

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

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March 16, 2017

Rep. Ivy Spohnholz, Chair
Health and Social Services Committee
Juneau AK, 99801

Re: HB 103

Dear Rep. Spohnholz:

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.

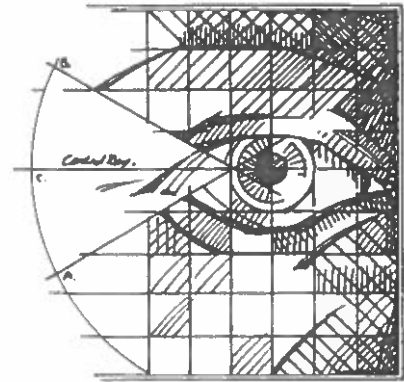
Without the Native Health Service's optometrists, we could not have provided such a high level of eye care to Alaska Natives, despite major impediments of distance, weather and transportation. Optometrists were (and remain) essential partners in the success of the Native Health Service's eye care program; 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 HB 103, 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 HB 103 into law in 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 as for M. D.'s, so that D.O.'s and M.D.'s have long since been considered equals by D.O./M.D. state licensing boards.

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,



Rep. Ivy Spohnholz, March 16, 2017, p. 2

while the similarity of their names continues to sow public confusion, on which some practitioners capitalize, as to the education, training and capabilities of each.

As a legislator, you cannot afford to be confused on this important public safety issue.

HB 103, 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.

On a different public safety note: 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. HB 103 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 without any limitation whatever is inadvisable from a public health standpoint.

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 15 years ago.

Second, we are in the midst of an official, state-wide public health disaster (Gov. Walker's words) — a deadly epidemic of the abuse of prescribed and illegal opioids. Adding a whole new class of opioid prescribers such as optometrists, who lack even basic general medical training, can hardly help address this disaster, 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 much longer on your time other than to say that the human eye is only about an inch in diameter, weighs only 7.5 grams (¼ oz.), and contains many highly specialized tissues and cells that produce what is commonly called "vision."

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

HB 103 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.



AMERICAN ACADEMY™
OF OPHTHALMOLOGY

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Eye Physicians and Surgeons*

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March 16, 2017

The Honorable Ivy Spohnholz
Chairperson, Health & Social Services Committee
Alaska House of Representatives, State Capitol Room 106
Juneau AK, 99801

Dear Chairperson Spohnholz:

We are writing today on behalf of the American Academy of Ophthalmology, the world's largest association of eye physicians and surgeons, serving more than 32,000 members worldwide, to ask for your opposition to HB 103.

HB 103 would permit optometrists, non-medical doctors who have neither completed medical school nor surgical residency, to perform scalpel and laser surgery on and around the eye. HB 103 also gives unfettered authority to the Alaska Board of Examiners in Optometry to authorize optometrists to perform dozens of surgical procedures—all of which are invasive—on the eye and surrounding tissues using scalpels, lasers, needles, ultrasound and other means. We strongly feel that this legislation compromises the safety and surgical care of Alaska's eye patients by removing the current standards of medical education and clinical training required to perform eye surgery.

There are no shortcuts in learning to safely perform surgery. An ophthalmologist trains for four years in medical school, performs a one-year hospital internship and trains for three additional years in a surgical residency program before he/she can treat on their own. This training provides not only technical skills, but just as important, it instills the judgment to determine when and when not to operate. Moreover, an ophthalmologist's clinical training prepares them how to manage potentially fatal surgical complications that may arise.

The fact that that optometrists—non-physicians—would be able to perform all the eye surgeries authorized in this bill without ever having completed medical school and residency is alarming, and puts Alaska's eye patients at severe risk. Also, as alarming is the fact that the Alaska Board of Examiners in Optometry would decide whether an optometrist's education, training and experience is sufficient to protect eye surgery patients in Alaska. Unfortunately, unlike the Alaska State Board of Medicine, the Board of Examiners in Optometry has no experience in determining qualifications to safely perform surgery.

HB 103 would also remove existing safeguards placed upon the practice of optometry by the state legislature pertaining to the prescription and administration of pharmaceuticals. For

example, HB 103 would authorize optometrists to inject medications into the small and delicate structures of the eye. Additionally, the legislation would also authorize optometrists to inject Botox for therapeutic purposes and also to alter or enhance cosmetic appearance. Anytime a needle is placed in or near the eye, there are serious risks to patients that require adequate clinical experience and judgment.

In 2014, the Alaska State Legislature passed legislation to continue to allow optometrists to prescribe controlled substances containing hydrocodone. During consideration of this prescription authority, the legislature continued the four-day prescription limitation to protect patients. HB 103 would not only remove hydrocodone and other controlled substances prescription time limitation, the optometric bill would also expand the controlled substances that optometrists would be authorized to prescribe to include all Schedule Ia and IIa controlled substances which are very powerful and highly addictive substances.

Last year, SB 55—a bill very similar to HB 103—failed in the legislature. We respectfully ask that you once again uphold these high standards for patient safety and quality surgical care by voting “no” on HB 103. Thank you for your strong consideration on this matter.

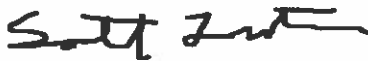
Sincerely



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 House Health & Social Services Committee

[REDACTED]

From: Carl Rosen [REDACTED]
Sent: Wednesday, March 15, 2017 8:21 AM
To: Bernice Nisbett; Rep. Ivy Spohnholz
Subject: HB 103

To the Alaska House Health and Social Services Committee, Chair Rep Spohnholz:

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.
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. Dental aides are brought up. They work solely on tribal lands. Two years of procedures are required and if you lose a tooth or two if doesn't have the same impact as losing an eye.
6. Insurance payments for CPT codes related to eye procedures will need to be discussed and BC/BS or Aetna will be very reluctant to pay for optometry attempting to bill for procedures that is not routine and customary.
7. 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.
8. Ophthalmology is a dedicated and important member of the medical community. We are feeling alienated and marginalized. It is stunning that after 24 years of service, free emergency trauma and ophthalmology call to the State, that when I attempt to meet with a legislator I am dismissed and told this is about a turf battle. I worked very hard to get here and the training is difficult for a reason.

9. 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
President
Ophthalmic Associates
542 West Second Avenue
Cell: 952-1700

March 15, 2017

Alaska House Health and Social Services Committee
Representative Ivy Spohnholz, *Chair*
Representative Bryce Edgmon, *Vice Chair*

RE: Oppose S.B.36/H.B.103, An Act Relating to the Practice of Optometry

As plastic surgeons serving patients in Alaska, we urge you to oppose S.B.36/H.B.103, which seeks to expand optometric scope of practice. Patient safety requires that only licensed physicians with the appropriate education and training perform surgery in the ocular region.

S.B.36/H.B.103 will allow optometrists – who are not physicians – to perform surgical procedures that fall squarely within the practice of medicine. Alarming, S.B.36/H.B.103 grants the Alaska Board of Examiners in Optometry authority over this expanded scope of practice, including determining which surgeries optometrists may perform. Optometrists have no education or training in surgical procedures. S.B.36/H.B.103 thus threatens patient safety and diminishes the standard of surgical care in Alaska.

S.B.36/H.B.103 also expands the pharmaceutical formulary optometrists may employ, with no prerequisite education in their safe use. Will optometrists recognize adverse reactions to these drugs? Will they be qualified to treat life-threatening complications? Optometrists receive nowhere near the medical education and training of ophthalmologists or plastic surgeons, and are therefore less capable to identify, understand and effectively treat conditions that cause eye disease.

