

SB

55

<TARGET><BILL>SB 55</BILL><SUBJECT>SB
55</SUBJECT><COMM>SFIN29</COMM></TARGET>

SENATE FINANCE COMMITTEE REPORT

DATE: 4/13/16

FURTHER:

DATE TURNED
IN TO OFFICE: _____

Finance Committee considered SENATE BILL NO. 55

SB 55-OPTOMETRY & OPTOMETRISTS

"An Act relating to the practice of optometry."

and recommends:

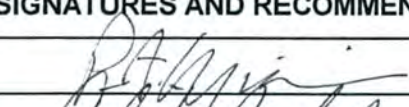
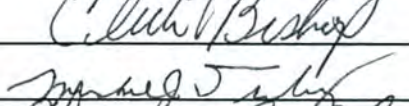
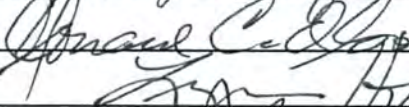
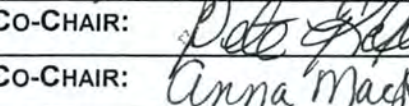

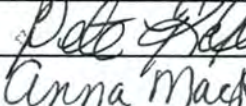
- be replaced with CS SB 55 (FIN) Same Title New Title
- adopt previous CS _____ (_____) Same Title New Title
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

| Dept Abbr. | |
|------------|-----|
| ADM | LWF |
| CED | LAW |
| COR | LEG |
| EED | MVA |
| DEC | DNR |
| DFG | DPS |
| GOV | REV |
| DHS | DOT |
| AJS | UA |

| NEW FISCAL NOTE(S) | | | | |
|--------------------|--------|--------|------|------|
| Dept. | Fiscal | Indet. | Zero | FN # |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| PREVIOUS FISCAL NOTE(S) | | | | |
|-------------------------|--------|--------|------|------|
| Dept. | Fiscal | Indet. | Zero | FN # |
| CED | ✓ | | | 1 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

APPROPRIATION - no fiscal note

| SIGNATURES AND RECOMMENDATIONS: | PRINTED LAST NAME | DO PASS | DO NOT PASS | NO REC | AMEND |
|---|-------------------|---------|-------------|--------|-------|
|  | Micciche | | | ✓ | |
|  | Bishop | | | ✓ | |
|  | Dunaway | | | ✓ | |
|  | Olson | ✓ | | | |
|  | Hoffman | ✓ | | | |
| CO-CHAIR:  | Kelly | ✓ | | | |
| CO-CHAIR: Anna Mackinnon | Mackinnon | ✓ | | | |

ALASKA STATE LEGISLATURE

716 W 4th Avenue
Anchorage AK 99501-2133
907-269-0181
Fax: 907-269-0184



State Capitol
Juneau AK 99801-1182
907-465-4843
Fax: 907-465-3871
800-892-4843

North to the Future

Senator Cathy Giessel
Senate District N

Senate Bill 55 Optometry Statute Update

Sponsor Statement

SB 55 modernizes and updates the Alaska Optometry Statute.

This bill moves the continuing education (CE) requirements back into regulation, as desired by the Department of Commerce, Community and Economic Development. Continuing education is still required by current statute, but the hours and subjects will be determined by the Board of Optometry, as with other professions. The current regulations require more CE hours than the statute subsection deleted by this bill.

SB 55 allows the board to determine prescribed drug schedules anticipating federal regulations that may change again in the future as they did in 2014; that regulation required another statute change, and this bill would allow the board to move in step with its industry.

This bill updates the optometry definition to reflect current education and training, but specifically prohibits invasive surgery. This allows for future new and improved diagnostic and therapeutic procedures as determined by the board, while not having to return to the legislature for every new technological advance. It also defines that optometrists must be qualified for any procedure that they perform.

This bill also further defines and clarifies the prohibited surgical procedures under an "invasive surgery" definition. Alaska optometrists already do superficial surgical procedures such as removal of corneal foreign bodies under current statute, but nothing invasive would be allowed.

[Senator Cathy Giessel@akleg.gov](mailto:Senator_Cathy_Giessel@akleg.gov)

SB 55 – Authorizing Surgery by Non-MDs

- SB 55 claims to “exclude” a short list of surgeries from the practice of optometry.
- But optometrists **would be authorized** to perform ANY surgery that’s NOT listed in the bill:

SB 55 - Examples of Surgeries Authorized for Optometrists

| Surgical Procedure | Potential Complications |
|---|---|
| <p>Glaucoma Laser Procedures: Argon Laser Trabeculoplasty (ALT) Selective Laser Trabeculoplasty (SLT) Argon/YAG Peripheral Iridotomy (PI) Laser Iridoplasty</p> <ul style="list-style-type: none"> □ Involves careful placement of laser energy to structures, some smaller than a human hair to achieve effect □ Requires special high power contact lenses and mirrors □ Improper treatment can permanently damage drainage structures (possibly making intraocular pressure problems <i>worse</i>) and cause cataract. | <ul style="list-style-type: none"> □ Severe post-operative intraocular pressure rises, possibly “snuffing out” an already damaged/weakened optic nerve in severe glaucomas. □ Cataract due to laser injuries to lens capsule □ Inflammation inside the eye □ Corneal abrasion/infection/ulcer (from contact lens) □ Conjunctivitis |
| <p>Laser Capsulotomy:</p> <ul style="list-style-type: none"> □ Performed after cataract surgery to create opening in membrane behind artificial lens that’s become cloudy/opaque □ Careful placement/restriction of laser energy needed to limit size of hole (note in lower photo how close opening is to lens edge) as lens can lose support and fall into back of eye. | <ul style="list-style-type: none"> □ Retinal detachment (energy used creates a “shock wave”) □ Dislocation of artificial lens into back of eye. □ Damage to artificial lens impairing vision □ Corneal abrasion/infection/ulcer (from contact lens) □ Inflammation inside the eye or on the surface of the eye |

TO: Senator Bert Stedman
 FROM: Scott A. Limstrom, MD President, Alaska Society of Eye Physicians & Surgeons
 3500 Latouche St., #250, Anchorage Alaska 99508, 907-561-1530
 RE: SB 55 Review, Surgery and Injections

| ISSUE | Provisions of SB 55 | Surgeries Allowable in SB 55 |
|------------|--|--|
| Surgery | <p>SB 55 purports to prohibit "invasive surgery". However, SB 55 contains a definition of "invasive surgery" that would allow optometrists to perform numerous surgical interventions in and around the eye and eyelids.</p> <p>Sec. 5. AS 08.72 is amended by adding a new section to read:</p> <p>22 (b) A licensee may not perform invasive surgery.</p> <p>Sec. 6. AS 08.72.300(3) is repealed and reenacted to read:</p> <p>29 (6) "invasive surgery" means surgery requiring penetration through the</p> <p>30 globe of the eye, extraocular muscle surgery, retina surgery, corneal transplantation,</p> <p>31 refractive surgery, or cosmetic lid surgery; in this paragraph, "refractive surgery"</p> <p>01 includes laser-assisted in situ keratomileusis (LASIK) and photorefractive</p> <p>02 keratectomy (PRK).</p> | <p>The provision prohibiting invasive surgeries REQUIRING PENETRATION THROUGH the globe of the eye <u>would allow</u>:</p> <ol style="list-style-type: none"> 1. Pterygium excision 2. Phototherapeutic Keratectomy (PTK) 3. Lamellar corneal transplants (partial thickness transplants) 4. Intracorneal rings <p>And more.</p> <p>This provision <u>would allow</u> optometrists to use lasers that don't "penetrate through the globe" such as:</p> <ol style="list-style-type: none"> 1. Laser Peripheral Iridotomies 2. Yag Capsulotomies 3. Selective Laser Trabeculoplasty 4. Argon Laser Trabeculoplasty <p>and others</p> <p>The provision prohibiting "cosmetic lid surgery" <u>would allow</u> NON-cosmetic lid surgeries (especially since it doesn't "penetrate through the globe"). They could do:</p> <ol style="list-style-type: none"> 1. Ptosis surgery 2. Blepharoplasty 3. Entropion/ectropion repair 4. Malignant and benign eyelid tumor excisions and reconstructions 5. Lacrimal surgeries 6. Punctoplasty <p>And many others.</p> <p>The provision prohibiting "refractive surgery" but only specifying "LASIK and PRK" would allow at least 7 other refractive surgeries of the eye including:</p> <ol style="list-style-type: none"> 1. LASEK 2. Laser Thermal Keratoplasty 3. Conductive Keratoplasty 4. Limbal relaxing Incisions 5. Astigmatic Keratotomy 6. Radial Keratotomy <p>Some of the above being lasers and some being scalpel, but none of which "penetrate through the eye globe."</p> |
| Injections | <p>Sec. 4. AS 08.72.272 under current law authorizes injections except for injections into the ocular globe of the eye and an injection that is a derivative of clostridium botulinum. SB 55 replaces those limitations with the following limitation on injections:</p> <p>15 * Sec. 4. AS 08.72.272 is amended by adding a new subsection to read:</p> <p>16 (e) A licensee may not perform an intravitreal injection.</p> | <p>The new provision on injections <u>would allow</u>:</p> <ol style="list-style-type: none"> 1. Botox injections into the extraocular muscles for strabismus. 2. Botox injections for blepharospasm 3. Cosmetic Botox injections 4. Subtenon Injections 5. Microshunts 6. Anterior chamber paracentesis/taps |

ALASKA VILLAGES SERVED BY OPTOMETRISTS

| | | |
|------------------|----------------|----------------|
| Alakanuk | Ambler | Anaktuvuk Pass |
| Aniak | Atkasuk | Barrow |
| Bethel | Brevig Mission | Buckland |
| Chefornak | Chevak | Cordova |
| Delta Junction | Dillingham | Eek |
| Elim | Emmonak | Fort Yukon |
| Gambell | Glennallen | Goodnews Bay |
| Haines | Hoonah | Hooper Bay |
| Kake | Kaktovik | Kiana |
| King Salmon | Kipnuk | Kivalina |
| Kotlik | Kotzebue | Koyuk |
| Lower Kalskag | Manokotak | Marshall |
| Mountain Village | Naknek | Napakiak |
| Napaskiak | New Stuyahok | Newtok |
| Noatak | Nome | Noorvik |
| Nuiqsut | Nunapitchuk | Petersburg |
| Pilot Station | Point Hope | Quinhagak |
| Russian Mission | Sandpoint | Savoonga |
| Scammon Bay | Selawik | Seward |
| Shaktolik | Skagway | St Mary's |
| St Michael | St Paul | Stebbins |
| Teller | Togiak | Toksook Bay |
| Tok | Tuntutuliak | Tununak |
| Unalakleet | Unalaska | Upper Kalskag |
| Valdez | Wainwright | Wrangell |
| Yakutat | | |

Compiled by Edward Godnig, OD, Anchorage

SB 55 Optometrists

195 practicing Optometrists in Alaska

- 119 Anchorage area
- 76 outlying cities

Anchorage 119

Bethel -- 2

Dillingham – 1

Eagle River – 11

Fairbanks – 19

Homer – 4

JBER – 1

Juneau – 7

Kenai – 5

Ketchikan – 2

Klawock – 1

Kodiak – 3

Kotzebue – 1

Nome – 4

Sitka – 2

Soldotna – 3

Wasilla – 10

ALASKA STATE LEGISLATURE

716 W 4th Avenue
Anchorage AK 99501-2133
907-269-0181
Fax: 907-269-0184



State Capitol
Juneau AK 99801-1182
907-465-4843
Fax: 907-465-3871
800-892-4843

North to the Future

Senator Cathy Giessel
Senate District N

CSSB 55 (L&C) Sectional Analysis

1. Section 1

Amends **08.72.050 Regulations**. Adds to this section the power for the board to adopt regulations allowing the prescription and pharmaceutical agents for the treatment of eye disease and also that under agreement with the State Medical Board, it will describe the scope of practice for a licensee to perform ophthalmic surgery and noninvasive procedures.

2. Section 2.

Amends 08.72.181 (d) by requiring specified hours and period of continuing education requirements for the renewal of an optometrist's license but retains delegation of those requirements to the board in regulation.

3. Section 3.

Repeals and reenacts AS 08.72.272(a) to provide that pharmaceutical agents, including controlled substances, may be used by a licensed optometrist if consistent with standards adopted by the board and any limitations on practice under section 5 of the bill.

4. Section 4.

08.72.272 amends and adds new subsections prohibiting an optometrist to make injections into the ocular globe of the eye and limits the prescribing of a controlled substance in a quantity exceeding a 7-day supply and requires a referral to a physician or ophthalmologist if a longer prescription is needed.

5. Section 5.

08.72 is amended and a new section is added **08.72.278 Limitation on Practice**. Provides that a licensee may perform only services within the licensee's education, training and experience as provided by board regulation.

6. Section 6

08.72.300(3) revises the definition of optometry.

[Senator Cathy Giessel@akleg.gov](mailto:Senator_Cathy_Giessel@akleg.gov)

Fiscal Note

State of Alaska
2016 Legislative Session

| | |
|---------------------|----------|
| Bill Version: | SB 55 |
| Fiscal Note Number: | 1 |
| (S) Publish Date: | 2/8/2016 |

Identifier: SB055-DCCED-CBPL-02-05-16
 Title: OPTOMETRY & OPTOMETRISTS
 Sponsor: GIESSEL BY REQUEST
 Requester: (S) Health & Social Services

Department: Department of Commerce, Community and Economic Development
 Appropriation: Corporations, Business and Professional Licensing
 Allocation: Corporations, Business and Professional Licensing
 OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

| | FY2017 Appropriation Requested | Included in Governor's FY2017 Request | Out-Year Cost Estimates | | | | | |
|-------------------------------|--------------------------------------|--|-------------------------|------------|------------|------------|------------|------------|
| | | | FY 2017 | FY 2018 | FY 2019 | FY 2020 | FY 2021 | FY 2022 |
| OPERATING EXPENDITURES | | | | | | | | |
| Personal Services | | | | | | | | |
| Travel | | | | | | | | |
| Services | 2.5 | | | | | | | |
| Commodities | | | | | | | | |
| Capital Outlay | | | | | | | | |
| Grants & Benefits | | | | | | | | |
| Miscellaneous | | | | | | | | |
| Total Operating | 2.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Fund Source (Operating Only)

| | | | | | | | | |
|----------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 1156 Rcpt Svcs | 2.5 | | | | | | | |
| Total | 2.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Positions

| | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|
| Full-time | | | | | | | | |
| Part-time | | | | | | | | |
| Temporary | | | | | | | | |

| | | | | | | | | |
|---------------------------|-----|--|--|--|--|--|--|--|
| Change in Revenues | 2.5 | | | | | | | |
|---------------------------|-----|--|--|--|--|--|--|--|

Estimated SUPPLEMENTAL (FY2016) cost: 0.0 (separate supplemental appropriation required)
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) cost: 0.0 (separate capital appropriation required)
 (discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
 If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/17

Why this fiscal note differs from previous version:

| |
|---|
| Updated to 2016 form, updated analysis. |
|---|

| | | | |
|--------------|---|--------|---------------------|
| Prepared By: | Janey Hovenden, Division Director | Phone: | (907)465-2536 |
| Division: | Corporations, Business and Professional Licensing | Date: | 02/04/2016 02:35 PM |
| Approved By: | Catherine Reardon, Director | Date: | 02/05/16 |
| Agency: | Division of Administrative Services, DCCED | | |

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2016 LEGISLATIVE SESSION

Analysis

SB 55 expands the practice of optometrists to include prescriptive authority, including authority to prescribe controlled substances. It authorizes the board to establish continuing education standards and prescriptive standards in regulation. In addition, it restricts the practice of optometry by clarifying that invasive surgery and intravitreal injection are not permissible by licensees.

If the bill passes the division will require \$2.5 to cover legal costs to amend regulations, printing, and postage in the first year.

Professional licensing programs within the Division of Corporations, Business and Professional Licensing are funded by Receipt Supported Services, fund source 1156 Rcpt Svcs (DGF). Licensing fees for each occupation are set per AS 08.01.065 so the total amount of revenue collected approximately equals the occupation's actual regulatory costs.

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: SB 55
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB055CS(L&C)-DCCED-CBPL-04-14-16
Title: OPTOMETRY & OPTOMETRISTS
Sponsor: GIESSEL BY REQUEST
Requester: (S) Finance

Department: Department of Commerce, Community and
Economic Development
Appropriation: Corporations, Business and Professional
Licensing
Allocation: Corporations, Business and Professional
Licensing
OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

| | FY2017 Appropriation Requested | Included in Governor's FY2017 Request | Out-Year Cost Estimates | | | | | |
|-------------------------------|--------------------------------------|--|-------------------------|------------|------------|------------|------------|------------|
| | | | FY 2017 | FY 2018 | FY 2019 | FY 2020 | FY 2021 | FY 2022 |
| OPERATING EXPENDITURES | | | | | | | | |
| Personal Services | | | | | | | | |
| Travel | | | | | | | | |
| Services | 2.5 | | | | | | | |
| Commodities | | | | | | | | |
| Capital Outlay | | | | | | | | |
| Grants & Benefits | | | | | | | | |
| Miscellaneous | | | | | | | | |
| Total Operating | 2.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Fund Source (Operating Only)

| | | | | | | | | |
|----------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 1156 Rcpt Svcs | 2.5 | | | | | | | |
| Total | 2.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Positions

| | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|
| Full-time | | | | | | | | |
| Part-time | | | | | | | | |
| Temporary | | | | | | | | |

| | | | | | | | | |
|---------------------------|-----|--|--|--|--|--|--|--|
| Change in Revenues | 2.5 | | | | | | | |
|---------------------------|-----|--|--|--|--|--|--|--|

Estimated SUPPLEMENTAL (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? **Yes**
If yes, by what date are the regulations to be adopted, amended or repealed? **07/01/17**

Why this fiscal note differs from previous version:

| |
|--|
| Updated analysis to reflect changes from committee substitute. |
|--|

| | | |
|--------------|---|---------------------------|
| Prepared By: | Janey Hovenden, Division Director | Phone: (907)465-2536 |
| Division: | Corporations, Business and Professional Licensing | Date: 04/14/2016 02:35 PM |
| Approved By: | Catherine Reardon, Director | Date: 04/14/16 |
| Agency: | Division of Administrative Services, DCCED | |

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2016 LEGISLATIVE SESSION

BILL NO. CSSB 55(L&C)

Analysis

CSSB 55(L&C) expands the practice of optometrists to include additional prescriptive authority, with the prescription of controlled substances limited to a seven-day supply. It authorizes the board to establish in regulation licensee continuing education standards, prescriptive standards, and the scope of practice to perform ophthalmic surgery and noninvasive procedures.

If the bill passes the division will require \$2.5 to cover legal costs to amend regulations, printing, and postage in the first year.

Professional licensing programs within the Division of Corporations, Business and Professional Licensing are funded by Receipt Supported Services, fund source 1156 Rcpt Svcs (DGF). Licensing fees for each occupation are set per AS 08.01.065 so the total amount of revenue collected approximately equals the occupation's actual regulatory costs.

CS FOR SENATE BILL NO. 55(FIN)

IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY THE SENATE FINANCE COMMITTEE

Offered:
Referred:

Sponsor(s): SENATOR GIESSEL BY REQUEST

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the practice of optometry."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 * **Section 1.** AS 08.72.050 is amended to read:

4 **Sec. 08.72.050. Regulations.** The board shall adopt regulations

5 (1) necessary for the proper performances of its duties;

6 (2) governing the applicants and applications for licensing;

7 (3) for the licensing of optometrists;

8 (4) necessary to govern the practice of optometry, including the

9 prescription and use of pharmaceutical agents for the treatment of eye disease;

10 (5) prescribing requirements that a person licensed under this chapter
11 must meet to demonstrate continued professional competency;

12 (6) describing the scope of practice for a licensee to perform
13 ophthalmic surgery and noninvasive procedures.

