

**HB**

**103**

<TARGET><BILL>HB 103</BILL><SUBJECT>HB  
103</SUBJECT><COMM>HHSS30</COMM></TARGET>



# Representative Ivy Spohnholz

## House Health & Social Services Committee Chair

*Serving House District 16: College Gate, Russian Jack, Nunaka Valley, & Reflection Lake  
Committee Member: Education, Energy, Military & Veterans Affairs, Legislative Budget & Audit*

### Sponsor Statement

#### House Bill 103

“An Act relating to the practice of optometry; and providing an effective date.”

HB 103 modernizes and updates the Alaska Optometry Statute, as many parts are over 50 years old. It allows the optometry board the authority to regulate its practice the same as other prescribing health professions such as dentistry, medicine and nursing. This bill also allows the board to continue to adopt regulations, updated to current practice and moves the continuing education (CE) requirements back into regulations.

Continuing education is still required by current statute, but the hours and subjects will be determined by the board as with other professions. This change allows the board flexibility to control CE requirements and is recommended by the Department of Commerce, Community and Economic Development. The current regulations require more CE hours than the statute subsection deleted by this bill.

HB 103 allows the optometry board to determine prescribed drug schedules, including standards and limitations on practice determined by the board.

The bill ensures that no licensee may perform any procedure beyond the scope of the licensee's education, training, and experience as established by the board. 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, which is currently the case and unnecessarily burdensome.

The optometry definition in this bill is updated to reflect current and modern-day practice.

Session (January-April):  
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Juneau, AK 99801  
Phone (907) 465-4049

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### Sectional Analysis

#### House Bill 103

#### Optometry & Optometrists

#### Section 1

**AS.08.72.050 (4)(6)** updates very old statutes to indicate that regulations shall be adopted to govern the current prescription and use of pharmaceutical agents; and develop uniform standards for the practice of optometry.

#### Section 2

**AS.08.72.060 (c)(4)** the board shall publish advisory opinions regarding standards for the practice of optometry.

#### Section 3

**AS 08.72.181(d)** 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.

#### Section 4

**AS 08.72.272(a)** clarifies the current statute for the board to regulate pharmaceutical agent prescription including standards and limitations on practice determined by the board.

#### Section 5

**AS 08.72.278 Limitation on practice** adds a new section that sets limitations on services, ensuring that the board may not authorize any procedure beyond the scope of the licensee's education and experience.

#### Section 6

**AS 08.72.300(3)** updates the optometry definition to reflect current practice.

#### Section 7

Effective date for Section 2. This is because (3) of Section 2 was added to statute in 2016 via Senate Bill 74, the Medicaid Reform bill, and it had the effective date of July 2017, so (4) is written to comply with that date as well. (per Legislative Drafting)

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30-LS0459\D  
Bruce  
2/21/17

**CS FOR HOUSE BILL NO. 103( )**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**THIRTIETH LEGISLATURE - FIRST SESSION**

**BY**

**Offered:**  
**Referred:**

**Sponsor(s): REPRESENTATIVE SPOHNHOLZ**

**A BILL**

**FOR AN ACT ENTITLED**

**"An Act relating to the practice of optometry; and providing for an effective date."**

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

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

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

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

(2) governing the applicants and applications for licensing;

(3) for the licensing of optometrists;

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

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

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

(6) developing uniform standards for the practice of optometry.

**\* Sec. 2.** AS 08.72.060(c), as amended by sec. 11, ch. 25, SLA 2016, is amended to read:

(c) The board shall

(1) elect a chair and secretary from among its members;

1 (2) order a licensee to submit to a reasonable physical examination if  
2 the licensee's physical capacity to practice safely is at issue;

3 (3) require that a licensee who has a federal Drug Enforcement  
4 Administration registration number register with the controlled substance prescription  
5 database under AS 17.30.200(o);

6 **(4) publish advisory opinions regarding standards for the practice**  
7 **of optometry as provided under this chapter.**

8 \* **Sec. 3.** AS 08.72.181(d) is amended to read:

9 (d) Before a license may be renewed, the licensee shall submit to the board  
10 evidence that, **during the preceding licensing period** [IN THE FOUR YEARS  
11 PRECEDING THE APPLICATION FOR RENEWAL], the licensee has

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

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

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

20 \* **Sec. 4.** AS 08.72.272(a) is repealed and reenacted to read:

21 (a) A licensee may prescribe and use a pharmaceutical agent, including a  
22 controlled substance, in the practice of optometry if the pharmaceutical agent is used  
23 in a manner consistent with standards adopted by the board in regulation; the standards  
24 must include limitations on practice adopted under AS 08.72.278.