Ophthalmologists and plastic surgeons complete 7-10 years of medical and surgical education and training, with increased clinical responsibility and decision-making authority. Optometric education is only 4-5 years, with significantly less clinical exposure and responsibility. Sadly, in 2009, the notable gap in optometric training became apparent when optometrists at a VA facility provided patients with substandard treatment for glaucoma. As a result, 22 patients suffered from progressive vision loss.

We believe S.B.36/H.B.103 will diminish the high quality of care Alaska's citizens deserve, and urge you to **oppose S.B.36/H.B.103**. Please contact Patrick Hermes, ASPS's Senior Manager of Advocacy and Government Affairs, with any questions at Phermes@plasticsurgery.org or (847) 228-3331.

Sincerely,
Debra Johnson, MD
President, American Society of Plastic Surgeons

Susan Dean, MD
Palmer, AK

William Wennen, MD
Fairbanks, AK

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

March 13, 2017

Honorable Ivy Spohnholz, Chair
House Health and Social Services Committee
Alaska State House
State Capitol Room 421
Juneau, AK 99801

RE: House Bill 103

Dear Co-Chair MacKinnon:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA opposes House Bill 103 which is just the latest attempt to expand the scope of practice for optometrists beyond their professional training, lower standards of care and put patient's health at risk.

Although the bill appears to be short, the expansion to the scope of practice is monumental.

All licensing boards have specific statutory grants of authority and specific restrictions that provide a balance between having elected officials create policy and protect the public's interest and the need to allow limited decision-making by individuals in specific occupation to implement those policies. The focus being on implementing licensing requirements and disciplining licensed members who violated the statutory polices created by elected members of the legislature. Boards were never seen as policy entities with discretion to define their own scope of practice.

House Bill 103 attempts to adopt a new standard granting virtually all policy decisions to the Optometry Board in two critical areas, prescription drugs and surgery. If the legislature adopts this new approach many pages could be removed from Alaska's Statutes by merely replacing authorities and restrictions with a single grant of authority saying "the board may adopt regulations necessary to govern...". This concept of just trust the Board to make the right decision threatens to empower businesses with almost unfettered power to make critical policy decisions in which they have a vested interest. While we do not intend to impugn anyone's character we should all acknowledge it is human nature to have natural biases in matters that benefit the decision maker. Thus, Boards comprised of licensed members regulate the scope of practice. At least until now, they do not define it.

Proposed legislation broadening the scope of practice for Optometrists has a long and somewhat controversial history in the Alaska Legislature. During the last legislature legislation was proposed to define new authority for Optometrists in the areas of surgery and prescription drugs. The last legislature was not persuaded to pass that legislation and Optometrists scope of practice was not expanded. House Bill 103 takes a new tactic to avoid the policy debate around defining the scope of practice and avoid the process of convincing legislators that the policy behind the proposed expansion in scope of practice is appropriate and instead grants an Executive Branch Board broad authority to adopt policy that past legislatures have rejected.

While the legislative process can be slow, cumbersome and even frustrating the legislature should tread cautiously in avoiding that process by moving legislative policy functions to the executive branch. Especially moving policy decisions to licensed individuals with a vested interest in the outcome.

We have two specific concerns with House Bill 103.

- 1) A broad grant of authority allowing the Board of Optometry to self-regulate the use of prescription and pharmaceutical agents without restriction is unprecedented and grants authority to a Board that without argument provides authority for prescribing prescriptions and pharmaceutical agents beyond the training of Optometrists.

House Bill 103 would remove patient protections regarding prescription and administration of pharmaceuticals. Optometrists are not physicians and do not receive training necessary to perform injections into the globe of the eye. Furthermore, this legislation could ultimately allow optometrists to inject Botox for either cosmetic or therapeutic purposes. Optometrists simply are not trained to perform such procedures.

With regard to prescriptions House Bill 103 would allow the Board to grant authority to non-physician optometrists to prescribe any controlled substances, including opioids. In 2014, after much deliberation the Alaska Legislature allowed the limited and temporary prescription of substances containing hydrocodone to be prescribed by optometrists. Even this small expansion drew great deliberation and concern. Allowing controlled substances to be prescribed by individuals without appropriate training jeopardizes the health of Alaska patients. Any expansion in scope of practice for prescription drugs or pharmaceutical agents should be expressly defined in statute.

- 2) A broad grant of authority allowing the Board of Optometry to self-regulate what ophthalmic surgeries and what "noninvasive" procedures can be performed is unprecedented and without argument provides the Board authority to allow surgeries and procedures beyond the training of Optometrists.

ASMA has great concern over the expansion of practice to include invasive surgery.

Not only do optometry schools not currently provide the education and training to perform surgery safely that is comparable to ophthalmology residency programs but even if they started optometrists who have already graduated have not acquired that education and training. The surgeries included in past efforts and admittedly are the goal include dozens of surgeries with lasers, scalpels, needles, ultrasound and other techniques. None of these surgeries are "superficial" or "not invasive."

Quite simply, expanding the scope of practice for optometrists to include laser surgeries is inappropriate given optometrists' level of training and providing a broad grant of authority to the Board to allow such an expansion is inappropriate.

If Optometrists believe an expansion of scope of practice is warranted the legislature needs to make the policy decision to do so after hearing testimony, weighing patient safety and a thorough debate. Any such expansion should be defined to allow the Board to understand the limits of the authority and allow it to implement the policy.

ASMA requests that House Bill 103 not move from your committee.

Sincerely,



Dr. Graham Glass, President
Alaska State Medical Association

cc: House Health and Social Services Committee Members



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02/27/2017

**Alaskan House Health & Social Services Committee, Juneau, AK
Committee Chair Representative Ivy Spohnholz**

I would like to enhance the understanding and implications of House Bill 103 (HB103) 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 HB103 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 HB103 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



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process or precedent for surgery. They have no medical license. It is irresponsible for a non-surgical 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 HB103 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, HB103 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 HB103 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 HB103! (SB36)

Thank you.

Eric W. Coulter, M.D.

JOHN B. DEKEYSER, M.D., P.C.
Obstetrics & Gynecology

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February 26, 2017

Dear Representative Ivy Sponholz,

I have become aware of SB 36 advocating for prescriptive authority and surgical privileges for optometrists. I would encourage you to oppose this bill. Optometrists do not receive this training in their graduate school. And, it is not something that can be taught over a weekend in a hotel conference room. Please vote against this bill.

I am board certified in OB/GYN and moved to Anchorage in 1984.

Sincerely,

A handwritten signature in black ink, appearing to read 'John DeKeyser', with a long horizontal flourish extending to the right.

John DeKeyser, MD

Tally Teal

From: Cer Scott <cerharleyscott@hotmail.com>
Sent: Thursday, March 30, 2017 4:47 PM
To: House Labor and Commerce
Subject: HB 103

Attention:
Representative Sam Kito & Committee Members HL&C Committee -

Please keep the public safe by not allowing HB103 to become law that opens the doors of potential damage to the gift of sight all people are blessed with. Vote 'No' on HB103.

Thank you!