14 * **Sec. 2.** AS 08.72.181(d) is amended to read:

15 (d) Before a license may be renewed, the licensee shall submit to the board

1 evidence that, during the preceding licensing period [IN THE FOUR YEARS
2 PRECEDING THE APPLICATION FOR RENEWAL], the licensee has

3 [(1) COMPLETED EIGHT HOURS OF CONTINUING
4 EDUCATION, APPROVED BY THE BOARD, CONCERNING THE USE AND
5 PRESCRIPTION OF PHARMACEUTICAL AGENTS;

6 (2) COMPLETED SEVEN HOURS OF CONTINUING
7 EDUCATION, APPROVED BY THE BOARD, CONCERNING THE INJECTION
8 OF NONTOPICAL THERAPEUTIC PHARMACEUTICAL AGENTS; AND

9 (3)] met [OTHER] continuing education requirements as may be
10 prescribed by regulations of the board to ensure the continued protection of the public.

11 * **Sec. 3.** AS 08.72.272(a) is repealed and reenacted to read:

12 (a) Except as provided in (e) and (f) of this section, a licensee may prescribe
13 and use a pharmaceutical agent, including a controlled substance, in the practice of
14 optometry if the pharmaceutical agent is used in a manner consistent with standards
15 adopted by the board in regulation; the standards must include limitations on practice
16 adopted under AS 08.72.278.

17 * **Sec. 4.** AS 08.72.272 is amended by adding new subsections to read:

18 (e) A licensee may not perform an injection in the ocular globe of the eye that
19 is a derivative of clostridium botulinum.

20 (f) Notwithstanding another provision of law, a licensee may not prescribe a
21 controlled substance in a quantity exceeding a seven-day supply. If a patient requires a
22 refill of the prescription after expiration of the seven-day supply, the licensee shall
23 refer the patient to a licensed physician or ophthalmologist.

24 * **Sec. 5.** AS 08.72 is amended by adding a new section to read:

25 **Sec. 08.72.278. Limitation on practice.** (a) A licensee may perform the
26 services of optometry as defined in AS 08.72.300 only if the services are within the
27 scope of the licensee's education, training, and experience as established by
28 regulations adopted by the board.

29 (b) A licensee may not perform ophthalmic surgery, as described by the board
30 in regulation, if the surgery is beyond the scope of the licensee's education, training,
31 and experience.

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

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

adopted 4/16/16

29-LS0524\G
Bruce
4/13/16

CS FOR SENATE BILL NO. 55(FIN)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY THE SENATE FINANCE COMMITTEE

Offered:
Referred:

Sponsor(s): SENATOR GIESSEL BY REQUEST

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to the practice of optometry."

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 * **Section 1.** AS 08.72.050 is amended to read:

4 **Sec. 08.72.050. Regulations.** The board shall adopt regulations

5 (1) necessary for the proper performances of its duties;

6 (2) governing the applicants and applications for licensing;

7 (3) for the licensing of optometrists;

8 (4) necessary to govern the practice of optometry, including the
9 prescription and use of pharmaceutical agents for the treatment of eye disease;

10 (5) prescribing requirements that a person licensed under this chapter
11 must meet to demonstrate continued professional competency;

12 (6) describing the scope of practice for a licensee to perform
13 ophthalmic surgery and noninvasive procedures.

14 * **Sec. 2.** AS 08.72.181(d) is amended to read:

15 (d) Before a license may be renewed, the licensee shall submit to the board

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

evidence that, during the preceding licensing period [IN THE FOUR YEARS PRECEDING THE APPLICATION FOR RENEWAL], the licensee has

[(1) COMPLETED EIGHT HOURS OF CONTINUING EDUCATION, APPROVED BY THE BOARD, CONCERNING THE USE AND PRESCRIPTION OF PHARMACEUTICAL AGENTS;

(2) COMPLETED SEVEN HOURS OF CONTINUING EDUCATION, APPROVED BY THE BOARD, CONCERNING THE INJECTION OF NONTOPICAL THERAPEUTIC PHARMACEUTICAL AGENTS; AND

(3)] met [OTHER] continuing education requirements as may be prescribed by regulations of the board to ensure the continued protection of the public.

* **Sec. 3.** AS 08.72.272(a) is repealed and reenacted to read:

(a) Except as provided in (e) and (f) of this section, a licensee may prescribe and use a pharmaceutical agent, including a controlled substance, in the practice of optometry if the pharmaceutical agent is used in a manner consistent with standards adopted by the board in regulation; the standards must include limitations on practice adopted under AS 08.72.278.

* **Sec. 4.** AS 08.72.272 is amended by adding new subsections to read:

(e) A licensee may not perform an injection in the ocular globe of the eye that is a derivative of clostridium botulinum.

(f) Notwithstanding another provision of law, a licensee may not prescribe a controlled substance in a quantity exceeding a seven-day supply. If a patient requires a refill of the prescription after expiration of the seven-day supply, the licensee shall refer the patient to a licensed physician or ophthalmologist.

* **Sec. 5.** AS 08.72 is amended by adding a new section to read:

Sec. 08.72.278. Limitation on practice. (a) A licensee may perform the services of optometry as defined in AS 08.72.300 only if the services are within the scope of the licensee's education, training, and experience as established by regulations adopted by the board.

(b) A licensee may not perform ophthalmic surgery, as described by the board in regulation, if the surgery is beyond the scope of the licensee's education, training, and experience.

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

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

Adopted 4/14/16

29-LS0524I.1
Bruce
4/13/16

AMENDMENT #1

OFFERED IN THE SENATE
TO: CSSB 55(L&C)

BY SENATOR OLSON

- 1 Page 1, line 12:
- 2 Delete "by agreement with the State Medical Board,"

Doniece Gott

From: Sen. Anna MacKinnon
Sent: Saturday, April 16, 2016 8:31 AM
To: Senate Finance Committee
Subject: FW:

-----Original Message-----

From: Rachel Reinhardt [mailto:rachel.reinhardt@gmail.com]
Sent: Saturday, April 16, 2016 7:18 AM
To: Sen. Anna MacKinnon <Sen.Anna.MacKinnon@akleg.gov>
Subject:

Dear Senator Mackinnon,

On behalf of the American Academy of Ophthalmology and its worldwide membership of over 17,000 ophthalmologists, I urge you to vote NO on SB 55. This bill leaves gaping loopholes that would allow optometrists to do hundreds of delicate surgeries on and around the eye despite not having a medical or surgical education. If passed, Alaska would be only one of five states that have allowed such radical legislation. This issue deserves more careful attention and Alaskans deserve the highest standard of safety.

Protect Alaskans by voting NO on SB 55.

Sincerely,
Rachel Reinhardt, MD
Regional Representative, American Academy of Ophthalmology



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS



April 15, 2016

The Honorable Anna MacKinnon
Chairwoman
Senate Finance Committee
State Capitol Room 516
Juneau, AK 99801

Dear Chairwoman MacKinnon:

The American Osteopathic Association (AOA) and the Alaska Osteopathic Medical Association (AKOMA) are writing to encourage you to oppose SB 55. This bill greatly expands the scope of practice for optometrists by increasing their prescription rights, including prescribing of controlled substances. This expansion of practice fails to include adequate changes in education, training or competency demonstration requirements for optometrists, and we are concerned that the passage of this bill could ultimately put the health and safety of Alaska patients at risk.

The AOA represents more than 123,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs, is the accrediting agency for osteopathic medical schools, and has federal authority to accredit hospitals and other health care facilities. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. AKOMA is a professional organization that represents over 200 DOs providing patient care in Alaska.

Optometrists in Alaska are currently statutorily prohibited from prescribing Schedule IA, IIA or VIA controlled substances, and from prescribing other pharmaceutical agents in quantities that exceed four days of prescribed use, because their lack of education and training in this area could pose a potential danger to patient safety. Senate Bill 55 would delete these provisions, and replace them with language which allows optometrists to prescribe pharmaceutical agents, including controlled substances, without time restrictions, in accordance with standards to be adopted by the Board of Examiners in Optometry. This prescribing expansion for optometrists would come at a time when many states are moving to place greater restrictions on physicians prescribing controlled substances. Allowing optometrists to prescribe potentially dangerous controlled substances, after additional restrictions have been placed on physician prescribing elsewhere, undermines the state's obligation to protect patient safety.

Historically, only physicians have been permitted to prescribe potentially dangerous controlled substances, due to the risk that poor prescribing practices will harm patients. Osteopathic physicians' extensive medical education and training have prepared them to understand medical treatment of

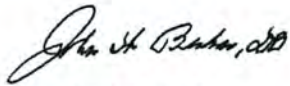
The Honorable Anna MacKinnon
April 15, 2016
Page 2

disease, complex case management and safe prescribing practices. Osteopathic physicians complete four years of medical school, followed by four to seven years of clinical residency programs. By the time osteopathic physicians are permitted to prescribe Schedule II controlled substances, they have completed 12,000 to 16,000 hours of supervised post-graduate clinical training.

In comparison, an optometrist's training generally includes a doctorate-level degree in optometry, 110 combined hours of course work and clinical training in general and ocular pharmacology, one year of supervised experience, and the completion of a two hour course in preventing medical errors. While all optometry programs in the United States and Canada require clinical training for their students during their final academic year, the standards do not specify a minimal length. Typical clinical experiences vary in length from only eight to 16 weeks. This education and training is insufficient for the prescription of potentially dangerous controlled substances.

To protect the public's health and safety, health professionals' scope of practice must be based on their level of training, education, examination and competency demonstration. **We urge you to protect the safety of Alaska patients by opposing SB 55.** Should you need any additional information, please feel free to contact Nick Schilligo, MS, Associate Vice President, State Government Affairs at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,



John Becher, DO
President, AOA



Nancy Kragt, DO
President, AKOMA

CC: Boyd R. Buser, DO, AOA President-elect
Joseph Giaimo, DO, Chair, AOA Department of Governmental Affairs
Michael Murphy, DO, Chair, AOA Bureau of State Government Affairs
Adrienne White-Faines, MPA, AOA Chief Executive Officer
Ray Quintero, Senior Vice President, AOA Public Policy
Nicholas Schilligo, MS, Associate Vice President, AOA State Government Affairs
Krystal White, MBA, Affiliate Executive, AKOMA



April 15, 2016

The Alaska State Senate
Senate Finance Committee
State Capitol, Room 532
Juneau, AK 99801

RE: Oppose SB 55, An Act Relating to the Practice of Optometry

Honorable Members of the Senate Finance Committee:

On behalf of the American Society of Plastic Surgeons (ASPS) and the Northwest Society of Plastic Surgeons (NWSPS), we urge you to oppose Alaska Senate Bill 55, which would expand the scope of practice for optometrists beyond their professional training. As surgeons, we encourage you to maintain the high level of patient care that has been established and maintain current standards that permit only licensed Medical Doctors (MD) or Doctors of Osteopathic Medicine (DO) who meet appropriate education, training and professional standards to perform surgery in the ocular region.

If passed, SB 55 would allow non-physician optometrists to perform surgical procedures on the face. This includes complex procedures that fall squarely within the practice of medicine. These procedures are not “not invasive” as the bill describes them. Allowing optometrists to practice medicine without the requisite medical school and residency training would jeopardize patient safety and lower the standard of surgical care in the state.

SB 55 also gives optometrists the authority to use a wide range of pharmaceuticals that require a fundamental and systematic medical understanding of the human body. This understanding is gained through the clinical and educational rigor of a physician’s training. Physicians are uniquely qualified to treat patients in the rare instance when an allergic reaction or some other life-threatening complication arises when these drugs are administered. Optometrists do not receive the same education and training ophthalmologists and plastic surgeons receive. Ophthalmologists and plastic surgeons must attain a core medical and surgical education while completing seven to ten years of training, which includes increasing responsibility and decision-making authority in the hospital setting. Optometrists only complete four to five years of education with significantly less clinical exposure and responsibility.

Due to patient safety issues, such as the possibility of complications arising from surgery, it is critical that such procedures are performed by physician surgeons who have the comprehensive training and board certification to handle those complications when they do occur. We urge you

to OPPOSE Senate Bill 55 in order to protect the high standard of patient safety in Alaska. If you have any questions or need further assistance, please feel free to contact Patrick Hermes, Senior Manager of Government Affairs and Advocacy at phermes@plasticsurgery.org.

Sincerely,

Craig Birgfeld, MD, FACS
President, Northwest Society of Plastic Surgeons

David Song, MD, MBA
President, American Society of Plastic Surgeons

Optometry . . . The Biggest Bang for the Malpractice Premium Buck

Many of the states introducing scope of practice expansion legislation have informed us that organized medicine and/or organized ophthalmology continue to make dire warnings of increased malpractice claims as a reason optometrists should not be granted additional scope authority. Nothing could be farther from the truth.

One only has to see print or electronic news coverage to know that there is a huge crisis in malpractice and malpractice professional liability coverage for **medical physicians**. The escalating problem of malpractice insurance premium rates for medical physicians makes liability reform one of the primary legislative targets of the American Medical Association (AMA) at both the state and Federal level. It is important to note that **malpractice premium rates are set by carriers based on their past experience with a provider group plus a reasonable profit for the carrier.**

According to the AMA, in many states medical liability premiums remain at, or near, all-time highs.

Liability premiums [for medical physicians] increased more than 1,029 percent throughout the country from 1976 through 2007—except in California. Medical liability premiums in many states, including Pennsylvania, New Jersey and Connecticut, are at levels more than double those of just a few years ago.¹

¹ See *The Case For Medical Liability Reform* at: <http://www.ama-assn.org/ama1/pub/upload/mm/-1/case-for-mlr.pdf> [taken from the Internet 9/18/12]

Every medical malpractice carrier is required by Federal law to report malpractice payments made on behalf of healthcare providers to the National Practitioner Data Bank (NPDB). The NPDB has compiled cumulative data on malpractice payments since the program began in September 1990. The report is available on the NPDB web site and **currently contains cumulative data on malpractice payments made for all classes of healthcare providers from September 1, 1990 through November 25, 2012; a total of 22 years, 3 months.** This aggregate data is broken down into the number of payments by class of provider by state. Listed below are the total numbers of malpractice payments made by carriers over the past 22 years, 3 months for the independent doctoral-level provider groups that are authorized by the state legislatures to prescribe drugs and treat disease:

| | | |
|-------------------------------------|----------------|--|
| Medical Physicians | 276,384 | [total payments over 22 years, 3 months] |
| Osteopathic Physicians | 18,067 | [total payments over 22 years, 3 months] |
| Dentists | 47,190 | [total payments over 22 years, 3 months] |
| Podiatrists | 7,808 | [total payments over 22 years, 3 months] |
| Optometrists | 743 | [total payments over 22 years, 3 months] |

The fact is that only **743** reported malpractice payments made for optometrists in the past **22 years, 3 months clearly shows the excellent safe and effective track record of the profession of optometry.** How organized medicine can even hope to use a malpractice argument against legislation proposing to increase optometric scope of practice is hard to understand.

Malpractice insurance premiums for optometrists are, and remain, the lowest of any of the independent doctoral-level healthcare professions. These premium rates are lower than those paid by some non-doctoral supervised allied health professions such as nurse practitioners and physician assistants.

The rate for Territory CW1 in the American Optometric Association's (AOA) endorsed professional malpractice insurance plan (the rate group that encompasses the vast majority of states) is **\$528/year/\$2 million professional liability coverage** per incident (\$4 million annual aggregate) for optometrists in full-time private practice. **Not \$52,800, not \$5,280, but \$528 per year!** And for \$1 million professional liability coverage per incident (\$3 million annual aggregate) the premium rate drops to **\$451/year.** Most people pay more each month for their home mortgage or car payment than a Doctor of Optometry pays for an entire year's worth of professional malpractice liability coverage.

Malpractice liability does not occur for any of the healthcare professions based on scope of practice or prescriptive authority. You may be interested to know that in the AOA-endorsed insurance plan optometrists in Oklahoma and Kentucky (states with broad scope authority that includes surgery and lasers) and optometrists in Maryland (state with limited scope authority) are all included in Territory CW1. **Optometrists in each of these three states, that have widely varied scopes of practice, pay the exact same low premium rate of \$528/year.** Malpractice occurs primarily for two reasons: misdiagnosis (or lack of diagnosis) and bad/poor treatment outcomes. Malpractice does not occur based on scope of practice or prescriptive authority.

Malpractice rates are based on past experience plus a reasonable profit for the carrier. **Malpractice premium rates set so unbelievably low for optometrists confirm a low rate of actual occurrence of malpractice claims.**

Unfortunately, when some carriers face huge losses from the medical profession or from the carriers' investments, rates for optometrists may go up a bit as the cost of doing business for carriers may increase in general. In fact, some carriers may drop healthcare professional liability coverage altogether (this has happened in the past) and coverage for optometry may be discontinued by those carriers as part of this business decision.

The fact is that at a rate of \$528/year/\$2 million in coverage (and you can be assured the carriers are still making a comfortable profit) there is not much optometric malpractice occurring. This is a fact optometry can be proud of. According to the February 2004 issue of *Ophthalmology Management* (the last year we saw published data) the average malpractice premium for an ophthalmologist in 2003 was about \$15,000/year. When organized medicine raises the malpractice issue with a legislator tell them: **"I'll show you mine (rate), if you show me yours."** **Low premium rate = low occurrence.**

For further information contact Sherry L. Cooper, Associate Director, State Government Relations 314-983-4266, or slcooper@AOA.org.

Last Revised January 15, 2013

TO: Senator Pete Kelly
FROM: Scott A. Limstrom, MD, President, Alaska Society of Eye Physicians and Surgeons
3500 Latouche St., #250, Anchorage, Ak 99508
Date: March 20, 2015
RE: **SB 55 White Paper as requested**

SB 55 Surgery Provision – SB 55 states – “A licensee may not perform invasive surgery.” And then defines the term invasive surgery – “invasive surgery means surgery requiring penetration through the globe of the eye, extraocular muscle surgery, retina surgery, cornea transplantation, refractive surgery, or cosmetic lid surgery.” And also then defines the term – “refractive surgery” “in this paragraph, “refractive surgery” includes laser-assisted in situ keratomileusis (LASIK) and photorefractive keratectomy (PRK).

With this language, one could be led to believe that if SB 55 were to be enacted, optometrists would not have the authority to perform “invasive” surgery. **This statement is misleading and incorrect.** The surgical procedures above are only a short list of surgeries optometrists would not be allowed to perform. **If SB 55 were to be enacted, optometrists through regulations promulgated by the Board of Examiners in Optometry (Board) would be able to perform hundreds of scalpel and laser surgeries.**

Example of Cornea (the transparent front part of the eye that covers the iris and pupil) Surgeries Authorized Through SB 55:

- Surgery Example 1 - Scalpel is used to cut off abnormal tissue growth on the cornea;
- Surgery Example 2 - Laser is used to remove scar tissue from the cornea;
- Surgery Example 3 - Cornea tissue is transplanted from cadaver to damaged eye cornea; and
- Surgery Example 4 - A small incision is made in the cornea of the eye, and two crescent or semi-circular shaped ring segments are inserted between the layers of the cornea on each side of the pupil.

Example of Laser Surgeries (Use of an intense precisely focused beam of light to cut, remove or vaporize tissue), Authorized Through SB 55. The surgery procedure examples below do not “penetrate through the globe.”

