are in the midst of a declared, state-wide public health emergency — a deadly epidemic of the abuse of prescribed and illegal opioids. Adding a whole new class of opioid prescribers such as optometrists, who lack general medical training, can hardly help address this emergency, 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 on your time other than to say that the human eye is only about an inch in diameter, weighs only 7.5 grams ($\frac{1}{4}$ oz.), and contains many highly specialized tissues and cells that produce what is colloquially know as "eyesight."

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 training, regardless of their training, skills and experience in optometry.

SB 36 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.

Doniece Gott

From: Sen. Anna MacKinnon
Sent: Thursday, February 16, 2017 3:01 PM
To: Senate Finance Committee
Subject: FW: SB 36

From: Carl Rosen [mailto:crosen@finite-tech.com]
Sent: Thursday, February 16, 2017 2:49 PM
To: Sen. Lyman Hoffman <Sen.Lyman.Hoffman@akleg.gov>; Sen. Anna MacKinnon <Sen.Anna.MacKinnon@akleg.gov>; Sen. Click Bishop <Sen.Click.Bishop@akleg.gov>; Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>; Sen. Mike Dunleavy <Sen.Mike.Dunleavy@akleg.gov>; Sen. Natasha Von Imhof <Sen.Natasha.VonImhof@akleg.gov>; Sen. Donny Olson <Sen.Donny.Olson@akleg.gov>
Subject: SB 36

Dear Senators:

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, years of rigorous training, testing and thousands of cases are required to acquire surgical judgement and skill.
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. 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.

6. 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
Ophthalmic Associates
542 West Second Avenue
Cell: 952-1700

Wednesday, February 8, 2017



Alaska Senate and House of Representatives

re:SB36/HB103

Dear Elected officials charged with protecting patient safety in a cost-effective manner:

I am an older, pediatric ophthalmologist having transferred from University of Washington to University of Alaska in 1977 to commit my life to academic excellence and bring state-of-the-art, evidence-based medical care to the same State of Alaska that partly paid for my medical education (Alaska Student Loan at Yale and Mayo Clinic).

I am responsible for providing the best care to Alaskan patients. **You are, too.** We all are also responsible for providing cost-effective care.

My path to this has been through the most specialized route in some of the finest graduate medicine programs in the world. Then, I have adapted these practices to modern, urban medicine in a subspecialty clinic in Anchorage, Fairbanks, Wasilla and Kodiak, and also adapting the technology to the most remote villages in Alaska. I work closely with pediatricians, optometrists, nurses, public health officials and charitable organizations to bring state-of-the-art vision screening and amblyopia care to all Alaskan children.

I recommend that you NOT support SB36 /HB 103.

Continue to keep the standard of highest training for surgery in Alaska.

Excess numbers of providers eligible to perform elective procedures also INCREASES costs because un-necessary cases get done, and post-op complications require travel and complex care.

Again, please do NOT support these expansions of surgical privileges in Alaska.

Sincerely,

Robert W. Arnold, MD

Doniece Gott

From: Sen. Anna MacKinnon
Sent: Friday, February 17, 2017 8:36 AM
To: Senate Finance Committee
Subject: FW: SB 36

From: David Zumbro [mailto:sammymoll@icloud.com]
Sent: Thursday, February 16, 2017 7:59 PM
To: Sen. Anna MacKinnon <Sen.Anna.MacKinnon@akleg.gov>
Subject: SB 36

Dear Senator MacKinnon,

I am concerned that Senate Bill 36 is moving forward. This bill is special interest legislation purposefully crafted in ambiguity that potentially allows optometry professionals to regulate and perform eye surgery for which they have received no training. Where is the public outcry for the necessity of this bill? How does the current statute prohibit Optometry Professionals from regulating their profession? This bill incorrectly redefines optometry as a surgical profession.