Cer Scott
4352 Taku Blvd
Juneau, AK 99801
(405) 534-0822

Tally Teal

From: Crystal Koeneman
Sent: Tuesday, March 28, 2017 1:23 PM
To: House Labor and Commerce
Subject: FW: HB 103 Labor and Commerce Hearing today, 3/27/17

From: Griffith Steiner, MD [mailto:gsteiner@akeyedoc.com]
Sent: Monday, March 27, 2017 6:08 PM
To: Rep. Sam Kito <Rep.Sam.Kito.III@akleg.gov>; Rep. Adam Wool <Rep.Adam.Wool@akleg.gov>; Rep. Andy Josephson <Rep.Andy.Josephson@akleg.gov>; Rep. Colleen Sullivan-Leonard <Rep.Colleen.Sullivan-Leonard@akleg.gov>; Rep. Chris Birch <Rep.Chris.Birch@akleg.gov>; Rep. Gary Knopp <Rep.Gary.Knopp@akleg.gov>; Rep. Louise Stutes <Rep.Louise.Stutes@akleg.gov>; Rep. Bryce Edgmon <Rep.Bryce.Edgmon@akleg.gov>; Rep. Mike Chenault <Rep.Mike.Chenault@akleg.gov>
Cc: Rep. Ivy Spohnholz <Rep.Ivy.Spohnholz@akleg.gov>
Subject: HB 103 Labor and Commerce Hearing today, 3/27/17

House Labor and Commerce Chair Mr. Kito, Vice Chair Mr. Wool and committee members,

Though I was disappointed to spend 2 hours on the phone without being able to speak, I understand the time constraints and appreciate the time and attention that you are all giving to HB 103. I have a more detailed testimony, but must address some comments made during the hearing.

Ironically, Steve Dobson OD (optometrist-Anchorage) aggressively accused ophthalmologists of being misleading. I have respect for Dr. Dobson as an optometrist, but disagree with him dramatically on this issue. He stated categorically, "This bill has nothing to do with surgery and the ophthalmologists are misleading over and over that is about surgery." He then went on to say, "This bill is only about autonomy, not surgery." That could not be more misleading as the entire point of autonomy is to let them decide what they can do, including surgery. He said he would never do complicated surgeries like retina and cataract surgery. **He did not exclude laser surgery** (very different from laser diagnostics, which optometrists can already use).

Jill Geering Matheson, OD (optometrist-Juneau) also spoke and she **specifically** mentioned laser surgery when asked what could conceivably be approved by the board with this new autonomy.

Optometrists can already do everything appropriate with their level of training.

Optometrists already have a board that manages their specialty.

On the Alaska Dept. of Commerce website the optometry board already "adopts regulations to carry out laws governing the practice of optometry in Alaska. It makes final licensing decisions and takes disciplinary actions against people who violate laws."

The optometrists are **very** resistant to a definition of surgery because they want the **autonomy** to include real surgeries. Just Like Kelly Lorenz MD said, "Lasers cut just as much as a blade does." The Washington state definition of surgery is very concise and accurate. It has served that state very well. It still allows the optometrists to do all the procedures they mentioned in the hearings, except laser surgery.

If this bill is truly not about surgery then why won't they accept a very simple and successful definition? If they want to do laser surgery, but not the "complex" surgery, why do they carefully avoid saying this by euphemisms like, "practice to the full extent of our specialty." Laser surgery is not a future, hypothetical thing they may be trained for. It has been around for a long time and they did not spend years learning to do this "minor procedure." Dr. Matheson even had to reluctantly admit that was one of the goals.

Thank you again for your time and efforts.
Please contact me for any questions.

Griff Steiner, MD
Anchorage

Tally Teal

From: rachael bourdukofsky <rachaelann76@live.com>
Sent: Monday, March 27, 2017 7:33 PM
To: House Labor and Commerce
Subject: "No" on HB103

Pease vote "no" on HB103. This legislation can cost more than money and

If passed it will provide an opportunity of the Optometry profession to practice the medical profession that only doctors can provide. Supporters of HB103 will tell you that is this legislation does not do that. Then it should be stated in the legislation if that is so. Potential problems can be avoided in more ways than one by not allowing this legislation (HB103) to pass. Thank you for voting no and protecting the public!

Sincerely
Rachael Bourdukofsky

Sent from my iPhone

Tally Teal

From: Karen Hinchman <hinchmankd@gmail.com>
Sent: Monday, March 27, 2017 2:05 PM
To: House Labor and Commerce
Subject: Attention Sam Kito & Committee Re: HB 103

Vote "No" on HB 103 to prevent the danger of you losing your eyesight to those who only see dollars and their safety to the public. By not passing this legislation you are protecting all people. You will see the potential consequences and the cost will burden the public and the State of Alaska. Gunalcheesh for voting "No" on HB 103

Sent from my iPhone

Sent from my iPhone

Tally Teal

From: Crystal Koeneman
Sent: Wednesday, March 22, 2017 9:36 AM
To: House Labor and Commerce
Subject: FW: Please oppose SB36/HB103

From: Evan Wolf [mailto:evan@wolfeyecenter.com]

Sent: Tuesday, March 21, 2017 6:14 PM

To: Sen. Pete Kelly <Sen.Pete.Kelly@akleg.gov>; Sen. John Coghill <Sen.John.Coghill@akleg.gov>; Sen. Click Bishop <Sen.Click.Bishop@akleg.gov>; Sen. David Wilson <Sen.David.Wilson@akleg.gov>; Sen. Mike Dunleavy <Sen.Mike.Dunleavy@akleg.gov>; Sen. Shelley Hughes <Senator.Shelley.Hughes@akleg.gov>; Sen. Anna MacKinnon <Sen.Anna.MacKinnon@akleg.gov>; Sen. Bill Wielechowski <Sen.Bill.Wielechowski@akleg.gov>; Sen. Berta Gardner <Sen.Berta.Gardner@akleg.gov>; Sen. Tom Begich <Sen.Tom.Begich@akleg.gov>; Sen. Mia Costello <Sen.Mia.Costello@akleg.gov>; Sen. Natasha Von Imhof <Sen.Natasha.VonImhof@akleg.gov>; Sen. Kevin Meyer <Sen.Kevin.Meyer@akleg.gov>; Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>; Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>; Sen. Gary Stevens <Sen.Gary.Stevens@akleg.gov>; Senator.Dennis.Egan@akleg.gov; Sen. Bert Stedman <Sen.Bert.Stedman@akleg.gov>; Sen. Lyman Hoffman <Sen.Lyman.Hoffman@akleg.gov>; Sen. Donny Olson <Sen.Donny.Olson@akleg.gov>; Rep. Scott Kawasaki <Rep.Scott.Kawasaki@akleg.gov>; Rep. Steve Thompson <Rep.Steve.Thompson@akleg.gov>; Rep. Tammie Wilson <Rep.Tammie.Wilson@akleg.gov>; Rep. David Guttenberg <Rep.David.Guttenberg@akleg.gov>; Rep. Adam Wool <Rep.Adam.Wool@akleg.gov>; Rep. David Talerico <Rep.David.Talerico@akleg.gov>; Rep. Colleen Sullivan-Leonard <Rep.Colleen.Sullivan-Leonard@akleg.gov>; Rep. Mark Neuman <Rep.Mark.Neuman@akleg.gov>; Rep. George Rauscher <Rep.George.Rauscher@akleg.gov>; Rep. David Eastman <Rep.David.Eastman@akleg.gov>; Rep. DeLena Johnson <Representative.DeLena.Johnson@akleg.gov>; Rep. Cathy Tilton <Rep.Cathy.Tilton@akleg.gov>; Rep. Dan Saddler <Rep.Dan.Saddler@akleg.gov>; Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>; Rep. Gabrielle LeDoux <Rep.Gabrielle.LeDoux@akleg.gov>; Rep. Ivy Spohnholz <Rep.Ivy.Spohnholz@akleg.gov>; Rep. Andy Josephson <Rep.Andy.Josephson@akleg.gov>; Rep. Harriet Drummond <Rep.Harriet.Drummond@akleg.gov>; Rep. Geran Tarr <Rep.Geran.Tarr@akleg.gov>; Rep. Les Gara <Rep.Les.Gara@akleg.gov>; Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>; Rep. Jason Grenn <Rep.Jason.Grenn@akleg.gov>; Rep. Chris Tuck <Rep.Chris.Tuck@akleg.gov>; Rep. Chuck Kopp <Rep.Chuck.Kopp@akleg.gov>; Rep. Charisse Millett <Rep.Charisse.Millett@akleg.gov>; Rep. Lance Pruitt <Rep.Lance.Pruitt@akleg.gov>; Rep.Mike.Chenault@akleg.gov; Rep. Jennifer Johnston <Rep.Jennifer.Johnston@akleg.gov>; Rep. Gary Knopp <Rep.Gary.Knopp@akleg.gov>; Rep. Paul Seaton <Rep.Paul.Seaton@akleg.gov>; Rep. Louise Stutes <Rep.Louise.Stutes@akleg.gov>; Rep. Sam Kito <Rep.Sam.Kito.III@akleg.gov>; Rep. Justin Parish <Rep.Justin.Parish@akleg.gov>; Rep.Johnathan.Kreiss-Tomkins@akleg.gov; Rep. Daniel Ortiz <Rep.Daniel.Ortiz@akleg.gov>; Rep. Bryce Edgmon <Rep.Bryce.Edgmon@akleg.gov>; Rep.Zachary.Fansler@akleg.gov; Rep. Dean Westlake <Rep.Dean.Westlake@akleg.gov>; Rep. Neal Foster <Rep.Neal.Foster@akleg.gov>