- Surgery Example 1 - Laser is fired to create a small hole in the iris (the colored part to the eye) to relieve excessive pressure build-up in the eye;
- Surgery Example 2 - Laser is fired to create a small hole in the membrane that holds a transplanted lens of the eye in place. The membrane sometimes becomes “cloudy” following cataract surgery. The laser creates an opening in the capsule and clears path for light to enter the eye;
- Surgery Example 3 - Laser is fired to treat areas of tissue at the base of the cornea that is responsible for draining the aqueous (fluid) in the eye. The laser is fired to increase the flow of the fluid to reduce the eye pressure. Several different types of laser may be used to perform this type of surgery; and
- SB 55 contains a provision that prohibits “refractive surgery.” However, by only specifying “LASIK and PRK” which are two types of refractive surgery, SB 55 would allow at least 7 other optometric refractive surgeries of the eye.

In conclusion, the above examples represent just a fraction of the surgical authority that could be granted to optometrists if SB 55 were enacted.

SB 55 provisions prohibit “cosmetic lid surgery,” however SB 55 through Board of Optometry regulation would allow NON-cosmetic lid surgeries since these types of surgeries do not “penetrate through the globe.” Examples:

- Cut malignant tumors on the eye surface and around the eye on the lid using a scalpel or laser;
- Cut off the excess skin of an upper eyelid or cut and shorten the lower eyelid using a scalpel or laser;
- Cut the eye tear drainage system using a scalpel; and

SB 55 Optometric Injection Authority Expansion – Existing law specifically prohibits Botox injections and injections into the globe of the eye. Instead of those prohibitions, SB 55 prohibits **only** intravitreal injections (into the fluid part of the eye). This means that SB 55 only prohibits injections into the rear two-thirds of the eyeball. For example, SB 55 would allow optometrists to inject a needle into the front of the eye to drain fluid; to inject a needle into the tissue covering the wall of the eye; and Botox injections.

SB 55 Optometric Prescription Authority Expansion - Existing law prohibits IA, IIA and VIA controlled substances, except for an agent containing hydrocodone. Existing law also limits prescriptions to a four-day supply. SB 55 contains no limitations on the prescription of controlled substances and no limitations on supply. Controlled substance medications have and continue to cause state and federal law enforcement problems. At a time when these officials are actively working to tighten the access points to these types of medications, SB 55 creates a new class of prescribers.

**2015 Optometry Ophthalmology
Educational and Training Comparison Chart**

| Degree/Qualification | Optometrist (OD) | Ophthalmologist (MD) |
|---|---|---|
| | Optometry School | Medical School |
| Education | <ul style="list-style-type: none"> • <u>4</u> Years in length • Hours of coursework based on SUNY Optometry School are <u>597.3</u> hours of basic sciences. | <ul style="list-style-type: none"> • <u>4</u> years in length • Average hours of coursework based on average across medical schools are <u>1,436</u> hours of basic sciences. |
| | Optometry Post Graduate Training | Ophthalmology Residency |
| Mandatory Post-Graduate Training | <ul style="list-style-type: none"> • There is no mandatory post graduate training. About 15% go on to an optional <u>1</u> year training program. | <ul style="list-style-type: none"> • Mandatory additional <u>4</u> years in training • Must complete <u>1</u> year of general medical or surgical internship. • Must complete <u>3</u> years of an ophthalmology residency training program. • <u>40%</u> of ophthalmologists participate on a 1 or 2 year fellowship program. • Additional ophthalmology instruction and lab on ocular disease and management of a minimum <u>626</u> hours during residency. |
| Clinical Experience During Mandatory Education and Training | <ul style="list-style-type: none"> • Hours of clinical experience based on SUNY Optometry School are <u>1,910</u> hours. • Optometrists have no minimum requirements for number of patient visits with ocular diseases or ocular surgical operative experience. | <ul style="list-style-type: none"> • Estimate of an average <u>60</u> hours per week, with at least <u>17,280</u> hours for clinical experience. • Accreditation Council on Graduate Medical Education requirements: 3,000 outpatient visits; minimum operative numbers as primary surgeon and as assistant; experience in the entire spectrum of ophthalmic disease and ocular surgery. |
| Profession Regulation | <ul style="list-style-type: none"> • State licensure • Several national boards with highly variable standards. None qualify for membership in the American Board of Medical Specialties. | <ul style="list-style-type: none"> • State licensure • National board certification by the American Board of Ophthalmology, a member of the American Board of Medical Specialties. • Recertification mandatory every <u>10</u> years for Ophthalmologists certified in 1992 or later. |

Answer to Ophthalmology's White Paper:

Dr Limstrom's letter completely misses the point of SB 55.

The point is to allow the optometry board to have flexibility WITH LIMITATIONS to regulate optometry practice to protect the public. SB 55 language was borrowed from the Alaska Dental statutes.

The statutes for the boards of dentistry, medicine, and nursing do NOT have extensive lists of procedures in statute that they CANNOT do. As independent professions, their trusted boards set the details of practice in regulation, having flexibility with changes in modern technology and education. The legislature licenses these professionals which includes professional judgement as when to refer patients to specialists such as cardiologists or ophthalmologists.

For the record, optometrists earn a bachelors degree, and additionally attend 4 years of accredited optometry graduate professional school receiving a doctors degree, and many also take additional residency training. This is identical to the dentistry curriculum, as former state representative Dr Higgins has testified.

Medicine, dentistry, nursing, and optometry are the 4 independent state board licensed professions that prescribe drugs and treat diseases - but only optometry's board has antiquated statutes with medicine trying to overstep their authority and control optometry under the guise of patient "protection" when that is the sworn duty of the optometry board. This turf issue is not about public safety. Remember when the Alaska medical board tried to rule that delivering babies was only for licensed medical doctors? How were babies born before then?

Ophthalmology lists all these supposed surgical procedures that optometrists DO NOT perform. The problem is how to define "surgery". Clipping fingernails is technically "surgery" but no license is required for that. Alaska optometrists already perform what is called "minor" surgery such as removing rusted foreign bodies with needles and drills. But current statute and SB 55 prohibit "invasive" surgery AND prohibit injecting drugs into the eyeball.

In reality, there is no need to define "invasive surgery" in SB 55, as this is mandated by Section 5 of the bill requiring the optometry board to set limitations, that NO service may be performed that is NOT within the scope of education and training as determined by the board. The definitions in Section 7 were only included to assuage the opposition, but they appear to want their list of "hundreds" of procedures optometrists cannot do, even though virtually all of these are not within the scope of optometric practice.

The optometry board is NOT going to suddenly authorize anything outside of current education and training, as mandated in SB 55. As for their claim of limitations on drug prescribing, the board will regulate supply restrictions as it deems necessary staying within the bounds of optometry's scope. Organized ophthalmology is more concerned about their national position having competition with optometry in the areas of overlapping scope.

The legislature trusts the boards of dentistry, medicine, and nursing. Why should the optometry board somehow not be trusted to protect the public, just because the ophthalmology competition says so? Their incessant claims of public harm for the past 40 years were never true, as history proves...

Alaska State Medical Board
Board Issued Guidelines

| | |
|--|---|
| Subject: | <i>Guidelines Regarding the Use of Lasers and Laser Surgery</i> |
| Implemented: | January 16, 2004 |
| Revised: | October 25, 2007 |
| <p>The Alaska State Medical Board has adopted the policies of the American Medical Association, following, to be its guidelines to its licensees in Alaska with regard to who may perform laser surgery.</p> <p style="text-align: center;"><u>Performance of Laser Surgery</u></p> <p>American Medical Association's Policy H-475.989, Laser Surgery, reads:</p> <p style="padding-left: 40px;">"Laser surgery should be performed only by individuals licensed to practice medicine and surgery or by those categories of practitioners currently licensed by the state to perform surgical services."</p> <p>American Medical Association's Policy H-475.988, Laser Surgery, reads:</p> <p style="padding-left: 40px;">"The board opines that revision, destruction, incision or other structural alteration of human tissue using laser is surgery."</p> <p>The board has further adopted into its policy the American College of Surgeons' "Statement on Surgery Using Lasers, Pulsed Light, Radiofrequency Devices, or Other Techniques" adopted February 9, 2007 by the ACS Board of Regents attached hereto.</p> | |

Drug Schedules

Drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential.

The abuse rate is a determinate factor in the scheduling of the drug; for example, Schedule I drugs are considered the most dangerous class of drugs with a high potential for abuse and potentially severe psychological and/or physical dependence.

As the drug schedule changes-- Schedule II, Schedule III, etc., so does the abuse potential-- Schedule V drugs represents the least potential for abuse.

A Listing of drugs and their schedule are located at Controlled Substance Act (CSA) Scheduling or CSA Scheduling by Alphabetical Order. These lists describes the basic or parent chemical and do not necessarily describe the salts, isomers and salts of isomers, esters, ethers and derivatives which may also be classified as controlled substances. These lists are intended as general references and are not comprehensive listings of all controlled substances.

Please note that a substance need not be listed as a controlled substance to be treated as a Schedule I substance for criminal prosecution. A controlled substance analogue is a substance which is intended for human consumption and is structurally or pharmacologically substantially similar to or is represented as being similar to a Schedule I or Schedule II substance and is not an approved medication in the United States. (See 21 U.S.C. §802(32)(A) for the definition of a controlled substance analogue and 21 U.S.C. §813 for the schedule.)

Schedule I

Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Schedule I drugs are the most dangerous drugs of all the drug schedules with potentially severe psychological or physical dependence. Some examples of Schedule I drugs are:

heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote

Schedule II

Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are:

Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

Schedule III

Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are:

Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine),
ketamine, anabolic steroids, testosterone

Schedule IV

Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are:

Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol

Schedule V

Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are:

cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC),
Lomotil, Motofen, Lyrica, Parepectolin

<http://www.dea.gov/druginfo/ds.shtml>

Drug Enforcement Administration website

Distributed by Senator Giessel for SB 55

Alaska Dispatch News

Alaska should leave eye surgery to the surgeons; optometrists don't qualify

*Dr. Kelly Lorenz
March 14, 2016*

OPINION: Senate Bill 55 widens and "modernizes" the scope of practice allowed to optometrists in Alaska - but only by lowering standards of medical and surgical care

The Alaska Legislature is considering legislation (Senate Bill 55) that places eye care patients at risk by allowing health practitioners (optometrists) who are not medical doctors and surgeons to perform laser and scalpel surgery on your eyes. This legislation is a threat to the quality of surgical care all Alaskans deserve. When it comes to eye surgery, every patient deserves the best and safest care possible from qualified medical doctors and trained surgeons. Would you want any other than the most highly trained medical doctor and surgeon to perform surgery on your eyes or those of your loved ones? Of course not!

Yet proponents of SB 55 claim it "modernizes and updates" the scope of practice for optometrists; however, they fail to inform you that it does so only by lowering standards of medical and surgical care. Patients in Alaska deserve more than an optometrist who underwent a weekend course at a hotel to learn surgery. They deserve a medical doctor who is not only trained as a surgeon, but who can also selectively and appropriately prescribe narcotics, with a full understanding of the patient's concomitant systemic conditions, and the potential impact of these controlled substances. Permitting optometrists to do all of this while letting them escape the watchful eye of the Alaska State Medical Board is dangerous and akin to allowing chiropractors to dabble in spinal surgery.

I've spent thousands of hours learning how to perform surgery. Four years of ophthalmology training is not the same as four years of optometry training. Ophthalmologists live and breathe surgery in residency, and spend nights, weekends and holidays in the hospital performing surgery and learning sterile technique. Much of our "time off" is spent in wet labs practicing surgery on cow and pig eyes, as well as on simulation machines. At home, we tie endless surgical knots and suture grape skins, plastic wrap and tissue paper for practice. Obsessive compulsiveness is the hallmark of a good surgeon. It is an honor, a privilege, a stress and a burden. It changes your life and your patients' lives forever. It changes your relationship with your patients. They are truly your responsibility.

Every surgeon, no matter how seasoned, no matter how skilled, occasionally experiences untoward outcomes. Only one half of our training covers surgery; the other half covers how to manage the inevitable surgical complications. I was taught that if one performs surgery, one must be fully capable of managing potential problems.

Here are some of the complications I have witnessed over the past few years. I've limited these to the procedures that optometrists would be allowed to perform if SB 55 passes:

- Intractable elevated pressure after laser (PI) peripheral iridotomy (where a laser punches a hole through the iris), requiring immediate glaucoma surgery
- Subluxed intraocular lens after laser capsulotomy, requiring surgical repair and repositioning of the intraocular lens
- Perforation through the full thickness of the eyelid after chalazion excision
- Globe rupture during limbal relaxing incision
- Scleral melting after pterygium surgery
- Inability to close the eyes after blepharoplasty, requiring reconstructive surgery with skin grafts
-

Fortunately, a skilled ophthalmologist through years of medical and clinical training has gained the skills required to readily handle the complications of these "non-invasive" procedures. How would optometrists with far less medical education and clinical training fare under similar circumstances?

There has been a push for SB 55 because of so-called "health access issues." As a part of the Alaska Native Medical Center, I can tell you the ophthalmologists routinely fly out to many Alaska communities to provide care to both Natives and non-Natives, including Barrow, Kotzebue, Nome, Sitka, Juneau, Bethel, Dillingham, Kodiak and Ketchikan, just to name a few.

Another major area of concern is that SB 55 removes the restriction of prescribing a four-day limitation on controlled substances containing hydrocodone. There is a reason why medicine organizes itself into cardiologists and cardiovascular surgeons, neurologists and neurosurgeons, etcetera. There's a reason why you want a surgeon to do surgery. They do it a lot, they do it well and they manage the inevitable complications. Please keep Alaska's high standards for medical and surgical care by opposing SB 55. Thank you for your time and consideration.

***Dr. Kelly Lorenz** is a board-certified ophthalmologist and glaucoma specialist in Anchorage. She earned her M.D. from Ohio State University, completing her surgical internship, ophthalmology residency and glaucoma fellowship at Henry Ford Hospital in Detroit.*

<http://www.rdhmag.com/articles/print/volume-35/issue-02/features/who-is-the-dental-board-serving.html>

February 13, 2015

Who is the dental board serving?

The government examines whether state dental boards protect consumers or dentists

BY Suzanne Newkirk, RDH, and Lynne H. Slim, RDH, MS

The practice of tooth whitening began around 4,000 years ago with the ancient Egyptians who created a whitening paste using ground pumice stone mixed in wine vinegar. White teeth were a mark of beauty and a sign of wealth.

Ancient Romans whitened their teeth using urine. The ammonia in the urine was eventually discovered to be the bleaching agent.

During the 17th century, people relied on barbers for the care of their hair and teeth. To whiten teeth, the barber would file down the teeth and apply an acid. Although this practice made teeth whiter, it also eroded tooth enamel and led to decay.



Some 400 years later, tooth whitening has become one of the most popular cosmetic dentistry procedures offered in most dental practices - either as an in-office procedure or as a custom-made take-home kit. Following the popularity of the whitening boom, non-dentists eventually began offering tooth-whitening services at locations throughout the country in places such as

mall kiosks, spas, retail stores, and salons. Although the techniques used by non-dentist providers are similar to those used by dentists to whiten teeth, the charge to customers is significantly less.

In North Carolina, dentists who performed tooth-whitening services began complaining to the state board of dentistry (BOD) about the provision of tooth-whitening services by non-dentists. These complaints often noted that non-dentist providers charged less than dentists, but rarely mentioned any public health or safety concerns. In response to these complaints, the NC BOD issued dozens of cease-and-desist letters to non-dentist tooth-whitening providers and distributors of whitening products and equipment. In addition, the board sent letters to mall owners and operators urging them not to lease space to non-dentist providers of tooth whitening services.¹

In 2010, the Federal Trade Commission (FTC) brought a suit against the North Carolina State Board of Dental Examiners, stating that the board was motivated by financial self-interest when it sought to prevent non-dentists from offering cosmetic whitening treatments at cheaper prices. The U.S. Supreme Court has now heard the lawsuit, and the court's decision is expected by June 2015.

The Supreme Court said it took up the case to try to decide when a state licensing board "is regulating to serve the public interest and when it is acting to protect the private interests of its licensed members."

Almost all dental boards in the United States develop standards of professional conduct, including continuing education requirements to maintain a high level of integrity and performance in the practice of dentistry. However, according to FTC records a number of regulating dental boards have overstepped their authority by making decisions not to "protect the public," but to protect the special interest group they represent.

In 1914, President Woodrow Wilson created the FTC to control and monitor trade, and to protect consumers from anticompetitive business practices. The goal of the FTC is to balance the cost, quality, and accessibility of a product to create a fair market environment. This article examines some of the rules and regulations decided by a number of state dental boards and the impact those rules have, or have had, on the provision of dental hygiene services.

Laser takes eye care on the road

By Steve Wilstein
Associated Press

PALO ALTO, Calif. — A new, portable laser represents the first hope of treatment in remote parts of undeveloped nations for millions of people threatened with blindness from glaucoma, says a professor who helped develop it.

The battery-operated, suitcase-size system, unveiled last week at a meeting in India, can be carried to remote areas to treat a type of glaucoma that afflicts millions of people in Asia, Africa, the Middle East and Latin America.

"The whole concept of this is really revolutionary," said Dr. Alan L. Robin, an ophthalmologist at Johns Hopkins Hospital in Baltimore and who conducted field tests on the system last year.

"We can redefine the treatment of glaucoma in underdeveloped countries and prevent blindness in places where there previously was no therapy at all."

Paraprofessionals can be trained quickly to diagnose the condition and to treat it with the system, he said last week. "It's a simple, quick procedure with virtually no complications," he said.

Glaucoma is marked by increased pressure within the eyeball that can damage the optic disk and optic nerve and cause blindness.

Like larger, more expensive lasers used in hospitals, the \$35,000 system developed by Coherent Inc. of Palo Alto treats glaucoma by using laser beams to bore tiny holes through the colored part of the eye, relieving pressure caused by a build-up of fluid trapped behind the pupil.

The procedure, called an iridotomy, was approved by the U.S. Food and Drug Administration last month for treatment of angle-closure glaucoma, which is more common in the Third World than in Western nations.

A presentation on the portable laser created "a lot of excitement" among 400 ophthalmologists at a meeting of the International Agency for the Prevention of Blindness last week in New Delhi, Robin said.

The World Health Organization, which sponsored the meeting, estimated there are more than 42 million blind people in the world and about three-quarters of them live in Third World countries, where diagnosis and treatment are not readily available.

Robin tested a prototype of the portable

laser system last year with Eskimos above the Arctic Circle in Western Alaska.

"We were able to treat 44 eyes on 23 patients in a very remote area," he said.

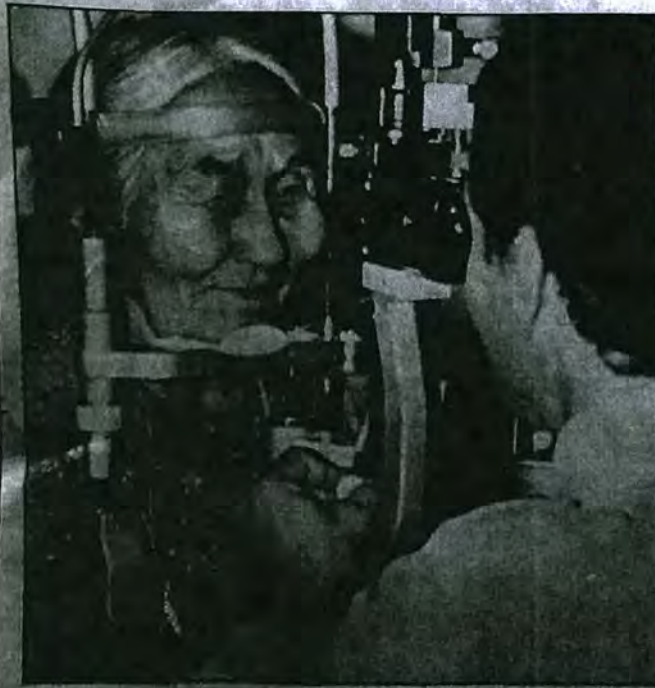
"That proved it can work in brutal conditions. We used it in 40-below-zero temperatures with howling winds, and traveling by truck and dog sleds. It's in a tough, plastic case and wasn't damaged by all the bouncing around."