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

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

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

31 (3) "optometry" means the examination, evaluation, diagnosis,

1 treatment, or performance of preventive procedures related to diseases, disorders, or  
2 conditions of the human eyes or adjacent and associated structures, consistent with this  
3 chapter and regulations adopted by the board;

4 \* **Sec. 7.** Section 2 of this Act takes effect July 17, 2017.



# Representative Ivy Spohnholz

## House Health & Social Services Committee Chair

*Serving House District 16: College Gate, Russian Jack, Nunaka Valley, & Reflection Lake*

*Committee Member: Education, Energy, Military & Veterans Affairs, Legislative Budget & Audit*

### **Committee Substitute - Explanation of Changes**

House Bill 103

Optometry & Optometrists

Version A to committee substitute Version D

The language in the committee substitute gives the Board of Optometry authority to regulate its practice, reflecting the same regulatory authority given to the other prescribing practices such as medicine, nursing and dentistry.

In this new version we have removed the reference to ophthalmic surgery from the bill (page 1, lines 12-13, and also on page 2, lines 21-23).

It is unnecessary for this language to be placed in statute; optometric procedures, within optometry's scope of practice, can be regulated by the board, all requiring robust public comment from stakeholders and rigorous Department of Law oversight.

This is the current process for the Medical Board, the Board of Nursing, the Board of Dentistry. And so should it be for the Board of Optometry. The new CS reflects that intent in version D.

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# Fiscal Note

State of Alaska  
2017 Legislative Session

Bill Version: HB 103  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: HB103-DCCED-CBPL-03-09-17  
Title: OPTOMETRY & OPTOMETRISTS  
Sponsor: SPOHNHOLZ  
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)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services	5.1							
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>5.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

1156 Rcpt Svcs (DGF)	5.1							
<b>Total</b>	<b>5.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time								
Part-time								
Temporary								

**Change in Revenues**

1156 Rcpt Svcs (DGF)	5.1							
<b>Total</b>	<b>5.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

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

**Estimated CAPITAL (FY2018) 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? 07/01/18

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

Prepared By: <u>Janey Hovenden, Director</u>	Phone: <u>(907)465-2538</u>
Division: <u>Corporations, Business and Professional Licensing</u>	Date: <u>03/09/2017 06:40 PM</u>
Approved By: <u>Catherine Reardon, Director</u>	Date: <u>03/10/17</u>
Agency: <u>Division of Administrative Services, DCCED</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2017 LEGISLATIVE SESSION

BILL NO. HB 103

**Analysis**

HB 103 allows the Board of Optometrists to set continuing education standards in regulations pertaining to the prescription, use and injection of pharmaceutical agents. It additionally gives the board latitude in outlining the scope of practice of an optometrist in accordance with education, training and experience of the optometrist as educational standards increase across the nation.

The impact on the private sector would be a broader scope of practice for an optometrist, therefore not requiring a patient to be referred to a medical doctor for certain procedures.

This bill would not change the program for the division beyond what is outlined above.

If the bill passes the division will require \$5.1 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.