Subject: Please oppose SB36/HB103

Dear legislator,

Please vote “no” on SB36/HB103 .

I am an ophthalmologist in the MatSu Valley, representing about 1/6th of Alaska's eye patients. This bill endangers all Alaskans by effectively de-regulating surgical care and narcotic prescribing in many dangerous ways, as outlined in excellent letters you've already seen from Drs. Limstrom, Zumbro, Swanson, Steiner, Reinhardt, Korshin, Coulter and others, as well as in the testimony of many other respected leaders in the physician (MD) community.

This is not just another turf battle between optometry and ophthalmology. This bill is truly insidious and would be harmful to eye patients by allowing surgery by unqualified non-surgeons. I have spent 15 years in school (after high school) and 15 years in medical/surgical practice dedicated to my patients and the art of surgery, and I cannot idly watch legislation occur which would harm patient care. I have worked with many excellent optometrists, and my two partners are optometrists whom I respect and trust. Nonetheless, the larger optometric community has put this bill forward despite its negative impact on patient care. This is dangerous, motivated by profit, and reprehensible.

Again, I urge you to vote this bill down, so patient safety and quality medical/surgical care can continue in Alaska. Thank you for your hard work in keeping Alaska great.

Sincerely,

Evan Wolf, MD PhD

Wolf Eye Center

Wasilla, AK

Tally Teal

From: Crystal Koeneman
Sent: Wednesday, March 22, 2017 9:35 AM
To: House Labor and Commerce
Subject: FW: Please Oppose HB 103/SB 36
Attachments: HB 103 Opposition letter.pdf

From: Eric Coulter [mailto:Eric@AlaskaLasikCenter.com]

Sent: Tuesday, March 21, 2017 6:11 PM

To: Rep. Scott Kawasaki <Rep.Scott.Kawasaki@akleg.gov>; Rep. Steve Thompson <Rep.Steve.Thompson@akleg.gov>; Rep. Tammie Wilson <Rep.Tammie.Wilson@akleg.gov>; Rep. David Guttenberg <Rep.David.Guttenberg@akleg.gov>; Rep. Adam Wool <Rep.Adam.Wool@akleg.gov>; Rep. David Talerico <Rep.David.Talerico@akleg.gov>; Rep. Colleen Sullivan-Leonard <Rep.Colleen.Sullivan-Leonard@akleg.gov>; Rep. Mark Neuman <Rep.Mark.Neuman@akleg.gov>; Rep. George Rauscher <Rep.George.Rauscher@akleg.gov>; Rep. David Eastman <Rep.David.Eastman@akleg.gov>; Rep. DeLena Johnson <Representative.DeLena.Johnson@akleg.gov>; Rep. Cathy Tilton <Rep.Cathy.Tilton@akleg.gov>; Rep. Dan Saddler <Rep.Dan.Saddler@akleg.gov>; Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>; Rep. Gabrielle LeDoux <Rep.Gabrielle.LeDoux@akleg.gov>; Rep. Ivy Spohnholz <Rep.Ivy.Spohnholz@akleg.gov>; Rep. Andy Josephson <Rep.Andy.Josephson@akleg.gov>; Rep. Harriet Drummond <Rep.Harriet.Drummond@akleg.gov>; Rep. Geran Tarr <Rep.Geran.Tarr@akleg.gov>; Rep. Les Gara <Rep.Les.Gara@akleg.gov>; Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>; Rep. Jason Grenn <Rep.Jason.Grenn@akleg.gov>; Rep. Chris Tuck <Rep.Chris.Tuck@akleg.gov>; Rep. Chuck Kopp <Rep.Chuck.Kopp@akleg.gov>; Rep. Charisse Millett <Rep.Charisse.Millett@akleg.gov>; Rep. Chris Birch <Rep.Chris.Birch@akleg.gov>; Rep. Lance Pruitt <Rep.Lance.Pruitt@akleg.gov>; Rep. Jennifer Johnston <Rep.Jennifer.Johnston@akleg.gov>; Rep. Mike.Chenault@akleg.gov; Rep. Gary Knopp <Rep.Gary.Knopp@akleg.gov>; Rep. Paul Seaton <Rep.Paul.Seaton@akleg.gov>; Rep. Louise Stutes <Rep.Louise.Stutes@akleg.gov>; Rep. Sam Kito <Rep.Sam.Kito.III@akleg.gov>; Rep. Justin Parish <Rep.Justin.Parish@akleg.gov>; Rep. Johnathan.Kreiss-Tomkins@akleg.gov; Rep. Daniel Ortiz <Rep.Daniel.Ortiz@akleg.gov>; Rep. Bryce Edgmon <Rep.Bryce.Edgmon@akleg.gov>; Rep. Zachary.Fansler@akleg.gov; Rep. Dean Westlake <Rep.Dean.Westlake@akleg.gov>; Rep. Dean Westlake <Rep.Dean.Westlake@akleg.gov>
Subject: Please Oppose HB 103/SB 36

Dear Representatives,

Attached is a letter also available on the website for SB36/HB103 opposition from myself. Please note that I employ optometrists and enjoy many as friends. However...

I testified this weekend along with many other ophthalmologists with our vocal opposition to this bill along with the **Alaska State Medical Board**, the **Alaska State Medical Association**, the **Alaska Society of Eye Physicians and Surgeons**, the **American Medical Association** and the **American Academy of Ophthalmology**. It appears that it passed out of committee just the same.

We oppose this because it is open ended and represents the most liberal optometric bill in the United States. It will allow the Optometric Board of Examiners to decide what procedures they will allow their optometrists to do without any definition or restrictions. I was informed by the bill's sponsor that any decisions the Optometric Board would decide would be made public and therefore open to public evaluation. She felt that this would prevent the Optometric Board from "going rogue". I find this a poor safeguard for the citizens of this fine State. The public has no idea whether decisions the Optometric Board makes are good or bad. Studies I sight in my attached letter indicate that 30% of consumers don't even realize that an optometrist does not even have a medical license and never went to medical school. How are they to know and why are we letting a non-medical board decide what medical procedures are OK to perform? It is ludicrous! Why put the risk out there with this bill?

Optometrists currently have an active board that manages their affairs. Nothing in this bill will change that. *This bill is an attempt at unrestricted access to medical procedures that they are not qualified to perform by training, experience or education.* If their intent is non-surgical, then they should state this in their bill and indicate that no surgery will be allowed. They have removed language restricting the use of lasers or blades.