At Robin's urging, Coherent spent \$1 million over the past couple of years developing the machine, which is expected to be in full production by June. Coherent plans to sell several thousand units over the next five years.

"This is the first laser product in history that is being sent out to operate in rugged, remote areas," said Marvin P. Cohen, Coherent's marketing manager.

"We have to really make sure it's a fail-safe system. We're going to put them through a lot of tests before they're sent out."

When they are available, the portable lasers will be used by doctors and health workers to provide free care to villagers through programs sponsored by international agencies and local governments, Robin said.



Associated Press

Dr. Alan Robin uses portable laser on Alaska native woman.



Dymple Johnson was one of the first "dental nurses" providing preventive dental services directly to the public in New England in 1883. By 1915, graduates from Fones School of Dental Hygiene in Bridgeport Connecticut were providing education and prophylaxis for school children, working in hospitals and public health settings without direct supervision of a dentist. Dentists soon realized the value of providing prophylaxis for their patients and began employing dental hygienists in private practice settings.

As the practice of dental hygiene became regulated by state dental boards, "direct access" for dental hygienists came to an end. By the mid-1970s and early 1980s only a handful of dental hygienists were providing dental hygiene services in settings such as private homes, dental hygiene clinics as independent contractors, and independent practices as sole proprietors. Although they often received support, encouragement, and patient referrals from previous employers, dental boards, dental associations, and individual dentists confronted the early pioneers, resulting in practice closures and costly legal challenges.²

The struggle for direct access

In 1981, the California Health Manpower Pilot Projects Program established pilot dental hygiene practices with a focus on increasing access to dental care. However, legal challenges delayed implementation of the program. But in 1986, 15 dental hygienists became certified in the program. Results showed that the dental hygiene providers "produced outcomes in both structural and process aspects of care that in many cases surpassed those available in dental offices, with no increased risk to the health and safety of the public."³ Using the success from the manpower projects as a platform for change, Washington State became the first state in the nation to pass legislation allowing unsupervised practice by dental hygienists in health care settings. By 1995, Colorado, Michigan, and New Hampshire joined Washington in allowing unsupervised dental hygiene practice.



Numerous studies regarding scope of practice decisions cite references that "scope of practice decisions should be based on evidence." This notion is based on the principle that scope of practice decisions "be based on the demonstrated ability of various health care professions to deliver services safely and effectively and that some professions will have overlapping scopes of practice."⁴

The FTC has become concerned about dental boards that adopt overly broad scope-of-practice restrictions, or licensing restrictions to prevent competition for services. In September 2003, the FTC charged the South Carolina Board of Dentistry (SCBOD) with unlawfully restraining competition "by enacting a rule that required a dentist to examine every child before a dental hygienist could provide preventive dental care." The board claimed that its actions were immune from antitrust challenge under the state action doctrine. However, their argument was rejected in a commission opinion holding that the board's conduct was directly contrary to state law. In 2007, the SCBOD settled the charges that limited needy children from receiving access to dental care by restraining competition in the provision of preventive care provided by dental hygienists.⁵

In 2010, the Georgia BOD proposed a rule change that would have limited the ability of dental hygienists working for the Department of Public Health to provide basic preventive dental hygiene services without a "new requirement" for a prior examination by a dentist. The FTC intervened and expressed concern about "sound competition policy" stating, "... competition should be restricted only when necessary to protect the public from significant harm" and urged the board to reject the proposed amendments due to absence of clear evidence that dental hygienists providing services without direct supervision in safety-net settings have harmed or will harm patients.⁶

It has been noted that abuse of power frequently occurs when government empowers private parties to exploit licensing laws "to advance their own interests in restricting competition at the expense of public interest."⁷

In the 1980s and early 1990s, the FTC provided comments to state legislatures and dental boards in Texas, South Carolina, Montana, Tennessee, New Jersey, and other states regarding rules that limited the scope of practice of non-dentists, the relationships dentists may have with non-dentists, advertising constraints among dentists, and other competition-related concerns arising from proposed rules.⁸

The practice of dental hygiene is typically regulated under the authority of dental practice acts administered by governing dental boards in each state, even though accreditation standards for dental hygiene programs set forth by the Council on Dental Accreditation (CODA) are national in scope. This means that all accredited dental hygiene curricula must adhere to current standards provided by this council, which include cognitive, affective, and psychomotor skills necessary for the delivery of preventive, educational, and therapeutic services to the public.⁹

Dental boards are overwhelmingly composed of dentists and often make decisions based on practice issues and economics of private dental practices. As a result, dental boards frequently ignore dental hygiene concerns by limiting access to dental hygiene services because they have a vested self-interest in defining, regulating, and controlling dental hygiene practice.

Almost all scopes of practice and supervision requirements for dental hygienists mandate they work directly with dentists. These requirements are established by state law and include the procedures, supervision levels, and locations where dental hygienists may provide services. Depending on how they are written and implemented, scope of practice laws can either limit or promote access to care, thereby affecting the quality and cost of services.

In 2005, the American Association of Dental Examiners (AADE) appointed a Committee on Access, Licensure and Regulation to research and respond to access to dental care issues.

The committee recommended "state laws and regulations should impose supervision requirements on allied dental personnel commensurate with education and experience to ensure public protection." Further recommendations suggested that development of additional models to enable increased use of allied dental personnel may help ensure greater access to oral health care for Americans.¹⁰



Regardless of these recommendations, some state dental boards and their affiliate dental associations continue to stymie the efforts of state dental hygiene efforts to increase access to care via reduced supervision levels. This is especially true in the last five states in the nation that have yet to pass legislation to allow dental hygienists to practice without the direct supervision of a dentist. These laggard states are Hawaii, North Carolina, Mississippi, Alabama, and Georgia.

Dental boards in these states have steadily or consistently ignored the AADE recommendations on supervision levels, even though the Committee Position Statement says that dental boards should "be eager to standardize the definitions of professional practice, supervision, and other matters that facilitate regulation."¹⁰ For example, since 1992 the Georgia BOD has had the authority to delegate administration of local anesthesia to dental hygienists for pain management. But they have chosen not to do it, even though local anesthetic administration is a delegated duty found in 44 states throughout the country.

Having no evidence to support the restrictions placed upon dental hygienists from expanding care to the public, federal and state agencies are beginning to scrutinize the rules and regulations implemented by state dental boards. HRSA, the primary federal agency responsible for improving access to health services for the underserved is exploring ways to improve access to oral health care by expanding the oral health work force. A 2014 report from the National Governors Association recommends more be done to allow dental hygienists to fill the role of accessing low-income populations in need of preventive and therapeutic dental hygiene services by allowing them to practice to the full extent of their training and education.¹¹

Other agencies such as the Institute of Oral Medicine and National Research are looking at changing funding and reimbursement levels for care provided by dental hygienists. As of 2014, sixteen states have changed laws to allow dental hygienists to be directly reimbursed as Medicaid providers. Those states are Arizona, California, Colorado, Connecticut, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, Oregon, Washington, and Wisconsin.

Despite this broad support, however, the United States continues to lag behind much of the rest of the world in providing better access to dental professionals for one reason - opposition by organized dentistry.¹²

Fones' vision for dental hygienists was one that included direct public access. In the early 1900s, his plan was twofold. Not only did he want dental hygienists to work in private dental practices, he was also committed to providing outreach services to those who could not afford private dental care. Increasing access to oral health care was already in the works because Fones and his hygienist, Irene Newman, instilled in their students the benefits of private and public health dental hygiene.¹³

The resistance of state dental boards to lift overly restrictive practice acts and supervision levels for dental hygienists to protect the public from harm makes one wonder: Who's protecting whom? **RDH**

Suzanne Newkirk, RDH, received her dental hygiene degree from the University of Alaska, Anchorage, in 1981. A recognized key opinion leader in dental endoscopy, Suzanne has published numerous articles on DentistryIQ.com, and has co-authored several dental textbook chapters on minimally invasive nonsurgical periodontal therapy with use of the dental endoscope: "Minimally Invasive Periodontal Therapy: Clinical Techniques and Visualization Technology" by John Wiley & Sons, Inc., 2014, and "Dental Hygiene: Application to Clinical Practice," publication date 2015. Ms. Newkirk is as a Perioscopy Instructor and professional speaker who has presented all over the nation for doctor and dental hygiene study clubs, as well as many large dental meetings. Suzanne is the owner and moderator of the Perioscopy Users Forum on LinkedIn.

LYNNE SLIM, RDH, BSDH, MSDH, is an award-winning writer who has published extensively in dental/dental hygiene journals. Lynne is the CEO of Perio C Dent, a dental practice management company that specializes in the incorporation of conservative periodontal therapy into the hygiene department of dental practices. Lynne is also the owner and moderator of the periotherapist yahoo group: www.yahogroups.com/group/periotherapist. Lynne speaks on the topic of conservative periodontal therapy and other dental hygiene-related topics. She can be reached at periocdent@mindspring.com or www.periocdent.com.

References

1. In the Matter of THE NORTH CAROLINA BOARD OF DENTAL EXAMINERS Docket No. 9343. Opinion of the [FTC] Commission
2. Doreen Naughton, RDH, BSDH. Choice, Challenge, Change - Providing Direct Access Care
3. Freed JR, Perry DA, Kushman JE. Aspects of quality of dental hygiene care in supervised and unsupervised practices. J Public Health Dent. 1997;57(2):68-75. Spring

4. Changes In Healthcare Professions' Scope of Practice: Legislative Considerations. National Council of State Boards of Nursing, Inc. (NCSBN) National Council of State Boards of Nursing, Inc. (NCSBN) Related resource information:
www.ncsbn.org/NursingRegandInterpretationofSoP.pdf
5. FTC Charges South Carolina Board of Dentistry. Agency Alleges Illegal Actions Deprived Children of Preventive Dental Care September 15, 2003 <http://www.ftc.gov/news-events/press-releases/2003/09/ftc-charges-south-carolina-board-dentistry>
6. FTC Staff Comment Before the Georgia Board of Dentistry Concerning Proposed Amendments to Board Rule 150.5-0.3 Governing Supervision of Dental Hygienists.
<http://www.ftc.gov/policy/policy-actions/advocacy-filings/2010/12/ftc-staff-comment-georgia-board-dentistry-concerning>
7. George Leef. The Latest Case of An Interest Group Using Regulation To Stifle Competition: Teeth Whitening. <http://www.forbes.com/sites/georgeleef/2014/08/13/the-latest-case-of-an-interest-group-using-regulation-to-stifle-competition-teeth-whitening/>
8. FEDERAL TRADE COMMISSION. Regulating the Professions: The Intersection of Competition and Consumer Protection Policies. Gustav P. Chiarello Attorney Advisor Office of Policy Planning Federal Trade Commission
9. Accreditation Standards for Dental Hygiene Education Programs. Commission on Dental Accreditation American Dental Association 211 East Chicago Avenue Chicago, Illinois 60611 312/440-4653 www.ada.org Effective January 1, 2013
10. Access to Care: The Role Of the State Dental Board In Public Access to Oral Health Care. The Report of the AADE Committee on Access, Licensure and Regulation Cynthia M. Riffle, DDS, Chair; Mark L. Christensen, DDS MBA; Ms. Judith Ficks; Catherine L. Gatewood, RDH; Guy S. Shampaine DDS; Albert H. Guay, DMD; N. Karl Haden, Ph.D; Ms. Molly Nadler.
11. 2014 NGA Paper: The Role of Dental Hygienists in Providing Access to Oral Health Care
12. States Finally Taking Action to Improve Access to Critical Dental Care. Wendell Potter. 07/09/2014 5:59. http://www.huffingtonpost.com/wendell-potter/states-finally-taking-act_b_5295414.html
13. <http://www.cdha-rdh.com/home/historyofdentalhygiene.html>

Curriculum



Listen

In 10 semesters over four years, the Doctor of Optometry (OD) program offers a **dynamic, cutting edge curriculum** that trains you to provide the **fullest scope of optometric care**. At The Ohio State University College of Optometry you will be among the best and brightest students learning from the best and brightest faculty as you:

- **Begin patient care in the first year**
- Directly **examine 1800 patients** by the time you graduate **and see additional patients** through school screenings, case reviews, grand rounds, and Eyewear Gallery appointments
- **Deliver eyecare in all primary and sub-specialty areas** in our College's full range of clinical services including: Primary Vision Care, Binocular Vision, Pediatrics, Advanced Ocular Care, Contact Lenses (Adult and Pediatric), Low Vision Rehabilitation, and Eyewear Gallery
- Learn to run a successful optometric practice with **the most comprehensive series of practice management courses**, ranging from personal finance to the development of a complete business plan

At Ohio State, we are preparing the leaders of tomorrow!

[Show all](#)

First Year

Autumn

[Biochemistry for Optometry](#)

[General and Histological Anatomy](#)

[Geometric Optics](#)

[Introduction to Primary Care Testing I](#)

Ocular Anatomy

Optometric Career Options and Financing **

Pathophysiology I

Practice of Optometry

Spring

Epidemiology and Biostatistics for Optometry

General and Visual Neuroanatomy

Introduction to Primary Care Testing II *

Microbiology for Optometry

Ocular Physiology

Optics of the Eye

Pathophysiology II

Physical Optics and Photometry

Introduction to Clinical Diagnostic Reasoning in Optometry

* **Direct Patient Care**

** **Practice Management Course**

Show all

Second Year

Autumn

Anterior Segment Ocular Disease

Basic and Ocular Pharmacology

Ocular Care Techniques

Ophthalmic Optics

Optometric Examination

Spring

Advanced Ocular Care Techniques

Clinical Ocular Pharmacology

Coding and Reimbursement **

Diagnosing and Prescribing

Introduction to Primary Care Practice *

Posterior Segment Ocular Disease

Visual Neurophysiology and Perception

* **Direct Patient Care**

** **Practice Management Course**

Show all

Third Year

Summer

Contact Lenses

Contact Lens Lab

Eye Movements and Binocular Vision

Management of Glaucoma

Ocular Neurology

Vision of Children

Intermediate Clinical Diagnostic Reasoning in Optometry

Autumn

Advanced Contact Lenses

Advanced Contact Lens Lab

Clinical Binocular Vision

Systemic Disease for Optometry

Third-Party Payment Plans **

Spring

Injections, Lasers and Advanced Ocular Techniques

Low Vision Rehabilitation and Gerontology

Optometric Economics and Jurisprudence, Practice Analysis and Practice Systems **

Public Health & Environmental Vision

Surgery and Co-management of Ocular Disease

Clinical Education *

Introduction to Contact Lenses (One Semester)

Ocular Disease Practice (One Semester)

Ophthalmic Dispensing (One semester)

Primary Care Practice (All three semesters)

Vision Screening (Autumn semester)

* **Direct Patient Care**

** **Practice Management Course**

Show all

Fourth Year *

In-House Internship*

Binocular Vision and Pediatrics Service

Clinical and Business Aspects of Practice **

Contact Lens Service

Low Vision Rehabilitation Service

Ophthalmic Dispensing

Student Health Center Optometry Services

Primary Care Externship *

Binocular Vision and Pediatrics Service

Clinical and Business Aspects of Practice **

Community Outreach Clinic

Contact Lens Service

Ophthalmology Practice or Co-management Center

Private Optometric Practice

Ocular Disease Externship *

Veteran's Administration Optometry Clinics

Advanced Practice Externship *

Ophthalmological practices and surgical co-management centers **OR**

Optometric offices with distinctive practice structures, unique settings, or noteworthy clinic services **OR**

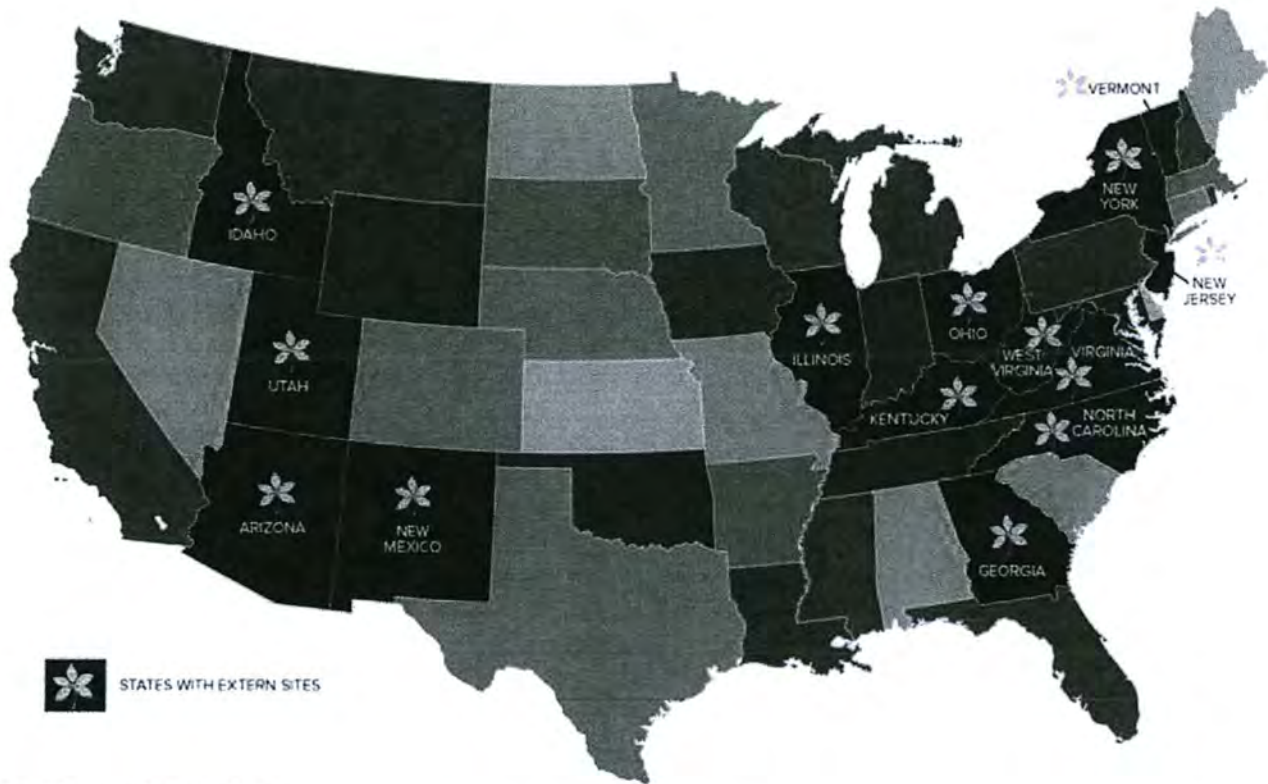
Indian Health Service (IHS) Eye Clinics

* **Direct Patient Care**

** **Practice Management Course**

Fourth Year Overview

The fourth year is divided into four 13 week rotations. Two rotations are in Columbus and the surrounding area and two are externships in locations around the US including: Arizona, Georgia, Idaho, Illinois, Kentucky, New Jersey, New Mexico, New York, North Carolina, Ohio, Utah, Vermont, Virginia, West Virginia.



In-House Internship

See a **diverse patient base** drawn from the campus, Ohio and surrounding states **while learning from faculty optometrists who are experts in specialties** including cornea and contact lenses, binocular vision, traumatic brain injury, retinal disorders, and low vision rehabilitation.

Each In-house rotation will include:

- Binocular Vision and Pediatrics
- Contact Lenses
- Low Vision Rehabilitation
- Eye Wear Gallery
- Student Health Center Optometry Services

Primary Care Externship

Experience a variety of practice settings gaining **broad exposure to contemporary primary eyecare** with special emphasis on adapting to diverse patient encounters in unique environments and areas of practice.