## 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**

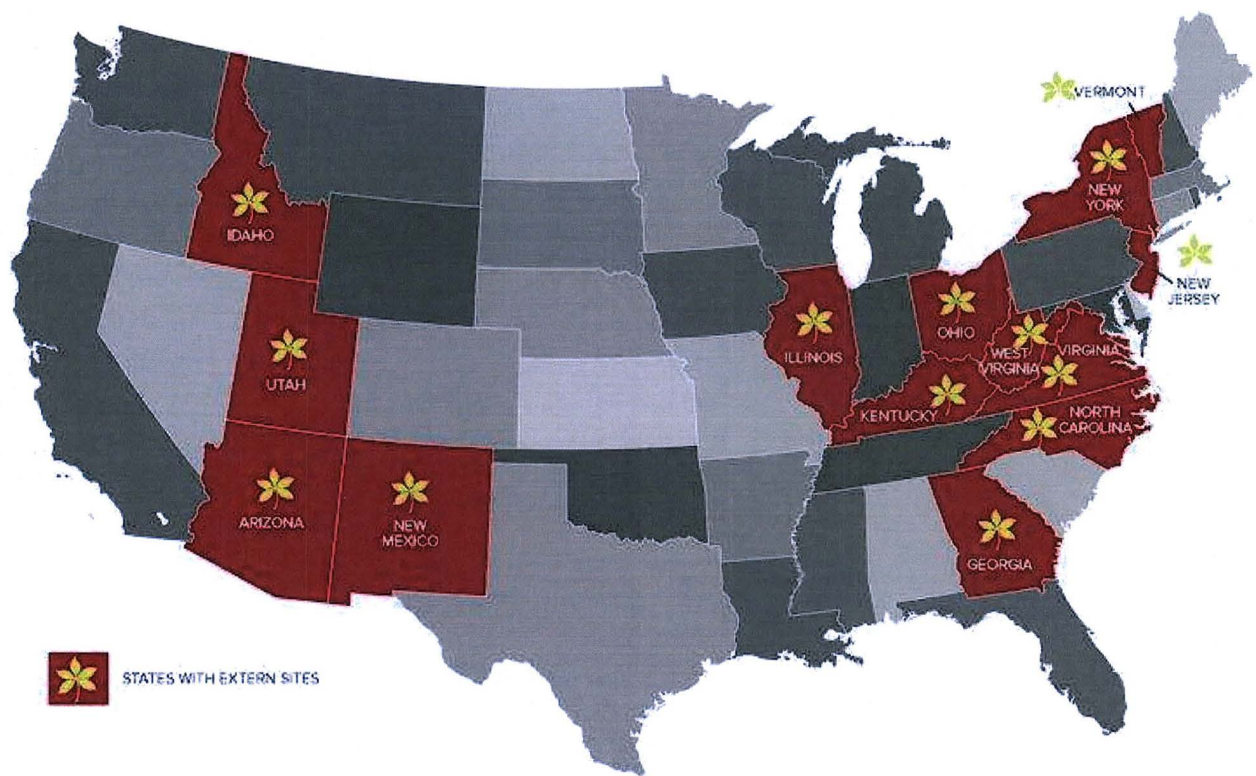
Indian Health Service (IHS) Eye Clinics

**\* 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](#)

## 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.*<sup>1</sup>

<sup>1</sup> 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:

<b>Medical Physicians</b> .....	<b>276,384</b>	[total payments over 22 years, 3 months]
<b>Osteopathic Physicians</b> .....	<b>18,067</b>	[total payments over 22 years, 3 months]
<b>Dentists</b> .....	<b>47,190</b>	[total payments over 22 years, 3 months]
<b>Podiatrists</b> .....	<b>7,808</b>	[total payments over 22 years, 3 months]
<b>Optometrists</b> .....	<b>743</b>	[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 [scooper@AOA.org](mailto:scooper@AOA.org).