They also want unrestricted ability to prescribe all schedules of medications, including highly addictive compounds that most MD's do not utilize or prescribe. This is a bad idea!

I am unclear why the devil anyone would support this bill. It has nothing to do with Optometrists managing their own affairs and everything to do with expanding their scope of practice to include surgery. They have everything they need currently to utilize the most up to date technology and vision testing and non-surgical treatments. Nothing in this bill will allow optometrists access to anything they cannot do short of surgical procedures already.

Please read between the lines of this bill and you will see what the true motivation is.

If you support this bill what you are saying is: "I will let the Optometrists decide whether they can perform procedures on the public because I don't want to worry about it. It's OK because they will review with the public before they approve of any new 'procedures' or surgeries. Nothing in this bill prevents them from performing surgery and so I am OK with that because they understand what their limits are and will always abide by their limits. I do not care that I am marginalizing proficient ophthalmic surgeons (Medical Doctors) and I equate them as equally capable of performing ocular surgery even though they have never been trained for this. They are the best ones to decide their own scope of practice. If I am injured, I do not care whether my eyes will be treated by a board certified ophthalmic surgeon or an optometrist; it's the same to me. They should be equal under the law even though they do not have a medical license and are not qualified to have one."

If you are honestly OK with the above statement then by all means support SB36/HB103. If you are not (as I suspect is the case) then PLEASE oppose this disastrous bill!! It is a blank check!

Eric Coulter, MD

Fellow, American Academy of Ophthalmology

Diplomat, American Board of Ophthalmology

Medical Director, Alaska Lasik and Cataract Center

Medical Director, Alaska Eye Surgery and Laser Center

Eric@alaskalasikcenter.com

907-569-1551

Tally Teal

From: Crystal Koeneman
Sent: Wednesday, March 22, 2017 8:54 AM
To: House Labor and Commerce
Subject: FW: eye safety

From: R Kevin Winkle [mailto:kwx4@earthlink.net]
Sent: Tuesday, March 21, 2017 9:30 PM
To: Rep. Sam Kito <Rep.Sam.Kito.III@akleg.gov>
Subject: eye safety

Dear Alaska Representatives and Senators,

What car do you drive? Do the manufacturers of automobiles set the safety standards for their vehicles? The answer is unequivocally no. It is the National Highway Traffic Safety Administration. Should the manufacturers be allowed to set their own standards? House Bill 103 and Senate Bill 36 are bills in which the Optometry Board of our state are seeking to set their own safety standards and wholly control their future scope of practice in Alaska. Currently, you as our legislature, are the independent authority to set the safety standards for the practice of Optometry and whether their scope of practice meets the standard of safety for any advances in medical or surgical interventions-- interventions that carry the risk of vision loss and blindness.

Who sets the standards of safety in the inclusive medical and surgical scope of practice for Ophthalmology-- those of us who spent four years in medical school in order to have the privilege of practicing medicine and four additional years of a specialized residency program to practice the skills of eye medicine and surgery? It is not the Alaska State Ophthalmology Society. The safety standards that we must meet to practice our specialty started with each of our medical schools that had to meet specific accreditation standards. Our residencies had to meet the standards set by the national Residency Review Committee. We had to pass our comprehensive national medical board written and oral examinations and must recertify every ten years. We have to meet the standards of our Alaska State Medical Board and in every institution in which we care for patients we must meet their standards as well with credentialing every two years in which we are reviewed to meet an appropriate standard for the practice of our specialty and for the surgical procedures for which we have requested privileges. We are not alone. Every other medical and surgical specialist in our state has similar requirements to include Podiatrists who fall under the Medical Board and Maxillofacial Surgeons who fall under the Dental Board. Medical specialists who have already completed medical residencies to practice such specialties as pediatrics, family medicine, emergency medicine or internal medicine must still complete a surgical or surgical subspecialty residency if they wish to increase their scope of practice into surgery or to perform certain invasive procedures. Podiatrists must undergo a three year surgical residency in order to extend their practice to surgery of the foot and Dentists must complete at least a four year surgical residency in order to become a Maxillofacial surgeon. These are the safety standards set nationwide. The practice of Optometry is a medical and not surgical specialty and should meet the same safety standards and scope of practice as other healthcare providers.

Optometrists who have completed a four year doctorate program are a valuable part of ocular care for Alaskans and are critical. They are the frontline of healthcare just like our other primary care practitioners and just like all of the rest of us who practice medicine, they should meet the safety standards that have been set for the rest

of us. You must decide who will create that safety standard for Optometry. Fellow Alaskans are safer today due to the National Highway Traffic Safety Administration and I hope that they will remain at the safest levels in their eye care because of your thoughtfulness. Please vote 'NO' on SB36 and HB103 and consider placing Optometry under our State Medical Board since this is the primary Board regulating the rest of us with doctorate degrees who practice medicine.

Should you have any question concerning this topic I am available via cell phone at 907-350-4394.

Regards,

Kevin Winkle, M.D.
Pediatric Ophthalmology
and Adult Strabismus

Tally Teal

From: Crystal Koeneman
Sent: Wednesday, March 22, 2017 8:53 AM
To: House Labor and Commerce
Subject: FW: Please Oppose HB103!

From: Griffith Steiner, MD [mailto:gsteiner@akeyedoc.com]
Sent: Tuesday, March 21, 2017 10:58 PM
To: Rep. Scott Kawasaki <Rep.Scott.Kawasaki@akleg.gov>; Rep. Steve Thompson <Rep.Steve.Thompson@akleg.gov>; Rep. Tammie Wilson <Rep.Tammie.Wilson@akleg.gov>; Rep. David Guttenberg <Rep.David.Guttenberg@akleg.gov>; Rep. David Talerico <Rep.David.Talerico@akleg.gov>; Rep. Adam Wool <Rep.Adam.Wool@akleg.gov>; Rep. Mark Neuman <Rep.Mark.Neuman@akleg.gov>; Rep. Colleen Sullivan-Leonard <Rep.Colleen.Sullivan-Leonard@akleg.gov>; Rep. George Rauscher <Rep.George.Rauscher@akleg.gov>; Rep. David Eastman <Rep.David.Eastman@akleg.gov>; Rep. DeLena Johnson <Representative.DeLena.Johnson@akleg.gov>; Rep. Cathy Tilton <Rep.Cathy.Tilton@akleg.gov>; Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>; Rep. Dan Saddler <Rep.Dan.Saddler@akleg.gov>; Rep. Gabrielle LeDoux <Rep.Gabrielle.LeDoux@akleg.gov>; Rep. Ivy Spohnholz <Rep.Ivy.Spohnholz@akleg.gov>; Rep. Andy Josephson <Rep.Andy.Josephson@akleg.gov>; Rep. Harriet Drummond <Rep.Harriet.Drummond@akleg.gov>; Rep. Geran Tarr <Rep.Geran.Tarr@akleg.gov>; Rep. Les Gara <Rep.Les.Gara@akleg.gov>; Rep. Jason Grenn <Rep.Jason.Grenn@akleg.gov>; Rep. Chris Tuck <Rep.Chris.Tuck@akleg.gov>; Rep. Chuck Kopp <Rep.Chuck.Kopp@akleg.gov>; Rep. Charisse Millett <Rep.Charisse.Millett@akleg.gov>; Rep. Chris Birch <Rep.Chris.Birch@akleg.gov>; Rep. Lance Pruitt <Rep.Lance.Pruitt@akleg.gov>; Rep. Jennifer Johnston <Rep.Jennifer.Johnston@akleg.gov>; Rep. Mike Chenault <Rep.Mike.Chenault@akleg.gov>; Rep. Paul Seaton <Rep.Paul.Seaton@akleg.gov>; Rep. Gary Knopp <Rep.Gary.Knopp@akleg.gov>; Rep. Louise Stutes <Rep.Louise.Stutes@akleg.gov>; Rep. Sam Kito <Rep.Sam.Kito.III@akleg.gov>; Rep. Justin Parish <Rep.Justin.Parish@akleg.gov>; Rep. Johnathan Kreiss-Tomkins <Rep.Johnathan.Kreiss-Tomkins@akleg.gov>; Rep. Daniel Ortiz <Rep.Daniel.Ortiz@akleg.gov>; Rep. Bryce Edgmon <Rep.Bryce.Edgmon@akleg.gov>; Rep. Zachary Fansler <Rep.Zachary.Fansler@akleg.gov>; Rep. Dean Westlake <Rep.Dean.Westlake@akleg.gov>
Subject: Please Oppose HB103!