It has been stated that my profession, ophthalmology, opposes optometric scope of practice expansion because of fear of competition. This is wholly incorrect. It is absolutely about patient safety. Currently, it takes 8 years after college and 20,000 hours of supervised training to create a safe and competent eye physician and surgeon. There is a rigorous board certification process involving both written and oral examinations that must be renewed every 10 years. Surgical privileges at hospitals and surgicenters are limited to 2 years and renewed by a committee of other physicians and surgeons only after proof of currency and competency. As a eye physician and surgeon, I have to directly request permission from the credentials committee to perform specific surgical procedures such as laser each 2 year cycle. In the case of Senate Bill 36, the state legislature is the credentials committee and the optometry lobby has asked for surgical privileges.

The fact that this bill permits access to all schedules of controlled medications for optometrists should be enough to give you pause about supporting this bill. In my eye surgery practice, I deal with procedures and conditions associated with severe eye pain on a daily basis. I hardly ever prescribe a controlled medicine and when I do, it is usually just hydrocodone, which the optometrists already can legally prescribe.

I have absolutely no problem with optometry professionals regulating themselves in the practice of optometry. However, Senate Bill 36 allows the optometry profession to define and regulate optometrists in the performance of ophthalmic surgery. Consequently it is imperative that the current eye physicians and surgeons in the state of Alaska have a voice in this legislative process. If ophthalmic surgery is to be defined and regulated in statute, it makes perfect sense that ophthalmologists should be involved. If it is imperative to Alaskans that Senate Bill

36 be passed, please consider adding a definition of eye surgery addendum. This will put everybody on the same page regarding the definition of ophthalmic surgery, reduce the unnecessary rhetoric, protect patients and satisfy all concerned parties.

Thank you for your consideration.

David Zumbro, MD

Vitreoretinal Surgeon and Ophthalmologist

Sent from my iPad

Doniece Gott

From: Sen. Anna MacKinnon
Sent: Monday, February 20, 2017 10:13 AM
To: Senate Finance Committee
Subject: FW: SB36 Optometry surgical privileges

From: Griffith Steiner, MD [mailto:gsteiner@akeyedoc.com]
Sent: Monday, February 20, 2017 10:03 AM
To: Sen. Lyman Hoffman <Sen.Lyman.Hoffman@akleg.gov>; Sen. Anna MacKinnon <Sen.Anna.MacKinnon@akleg.gov>
Cc: Sen. Click Bishop <Sen.Click.Bishop@akleg.gov>; Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>; Sen. Mike Dunleavy <Sen.Mike.Dunleavy@akleg.gov>; Sen. Natasha Von Imhof <Sen.Natasha.VonImhof@akleg.gov>; Sen. Donny Olson <Sen.Donny.Olson@akleg.gov>
Subject: SB36 Optometry surgical privileges

Dear Co-chairs Senator Hoffman and Senator Mackinnon and members of the Senate Finance Committee:

SB 36 IS UNIQUELY DANGEROUS.

Very simply:

-Optometrists are asking the legislature to grant them surgical privileges. (If they deny this, review line 12-13 (6) of the bill. It says it in bold.)

-Optometrists have never been trained in eye surgery.

-They are asking permission for the optometric board (a board comprised of people that have never been trained in or performed eye surgery) to determine who is qualified to perform surgery.

If you pass this bill:

-It must make sense that people that are not surgeons, that never trained in surgery, can both do surgery and decide who is qualified to perform surgery.

-You must feel this is appropriate enough that you would allow optometrists to operate on your eyes, the eyes of loved ones and the eyes of your constituents.

A similar bill ended up tacked on to a hairdressers bill last year! These bills keep coming up, getting shifted around and keep failing for good reason. I am sorry you keep seeing them, but misguided persistence on the part of the more aggressive optometrists and the superior numbers within their profession should not lead to an assumption of validity.

Thank you for considering this very important issue. Passing this bill is not benign...or needed for the health care of Alaskans.

Please do not hesitate to contact me at any time if you have any questions.

Griff Steiner, MD

Ophthalmologist, 4th generation Alaskan, performing eye surgery in Alaska for over 20 years.

Anchorage

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