Last Revised January 15, 2013



# Drafting Manual for Administrative Regulations

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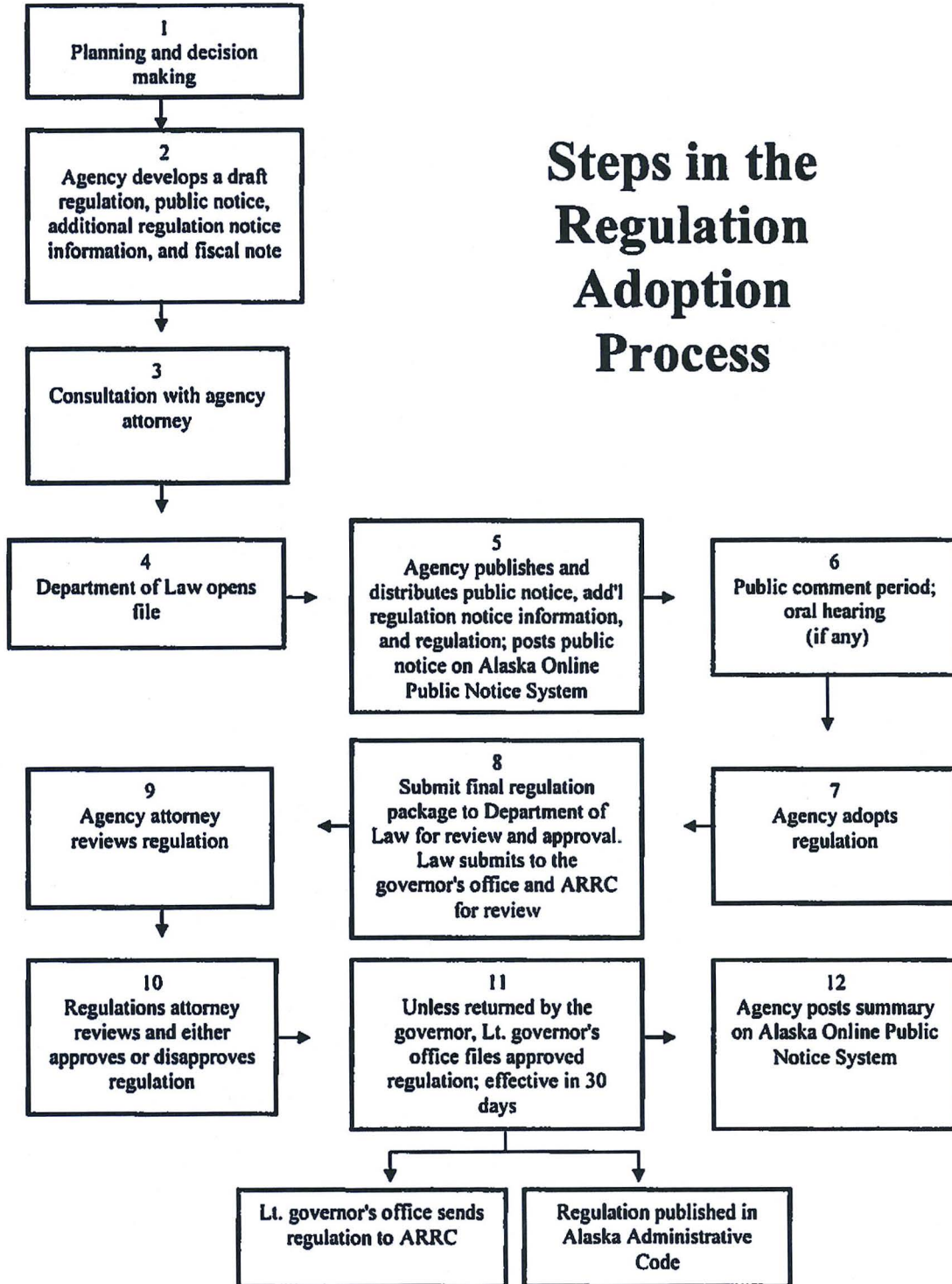


Prepared by

State of Alaska  
Department of Law

August 2015

# Steps in the Regulation Adoption Process





**OFFICE OF THE GOVERNOR  
BILL WALKER**

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## Board of Examiners in Optometry (072)

NAME	APPOINTED	REAPPOINTED	EXPIRES
<b>Barney, Paul (Anchorage)</b> Optometrist	3/1/2011	3/1/2015	3/1/2019
<b>Delzer, Damien (Fairbanks)</b> Optometrist	3/1/2014		3/1/2018
<b>Lingle, Eric (Douglas)</b> Public	3/1/2014		3/1/2018
<b>Steffes, Pamela (Sitka)</b> Optometrist	3/1/2016		3/1/2020
<b>Stralka, Stephen (Anchorage)</b> Optometrist	11/25/2014	1/19/2015	3/1/2017