Dear Alaska State Representatives,

This bill must be opposed for the sake of healthcare in Alaska!

There is a natural spectrum to healthcare. This involves all medical personnel, including technicians, nurses, nurse practitioners, physician's assistants, chiropractors, optometrists, osteopaths and MD's. All of these professionals, and many others, are critical to providing complete health care. While there is a great deal of overlap, they are not the same professions for very important reasons.

Optometrists are a valued and critical part of that spectrum. But, they are not surgeons.
Chiropractors are a valued and critical part of that spectrum. But, they are not surgeons.

Optometrists know a great deal about eyes. Chiropractors know a great deal about spines. Neither optometrists or chiropractors are trained in surgery!

An optometrist should no more perform eye surgery than a chiropractor should perform spine surgery. Please think about that.

This bill leaves gray areas and loopholes that would allow the optometrists to perform surgery.
This bill must be voted down outright, or language must be in the bill that very specifically excludes eye surgery.

The optometric lobby will make this as difficult as possible because, and make no mistake, the primary goal of this bill is to obtain surgical privileges for optometrists. It is a Trojan horse!

In addition, at a time when opioid abuse is epidemic and the national goal is for greatly reduced prescribing of opioids, this bill asks for expanded opioid prescriptive authority for optometrists.

This goes directly against all state and national directives, is dangerous and is not necessary.

This is not a benign or necessary bill!

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

Griff Steiner, MD

Anchorage

4th generation Alaskan and ophthalmologist practicing in Alaska for over 20 years

Tally Teal

From: Crystal Koeneman
Sent: Tuesday, March 21, 2017 4:56 PM
To: House Labor and Commerce
Subject: FW: SB 36/HB 103

From: Carl Rosen [mailto:crosen@finite-tech.com]

Sent: Tuesday, March 21, 2017 4:49 PM

To: Rep. Scott Kawasaki <Rep.Scott.Kawasaki@akleg.gov>; Rep. Steve Thompson <Rep.Steve.Thompson@akleg.gov>; Rep. Tammie Wilson <Rep.Tammie.Wilson@akleg.gov>; Rep. David Guttenberg <Rep.David.Guttenberg@akleg.gov>; Rep. Adam Wool <Rep.Adam.Wool@akleg.gov>; Rep. David Talerico <Rep.David.Talerico@akleg.gov>; Rep. Colleen Sullivan-Leonard <Rep.Colleen.Sullivan-Leonard@akleg.gov>; Rep. Mark Neuman <Rep.Mark.Neuman@akleg.gov>; Rep. George Rauscher <Rep.George.Rauscher@akleg.gov>; Rep. David Eastman <Rep.David.Eastman@akleg.gov>; Rep. DeLena Johnson <Representative.DeLena.Johnson@akleg.gov>; Rep. Cathy Tilton <Rep.Cathy.Tilton@akleg.gov>; Rep. Dan Saddler <Rep.Dan.Saddler@akleg.gov>; Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>; Rep. Gabrielle LeDoux <Rep.Gabrielle.LeDoux@akleg.gov>; Rep. Ivy Spohnholz <Rep.Ivy.Spohnholz@akleg.gov>; Rep. Andy Josephson <Rep.Andy.Josephson@akleg.gov>; Rep. Harriet Drummond <Rep.Harriet.Drummond@akleg.gov>; Rep. Geran Tarr <Rep.Geran.Tarr@akleg.gov>; Rep. Les Gara <Rep.Les.Gara@akleg.gov>; Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>; Rep. Jason Grenn <Rep.Jason.Grenn@akleg.gov>; Rep. Chris Tuck <Rep.Chris.Tuck@akleg.gov>; Rep. Chuck Kopp <Rep.Chuck.Kopp@akleg.gov>; Rep. Charisse Millett <Rep.Charisse.Millett@akleg.gov>; Rep. Chris Birch <Rep.Chris.Birch@akleg.gov>; Rep. Lance Pruitt <Rep.Lance.Pruitt@akleg.gov>; Rep. Jennifer Johnston <Rep.Jennifer.Johnston@akleg.gov>; Rep. Mike.Chenault@akleg.gov; Rep. Gary Knopp <Rep.Gary.Knopp@akleg.gov>; Rep. Paul Seaton <Rep.Paul.Seaton@akleg.gov>; Rep. Louise Stutes <Rep.Louise.Stutes@akleg.gov>; Rep. Sam Kito <Rep.Sam.Kito.III@akleg.gov>; Rep. Justin Parish <Rep.Justin.Parish@akleg.gov>; Rep. Johnathan.Kreiss-Tomkins@akleg.gov; Rep. Daniel Ortiz <Rep.Daniel.Ortiz@akleg.gov>; Rep. Bryce Edgmon <Rep.Bryce.Edgmon@akleg.gov>; Rep.Zachary.Fansler@akleg.gov; Rep. Dean Westlake <Rep.Dean.Westlake@akleg.gov>

Subject: SB 36/HB 103

Dear Alaska State House Members:

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? I hear a lot of trust us, we are good guys we know what's best for patients. Really, our society doesn't work that way, rules and regulations keep folks in line. 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.
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. Dental aides are brought up. They work solely on tribal lands. Two years of procedures are required and if you lose a tooth or two it doesn't have the same impact as losing an eye.

6. Insurance payments for CPT codes related to eye procedures will need to be discussed and BC/BS or Aetna will be very reluctant to pay for optometry attempting to bill for procedures that is not routine and customary.

7. Don't you have a sense of déjà 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.

8. Ophthalmology is a dedicated and important member of the medical community. We are feeling alienated and marginalized. It is stunning that after 24 years of service, free emergency trauma and ophthalmology call to the State, that when I attempt to meet with a legislator I am dismissed and told this is about a turf battle and I'm not compromising. I do this because I want to, a dream come true since I was four years old. That's what it means to some of us who are physicians and surgeons.

9. The optometrists would have you believe this is just modernizing housekeeping. The ophthalmologists are just a bunch of whiners. This calls reality into question. So now a weekend course at the Holiday Inn is equivalent to a three year ophthalmology residency. What is this telling WAMI students, high school and college students with aspirations of medical school. If I can't get into medical school, the legislature will make me a doctor. It's hard for a reason, not everyone can win a trophy.

10. I have yet to hear how optometrists are going to meet standards for surgical procedures should this bill pass. Is one injection a year enough, or perhaps two. How about eyelid biopsies? What happens if after I inject in Ketchikan endophthalmitis (eye destroying infection) or a retinal detachment or dangerously high intraocular pressure occurs. Now what do I do. Well, you should never have done the injection in the first place. Details.

11. 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.