Each Primary Care Extern rotation will include:

- Private optometric office
- Private ophthalmology practice, ophthalmology referral center or clinic
- The Ohio State College of Optometry Community Outreach

Ocular Disease Externship

Train full-time at a Veterans Administration Optometry Clinic with special emphasis on patient populations with **ocular disease and ocular manifestations of systemic disease.**

Advanced Practice Externship

Choose a specified clinical areas of emphasis such as **medical and surgical co-management of ocular disease, eyecare delivery to specialized patient populations, or full scope, contemporary optometric practice.**

Options for Advanced Practice Extern rotations include:

- Ophthalmological practices and surgical co-management centers
- Optometric offices with distinctive practice structures, unique settings, or noteworthy clinic services
- Indian Health Service (IHS) Eye Clinics

The [Curriculum Grid](#) provides more information on credit hours and faculty.

[About the College](#)

[Faculty & Staff](#)

[Admissions](#)

(614) 292-2647

(866) 678-6446

[Clinic](#)

(614) 292-2020

[Contact Us](#)

Alaska State Medical Association

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

March 16, 2015

Honorable Bert Stedman
Alaska State Senate
State Capitol Room 30
Juneau, AK 99801

RE: Senate Bill 55

Dear Senator Stedman:

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

ASMA strongly opposes SB 55 which would expand the scope of practice for optometrists beyond their professional training, lower standards of care and put patients health at risk.

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

One concern is the expansion of practice to include invasive e surgery. The Alaska State Medical Board has an official position on "Guidelines Regarding the Use of Lasers and Laser Surgery" and ASMA supports and endorses those guidelines. (Attached) Specifically the Alaska State Medical Board adopted the American Medical Association's Policy H-475.989:

"Laser surgery should be performed only by individuals licensed to practice medicine and surgery or by those categories of practitioners currently licensed by the state to perform surgical services."

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 SB 55 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.

In addition to the allowing surgery SB 55 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 allows optometrists to inject Botox for either cosmetic or therapeutic purposes. Optometrists simply are not trained to perform such procedures.

With regard to prescriptions SB 55 would allow non-physician optometrists to prescribe all Schedule Ia and IIa controlled substances. In 2014, after much deliberation the Alaska Legislature allowed the 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.

ASMA requests that SB 55 not move from your committee.

Sincerely,



Michael Haugen
Executive Director
Alaska State Medical Association



AMERICAN SOCIETY OF
PLASTIC SURGEONS®



THE PLASTIC SURGERY
FOUNDATION®

Executive Office

444 East Algonquin Road • Arlington Heights, IL 60005-4664

847-228-9900 • Fax: 847-228-9131 • www.plasticsurgery.org

March 8, 2016

Senate Labor & Commerce Committee
The Honorable Mia Costello, *Chair*
State Capitol, Room 510
Juneau, AK 99801

RE: Oppose SB 55, an Act Relating to the Practice of Optometry

Dear Chairwoman Costello and the Honorable Members of the Senate Labor and Commerce Committee:

On behalf of the American Society of Plastic Surgeons (ASPS) and the Northwest Society of Plastic Surgeons (NWSPS), we are writing to express serious opposition to Alaska Senate Bill 55, which would expand the scope of practice for optometrists beyond their professional training. ASPS was founded in 1931 and represents over 7,000 physicians certified by the American Board of Plastic Surgery. This legislation raises considerable patient safety concerns that would compromise quality medical care for patients in Alaska.

If passed, SB 55 would allow non-physician optometrists to perform surgical procedures on the face. This includes complex procedures that fall squarely within the practice of medicine. These procedures are not “not invasive” as the bill describes them. Allowing optometrists to practice medicine without the requisite medical school and residency training would jeopardize patient safety and lower the standard of surgical care in the state.

SB 55 also gives optometrists the authority to use a wide range of pharmaceuticals that require a fundamental and systematic medical understanding of the human body. This understanding is gained through the clinical and educational rigor of a physician’s training. Physicians are uniquely qualified to treat patients in the rare instance when an allergic reaction or some other life-threatening complication arises when these drugs are administered. Optometrists do not receive the same education and training ophthalmologists and plastic surgeons receive. Ophthalmologists and plastic surgeons must attain a core medical and surgical education while completing seven to ten years of training, which includes increasing responsibility and decision-making authority in the hospital setting. Optometrists only complete four to five years of education with significantly less clinical exposure and responsibility.

Due to patient safety issues, such as the possibility of complications arising from surgery, it is critical that such procedures are performed by physician surgeons who have the comprehensive training and board certification to handle those complications when they do occur. I again urge you to **OPPOSE** Senate Bill 55 in order to protect the high standard of patient safety in Alaska. If you have any questions or need further assistance, please feel free to contact Patrick Hermes, Senior Manager of Government Affairs and Advocacy at phermes@plasticsurgery.org.

Sincerely,



David Song, MD, MBA
President, American Society of Plastic Surgeons



Kiya Movassaghi, MD
President, Northwest Society of Plastic Surgeons



March 21, 2016

Senate Labor & Commerce Committee
State Capitol, Room 510
Juneau, AK 99801

RE: Oppose SB 55, An Act Relating to the Practice of Optometry

Honorable Members of the Senate Labor and Commerce Committee:

On behalf of the American Society of Plastic Surgeons (ASPS), the Northwest Society of Plastic Surgeons (NWSPS) and the below listed plastic surgeons who live and practice in Alaska, we urge you to oppose Alaska Senate Bill 55, which would expand the scope of practice for optometrists beyond their professional training. As residents and surgeons in this state, we encourage you to maintain the high level of patient care that has been established and maintain current standards that permit only licensed Medical Doctors (MD) or Doctors of Osteopathic Medicine (DO) who meet appropriate education, training and professional standards to perform surgery in the ocular region.

If passed, SB 55 would allow non-physician optometrists to perform surgical procedures on the face. This includes complex procedures that fall squarely within the practice of medicine. These procedures are not “not invasive” as the bill describes them. Allowing optometrists to practice medicine without the requisite medical school and residency training would jeopardize patient safety and lower the standard of surgical care in the state.

SB 55 also gives optometrists the authority to use a wide range of pharmaceuticals that require a fundamental and systematic medical understanding of the human body. This understanding is gained through the clinical and educational rigor of a physician’s training. Physicians are uniquely qualified to treat patients in the rare instance when an allergic reaction or some other life-threatening complication arises when these drugs are administered. Optometrists do not receive the same education and training ophthalmologists and plastic surgeons receive. Ophthalmologists and plastic surgeons must attain a core medical and surgical education while completing seven to ten years of training, which includes increasing responsibility and decision-making authority in the hospital setting. Optometrists only complete four to five years of education with significantly less clinical exposure and responsibility.

Due to patient safety issues, such as the possibility of complications arising from surgery, it is critical that such procedures are performed by physician surgeons who have the comprehensive training and board certification to handle those complications when they do occur. We urge you

to OPPOSE Senate Bill 55 in order to protect the high standard of patient safety in Alaska. If you have any questions or need further assistance, please feel free to contact Patrick Hermes, Senior Manager of Government Affairs and Advocacy at phermes@plasticsurgery.org.

Sincerely,

Gregory H. Dostal, MD, FACS
Juneau, Alaska

Christopher Jensen, MD
Fairbanks, Alaska

William W Wennen, MD FACS
Fairbanks, Alaska

Craig Birgfeld, MD, FACS
President, Northwest Society of Plastic Surgeons

David Song, MD, MBA
President, American Society of Plastic Surgeons

*Alaska Society of
Eye Physicians and Surgeons*

3500 Latouche St. #250
Anchorage, Alaska 99508
907-561-1530



20 F Street, NW
Washington, D.C. 20001 -6701
202 -737- 6662

February 26, 2015

The Honorable Bert Stedman
Chairman, Health and Social Services Committee
Alaska Senate
State Capitol Room 30
Juneau AK, 99801

Dear Chairman Stedman:

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 31,000 members worldwide, and on behalf of the Alaska Society of Eye Physicians and Surgeons, to ask for your opposition to SB 55. This legislation would permit optometrists, non-medical doctors who have neither completed medical school nor surgical residency, to perform surgery on and around the eye.

Our members strongly feel that SB 55 compromises the safety and surgical care of Alaska's eye patients by lowering the current standards of medical education and clinical training required to perform eye surgery. Lowering the surgical standards (as optometry is requesting) creates two separate and inconsistent sets of proficiency and credentialing requirements to perform the same surgery. This dual surgical standard authorized by SB 55 is not in the best interest of patient safety or quality of patient surgical care. Additionally, by allowing the Alaska Board of Examiners in Optometry to set its own licensure requirements, SB 55 would remove the Alaska State Medical Board's ability to fully ensure patient safety standards when it comes to operating on and around a patient's eyes. As a result, these provisions would place patients in harm's way and should be grounds for rejecting the legislation. The eyes of Alaska's citizens deserve better.

Although the legislation purports to prohibit optometrists from performing "invasive surgery," the bill's language is grossly misleading. SB 55 authorizes optometrists to perform surgeries using many different surgical techniques on the delicate structures of the eye. The bill's definition of "invasive surgery" is at odds with the surgery definition of both the American Medical Association and the American College of Surgeons. The supposed prohibition against invasive surgery as outlined in SB 55 is merely a short list of procedures optometrists could not perform, ignoring the fact that the language allows optometrists to perform any surgical procedure not listed. This would open the door for optometrists to perform dozens of surgeries—all of which are invasive—on the eye and surrounding tissues using scalpels, lasers, needles, ultrasound and other means.

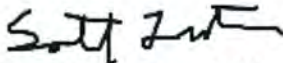
There are no shortcuts for learning how to safely perform surgery. All ophthalmologists—medical doctors and surgeons specializing in comprehensive eye care—train for four years in medical school, perform a one-year hospital internship, and train for three additional years (approximately 9,000 hours of hands-on training) in a surgical residency program before they can treat on their own. This training provides not only technical skills, but just as important, it instills the judgment to determine when not to operate. Moreover, ophthalmologists' clinical training prepares them how to manage potentially blinding or even fatal surgical complications that may arise. The fact that optometrists—non-physicians—would be able to perform all the surgeries authorized in this bill without ever having completed medical school and surgical residency is alarming, and puts Alaska's eye surgery patients at severe risk.

In addition to the surgical provisions, SB 55 would also remove existing safeguards placed upon the practice of optometry by the state legislature, which pertain to the prescription and administration of pharmaceuticals. SB 55 removes the existing safeguard against injections into the globe of the eye. For example, optometrists would now be authorized to inject medications directly into the small and delicate structures of the eyeball's anterior segment. Additionally, SB 55 would also authorize optometrists to inject Botox for therapeutic purposes and to alter or enhance cosmetic appearance. Both of these procedures have significant potential for causing harm; for instance, fatal anaphylaxis has been reported after Botox injections. Optometrists do not have medical training to cope with these sorts of complications.

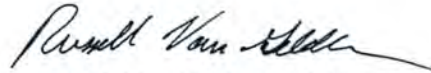
In 2014, the Alaska State Legislature passed legislation allowing optometrists the continued authority to prescribe controlled substances containing hydrocodone. To ensure patient safety, the legislature determined that an optometrist's authority to prescribe these potent medications was restricted to a four-day limitation. Not only would SB 55 remove all restrictions on the authority to prescribe these and other controlled substances, but it would also expand optometry's authority to prescribe all Schedule Ia and IIa controlled substances, without limitations. These sets of drug classifications contain many powerful and highly addictive substances. This particular section of the bill would even remove the requirement of a physician-patient relationship in order to prescribe such potent drugs.

We respectfully ask that you uphold Alaska's current, high standard of patient safety by voting "no" on SB 55. Thank you for your strong consideration on this matter.

Sincerely,



Scott A. Linstrom, MD
President
Alaska Society of Eye Physicians and Surgeons

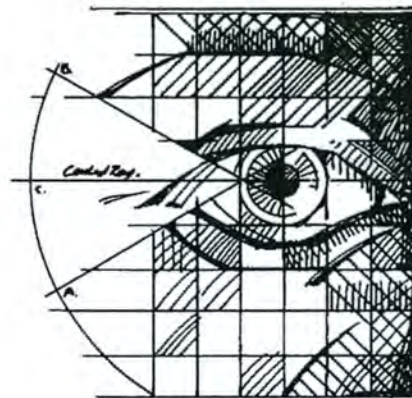


Russell N. Van Gelder, MD, PhD
President
American Academy of Ophthalmology

Cc: The Honorable Cathy Giessel, Vice Chair
The Honorable Pete Kelly
The Honorable Bill Stoltze
The Honorable Johnny Ellis

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

1200 AIRPORT HEIGHTS DRIVE, SUITE 310
ANCHORAGE, ALASKA 99508
(907) 276-8838, OUTSIDE ANCHORAGE TOLL-FREE 800-777-8838
FAX (907) 258-0735



March 12, 2016

Senator Mia Costello, Chair
Senate Labor and Commerce Committee
Pouch V
State Capitol
Juneau, Alaska 99801

Re: Senate Bill No. 55 — "An Act relating to the practice of optometry"

Dear Senator Costello:

It was a privilege for me to testify regarding SB 55 before your committee on March 10th. Thank you for the opportunity.

I'm writing to you again to supplement my testimony, in particular to register my dismay that the bill's sponsor could have such a fundamental misunderstanding of ophthalmic lasers as to represent them to your committee as primarily diagnostic devices.

Where could Sen. Giessel have gotten this idea except from the optometrists themselves? Optometrists know perfectly well that ophthalmic lasers are primarily surgical instruments, as potent and as dangerous as a scalpel blade.

In support of the bill, both Sen. Giessel and her staff, as well as the testifying optometrists, represented its main purpose as giving the optometrists an independent board, and as having little to do with surgery or with the use of controlled substances.

Any "reasonable person" reading the bill can readily see that both eye surgery and the use of controlled substances constitute its core purpose.

Sincerely,

Oliver Korshin, M. D.

cc: Sen. Kevin Meyer
Sen. Gary Stevens
Sen. Johnny Ellis



March 14, 2015

The Honorable Bert Stedman
Chairman, Health and Social Services Committee
Alaska Senate
State Capitol Room 30
Juneau, AK 99801

Dear Chairman

I am writing on behalf of the Interior Independent Practice Association regarding SB 55. We are an organization comprised of independently practicing physicians and associate providers in the Alaskan Interior. Our group represents the majority of all the specialist providers within the Interior. We are dedicated to the goal of providing access to high quality, safe medical care to all residents of the Interior. As such, we respectfully ask that you oppose SB 55. As you are aware, this bill would expand the scope of practice privileges to Optometrists. This would allow a group of providers who have neither completed medical school nor residency training to both perform surgical procedures and use medications with potentially toxic and life-threatening side effects. We do not feel that this would be compatible with the goal of providing safe and high quality care. The practice of establishing and upholding high standards for medical practice has been in place in the United States for over 80 years. The American Board of Medical Specialties and the individual national specialty groups make painstaking effort to ensure that member physicians demonstrate high levels of competency, judgment, and safety in caring for patients. To allow equivalent practice privileges to providers who have not been trained and certified in accordance with these standards both undermines this effort and creates increased potential for significant harm to patients. Please help us in our effort to maintain high standards for patient care and safety in Alaska by voting "no" on SB 55. Thank you for your kind consideration in this matter.

Sincerely,

Christopher Jensen, M.D.
President
Interior Independent Practice Association

COMMENT FROM THE PUBLIC: REGARDING SENATE BILL 55

**From: Linda Weld, Gakona, Alaska
907 -320-1145 linda.ncountry@gci.net**

I HAD SYMPTOMS OF RETINAL DETACHMENT

In June of 2008, I stood up from the dining table, and suddenly saw hundreds of small black dots, flying across the field of vision in my right eye.

Not long afterward, a round black circle appeared at the lower corner of the eye, too.

Alarmed, I told my husband I was worried this might be a retinal detachment, We went to the DeBarr Costco.

COSTCO OPTOMETRIST LOOKED, AND SAID IT WAS NOTHING

The optometrist at Costco was breezy and friendly. I told him my symptoms and concerns. He checked my eyes with a number of large machines and announced I was fine; I had "floaters." And, they were nothing, he said.

Oh -- and by the way -- his equipment had seen the start of a cataract. He gave me a business card for a doctor friend of his in Anchorage who did cataract surgery.

DAYS LATER MY SYMPTOMS GOT MUCH WORSE

I run a rural tourism company, out of Gakona, which is 200 miles from Anchorage. We drove home, through the Chugach Mountains. At home -- away from the distractions of the city -- I began to worry even more about my symptoms.

The black disk down at the corner of my eye was getting larger. The spots were still there. The spots and disk were there even when I closed my eye.

Then, after several days, the spot began to take on color, and spin around, trailing tendrils of light and color. Clearly something terrible was going on.

JEANNE, AT THE EXPRESSO STAND, KNEW MORE THAN THE OPTOMETRIST

Near my house in Gakona, in the summertime, there's a little roadside expresso stand -- Jeanne's Java. The woman running it, Jeanne, was a chatty, funny lady. On occasion, during the summer, I'd go up the road from my house, on my bike, to sit around on the porch of her expresso stand and listen to her tales of life in Alaska.

Several years before this incident, she had told me of the time she had been driving the Alcan, and had begun going blind -- from a retinal detachment. She had been saved by a doctor.

Now, in 2008, with my eye giving my problems, I decided to bike up to Jeanne's. Sitting on her steps, I told her of my bad symptoms. "You have a retinal detachment," she told me. "You have to go to the doctor right away. Or you'll go blind."

Jeanne -- who probably has no college education at all (and who certainly is not a Costco optometrist who sees dozens of patients every day) went into her little trailer, and pulled out her purse. Inside, she was carrying a little batch of business cards. They were all for Dr. Scott Limstrom, an ophthalmologist in Anchorage.

She chose to carry the cards around (she told me) because she felt retinal detachments were so dangerous. And, she wanted to have the cards right there, in the event anybody (like me) crossed her path who had this terrible thing happen to them, too.

AS MY EYE BECAME TOTALLY BLIND, I DROVE TO ANCHORAGE

I got into my car several hours later and began the long drive through the mountains, back to Anchorage. While driving, my right eye began to fill up with a pitch black emptiness. By the time I got into town -- at around 1 am -- i could only see about 1/4 inch of the world, at the very top of my eye.

DR. SCOTT LIMSTROM SCHEDULED ME IMMEDIATELY FOR SURGERY

I went to Dr. Scott Limstrom. He is not an optometrist. He is an ophthalmologist. He looked in my eye, just like the Costco guy did. He told me (as I had feared when I went to Costco) that I needed immediate surgery. He told me there are very few surgeries that need to be done *immediately* (emergency appendectomies are among them.) The other is retinal detachment surgery.

THINGS HAD NOW GOTTEN FAR WORSE

It was now at least a week or more after I had seen the Costco optometrist, and heard his mistaken diagnosis. My situation was now far, far worse. My lifetime vision was in peril. There is no Plan B when your retina detaches. It's surgery -- or blindness.

Right after the surgery, I had to hold my head steady, sleeping upright, for at least a week, so as not to scar my retina. It hurt terribly. My eye was swollen. Nothing worked right for months.

But now I can see.

If I had not gone to Dr. Limstrom, and had stuck with the cool, hipster optometrist's diagnosis, I would now be completely blind. In both eyes. (My other eye also had a retinal tear, several years later, which was caught and repaired by Dr. Limstrom and his fellow experts.)

YOU HAVE NO IDEA

If you are a member of an Alaska State Labor & Commerce Committee, you probably have no idea of what it's like to have the inside of something fragile and gooey, *like your eye*, fall apart -- tear and peel off on the inside, like steamed wallpaper sliding off a bedroom wall.

