

4/10/17

Dear House Finance Co-chairs Representative Seaton and Representative Foster, Vice Chair Representative Gara and committee members:

You have heard all the opinions from both sides and have shown great interest in our concerns and great patience with sometimes heated debate.

The ophthalmologists and others that oppose this bill (HB103) in no way want to prevent optometrists from practicing to the full extent of their specialty and training. This boils down to whether they intend to do surgery, which would truly be inappropriate.

The bill should not pass as it currently written.

If the optometrists want an autonomous board, but no surgery, then a concise definition of surgery can easily be added. If they oppose a definition of surgery, it can only mean they want to perform surgery. More than one optometrist has approached you indicating a desire to do a type of laser called YAG laser capsulotomy. They have not used these words,

because capsulotomy means to cut a hole in the capsule. They instead have described this as “shining a light in the eye to clear up some clouding.” But, the laser does not shine as it is invisible. The invisible light needs a second laser “HeNe” beam (Helium-neon) to focus the primary cutting laser. This laser cuts a hole in the membrane that holds the lens implant in place following cataract surgery (the removal of the natural lens when it has become cloudy). This is not a benign procedure, particularly in those without proper surgical training. This laser cuts a hole in a critical tissue in the eye and there is no shining involved.

This is just one example, but is the first surgery they intend to approve.

Ask them if they want to do surgery. If they say no, then add definition of surgery. Ask them if they believe cutting a hole in eye tissue constitutes surgery and if they say no, then they have proved they are being disingenuous.

Lastly, they do not need pharmaceutical privileges advanced from schedule 3 narcotics to schedule 2 narcotics. This

moves them from hydrocodone (which is plenty strong for an optometry practice) to oxycodone, which is one of the most problematic and addictive drugs on the market. This legislature has already approved stricter rules for MD's in prescribing this drug. Adding optometry completely contradicts this goal.

Thank you again for all your hard work and attention to this important issue.

Griff Steiner, MD

Ophthalmologist

Anchorage

gsteiner@akeyedoc.com

Dear Representatives,

I urgently ask you to oppose this dangerous bill, which would allow Alaska optometrists to expand their scope into the realm of surgical eye care. I am an "Eye MD"...an ophthalmologist in the MatSu Valley, and my patients and neighbors deserve the best. Expanding the optometric scope of practice by allowing the optometric board to determine their scope, essentially unchecked by any physician or relevant government body, is incredibly dangerous and reckless.

I am unable to meet with you personally, or to attend Wednesday's session because I am very busy doing my job: caring for serious eye conditions that I trained for decades to manage safely. I cannot cancel my clinic on Wednesday with such short notice because my patients count on me to do this work. Surgical care cannot be done by optometrists with inappropriate training, so please don't be fooled by suggestions otherwise. Please carefully consider the arguments made by the ophthalmology and medical community before allowing this bill to harm patients.

Thank you for your hard work in keeping Alaska great, and Alaskans safe.

Sincerely,

Evan Wolf, MD PhD

Wolf Eye Center
Wasilla