Carl Rosen, MD
President, Ophthalmic Associates
542 west Second Avenue
Anchorage, Alaska
Past President, Alaska State Medical Society

*Alaska Society of
Eye Physicians and Surgeons*

To: Alaska Legislature
From: Scott Limstrom, MD, President
Alaska Society of Eye Physicians and Surgeons
3500 Latouche Street, #250
Anchorage, Alaska 99508
Date: 3/29/17

Summary of Optometric Board Certification Requirements:
Oklahoma, Louisiana, Kentucky

In discussions of SB36/HB103, Senators and Representatives have raised policy questions that if either of these bills were enacted, how would optometrists in Alaska be certified to perform surgery. Optometry assured Committee members that the process would be thorough and optometry pointed out the excellent certification process by the three states where optometrists may perform certain surgery procedures. The Oklahoma, Louisiana, and Kentucky regulatory boards are often put forward as examples of this certification process to protect public safety.

However, from a medical perspective, the optometric board surgery standards in these states are not in the best interest of patient safety and quality surgical care. The requirements are a few hours of lecture and minimal if any apprenticeship with a trained surgeon. For these reasons, the medical community continues to have deep concerns about the long-term patient impact of these very weak Oklahoma, Louisiana and Kentucky optometric board surgery standards:

- **Oklahoma:**
 - Course/tests, including a Laser Therapy for the Anterior Segment Course, to qualify to take the Board Exams for optometry.
 - There are no additional certificates or qualifications described in statutes or regulations as prerequisite to performing surgical procedures. Notably, there is no minimum number to treat or oversight to ensure competence.
- **Louisiana:**
 - To perform surgery: proof of completion of a 32-hour course and passing a written test.
 - 4 additional hours of continuing credit hours per year if authorized to diagnose and treat pathology and to use and prescribe therapeutic pharmaceutical agents.
- **Kentucky:**

- Therapeutics: proof of completion of a 32- hour course and passing a written test and an additional 5 hours of continuing credits per year.
- Laser: in addition to therapeutics requirements above, proof of having performed the procedure in the presence of a board approved qualified preceptor and having demonstrated clinical proficiency to the preceptor in the performance of the procedure on a living human eye.

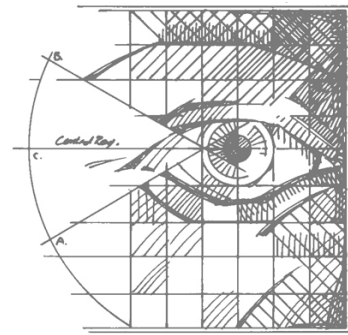
In contrast, what does the Alaska Board of Medicine require to practice ophthalmology?

- Four years accredited medical school, consisting of intensive study of the entire human body and mind
- Step 1, 2, and 3 of general medical boards including in person physical exam
- One year internship, consisting of intensive care, emergency medicine, surgery, internal medicine often in 80-100 hour work weeks and including the performance of thousands of surgical procedures
- Three years of ophthalmology residency, in which residents typically perform thousands of laser and ophthalmic surgeries under close supervision of expert professors in the field
- Optional 1-2 years of surgical fellowship, consisting of intensive education in highly specialized eye surgeries
- This education comprises over 22,000 hours of clinical and surgical education and training
- Completion of American Board of Ophthalmology exam on 10-year renewal cycle
- Mandatory 60 hours of class 1 Continuing Medical Education on a three-year cycle, 3 hours devoted to the safe use of opiate medications
- Annual review and license renewal by the Alaska Medical Board

Conclusion

SB36/HB103 would significantly water down the standard of surgical safety for eye patients. SB36/HB103 are not the Alaska standard of medical and surgical care.

OLIVER M. KORSHIN, M. D.
DISEASES AND SURGERY OF THE EYE
1200 AIRPORT HEIGHTS DRIVE, SUITE 310
ANCHORAGE, ALASKA 99508



March 23, 2017

Representative Sam Kito, Chair
House Labor and Commerce Committee
State Capitol Room 403
Juneau, Alaska 99801

Re: CSHR 103

Dear Representative Kito:

Last week I wrote to each member of the Alaska Legislature stating my opposition to SB 103 [letter attached]. I had earlier sent the same letter to Representative Spohnholz, the bill's sponsor. She replied to my letter by stating that the "latest version" of HR 103, which I presume is CSHR 103, "means that optometrists would still not be allowed to perform these [surgical] procedures," and that HB 103 "does not give optometrists the authority to perform invasive surgeries to the eye"

CSHR 103 as currently drafted does not contain any such restriction re: invasive surgery. Indeed, the word "surgery" no longer appears at all. In its place, the bill defines optometry as follows:

"'Optometry' means the examination, evaluation, diagnosis, treatment, or 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."

With no qualification of the word "treatment," this definition is open-ended. Any reasonable person must conclude that "treatment," as used in the absence of qualifying language, includes any and all medical and surgical treatment of the eye or adjacent and associated structures, which includes the eyelids, the bones of the orbit, the brain (the brain sits just a few millimeters directly above and behind the eye), the nose and nasal cavities, and the periorbital sinuses.

Sec. 08.72.278 of CSHR 103 gives the Board of Optometry the authority to establish by regulation what "services" [i.e., examination, evaluation, diagnosis etc.] fall within the scope of the licensee's education, training, and experience. One can only read CSHB 103 as effectively giving carte blanche to optometrists, should the Board so decree, "the authority to perform invasive surgeries of the eye or adjacent and associated structures." We M.D.'s see this disingenuously brief bill to be a Trojan Horse, and the public will likely be ill-served by its enactment into law.

Please vote against CSHR 103.

Sincerely,

Oliver Korshin, M. D.

attachment

March 16, 2017

State Senate Finance Committee
House Labor & Commerce Committee
Alaska State Legislature
Re: CSSB 36/CSHB 103

Dear Members of the State Senate Finance Committee and Members of the House Labor & Commerce Committee:

We are grateful for the opportunity to discuss with you our concerns regarding CSSB 36/CSHB 103. We feel the language still opens the door for the Board of Optometry to redefine the scope of practice for optometrists to include surgery. We understand and respect the position of the authors of the substitute language that the intent of CSSB 36/CSHB 103 is not about surgery. We also understand from other proponents of the bill that their intent is not to do surgery, but simply to be governed by their own Board. ***If that is truly the case, then we ask that the supporters of this bill clearly specify that surgery is outside the scope of practice of optometry in order to eliminate future misunderstanding and to avoid patient harm.*** CSSB 36/CSHB 103 ***both remove the restrictions for surgery already in existing law.*** By working out these details now it will spare confusion and uncertainty in the future. By stating that optometry cannot perform surgery, it will not limit their ability to use new technology in the future.

Our concerns are valid. There is now data that proves that optometrists who are performing laser surgery are causing harm to patients in Oklahoma.