You have no idea how terrifying it is to drive by Sheep Mountain Lodge, on the Glenn, tilt your head down, and look at the little log buildings -- realizing it's perhaps for the last time -- through the tiny slit of your collapsing vision.

You have no idea how stupid you feel about trusting some guy at Costco in the eyeglass department -- when he told you everything was "fine. "

You have no idea what it's like to contemplate a life in which that entire world of landscapes, friends, family, reading, TV, walking, driving -- living -- is totally wiped out. First, because your eye was doing this. And second, because you didn't go to an ophthalmologist -- but went, instead, to an optometrist.

I believed an *optometrist*. A person who was not informed enough, or wise enough, or educated enough to make an accurate assessment -- even though I specifically asked if it was a retinal detachment.

Ultimately, I was accurately evaluated by an espresso stand owner, instead! She knew more than the optometrist at Costco. *What does that mean?*

YOU ARE NOT IN A POSITION TO MAKE AN INFORMED DECISION

You -- in the Alaska State Legislature -- are not in the position to determine what an optometrist can do. It's that simple. Just as the optometrist at Costco was not educated enough to know that he had no idea if I had a retinal detachment or not.

He didn't have a clue that this was beyond his pay grade. He should have **known** he didn't know. And he should have sent me a real doctor!

PULL THE EYE OUT OF A SALMON THIS SUMMER; IMAGINE HOW SKILLED YOU'D HAVE TO BE TO PUT IT TOGETHER AGAIN

Next summer, when you go salmon fishing, and you're cleaning your salmon, dip the tip of your cleaning knife into the salmon's eyesocket. Pull out the eye, and then slice through the gel and actually look at it.

Now imagine that your entire vision -- for the rest of your life -- depended on the skill of the person handling that eye.

This isn't about you. It isn't about the State of Alaska. It isn't about the "rights" of optometrists.

It's about *us* -- the people whose eyes have burst apart, and who need real doctors. Trained doctors. People who have the skill and patience and determination to take that mass of jello and put it all back together again. Ophthalmologists.

HURTFUL & IGNORANT INSULTS

I hope you have had the patience to read this. (Frankly, I'm seriously worried you haven't.)

This is all about patience. When I went to Dr. Limstrom, and watched him obsessively fuss over my eyes, I told him something. I told him how much I appreciated his determination and compulsive attention to detail.

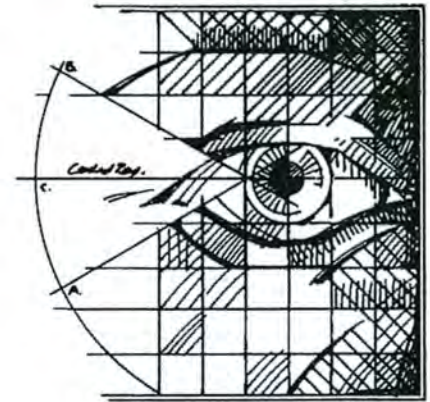
He, and the other experts just don't give up.

That's exactly what the patient needs. The only thing a patient needs. To read some optometrist's rant in the Anchorage Daily News that ophthalmologists are "egomaniacal bastards" is stupid, ignorant, and insulting.

Unhappily, it shows a depth of vitriol and unprofessionalism on the part of the Alaska Optometric Association that puts patients at risk.

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

1200 AIRPORT HEIGHTS DRIVE, SUITE 310
ANCHORAGE, ALASKA 99508
(907) 276-8838, OUTSIDE ANCHORAGE TOLL-FREE 800-777-8838
FAX (907) 258-0735



March 1, 2016

Senator Mia Costello
Pouch V
State Capitol
Juneau, Alaska 99801

Re: Senate Bill No. 55 — “An Act relating to the practice of optometry”

Dear Senator Costello:

I’m a board-certified ophthalmologist in private practice in Anchorage since 1985.

To become an ophthalmologist, I first obtained an M.D. degree from Harvard Medical School, completed a one year internship in internal medicine at Boston City Hospital, and a three year ophthalmology residency at the U.S. Public Health Service Hospital in San Francisco, CA. I also served as the chief of ophthalmology at the Alaska Native Medical Center for three years before entering private practice.

At the PHS hospital, at ANMC and at the Indian Health Service facilities in Sitka, Ketchikan, Dillingham, Bethel, Fairbanks, Nome, Kotzebue and Barrow, I worked closely alongside optometrists, so I am well-acquainted with their considerable capabilities at diagnosing and treating eye conditions. I have great respect for the optometric profession.

Optometrists are not, however, medical doctors. They lack the intensive and rigorous training medical doctors receive in the pathophysiology, diagnosis and treatment of human disease. They have not been trained in the use of scalpel, laser or needle, all of which can wreak enormous harm as well as producing enormous benefits. They have not cared for patients in a hospital setting. Specifically, they have not cared for *eye* patients in a hospital setting, whereas every resident in ophthalmology provides such care from day one of his training.

SB 55, through its brevity and overly-broad language, seeks to substitute the judgment of the members of the Board of Optometry, who have limited or no training or experience in general medicine or in surgery, for the years of training and experience ophthalmologists must endure before hanging our their shingle.

SB 55 forbids optometrists from performing "invasive surgery," but then defines invasive surgery in such narrow terms that optometrists would be able to perform complex, delicate and often high-risk procedures involving the cornea, conjunctiva, sclera, eyelids, lacrimal gland and tear drainage system, the bones of the eye socket, and the excision of benign or malignant tumors around the eye or of the eyelids. In short, there is a myriad of scalpel and laser-based procedures that SB 55 would allow optometrists to perform.

All these procedures are invasive, some of them highly so. In fact, as a matter of definition, *all* surgery, including laser surgery, is invasive. Restricting the definition of invasive surgery, as SB 55 does, is ample evidence that optometrists have scant understanding of the powers and dangers of surgery and is sufficient reason in itself to vote against SB 55.

Additionally, SB 55 would permit optometrists "to prescribe and use" controlled substances, leaving it up to the judgment of the members of the Board of Optometry to define the standards for the use of pharmaceuticals in which they themselves have little training or experience. (What is particularly odd in allowing optometrists to prescribe controlled substances is how infrequently they are used in ophthalmology: I might write a prescription for a controlled substance once every two years, at the most.)

One of the most important attributes of a good medical doctor is to be aware of one's limitations, and to readily refer to or consult with a medical specialist or subspecialist on complex, difficult cases. SB 55 would remove, at one stroke, many limitations on the practice of optometry which currently exist for the sake of patient safety.

Please vote "No" on SB 55.

Sincerely,

A handwritten signature in black ink, appearing to read "Oliver Korshin M.D.", written in a cursive style.

Oliver Korshin, M. D.

Ophthalmic Associates
542 W. 2nd Ave.
Anchorage, AK 99501

February 15, 2016

Dear Senators,

My name is Dr. Kelly Lorenz, and I am a board-certified ophthalmologist and glaucoma specialist in Anchorage, Alaska. I earned my M.D. from The Ohio State University. I completed a surgical internship, ophthalmology residency, and glaucoma fellowship at Henry Ford Hospital in Detroit, Michigan. I've practiced as a physician and surgeon in Michigan, California and Alaska. I operate on a weekly basis and have performed thousands of procedures. I am asking you to oppose SB 55.

Proponents of SB 55 claim it "modernizes and updates" the scope of practice for optometrists; however, it does so only by lowering standards of medical and surgical care. Patients in Alaska deserve more than an optometrist who underwent a weekend course at the Holiday Inn to learn surgery. They deserve a medical doctor who is not only trained as a surgeon, but who can also selectively and appropriately prescribe narcotics, with a full understanding of the patient's concomitant systemic conditions, and the potential impact of these controlled substances. Permitting optometrists to do all of this while letting them escape the watchful eye of the Alaska State Medical Board is criminal, and akin to allowing chiropractors to dabble in spinal surgery.

I've spent thousands of hours learning how to perform surgery. Four years of ophthalmology training is not the same as four years of optometry training. Ophthalmologists live and breathe surgery in residency, and spend nights, weekends, and holidays in the hospital performing surgery and learning sterile technique. Much of our "time off" is spent in wet labs practicing surgery on cow and pig eyes, as well as on simulation machines. At home, we tie endless surgical knots, and suture grape skins, plastic wrap, and tissue paper for practice. Obsessive-compulsiveness is the hallmark of a good surgeon. It is an honor, a privilege, a stress and a burden. It changes your life and your patients' lives forever. It changes your relationship with your patients. They are truly your responsibility.

Every surgeon, no matter how seasoned, no matter how skilled, occasionally experiences untoward outcomes. Only one half of our training covers surgery; the other half covers how to manage the inevitable surgical complications. I was taught that if one performs surgery, one must be fully capable of managing potential problems.

Here are some of the complications I have witnessed over the past few years. I've limited these to the procedures that optometrists would be allowed to perform if SB 55 passes. Fortunately, skilled ophthalmologists readily handled the complications of these "non-invasive" procedures. How would optometrists fare under similar circumstances?

- Intractable elevated pressure after laser (PI) peripheral iridotomy (where a laser punches a hole through the iris), requiring immediate glaucoma surgery
- Subluxed intraocular lens after laser capsulotomy, requiring surgical repair and repositioning of the intraocular lens
- Perforation through the full thickness of the eyelid after chalazion excision
- Globe rupture during limbal relaxing incision
- Scleral melting after pterygium surgery

- Inability to close the eyes after blepharoplasty, requiring reconstructive surgery with skin grafts
- Retrobulbar hemorrhage after retrobulbar block, necessitating emergent lateral canthotomy and cantholysis
- Systemic absorption of lidocaine after injection, leading to respiratory depression and the need to immediately secure the patient's airway

An optometrist in Oklahoma and spokesman for the American Optometric Association was quoted as stating, "The procedures we're doing are not technically involved". That shows how much they know- there are NO procedures that are NOT technically involved, there are NO "routine" surgeries and there are NO "non-invasive" procedures. The chairman of the University of Oklahoma's Department of Ophthalmology dealt with the aftermath of this way of thinking, encountering one patient whose glaucoma surgery had been completely undone by an optometrist who excised her "eye cysts", which happened to be a normal part of her glaucoma surgery. He also cited another patient whose "skin tag removal" delayed the diagnosis of invasive squamous cell carcinoma, requiring massive reconstructive surgery nine months later.

In addition, I would like to reiterate Dr. Reinhardt's point about rural Alaska: There is NO PLACE for the use lasers to perform peripheral iridotomies in rural Alaska. If a patient develops acute angle-closure glaucoma, this is treated medically first, with drops, pills and IV medications. The patient is flown to Anchorage because if these do not work in the acute setting, the answer is surgery, and not to attempt a laser through an edematous, cloudy cornea with the patient in active angle-closure. Because of the potential complications for hemorrhage and/or eye pressure spike, a preventive peripheral iridotomy is best performed in the vicinity of an equipped operating room. By the time the patient travels from a village, they may have already lost a significant portion of their vision.

There has been a push for SB 55 because of so-called "health access issues". As a part of the Alaska Native Medical Center, I can tell you that the ophthalmologists routinely fly out to many of the Alaska villages to provide care to both Natives and non-Natives, including Barrow, Kotzebue, Nome, Sitka, Juneau, Bethel, Dillingham, Kodiak and Ketchikan, just to name a few.

Senator Bill Stoltze, who deftly shoved the bill through the Health and Social Services Committee in under five minutes without valuable stakeholder input, interchangeably used the terms optometrist and ophthalmologist when referring to his own eye care provider, highlighting the fact that at least a third of the American public does not know the difference between the two. Further, over 90% of people polled by the National Consumer's League stated they would rather have an M.D. when it comes to surgery.

There is a reason why medicine organizes itself into cardiologists and cardiovascular surgeons, neurologists and neurosurgeons, etcetera. There's a reason why you want a surgeon to do surgery. They do it a lot, and they do it well, and they manage the inevitable complications. Please keep Alaska's high standards for medical and surgical care by opposing SB 55. Thank you for your time and consideration.

Sincerely,

Kelly Lorenz, M.D.

Senate Bill 55 Opposition E-mails

Senator,

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

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

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

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

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

Thank you for your consideration.

Darrel J. Gardner
601 West 5th Avenue, Suite 800
Anchorage, AK. 99501

Dear Senator Costello,

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

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

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

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

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

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

* **Sec. 7.** AS 08.72.300 is amended by adding a new paragraph to read:

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

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

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

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

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

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

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

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

Sincerely,

R. Kevin Winkle, MD

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

Peter James

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

Nancy McDonald



KENTUCKY BOARD OF OPTOMETRIC EXAMINERS

Matthew G. Bevin
Governor

February 26, 2016

163 West Short Street, Suite 550
Lexington, Kentucky 40507
Phone: (859) 246-2744
Fax: (859) 247-2746
<http://optometry.ky.gov>

Senator Mia Costello
Alaska State Legislature
State Capitol Room 510
Juneau, Alaska 99801

Dear Senator Costello:

In 2011 the Kentucky Legislature passed Senate Bill 110 or the " Better Access to Quality Eye Care " bill. The Kentucky law became effective on June 8, 2011 and constituted an expansion of Optometrists' scope of practice which allows Kentucky Optometrists to perform anterior laser procedures, remove benign lesions from the eyelid, and granted increase authority to allow medicines to be delivered by injections or other appropriate forms. To date the Kentucky Board of Optometric Examiners has credentialed over 250 Optometrists to perform these expanded therapeutic procedures. This law has been successful in delivering medical eye care to underserved areas of the state as Optometrists credentialed in expanded therapeutic procedures practice in 83 out of Kentucky's 120 counties.

To date there have been approximately 5000 laser and surgical procedures performed in Kentucky by Optometrists and the Board of Optometric Examiners has received no complaints and has not heard of any adverse outcomes relating to the performance of this expanded scope of practice.

We hope this information has been helpful and should you require any additional information, please let us know.

Sincerely,

A handwritten signature in black ink that reads "William T. Reynolds O.D.".

William T. Reynolds O.D.
Kentucky Board of Optometric Examiners



March 5, 2015

Senator Cathy Giessel
716 W. 4th Ave., Ste. 511
Anchorage, AK 99501

Dear Senator Giessel:

This letter is intended to request your support for SB 55 and to explain why it is a positive change, as well as negate potential reservations for the bill.

SB 55 allows for the regulation of licensing and continuing education requirements to be policed by the Optometric board. This makes intuitive sense since we understand our profession well and will have a better grasp on how to adapt - just as all medical professions have to do - with time and advancements. SB 55 will favorably impact the citizens of Alaska by allowing for timely and quality advancements of regulations, while simultaneously lessening the burden for Occupational Licensing.

The profession of Optometry has changed drastically over the last several decades, as I dare say most medical professions have. The current legislation is grossly outdated and SB 55 defines modern optometry. Not only are we experts in optics, but we receive extensive training with respect to systemic and ocular health. We are trained to diagnose and manage ocular diseases with various imaging equipment and lasers, prescribe pharmaceuticals, and perform minor procedures. Despite the fact that we have this training, my colleagues and I are currently not allowed to use it to its full capacity. This is a travesty and certainly not beneficial to the Alaskan public. SB 55 provides a safeguard by requiring specific qualifications for any procedures performed and it clearly defines limitations of practice. I am not a surgeon, nor do I want to be, and desiring to use the education I earned to be the best clinician I can be seems perfectly logical and reasonable.

As our profession evolves, so do other aspects of medicine, such as pharmaceuticals. These evolutions have historically required legislature for statute changes. SB 55 allows the details of the current pharmaceutical prescribing authority to be regulated by the board, which will likely be more effective, as seen with other prescribing professions.

In summary, SB 55 will increase efficiency and effectiveness of regulating optometric physicians in the state of Alaska. It also accurately defines the profession and our scope of practice.

Thank you for listening, and on behalf of my fellow colleagues and myself, I appreciate your consideration of SB 55.

Very respectfully,

Kara Reynolds, OD
Vice President, Alaska Optometric Association

March 7, 2016

Subject: Support of SB55

I am a lifelong Alaskan. I have been in private practice here in Anchorage since 1982. I am asking your support of SB55.

SB55 does not authorize optometrists to do any procedures--it only gives the state board authority to regulate the profession for the safety of the public.

The state board would never authorize optometrists to do anything beyond their scope of education and training, as is clearly stated in SB55.

On every legislation for over the past 40 years, organized ophthalmology has claimed "terrible harm by optometrists" yet history proves this has NEVER been true

Once again, thank you for your support of SB55.

Steve Dobson, O.D.

3/7/2016

The Honorable Mia Costello
Chair, Senate Labor and Commerce Committee
Alaska Senate

Dear Chairwoman Costello,

I am writing to request that you and your fellow committee members support SB55. This bill updates and modernizes the Alaska Optometry Statute.

As an independent, honorable healthcare profession that provides the majority of eye care to the Alaskan public the state optometric board is best qualified to regulate the profession for the safety of the public. Currently Alaska Optometry Law (08.72.240) states that licensees must "keep informed of or use current professional theories or practices". The statutes for the boards of dentistry, medicine, and nursing set the details of practice in regulation allowing flexibility with changes in modern technology and education as they occur. SB 55 doesn't authorize optometrists to do procedures. It does give the state board authority to regulate the profession for the safety of the public as other professional boards do.

In addition, it will give Alaska citizens the best access to affordable eye care with over 150 optometrists providing the majority of care (only 20 ophthalmologists) in all settings, from urban Anchorage to Alaskan villages.

As a profession we have some of the lowest malpractice insurance rates in healthcare. This speaks to the good clinical and professional judgement that our profession has exercised for decades. When specialty eye care and surgery is required we will not hesitate use that judgement just as general ophthalmology, family practice and nurse practitioners do.

Sincerely,

Victoria Blower, O.D.
Accurate Vision Clinic
Care as Personal as it is Effective
207 E. Northern Lights Blvd
Suite 101
Anchorage, AK 99503
907-272-9800
victoria_blower@hotmail.com



Tanana Chiefs Conference

March 9, 2016

To: Senate Labor and Commerce Committee Members
Re: Tanana Chiefs Conference Support of Senate Bill 55 (SB 55)

Senator Mia Costello, Chair, Senate Labor and Commerce Committee and Committee members,

This important bill would allow the Alaska Board of Optometry to change regulations in the optometry statutes without requiring legislative approval. With changes in technology and training, the statutes governing optometric practice become outdated and changing them currently requires a legislative act. The bill would remove politics from the process and allow the Board to act independently, in parity with other professional boards such as physicians, nurse practitioners and dentists. Tanana Chiefs Conference supports this legislation as the ultimate outcome will be better care for patients.

Alaska citizens should have the best access to affordable eye care. Optometrists provide the vast majority of eye care throughout Alaska, including remote towns and villages. Costs are reduced when most eye care can be provided locally by family eye doctors instead of traveling to see expensive specialists. When needed, optometrists work closely with ophthalmologists referring patients for specialty care and surgery, just as family doctors and nurse practitioners refer to specialists when needed. That important step would not be affected by SB 55. Instead, SB55 insures that **all Alaskans** will have continued access to the latest in quality Optometric eye care, services and technology.

With the passage of SB55, the Alaska State Board of examiners in Optometry would continue to protect the interests of the public through continued monitoring of licensure requirements including training, testing and certification.

Sincerely,
Tanana Chiefs Conference

Victor Joseph,
TCC President and CEO

March 16, 2015

Dear Honorable Members of the Health and Social Services Committee,

My name is Forrest Messerschmidt. I have been a member of the Optometric community, practicing in Juneau for 26 years. I am currently a member of the Alaska Board of Optometry and am writing to ask for you to please support SB 55.

This bill updates the Alaska Optometry statutes in several areas, making it similar to the dental and nurse practitioner statutes, whereas the board determines the regulatory details of practice. This allows more flexibility as technology advances.

