

From: [Ford, James P](#)
Subject: Objection to HB 103
Date: Wednesday, May 10, 2017 8:58:41 AM

Dear Senator,

My name is James Ford, MD. I am an American Board of Ophthalmology certified ophthalmologist practicing medicine in the state of Alaska at the Alaska Native Medical Center in Anchorage. I am writing to you to voice my extreme opposition to HB 103 which is up for consideration by the Senate. HB 103 is a bill that has been lobbied for aggressively by optometrists in the state of Alaska. Unfortunately, they have convinced enough people that they are qualified to perform eye surgery that this bill has made it thus far. The consequences of this bill going any further will be nothing short of extreme danger for Alaskans who need eye care.

Ophthalmologists go to four year medical school and earn a medical degree followed by four years of surgical residency training specifically focused on eye care and eye surgery. Optometrists go to optometry school and learn to examine the eye and prescribe glasses. While the name ophthalmology and optometry sound similar, the scope of our practices are extremely different. When you have an actual eye problem beyond the simple need for a glasses or contacts prescription, then you absolutely need to see an ophthalmologist. Sadly, the general public does not have a good understanding of the difference between the two.

In order to graduate from my ophthalmology residency, I performed over 250 intraocular cataract surgeries, 500 glaucoma and diabetic laser surgeries, 1000 intraocular injections, 50 oculoplastic surgeries, and so on... optometrists graduate from optometry school having done ZERO surgery. Surgery has never been taught in optometry school. I cannot stress this enough: optometrists are not trained to treat eye disease, especially when surgery is needed.

Eye surgery is not simple. If you have ever been through eye surgery and it appeared easy or felt simple, that is because you were in the hands of an expert who has trained relentlessly at this craft. Making the decision to perform eye surgery is difficult beyond belief. Performing eye surgery safely is difficult even more so. When I make the decision to perform surgery, I have to weigh the patient's past medical history, for example congestive heart failure. What is an optometrist with no medical training going to do when they are in the middle of an eye surgery and the patient's congestive heart failure begins to worsen (this is very common when patients with congestive heart failure lay flat on their back for surgery and has happened to every ophthalmologist multiple times during their career)? Will the optometrist understand at all what is going on? They didn't go to medical school to learn about the heart and they didn't go through internship to treat people with heart disease, so how could they understand what is going on? Could they have caught this before surgery and prevented it? Will this patient die on the table for a "simple" eye surgery because the optometrist was never educated on anything

that is taught in medical school? These are real problems that we deal with every day in ophthalmology. Optometrists call me on the phone every day to ask what they should do because they don't know what they are doing much of the time.

The standard of care in almost all parts of the United States is for optometrists to prescribe glasses to patients and refer patients who need actual medical and/or surgical care to an ophthalmologist. If HB 103 is allowed to pass, you will be recklessly empowering non-medically or surgically trained persons to perform extremely serious eye surgery based on how they themselves see fit. How can non-surgeons regulate their own standard of care when nobody in their field has ever done surgery? It is simply not rational. Ultimately, HB 103 could cause an extreme decrease in the quality of health care in Alaska.

One argument that I have heard is that rural Alaska does not have enough eye care providers and that allowing optometrists to perform surgery will help spread access to much needed surgery in more rural areas. This is perhaps the most dangerous line of thinking that I have heard yet on this topic. I currently work at the Alaska Native Medical Center. From here, I take many trips throughout the year to provide healthcare to other communities which includes Bethel, Dillingham, Barrow, Nome, Kotzebue, Juneau, Sitka, Ketchikan, Klawock, and Kodiak. I do perform simple and safe surgeries on site at these locations; however, there is no replacement for the security and control one has in a dedicated operating room. When a patient has an actual serious eye problem, I bring them back to Anchorage and perform their surgery correctly in the safest possible setting. There is a reason that I choose not to perform serious eye surgery in remote areas, its because the unexpected exists and because Murphy's Law exists. Eye surgery is not simple and a surgeon always need to be prepared for the worst possible scenario. Sending untrained optometrists into rural Alaska to perform surgery will be an extreme danger to those patients. Eventually, once a certain number of patients have needlessly lost their eyesight or died from poor surgical care, it will become clear what a great mistake HB 103 was. Please keep Alaskans safe and stop HB 103 now.

Thank you very much for taking the time to read this. I urge you to please exercise caution when this bill comes before you. If there is any sort of testimony that I can provide or other information of any kind, then please let me know.

Best regards,

James Ford, MD