[Board Fact Sheet](#)

### Mission Statement

Our purpose is to energize Alaska's spirit through self-determination and resource stewardship to improve the life of every Alaskan. Find out more about our [Core Values and Vision \(pdf\)](#)



SAFER COMMUNITIES

RESOURCE

DEVELOPMENT

ECONOMIC SECURITY

Office of Governor Bill Walker

3rd Floor, State Capitol  
PO Box 110001  
Juneau, AK 99811  
Phone (907) 365-3500  
Fax (907) 465-3532



## OFFICE OF THE GOVERNOR BILL WALKER

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### Board of Examiners in Optometry

**Board:** Board of Examiners in Optometry

**Board identification number:** 072

**Department:** COMMERCE, COMMUNITY & ECONOMIC DEVELOPMENT

**Authority:** AS 08.72.010

**Status:** Active

**Sunset date:** June 30, 2022

**Requirements:** Legislative Confirmation

**Prohibitions:** A member who has served all or part of two successive terms may not be reappointed unless four years have elapsed since the person last served. Public members cannot be engaged in, have a legal contract with a member of, or have a direct financial interest in the occupation that the board regulates.

**Term:** 4 years

**Chair:** Board selects.

**Description:** The board consists of 5 members appointed by the Governor: 4 licensed practicing optometrists who have been residents at least 3 years; plus 1 public member.

**Function:** The board works to regulate and control the practice of optometry and issues applications, licenses, and permits.

**Special facts:** Members serve at the pleasure of the Governor, and continue to do so until a successor is appointed. An appointment to fill a vacancy is for the remainder of the unexpired term.

**Compensation:** Standard Travel and Per Diem

**Meetings:** 2 times per year; 2 days total. Generally in May/June and January.

**For further information and to reach individual members, contact:**

Connie Petz

Occupational Licensing Examiner

Division of Occupational Licensing

## **HB 103 Optometry & 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**

**Office of Rep. Ivy Spohnholz**

## 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
Shaktoolik	Skagway	St Mary's
St Michael	St Paul	Stebbins
Teller	Togiak	Toksook Bay
Tok	Tuntutuliak	Tununak
Unalakleet	Unalaska	Upper Kalskag
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Yakutat		

Compiled by Edward Godnig, OD, Anchorage



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02/27/2017

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

I would like to enhance the understanding and implications of House Bill 103 (HB103) and demonstrate why this does not represent a valid option for Alaska's optometrists and ophthalmologists. In general, both professions get along just fine in this state and nationally. We work together routinely. However, desires by a few optometrists to legislate with HB103 and establish complete surgical and pharmaceutical autonomy for the Alaskan Board of Examiners in Optometry is unprecedented. It is off the charts.

*47 States in the Union do not allow optometrists to even perform any type of 'surgery', let alone determine what procedures are allowable. Not a single state has an Optometric Board that can make a boast of autonomy over what surgical procedures it can or cannot do, if any.*

Please note that HB103 is indeed a radical departure from the norm and that no other states have enacted such a broad statute. The Sponsor Statement of SB36 states that "this bill is updated to reflect current and modern-day practice". What it proposes is clearly not current and modern-day practice by any definition. What is being proposed is nothing short of a sea-change. It is a change in the very definition of what constitutes a physician and surgeon, which is the realm of the State Medical Board. The Alaska State Medical Board opposes SB36. Alaska does not need to be a medical care experiment.

According to the AMA Journal of Ethics (December 2010, Volume 12, Number 12: 941-945): "While some suggest that the trend is toward an expanded scope of optometric practice, history suggests that [Oklahoma] is an outlier. Most states—including those that have entertained proposals by optometrists to expand their scope of practice—have chosen not to allow optometry's practice to expand into surgery and other areas of medicine." Oklahoma has been the procedural testing bed in optometry for years.