Section 1(6): We are grateful for the deletion of the language that states the Board can describe the scope of practice for a licensee to perform ophthalmic surgery. *However, the language is still too broad and would allow the Board to expand scope to include surgery.*

Section 5 (Sec 08.72.278) Limitation on Practice and Section 6 (AS 08.72.300(3): These two sections would allow the Board of Optometry to redefine the scope of practice of optometry. The language specifically redefines optometry to mean “the examination, evaluation, diagnosis, treatment, or performance of preventive procedures related to diseases, disorders, or conditions of the human eyes....” This places no limitations on the **type** of “treatment” or “preventive procedures” the Board could deem in the scope of practice. ***Again, if the intent of this bill is not to allow expansion of scope to allow surgery, then it is appropriate to insert language that would specifically forbid surgery.*** By adding a short definition of surgery in this section, ***it would not limit any of the current treatments optometrists are performing and it would not interfere with new diagnostic or treatment modalities that may develop in the future.*** Many states already have definitions of surgery where the Board of Optometry has more broad governing authority as a way to ensure patient safety. ***Without this language, Alaska would be the first state in the country to adopt such broad, unprecedented legislation.***

A suggestion for Section 5 (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. Surgery is defined as any invasive procedure in which human tissue is cut, ablated, or otherwise penetrated by incision, injection, infusion, laser, ultrasound, or other means, in order to: Treat human eye

diseases; alter or correct refractive error; or alter or enhance cosmetic appearance. Nothing in this chapter limits an optometrist's ability to use diagnostic instruments utilizing laser or ultrasound technology. Ophthalmic surgery, as defined in this subsection, does not include removal of superficial ocular foreign bodies, epilation of misaligned eyelashes, the administration of epinephrine by injection for the treatment of anaphylactic shock, placement of punctal or lacrimal plugs, diagnostic dilation and irrigation of the lacrimal system, orthokeratology, prescription and fitting of contact lenses with the purpose of altering refractive error, or other similar procedures within the scope of practice of optometry.**

***Some members may want to avoid a list of procedures an optometrist can and cannot do. The language above simply states that an optometrist cannot do surgery. The second part of the definition makes it clear that the common treatments optometrists already do are not restricted; it does not mean they are limited to those treatment and diagnostic modalities. Any future diagnostic or treatment modality that the Board of Optometry wants to include in their scope, they can decide to use it, assuming it is not surgery.*

There are other current restrictions of the practice of optometry in current law that would be lifted should CSSB 36/CSHB 103 pass, which present a significant public risk. Here are specific concerns we have:

1. Under existing law, ***injections into the globe of the eye*** as well as Botox injections are specifically restricted. CSSB 36/CSHB 103 would lift this restriction. This bill would allow optometrists to inject a needle into the cavity of the eye. This has profound implications for patient safety and should continue to be specifically outlawed.
1. Under existing law, the definition of lasers, surgery and xrays are specifically outlawed. The ***new*** definition of optometry in CSSB 36/CSHB 103 removes those restrictions. ***This means the Board of Optometry can determine new uniform regulations that allow surgery, lasers (which is a form of surgery), and, as mentioned above, Botox injections, and injections into the globe of the eye.***

Section 1(4): Even though this section does not directly expand the prescription authority to include all schedule II narcotics, the language in this section would authorize the Board of Optometry to expand that authority. And it is our belief that the Board of Optometry will indeed expand prescription authority to include all scheduled narcotics. Optometrists already have the ability to prescribe the most common schedule II prescription narcotics (hydrocodone-containing narcotics such as Vicodin) and it is unnecessary to consider expanding prescriptive authority further. It is rare for even an MD to prescribe schedule II narcotics, and even when they do, it is rarely anything other than hydrocodone-containing narcotics.

Suggested revised language of this section could be:

Section 1(4) necessary to govern the practice of optometry, including the prescription and use of pharmaceutical agents for the treatment of eye disease, but shall not include schedule IA, schedule IIA medications, other than hydrocodone-containing narcotics, and schedule V1A*

****The language above would not reduce the prescriptive authority Alaskan optometrists already have, but would still allow the Board of Optometry to determine which medications they can prescribe. To my knowledge there is no state in the nation that would allow the Board of Optometry the right to expand prescription authority to cover all***

scheduled drugs. Not even all MDs have this degree of prescription authority. Most states do not even allow optometrists to prescribe hydrocodone-containing products.

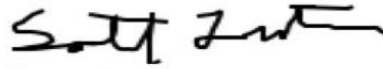
The primary goal of any legislation that involves medical care is patient safety. CSSB 36/CSHB 103 ***removes the surgery restrictions already in existing law*** and allows the Board of Optometry to literally redefine their field into a surgical field. Surgeries performed in Oklahoma has resulted in patient harm. The suggestions above would still allow the Board of Optometry to govern their own professionals, but it would clarify the issue of surgery.

At the very least, given the unprecedented sweeping change in scope of practice compared to existing law, and the profound implications for patient safety this will have, this bill deserves more time and consideration. We are grateful for your due diligence regarding CSSB 36/CSHB 103.

Sincerely,



Rachel Reinhardt, MD
State Affairs Regional Representative.
American Academy of Ophthalmology



Scott Limstrom, MD
President
Alaska Eye Physicians & Surgeons



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02/27/2017

Alaska State House of Representatives, Juneau, AK

Dear Representatives,

I would like to enhance the understanding and implications of House Bill 103 (HB103) 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 HB103 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 HB103 is indeed a radical departure from the norm and that no other states have enacted such a broad statute. The Sponsor Statement of HB103 (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 HB103. 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. HB103 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



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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 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 HB103. 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 HB103 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, HB103 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 HB103 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 HB103! (SB36)

Thank you.

Eric W. Coulter, M.D.

From: [David Swanson](#)
To: [Rep. Sam Kito](#)
Subject: HB 103
Date: Tuesday, April 04, 2017 2:12:39 PM

Dear Representative,

My name is David Swanson. I have been a retina specialist in Anchorage for 24 years. I have worked with and shared patients with virtually every optometrist and ophthalmologist in the state for a quarter of a century, and have some insight into the role that each group plays in the delivery of eyecare.

Over the last 35 years optometrists in many parts of the country have assumed the role of primary eyecare providers. Especially in Alaska where most ophthalmologists have subspecialty interests, most patients who need glasses or a routine annual exam are seen by optometrists. Probably 90% of routine eyecare is provided by optometrists. As a consequence, optometrists have extensive experience dealing with optical problems and other minor ailments but very limited experience with vision- or life-threatening eye disease. The issue before the legislature is to decide where “primary” stops and “dangerous” begins. It is not difficult: Anything that alters the internal structure of the eye -- needle, laser, scalpel, and some medications -- should be used only by actual physicians vetted by the rigors of a bona fide medical education.

As optometry seeks to achieve parity with ophthalmology through legislative devices, it is fair to ask whether Optometry as a scientific discipline has contributed to the fund of knowledge that applies to our understanding disease and the provision of care to patients. In this respect the optometric profession is embarrassingly deficient. Without exception every scientific, surgical, and therapeutic advance in the diagnosis and treatment of eye disease has come from schools of medicine, not optometry. It is reasonable to say in fact that optometry’s 30 year-old effort to expand its scope of practice has depended entirely on the adoption of the discoveries and innovations made by ophthalmology, pharmacology, and medicine in general. A piggybacked profession is ill-suited to choose its own road.

My observation is that Alaska optometrists do very well at what they are trained to do. It is also true that optometric care has improved markedly in the past three decades. However, there is real danger in legislation that encourages it to overstep safe educational boundaries. I strongly urge you to consider carefully the implications of SB 36 and HB 103 now before you. As it is now written, it begs to be defeated.



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

STATE MEDICAL BOARD

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February 24, 2017

The Honorable Cathy Giessel
State Senate
Alaska State Capitol
Juneau, Alaska 99801

Senator Giessel:

The Alaska State Medical Board has reviewed Senate Bill (SB) 36, which proposes to expand the scope of practice for optometrists to perform eye surgery, injections, and to prescribe controlled substances.

It was noted that the current scope of practice does not include these practices because they are considered the practice of medicine and are only allowed under a physician scope of practice. They expressed concern with permitting non-medical doctors, who have not completed medical school or a surgical residency program, to practice medicine.

The Board opposes this legislation in the interest of public safety, noting that the optometry scope of practice should not include surgery, injections, or expanded prescriptive authority.

The Board respectfully requests that Legislators carefully consider these concerns.

Sincerely,

Grant Roderer, M.D.
Board President
Alaska State Medical Board

E-mail: medicalboard@alaska.gov

Website: <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>