It places the details of the continuing education requirements back into regulation where they belong, as the Department indicated they desired many years ago. Current regulations already require 36 hours per license period, and the deleted hours shown are redundant and require unnecessary work for Occupational Licensing.

SB 55 leaves the details of the current pharmaceutical prescribing authority up to the board through regulation, as with the other prescribing professions. But the bill does clearly prohibit injections into the vitreous body of the eye, which is done by specialty ophthalmologists.

SB 55 re-writes the optometry definition which is currently over 40 years old. Optometrists are trained to perform far more advanced procedures than many years ago. The new definition clearly defines modern optometry, and allows the board the flexibility to assure protection of the public. And there is a section on limitations on practice which excludes any invasive surgery, and a section clearly defining all the excluded surgery reserved for ophthalmology, including laser PRK, even though many optometrists can perform this in a few other states, it is still prohibited in SB 55.

Thank you for your time,

Forrest Messerschmidt, OD

Member, Alaska Board of Optometry

February 19, 2015

Senator Cathy Giessel:

I am your constituent asking you to please support SB 55.

SB 55 updates the Alaska Optometry statutes in several areas, making it similar to the dental and nurse practitioner statutes, whereas the board determines the regulatory details of practice. This allows more flexibility as technology advances.

It places the details of the continuing education requirements back into regulation where they belong, as the Department indicated they desired many years ago when I was on the Optometry Board. Current regulations already require 36 hours per license period, and the deleted hours shown are redundant and require unnecessary work for Occupational Licensing to track.

SB 55 leaves the details of the current pharmaceutical prescribing authority up to the board through regulation, as with the other prescribing professions. But the bill does clearly prohibit injections into the vitreous body of the eye, which is done by specialty ophthalmologists. Alaska optometrists currently prescribe scheduled drugs including schedule 2 hydrocodone as approved last legislative session.

SB 55 re-writes the optometry definition which is currently over 40 years old. Optometrists are trained and currently perform far more advanced procedures than many years ago, such as diagnostic imaging, laser imaging, and prescribing pharmaceuticals. This new definition clearly defines modern optometry, and allows the board the flexibility to assure protection of the public. There is also a section on limitations on practice which excludes any invasive surgery, and a section clearly defining all the excluded surgery reserved for ophthalmology, including laser PRK, even though many optometrists can perform this in a few other states, it is still prohibited in SB 55.

Sincerely,

Jeffrey A. Gonnason, OD

drjeffg@gmail.com

Past Chair, Alaska Board of Optometry
Past President, Alaska Optometric Association

March 28, 2016

Senator Costello,

I read with interest an article opposing SB 55 written by an Anchorage ophthalmologist published in Alaska Dispatch News on March 14, 2016. I attended The Ohio State University College of Optometry from 2001-2005, as did another Alaskan optometrist, Kathleen Rice, before each of us went on to complete post-graduate residencies and board certification. Right next door at Ohio State College of Medicine from 2001-2005 was the author of the article. While there were multiple inaccuracies in the article such as the implication that ophthalmologists manage all of their own surgical complications (they don't, and the Hippocratic oath states "nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery"), I found the author's statement that optometrists have "far less medical education and clinical training" to be particularly suspicious due to direct overlap between both her curriculum/instructors at Ohio State and mine. The article goes on to question optometrists' ability to prescribe pharmaceuticals, something the profession has a track record of doing safely for roughly 40 years. Of particular note, her Ohio State College of Medicine and my College of Optometry had direct overlap in pharmacology instruction and more.

The shared professors and curriculum between Ohio State optometry and medicine that immediately came to mind included pharmacology classes, instructors such as Dr. Popat Patil, medical school professor of the year Dr. Richard Fertel (see attached bio referencing this curriculum overlap), Dr. Steve Katz, and several others. We had several of the SAME professors.

While there is overlap between our education and patient care, optometry is historically a distinct and separate profession from medicine. Optometry as an organized profession prides itself on providing over 100 years of the highest caliber eye care through quality education and continuously expanding knowledge, research, and clinical skill. It is unfortunate that this has been perceived as a threat by certain other professionals who have appeared to be more interested in protecting what they see as theirs than allowing a parallel profession of different historical basis to provide the needed, quality, and life-enhancing vision and eye care that OPTOMETRISTS within Alaska provide each and every day to more patients in more places. Optometry offers affordability, efficiency, and access that is unparalleled; please support this through SB 55.

Sincerely,
David Karpik, OD

March 9, 2016

Dear Chairwoman Costello,

I have been a resident of this state since 1978, and a constituent of Senate District K since 1987. I have actively practiced law in this state since 1981.

I am writing to request that you and your fellow committee members support SB 55. This bill ends the decades long discrimination that Optometric Physicians have labored under compared to other licensed health care professionals such as dentists, medical doctors, and nurses--each of whom are governed by their own boards. It would also unburden the legislature from oversight of medical, pharmaceutical and technology advances and issues related to the practice of optometry over which the legislature has no special expertise.

The only opposition to this bill of which I am aware, is the same opposition that has been raised to every single previous legislative authorization that has merely permitted optometrists to safely practice with the scope of their special training and expertise. That opposition is the apocalyptic fear mongering of ophthalmologists, who in the guise of public safety are merely "protecting turf", by substantially and unnecessarily increasing the cost of primary eye care to the citizens of this state. One only need examine the legislature history of previous bills which finally allowed Optometrists to use diagnostic drugs (such as dilation drugs for eye examinations), and years later, therapeutic drugs (such as topical antibiotics to treat pink eye). In each case the ophthalmologists came out in force to oppose these bills, claiming public safety would be sacrificed. In each case, Alaska merely did what most of the country had already done, and experienced the exact same result--safe, effective, local primary eye care by Optometrists, at massively lower prices than had the same service been provided by ophthalmologists.

Please perceive the sole opposition to this bill for what it is: a naked effort to restrain trade at the expense of the citizens of Alaska. SB 55 will give Alaska citizens the best access to affordable eye care with over 150 optometrists providing the majority of care (compared to only 20 ophthalmologists) in all settings, from urban Anchorage to Alaskan villages.

If the claims of ophthalmologists held an inkling of truth, Optometrists would not have the lowest malpractice insurance rates in healthcare. That fact illustrates the good clinical and professional judgement that Optometrists have exercised for decades. Again, I urge your support of SB 55 for the sake of all Alaskans, except perhaps, for a few ophthalmologists.

Sincerely,

Dave Schmid

Law Offices of David J. Schmid
2301 Loussac Drive
Anchorage, AK 99517 (907) 276-4335

March 6, 2016

Sent to the members of Senate L&C:

Please support SB 55.

This thoughtful legislation, sponsored by Vice-Chair Giessel, will update Alaska Optometry statutes by allowing more Board autonomy. This will allow the Board of Optometry more flexibility with technological advancement while ensuring public safety. This will also bring Alaska Optometry statutes more in line with dentistry and nurse practitioners.

SB 55 is not about practice expansion. It specifically restricts numerous invasive procedures. Sadly, opponents of SB 55 have resorted to misleading fear mongering in an effort to defeat this worthwhile legislation.

As a member of the Alaska Board of Optometry, I personally take my oath to protect and serve the citizens of Alaska very seriously. The Board is comprised of very experienced, conservative and seasoned practitioners as well as a public member, who, with oversight from the Alaska Attorney General's office, can be completely trusted to fulfill the primary mission of public protection.

Thank you for hearing this bill and for your support.

Sincerely,

Damien R. Delzer, O.D.
Member, Alaska Board of Examiners in Optometry
Senior Examiner, National Board of Examiners in Optometry
Diplomate, American Board of Optometry
Course Reviewer, Association of Regulatory Boards of Optometry



Memorandum of Support

DATE: February 29, 2016
TO: Honorable Members of the Alaska Labor and Commerce Committee
FROM: Dr. Steven A. Loomis, President, American Optometric Association (AOA)
RE: Senate Bill 55 SUPPORT

On behalf of the American Optometric Association (AOA), I would like to communicate our unified support for Senate Bill 55, currently assigned to the Senate Labor and Commerce Committee.

SB 55 would allow practicing doctors of optometry to employ the same comprehensive, quality, standard of care, to better diagnose and treat vision health related issues. SB 55 would also encourage current optometric students to return home to Alaska when their education is complete, so these new doctors of optometry could utilize the same high levels of eye care being taught by optometric colleges nationwide.

Senate Bill 55 would not broaden the scope of what conditions optometrists currently manage and/or treat, but would simply enable doctors of optometry to utilize the latest technologies to bring their patients the best possible eye care available. By allowing the use of laser technology to treat conditions optometrists already manage, it will grant Alaskan citizens access to the most up to date eye care in their local communities, saving patients valuable time and additional costs by having these procedures done within the optometrist's hometown office.

In those states that currently utilize the latest laser technology for optometric practices, the liability insurance rates have not seen any significant increase, and remain a significant objective standard for the measure of the risk associated with a medical professions practice. Not only have liability rates remained low in these states which utilize lasers for optometry, there has not been a single reported complaint to those states governing body or legal actions associated with the employment of these devices.

Accordingly, the American Optometric Association **SUPPORTS SB 55** and would ask for your **YES VOTE ON SB 55** in the Senate Labor and Commerce Committee when it comes before you for a vote. If you have any questions, please feel free to contact AOA's Director of State Government Relations, Daniel Carey, at dcarey@aoa.org or 703-837-1343.

Sincerely,

A handwritten signature in black ink, appearing to read "S.A. Loomis".

Steven A. Loomis, O.D.
President, American Optometric Association



ALASKA VISION CENTER, INC.

A MEMBER OF

Geering Matheson, OD • :

Bixby-DuBois, OD

Dear Legislators,

Please support SB 55.

This bill updates the Alaska Optometry statutes, making it similar to the dental and nurse practitioner statutes, whereas the board determines the regulatory details of practice. It places the details of the continuing education requirements back into regulation. Current regulations already require 36 hours per license period. SB 55 leaves the details of the current pharmaceutical prescribing authority up to the board through regulation, which is more consistent with other prescribing professions in our state.

SB 55 re-writes the optometry definition which is currently over 40 years old. As a recent graduate, I have been exposed to diagnostic techniques and treatment options that have been established in other states. I believe SB 55 will allow our state the flexibility it needs to ensure the protection of the public while defining the exclusions in invasive surgery. SB 55 will be best for the future of the Alaskan field of Optometry.

Sincerely,

Dr. Sarah Bixby-DuBois, Optometrist
Alaska Vision Center, Inc.
Juneau, AK 99801
sarahbixbydubois@gmail.com

**Senate Bill 55
Support E-mails**

Hello Sen. Costello,

I know you are in the midst of a busy legislative session, but I'd like to urge you to support SB 55. This bill would allow the Optometrists to be regulated by the State Board. As it stands now, with any change in technology or medical advancement, the Optometrists have to have legislative approval to keep up with the times. In my opinion, this is a burden to the Optometrists, as well as to the State.

I respectfully ask that you please support SB-55 as you prepare for the Labor and Commerce Committee hearing, Thursday March 10th.

Warm Regards,

Brennan & Valerie Walsh
3925 W. 79th CT
ANC, AK 99502

Dear Senator Ellis,

I am writing to encourage your support of Senate Bill 55. This bill would improve patient access to care and help reduce costs. It does not allow for optometry to perform any procedures as clearly stated in SB55, but rather provides the State Board authority to regulate it's profession for the good and welfare of the patient, like the other prescribing professions. Optometrists are recognized at Physicians under Federal Medicare law, with a history of impeccable patient safety. Thank you for your consideration.

Sincerely,

Ladd Nolin O.D.
Alaska Eye Care Centers

Senator Costello,

I am writing to ask for your support of SB 55, a bill that would modernize the statutes regarding the practice of optometry. An overwhelming majority of Americans choose optometrists to provide their eye care, with recent studies estimating that 85% of comprehensive eye examinations are provided by trusted optometrists. In Alaska, this number is likely even higher

than the national average due to the widespread geographic distribution of doctors of optometry within the state.

SB 55 does not authorize new procedures, it simply places the responsibilities regarding the day to day regulation of the profession with the state board of optometry rather than taking more of the precious time of you and your fellow lawmakers in utilizing the legislative process to update the practice of optometry. Modern teachings and research continuously change best practices. The best and most cost-effective care for Alaskans comes from prompt application of these best practices.

Thank you for your time, and please support SB 55.

Sincerely,

David Karpik, OD
Kenai Vision Center

Dear Senator Cathy Giessel,

Please support SB 55! SB 55 updates the Alaska Optometry statutes, allowing the board to determine the regulatory details of practice.

SB 55 places the details of the continuing education requirements back into regulation where they belong, as the Department indicated they desired many years ago.

SB 55 leaves the details of the current pharmaceutical prescribing authority up to the board, through regulation, as with the other prescribing professions. The bill does clearly prohibit injections into the vitreous body of the eye, which is done by specialty ophthalmologists.

SB 55 brings the definition of optometry into 2015. Optometrists are trained to perform far more advanced procedures than many years ago. The new definition clearly defines how optometrists are already practicing and allows the board the flexibility to assure protection of the public. And there is a section on limitations on practice which excludes any invasive surgery, and a section clearly defining all the excluded surgery reserved for ophthalmology, including laser PRK, even though many optometrists can perform this in a few other states, it is still prohibited in SB 55.

Sincerely, Kathleen Rice, OD Kenai, AK

Dear Senator Giessel,

My wife and I have practiced optometry in Fairbanks for the past fifteen years. We initially arrived in Alaska as an active duty family at Bassett Army hospital, but found that the kindness of the people that make up the community of Fairbanks encouraged us to make Alaska our home.

During our time serving the community of Fairbanks as optometrists we have always appreciated the Alaskan legislature's willingness to adjust the state's statutes to reflect the advances in technology available to our profession and the ever evolving scope of optometric practice. Optometrists provide the majority of primary eye care in our community and the increased scope of practice over the years has definitely improved our patients access to timely therapeutic intervention.

Thank you for supporting SB 55, as this bill would allow the Alaska Board of Optometry to regulate our continued education requirements and scope of medical prescribing to reflect the current advances in optometric education and technology. This bill would allow the board of optometry to insure proper protection of the public as is the case for many of the other board regulated professions in Alaska. We are blessed to practice in a state that has always recognized the advancements in optometric patient care.

Thank you,

Drs. Chad and Colleen Personett Fairbanks, AK

Dear Ms. Conway,

As an optometrist with 26 years experience (20 in Alaska), I strongly support DROPPING the injections course requirement. We optometrists DO NOT DO INJECTIONS. It is a hostile requirement introduced to HARM optometry.

D J Kosterman OD

Please support SB 55.

This bill updates the Alaska Optometry statutes in several areas, making it similar to the dental and nurse practitioner statutes, whereas the board determines the regulatory details of practice. This allows more flexibility as technology advances.

It places the details of the continuing education requirements back into regulation where they belong, as the Department indicated they desired many years ago. Current regulations already require 36 hours per license period, and the deleted hours shown are redundant and require unnecessary work for Occupational Licensing.

SB 55 leaves the details of the current pharmaceutical prescribing authority up to the board through regulation, as with the other prescribing professions. But the bill does clearly prohibit injections into the vitreous body of the eye, which is done by specialty ophthalmologists.

SB 55 re-writes the optometry definition which is currently over 40 years old. Optometrists are trained to perform far more advanced procedures than many years ago. The new definition clearly defines modern optometry, and allows the board the flexibility to assure protection of the public. And there is a section on limitations on practice which excludes any invasive surgery, and a section clearly defining all the excluded surgery reserved for ophthalmology, including laser PRK, even though many optometrists can perform this in a few other states, it is still prohibited in SB 55.

Thank you for your attention.....Dr. Jerimiah Myers "Doc"

Dear Senator Giessel,

I am writing to ask you to please support SB 55.

SB 55 updates the Alaska Optometry Statute in several key areas.

SB 55 addresses the will of the Department of Commerce, Community and Economic Development to put the continuing education requirements back into regulation--where they belong.

SB 55 will allow the optometric board to determine the regulatory details of practice similar to dental and nurse practitioners. This flexibility is important if we are to continue to bring quality, timely advances in eye care technology to our patients throughout Alaska.

SB 55 updates and clearly defines modern day optometry. In Alaska and around the country, today's optometrist, unlike generations ago, in addition to utilizing pharmaceuticals, employ the use of sophisticated lasers and imaging equipment to best diagnose, manage and treat ocular conditions ranging from glaucoma, corneal disease, to diseases of the retina.

SB 55 safeguards the public by requiring optometrists to be qualified for any procedures they perform.

SB 55 defines limitations of practice. Invasive surgery is expressly prohibited and "invasive" is clearly defined. Thank you for your support.

Sincerely,

Steven S. Dobson, O.D.

President, Alaska Optometric Association Past Chair, Alaska Board of Optometry

Please support SB 55.

This bill updates the Alaska Optometry statutes in several areas, making it similar to the dental and nurse practitioner statutes, whereas the board determines the regulatory details of practice. This allows more flexibility as technology advances.

It places the details of the continuing education requirements back into regulation where they belong, as the Department indicated they desired many years ago. Current regulations already require 36 hours per license period, and the deleted hours shown are redundant and require unnecessary work for Occupational Licensing. We do not need the additional seven hours of injectables training every four years. It is an added cost and requires travel outside of Alaska which results in less days in our clinics treating patients.

SB 55 leaves the details of the current pharmaceutical prescribing authority up to the board through regulation, as with the other prescribing professions. But the bill does clearly prohibit injections into the vitreous body of the eye, which is done by specialty ophthalmologists.

SB 55 re-writes the optometry definition which is currently over 40 years old. Optometrists are trained to perform far more advanced procedures than many years ago. The new definition clearly defines modern optometry, and allows the board the flexibility to assure protection of the public. And there is a section on limitations on practice which excludes any invasive surgery, and a section clearly defining all the excluded surgery reserved for ophthalmology, including laser PRK, even though many optometrists can perform this in a few other states, it is still prohibited in SB 55.

CDR Sarah Stienbarger, OD, FAAO

Please support SB 55.

This bill updates the Alaska Optometry statutes in several areas, making it similar to the dental and nurse practitioner statutes, whereas the board determines the regulatory details of practice. This allows more flexibility as technology advances.

It places the details of the continuing education requirements back into regulation where they belong, as the Department indicated they desired many years ago. Current regulations already require 36 hours per license period, and the deleted hours shown are redundant and require unnecessary work for Occupational Licensing.

SB 55 leaves the details of the current pharmaceutical prescribing authority up to the board through regulation, as with the other prescribing professions. But the bill does clearly prohibit injections into the vitreous body of the eye, which is done by specialty ophthalmologists.

SB 55 re-writes the optometry definition which is currently over 40 years old. Optometrists are trained to perform far more advanced procedures than many years ago. The new definition clearly defines modern optometry, and allows the board the flexibility to assure protection of the public. And there is a section on limitations on practice which excludes any invasive surgery, and a section clearly defining all the excluded surgery reserved for ophthalmology, including laser PRK, even though many optometrists can perform this in a few other states, it is still prohibited in SB 55.

Thank you. Marilyn Holm, OD

Mrs. Conway,

Please support SB 55.

This bill updates the Alaska Optometry statutes in several areas, making it similar to the dental and nurse practitioner statutes, whereas the board determines the regulatory details of practice. This allows more flexibility as technology advances and in today's ever changing healthcare environment it is important to be able to adapt quickly.

It places the details of the continuing education requirements back into regulation where they belong, as the Department indicated they desired many years ago. Current regulations already require 36 hours per license period, and the deleted hours shown are redundant and require unnecessary work for Occupational Licensing. It has been my personal experience that working with the State Licensing Department is cumbersome at best. When I was first applying for my Alaska license in 2010, there was not even a person designated to handle Optometry licenses which caused unnecessary delay.