Optometrists outnumber ophthalmologists by a ratio of four to one. Nationwide, about 30 percent of consumers don't know the difference between the two types of eye doctors and assumed that optometrists had medical degrees, according to a survey conducted by the National Consumers League in 2005. When the differences were identified, ninety-five percent of the 600 Americans surveyed wanted an M.D. wielding the scalpel or the laser if they needed eye surgery. Alaskans should not have to ask their prospective surgeon "Say doc, did you go to medical school?" This is not serving the public interest well. Please maintain Alaska's surgical integrity as does the rest of the United States.

Optometrists require a four year degree, the same as many paramedical professions including chiropractic. SB36 is equivalent to chiropractors trying to legislate an ability to do orthopedic surgery. *The difference educationally and surgically between a chiropractor and an orthopedic surgeon is the same difference that exists between an optometrist and an ophthalmologist.* The suggestion is not that these are not competent doctors of their profession. The statement is simply that they have no training



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process or precedent for surgery. They have no medical license. It is irresponsible for a non-surgical body to direct any approach to surgical care or to self-determine what procedures they can do. The very fact that they are requesting this should give everyone pause to consider the level of judgement involved. *It is alarming and it keeps coming around.* This type of legislation has failed every year and should fail again!

A more logical approach would be to *develop and incorporate surgical training during their tenure in optometry school.* Then, demonstrating as allopathic and osteopathic MD's do through surgical training, review and Board Certification, that they are capable of surgical patient care. There is also an established process for becoming a surgeon, be it orthopedics, cardio-thoracic, plastics, ENT, general, neurosurgery or ophthalmology. If the goal is to become an eye surgeon, then I might suggest going to medical school as a start, not optometry school. *Legislation is not the appropriate answer or forum for this, especially without demonstration of competence or training in place.*

This leads to the ongoing drama you and we must be subjected to every year or two. If surgical privileges, injections and expanded prescriptive authority is desired by the Alaskan Board of Optometric Examiners, then they should spend their energy developing surgical education and training rather than bullying our legislature for unwarranted 'approval' of tasks unfamiliar.

If this is unrealistic or unattainable, then an agreeable list of procedures approved by the Alaskan Board of Optometric Examiners and the Alaska State Medical Board might be a better solution. To my knowledge no attempt at this has ever been considered. The Alaska State Medical Board is there for a reason and it would be better to work with them than to try and circumnavigate around them.

**The American Academy of Ophthalmology and the Alaska Society of Eye Physicians and Surgeons are against SB36. The American Medical Association has taken opposition to these expansion bills in the past and present. The Alaska State Medical Board itself is very much against HB103 or any paramedical establishment trying to legislate privileges unmerited. Without substantive demonstration of a surgical curriculum or training, I doubt very much that their positions will change.**

Finally, HB103 would lead to more non-physicians seeking the right to practice medicine and they're going to turn to legislation to do that: exactly what the legislators do not want. This would lead to an ongoing process of harmful curtailment of medical and surgical integrity in the name of appeasement. The few lines of proposals in HB103 seem innocent enough, at first glance. Look again closely and you will see that the integrity of medical and surgical care in Alaska is at risk.

Please oppose HB103! (SB36)

Thank you.

Eric W. Coulter, M.D.



February 22, 2017

The Honorable Ivy Spohnholz  
Alaska State House of Representatives  
State Capitol Room 421  
Juneau AK, 99801

RE: Support for HB 103, "An Act relating to the practice of optometry."

Dear Representative Spohnholz:

On behalf of Southcentral Foundation (SCF), I am writing in support of House Bill No. 103, regarding optometry in Alaska. SCF is the Alaska Native tribal health organization designated by Cook Inlet Region, Inc. and the eleven Federally-Recognized Tribes of the Aleut Community of St. Paul Island, Igiugig, Iliamna, Kokhanok, McGrath, Newhalen, Nikolai, Nondalton, Pedro Bay, Telida, and Takotna to provide healthcare services to beneficiaries of the Indian Health Service pursuant to a Compact with the United State government under the authority of P.L. 93-638, as amended, the Indian Self-Determination and Education Assistance Act.

SCF provides services to more than 65,000 Alaska Native and American Indian people living in the Municipality of Anchorage, the Matanuska-Susitna Borough and 55 rural Alaska villages. Services provided by SCF include outpatient medical care, home health care, dentistry, optometry, psychiatry, mental health counseling, substance abuse treatment, residential treatment facilities for adolescents and for women, suicide prevention and domestic violence prevention.

SCF employs optometrists, dentists, physicians, and advanced practice registered nurses, all of whom have prescribing authority and their own state regulatory boards, and all work in harmony to treat patients for the best access to quality care.

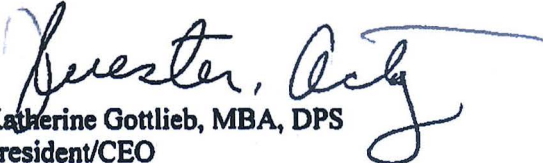
HB 103 updates the Alaska optometry statues, making them similar to the dentistry and advanced practice nursing statues, wherein the state board determines the regulatory details of practice, rather than setting them out in statute. This allows the state board more flexibility as technology advances and new modern treatment or procedures for patients become available. It also maintains the authority to protect the public.

HB 103 carefully and clearly empowers the state optometry board to regulate the practice in a manner consistent with current education and training. It clearly mandates strict limitations and restrictions that only allow the state board to authorize treatment within the confines of current training. All Alaskans will have better access to quality care into the future, while the board continues to provide oversight and authority to safeguard the public.

Optometrists in Alaska have an excellent history of safe, effective, and quality care. I support House Bill 103.

Sincerely,

SOUTHCENTRAL FOUNDATION

  
Katherine Gottlieb, MBA, DPS  
President/CEO

# JEFF GONNASON, O.D.

A member of *Vision Source*

2211 E. Northern Lights Blvd. STE 202 - Anchorage, AK 99508

Dr. Jeff Gonnason  
Doctor of Optometry  
Phone: 907-276-2080

Fax: 907-276-2081

E-mail: [alaskavisionsource@gmail.com](mailto:alaskavisionsource@gmail.com)

[www.gonnason.com](http://www.gonnason.com)

February 14, 2017

**Representative Ivy Spohnholz**  
Chair Health & Social Services  
Alaska State Legislature

**RE: HOUSE BILL 103**

- **This bill authorizes optometry board autonomy — The same as the dental board and advanced practice nursing board:**

The Alaska Legislature establishes statutes by which all licensed health care professionals practice, and creates regulatory boards to protect the public by regulating the details of practice. The optometry board would never authorize any practice outside the scope of education and training, and doctors of optometry are held to the same standard of care as any medical provider treating patients.

- **Optometry education and training is identical to the dentistry model with 8-10 years of university level education and residency:**

4 year professional program after acceptance, with the first 2 years of sciences and final 2 years of clinical experience. Many also take a 1-2 years additional residency in a specialized area. How optometry and dentistry are different from medical school is that the first 2 years of sciences are similar - in fact optometry & dental & medical students often train together or have the same professors at the universities - but the second 2 years of clinic are different. Because medical school must cover the entire range of the body, more clinic time is spent on the priorities of vital organ systems of heart disease, cancer, stroke, etc. Because the eyes and teeth are so specialized, optometry and dental school clinics are mostly devoted to ocular and dental training. Optometry school covers systemic diseases with ocular manifestations such as diabetes or hypertension and to make appropriate referrals, and focuses on treating eye diseases and appropriate use of medications. Alaska optometrists have been prescribing Rx medications for 25 years, including prescribing Rx scheduled narcotics when needed for the past 10 years with no issues.

- **The prerequisites for optometry school meet or exceed the requirements for medical school admission:**

The Optometry Admission Test (OAT) parallels the Medical College Admission Test (MCAT) and the Dental Aptitude Test (DAT). Through the primary care doctoral program in optometry school, the graduate is educated to make professional judgments and is quick to consult with other providers when a patient needs advanced services outside the scope of practice. The opposition claims optometrists "don't go to medical school" but neither do dentists or advanced nurses — they also have their own very specialized education.