SB 55 re-writes the optometry definition which is currently over 40 years old. Optometrists are trained to perform far more advanced procedures than many years ago. The new definition clearly defines modern optometry, and allows the board the flexibility to assure protection of the public. And there is a section on limitations on practice which excludes any invasive surgery, and a section clearly defining all the excluded surgery reserved for ophthalmology, including

laser PRK, even though many optometrists can perform this in a few other states, it is still prohibited in SB 55.

Sincerely,

Benjamin Crawford, O.D. Accurate Vision Clinic

Dear Senator Giessel,

I am writing to you in support of SB 55 regarding the practice of Optometry. As a former chair of the State of Alaska Board of Examiners, I have spent a lot of time reviewing and working with both the Optometry statutes and regulations. SB 55 should be supported because it not only removes the required continuing education requirements from the statute and puts it back in regulation, but also because it redefines Optometry and defines invasive surgery.

I feel these changes would enable the board to react, via the regulatory process, to changes as technology advances. This is more consistent with other prescribing professions in the state. Having the definitions of Optometry and invasive surgery in statute provides safety to the public in that these definitions clearly define modern Optometry and limits invasive surgery. While the Board would be confined to these definitions and restrictions, I feel SB 55 still allows the Board enough room to update the regulations to coincide with advancements in the field of Optometry for the foreseeable future.

Thank you for your consideration of this bill.

Sincerely,

Jill Geering Matheson, OD

Dear Senator Giessel:

I am writing to ask for your support of SB 55.

SB 55 changes the Alaska Optometry statutes to allow the Alaska Board of Examiners in Optometry to determine the regulations regarding the practice of Optometry. This change is similar to the current statutes for dentistry and nurse practitioners in Alaska. SB 55 would allow the Alaska Board of Examiners in Optometry to make changes in the Optometry regulations when advances in training and technology occur within the profession.

SB 55 would also put the details of continuing education for Optometrists into

regulation. Currently continuing education requirements are in statute and some of those statutes were written decades ago. SB 55 would allow the Alaska Board of Examiners in Optometry to change the educational requirements as technology advances and keep the educational requirements for practitioners up to date with current training at Schools and Colleges of Optometry.

Additionally SB 55 would put the details of pharmaceutical prescribing in the authority of the Alaska Board of Examiners in Optometry. It would however limit pharmaceutical prescribing to conditions related to the eye and would prohibit injections into the vitreous cavity of the eye.

SB 55 also modernizes the definition of Optometry to be up to date with the training of Optometrists today. The current definition of Optometry was written over 40 years ago and does not reflect the training that Optometrists receive today. The new definition also prohibits invasive surgical procedures which Optometrists are not trained to perform.

I support SB 55 and humbly ask for your support of this legislation as well.

Sincerely,

Paul M. Barney, OD

Dear Senators Costello, Meyer, Stevens, Ellis and Giessel,

I am writing to support and clarify the primary purpose of SB 55. It is in line with AS 08.72.010 (Creation and Purpose of the [Optometry Examiners] Board) which is "to regulate and control the practice of optometry and to protect and promote the public health, welfare, and safety." SB 55 furthers that purpose by helping Alaska's Primary Eye Care Doctors, Optometrists, to continue providing high quality eye care to all communities across the state.

Optometrists are the primary providers of eye health care for most Alaskans and we do so all over the state. They greatly outnumber the very small number of ophthalmologists whose practices are mostly located in our two largest cities. Most importantly, our history of providing primary eye care is exceptional.

Critics of the bill are arguing against abuses that to date have been non-existent and disregard the safeguards in place through the Board, safeguards enhanced by this bill.

Optometrists are clearly well aware of the limits of our training and the record is clear that we have always readily and freely referred patients to ophthalmologists when appropriate as you would expect from professionals.

I encourage you to move SB55 on to a vote promptly.

Laura Kompkoff, O.D.

Katmai Eye and Vision Center

Dear Senator Giessel,

I have been an Optometrist in Alaska since 2008, and am the owner of Northern Lights Eye Care. I am writing in hopes that you will support SB 55.

SB 55 will allow the state board of Optometry to govern itself similar to other prescribing professions in the state, such as Dentists and Nurse Practitioners. This would allow the board to more easily adapt to changes in technology and advancements in the profession that would benefit the general public without having to wait for costly and time consuming legislation.

As Optometrists, we provide the vast majority of eye care throughout the state, and take pride in treating eye diseases and caring for Alaskans eyes. Attack ads against SB 55 claim that we are trying to do surgery "with knives and scalpels". This is just not true; as a profession we have an excellent track record of providing comprehensive eye care within our scope of training, and SB 55 will only help to ensure that we are able to continue to provide great care to Alaskans. I hope that you will support Optometry with your vote in support of SB 55.
Sincerely,

Adam Huff, O.D. Northern Lights Eye Care

Hello Senator,

I am writing to let you know that I am in favor of SB 55.

I have been practicing optometry since 1973. I moved to Bethel, Alaska in 1978 and opened my practice in Soldotna in 1983.

Passing this bill will not change anything that I do in my practice today. SB 55 only gives the state Board of Examiners in Optometry authority to regulate the profession in accordance with current education and training.

Please know that the disinformation campaign by some of the ophthalmologists is full of lies. Their radio ad about optometrists using scalpels is ludicrous. Although I have to be honest with

you – my personal doctor, an M.D., just gave me a scalpel last week, so I can shave the annoying callus on my foot.

I appreciate all the work you do for the Kenai Peninsula and I would appreciate your support of SB 55. Thanks for your time.

Sincerely,

John A. Demske, O.D.

I was born and raised in Wrangell, Alaska and have recently graduated from optometry school. I now practice in Anchorage and hope to continue providing quality eye care, especially to those living in small communities. I am asking your support of SB 55.

The State Board would NEVER authorize optometrists to do anything beyond their scope of education and training, as is clearly stated in SB 55.

Alaska citizens should have the best access to affordable eye care, and optometrists provide the vast majority of eye care throughout Alaska, including remote towns and villages.

When needed, optometrists work closely with ophthalmologists referring patients for specialty care and surgery, just as family doctors and nurse practitioners refer to specialists when needed.

Thank you for your time and your support of SB 55.

Ashley Kettler, O.D.

Dear Senator Giessel,

I'm sure you've heard about SB 55, since there are some outlandish claims about what this bill does.

Optometrists are not a bunch of knife wielding idiots hoping to get sued. This bill does not allow optometrist to do surgery.

For the past 40 years, ophthalmologists have been making wild claims about how changes in The Optometry law is going to cause Alaskans to go blind and other various dire consequences. It hasn't happened. As an independent measure of the danger we are causing, let's look at malpractice rates for optometrists: the average premium for optometrists is \$485 a year.

Hmmm, doesn't sound like we're a big threat. Maybe ophthalmologists out to look and see who's driving up there rates and quit worrying about a turf war.

Since optometrists are located in areas where ophthalmologists aren't, doesn't it make sense to have health care providers practicing at their highest level of competency instead of patients having to travel hundreds of miles to receive care? If it's outside of our training, or beyond what a particular practitioner is comfortable treating, the patient will be referred for to the appropriate doctor. That's what we do now!!! We really don't want to end up in a court room.

So Senator Giessel, I'm asking for your continued support of SB 55, and hope you might share these thoughts with your colleagues.

Dennis A Swarner
OD Kenai Vision Center

Dear Senator Cathy Giessel :

Thank you very sincerely for your public service. I especially appreciate any effort that may help provide our fellow Alaskans and the generations of Alaskans to come, a modern, efficient, safe and personal healthcare system.

Since arriving in Alaska in the early 1970's with my dad, an Air Force medical doctor (pathologist) and my mom, a teacher and business woman, I have seen many changes here in Alaska. At an early age while

attending high school in Girdwood, I decided to dedicate my life to serving others as a healthcare provider. I wanted to be part of that change. Most fortunately, I met the love of my life, now my wife, Dr. Rebecca Makar, in the early 1980s and she too had the same goals. We both spent our early years ski racing for UAA, attending premed classes at UAA & Pacific Lutheran University, training to become optometrists and then finally moving immediately back to serve Alaskans. For years we trained with & worked in the same practice with ophthalmologists (one is my wife's father). Today we work in our own practice in midtown Anchorage, which is open evenings & 6 days a week and we still coordinate care & work together with many types of medical professionals/providers over the phone and through referrals & consultations to provide a key role in a great and hopefully improving healthcare system. As the providers of eye care to the highest percentage of a population, optometrists see the most diverse set of eye diseases, so they often make themselves available to patients whenever they need us. Some travel to remote areas. It is expensive for patients to travel to cities to see specialists and I've seen it first hand for 20 years. Although it's been an arduous path and it still is, we intend to continue to bring the latest technology & medical care to Alaska.

With SB 55, the state board would be able regulate optometry as the other prescribing professions, which would facilitate bringing this new medical technology and better healthcare to our patients in Alaska. The board of optometry would NOT let optometrists practice beyond their scope of training and education and I have never met an optometrist that expressed an interest in practicing that way. They are a kind group of professionals set on making the world a better place. We care for hundreds of thousands of individuals that we see not just in our practice, but also when we are living our everyday lives at the grocery store, on the streets and hiking trails. These are our friends, family, neighbors, tourists, and remote Alaskan residents.

Please support of SB 55. We are committed to continue to work diligently to provide great care and make Alaskans proud of their healthcare system.

Very Sincerely

Anthony Makar OD

I am an optometric physician who has practiced in Ketchikan since 1990. I have practiced in Alaska since my graduation from optometry school in 1986. Prior to coming to K-town I spent 3 years in Barrow serving the residents of the North Slope. I have committed my professional career to preserving and enhancing the eye and visual health of rural Alaska . In the time I have been in Alaska I have seen

optometry advance as a profession. I have seen us become the "family eye doctor". I am a trusted member of the health care team. Daily I work with the gamut of local health care providers as the go to eye expert in our community. Daily I refer to and work with ophthalmologists and other specialty providers from the Alaska and the northwest to maximize outcomes for our patients through cooperative management of eye and related health conditions. Much of this advancement came because of legislation that modernized state law to allow doctors of optometry to expand their practice as knowledge, training, and technology advanced. SB 55 is the next logical step in the evolution of modern optometric practice. It is particularly applicable in our state where the doctor of optometry is the eye expert.

I am asking your support of SB55. SB55 does not authorize doctors of optometry to do any procedures--it only gives the state board authority to regulate the profession for the safety of the public. The state board cannot authorize optometrists to do anything beyond their scope of education and training, and this is clearly stated in SB55. SB 55 allows the State Board to regulate optometry just as other prescribing professions...without having to always return for legislation when new technology develops. Costs are reduced when local eye care providers are able to practice at a level commensurate with their experience and training. This will help reduce the number of trips a rural patient must make to see specialists. Additionally, new doctors of optometry are looking for places where they can practice the full spectrum of their

skills. This modernization legislation will allow rural Alaska to be competitive in attracting quality young doctors. If you have questions regarding SB 55 feel free to contact me

Once again, thank you for your support of SB55.

Erik D. Christianson, O.D.

As a born and raised Alaskan and the owner of my own private practice, I am asking for your support of SB55.

Alaska citizens should have the best access to affordable eye care, and Optometrists provide the vast majority of eye care throughout Alaska, including remote towns and villages such as Kodiak.

Costs are reduced when most eye care can be provided locally by family eye doctors instead of traveling to see expensive specialists.

When needed, Optometrists work closely with Ophthalmologists referring patients for specialty care and surgery, just as family doctors and nurse practitioners refer to specialists when needed.

Thank you very much for your support of SB55.

Andrea Eberle, O.D.

Dear Senator Mia Costello, Chair, Senate Labor and Commerce Committee;

My name is Nathan Frank, OD, and I am writing to ask for your support of SB 55, which will allow the state board of optometry to regulate the profession of optometry for the safety of all Alaskans.

There has been little mention of what an optometrist undergoes to earn their Doctorate of Optometry degree. I'd like to provide a brief synopsis of my background to help you understand my point of view. I attended four years of undergraduate education, followed by four years of optometry school, and finally completed an accredited residency affiliated with The Johns Hopkins Hospital in order to specialize in Ocular Disease. In addition to this formal education, I have lectured at numerous continuing education classes, attended hundreds of hours of

continuing education, and frequently spend my free time reading the newest and most up-to-date eye care research. Additionally, I continue to train internal medicine and family practice residents at my current practice, Ophthalmic Associates—where I work as the only optometrist alongside four ophthalmologists. As you can extrapolate from my professional experience, optometrists are physicians (as defined and accepted as under Federal Medicare law) and should possess the right to treat patients accordingly.

As a resident and practicing optometrist, I've worked directly with ophthalmology in a group setting at three different private practices spanning Maryland and Alaska. In this time, I've learned the patient benefits most when optometrists can practice to the fullest extent of their knowledge and training. Passing SB 55 will allow optometrists to maximize their skill set and provide the best care to patients. I would like to point out that SB 55 does not authorize optometrists to do any procedures; it only gives the state board authority to regulate the profession for the safety of the public. I am not writing because I wish to perform surgeries, I am writing to you simply to ask you to pass this bill to ensure I can practice within my realm of expertise. Just as a family practice physician would not perform open-heart surgery or an occupational therapist would not diagnose a congenital deformity, optometrists are not attempting to do anything beyond their scope of education and training, as is clearly stated in SB 55.

Passing SB 55 will immensely benefit the greater population of Alaska. Not only will the multidisciplinary nature of eye care continue to flourish, but also Alaska citizens will experience increased access to affordable eye care. Optometrists provide the vast majority of eye care throughout Alaska, including remote towns and villages. In addition to increased access to eye care, the population will experience reduced costs when most eye care can be provided locally by optometrists.

By allowing optometrists to effectively regulate their scope of practice by passing SB 55, you will improve patient eye care in Alaska. Thank you for your time and consideration of this matter.

Sincerely,

Nathan Frank, OD

Optometrist, Ophthalmic Associates

Hello,

I am a local optometrist who practices here in Anchorage and I am asking for your support for SB55.

Alaska citizens should have the best access to affordable eye care, and optometrists provide the vast majority of eye care throughout Alaska, including remote towns and villages. Restricting competition for no valid reason greatly raises the cost of care. Costs are reduced when most eye care can be provided locally by family eye doctors instead of traveling to see expensive specialists.

When needed, optometrists work closely with ophthalmologists referring patients for specialty care and surgery, just as family doctors and nurse practitioners refer to specialists when needed.

Thank you for your support of SB55. Jeffrey Mattson, O.D.

I urge you to support SB-55. This bill would allow Optometrists to be regulated by the State Board. Currently, with any change in technology or medical advancement, Optometrists have to have legislative approval to keep up with the times. This is a burden to Optometrists, their patients, as well as the State.

I respectfully ask that you please support SB-55 as you prepare for the Labor and Commerce Committee hearing, Thursday March 10th.

Sincerely,

Maria Crawford

Dear Senator Costello,

I am writing to you regarding SB 55. As a constituent in your district and as an optometrist practicing in Alaska, I would like you to know that SB 55 will help improve the quality of care I am able to provide to my patients by allowing our state board to determine the scope of our practice. As it stands now, when new classes of drugs or non-surgical treatments become part of the practice of optometry as taught in our schools, we have to go back to the legislature to get permission to use them put into state law. It is not efficient and it doesn't make sense when we have a state board of optometry that we can trust to do this. Over the last 40 years, the legislature has passed separate bills to allow us to use diagnostic drugs (eg. dilating drops), topical therapeutic drugs, and oral therapeutic drugs, among others. We as optometrists are not trying to gain the right to practice outside the scope of our training. We only want to make

it possible for us to continue practicing optometry to the full extent of our training in the future. This bill would make it possible for us to do so much more efficiently without having to go back to the legislature every time the practice of optometry advances.

I am asking for your support of SB 55. Please feel free to contact me if you would like to discuss it.

Sincerely,

Jim Falconer

Hello Senators,

I know you are in the midst of a busy legislative session, but I'd like to urge you to support SB-55. This bill would allow the Optometrists to be regulated by the State Board. As it stands now, with any change in technology or medical advancement, the Optometrists have to have legislative approval to keep up with the times. In my opinion, this is a burden to the Optometrists, as well as to the State.

I respectfully ask that you please support SB-55 as you prepare for the Labor and Commerce Committee hearing, Thursday March 10th.

Warm Regards, Vonda Roark-Martinez

Dear Senator Gardner,

I am a lifelong second generation Alaskan and second generation optometrist in Anchorage.

SB 55 allows the State Board to regulate optometry as the other prescribing professions, without having to return for legislation for new technology and delaying quality care for Alaskans.

As a new graduate, this bill would allow the board to recognize my education and training and allow me to provide the best care for my patients. As stated in SB 55, the board would never allow optometrists to provide care outside of their scope of education and training.

Thank you for your support of SB55. Lauren Hazelton OD

Dear Senators,

I am an optometrist and resident of Wasilla, Alaska, and I have practiced optometry in Wasilla since 1984.

I support SB 55 because it allows the State Board of Optometry to regulate the profession of optometry without unnecessary oversight from the medical profession. The new law will allow the Board of Optometry to determine when optometrists may perform new procedures and use new medications, only when their training allows, and without having to turn to the legislative process. It will not result in optometrists doing new procedures that are outside the scope of their training. SB 55 allows for the same level of Board oversight that several of our brothers and sisters in the medical professions have, including physicians and dentists. Please support SB 55 and allow optometrists to be regulated through the State Optometry Board.

Thank you for your consideration and support of SB 55. Respectfully,
Lynn J. Coon, OD, FAAO
Valley Eye Associates, P.C.

Dear Senator Stevens,

Please support SB 55. This bill will allow The Board of Optometry to authorize optometrists to practice based on education and training. For years ophthalmology has claimed that optometry is going to kill or maim the public when optometrists practice based on our education and training. If this was the case our malpractice insurance would cost more than \$485.00 per year. I hope that you will support this bill and recommend you fellow Senators to support it.

Yours truly, John T Shank

Doniece Gott

From: Sen. Anna MacKinnon
Sent: Thursday, April 14, 2016 2:07 PM
To: Senate Finance Committee
Subject: FW: SB55

Kristen Pratt
Legislative Aide
Office of Senator Anna MacKinnon
Alaska State Legislature
Alaska State Capitol | Room 516
(907) 694-8944

From: Holly Morris [mailto:michellehm@yahoo.com]
Sent: Thursday, April 14, 2016 10:11 AM
To: Sen. Pete Kelly <Sen.Pete.Kelly@akleg.gov>; Sen. Anna MacKinnon <Sen.Anna.MacKinnon@akleg.gov>
Subject: SB55

Senators Kelly and MacKinnon,
Thank you for your service to our great State.

I am writing to express my hope that SB 55 stays in committee in order for more time to be taken to look at the language of the bill.

The committee substitute that has come to Finance has definition of surgery; I believe such definition should come from surgeons. Surgeons have not only completed medical school, but have also completed residency and frequently further education in a specialty. While I love my dentist, I would not approach her for oral surgery, nor would I want my chiropractor to perform back surgery on me.

As the legislature grapples with many statutes, I don't think defining medical procedures should be one of them.

I am concerned with Senator Giessel's double standard. She noted that an optometrist would NOT penetrate the globe of the eye in a procedure, then went on to state that an optometrist should be able to remove a fish hook from an eye. That somehow in an "emergency" (while frightening, a fishhook in the eye is not life threatening), an OD has the training to perform surgery that they wouldn't normally perform.

My hope is that the Senate Finance Committee takes further time to look at the language in the bill and does not find themselves pressured to push any bill through the committee.

Thank you for your time and consideration. And again, thank you for your service.
Holly Morris

Sent from Yahoo Mail. [Check it out](#)

Sent from Yahoo Mail. [Check it out](#)