- **Optometrists are defined as "Physicians" under federal Medicare:**

They are held to the same standard of care as they treat Medicare patients. The malpractice claims for optometry are far lower than other professions, and the Alaska rate is about \$400/year for \$4 Million coverage. There has never been a case of patient harm before the State Optometry Board involving prescriptions or treatment, yet the opposition has testified for over 40 years predicting dramatic public harm which has never been true.

# JEFF GONNASON, O.D.

A member of *Vision Source*

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- **The ophthalmologists are always comparing their advanced sub-specialty education to optometry education:**

Optometry are trained in very few of the procedures that ophthalmologists do. The clinical education of an optometrist does not have to parallel that of an ophthalmologist any more than the education of a family physician needs to parallel a neurosurgeon or heart surgeon. Ophthalmologists are vitally needed, patients need their advanced expertise for cataract surgery, retina surgery, severe trauma, etc. These are all vital secondary and tertiary care conditions that optometrists do not treat and do not propose to treat. It is regretful that the opposition resorts to "drama & scare tactics" trying to frighten legislators in their turf battle. Risk of harm to the public has never been an issue.

- **Optometry is also vitally needed in Alaska:**

Approximately 150 doctors of optometry practice all over Alaska, and serve over 80 remote villages. Optometrists provide the vast majority of primary eye care in Alaska. Local optometrists are called upon at rural clinics for their expertise. Travel and treatment costs greatly increase when routine primary care is provided by urban specialists. Alaska needs the best new doctors of optometry, and antiquated state statutes are a barrier to attracting the best and brightest to our state.

- **In reality, optometry and most ophthalmology specialists currently work very well together:**

Both daily collaborate care and co-manage surgical patients all over Alaska. The actual opposition comes from only a handful of local ophthalmology & medical political leaders, but mainly from their Outside national "Academy" with flamboyant and appalling claims of disaster. Their disrespect for optometry is unwarranted.

- **To be absolutely clear, this bill does NOT authorize any optometrist to do ANYTHING:**

It only updates 40+ year old statutes to allow the optometry board to regulate practice under their sworn duty to protect the public. The same as Alaska Dentists and Advanced Practice Nurses, so that Optometry does not have to return for legislation for every new advance in new technology. Of the 4 independent prescribing professions, only optometry has been treated unfairly for so many years. The Alaska Optometry Board deserves to receive the same level of trust and respect as these other professions.

Sincerely yours,



Jeff Gonnason, OD

Legislative Chair, Alaska Optometric Association  
Past President, Alaska Optometric Association  
Past Chair, Alaska State Board of Examiners in Optometry  
Alaska Volunteer for the American Optometric Association

*Pacific*  
CATARACT AND LASER INSTITUTE

February 9, 2017

House Health and Social Services Committee  
House Labor & Commerce Committee  
Alaska State Legislature

Dear Representatives Spohnholz, Kito, Edgmon, Wool, Tarr, Eastman, Johnston,  
Sullivan, Josephson, Stutes, Birch, Knopp, Chenault, Claman, and Saddler,

My name is Dr. Paul Barney, I am an optometrist who practices in Anchorage, AK. I am also the Chair of the Alaska Board of Examiners in Optometry. I am writing to you to respectfully ask for your support of HB-103, an Alaska House bill which would allow the Alaska Board of Examiners in Optometry to regulate the profession of optometry, just as medicine, dentistry, and advanced nurse practitioners are regulated by their respective Boards.

This legislation will update the definition of Optometry to be consistent with what is taught in the schools and colleges of optometry in the United States; the current definition in statute was written over 40 years ago. HB-103 will put the details regarding the practice of optometry in regulation allowing the Alaska Board of Examiners in Optometry more flexibility with advancements in technology, pharmaceutical agents, and education, while at the same time ensuring public safety. This bill will also bring Alaska optometry statutes more in line with dentistry and advanced nurse practitioners, and just like the statutes concerning dentistry and advanced nurse practitioners, HB-103 will not allow the Optometry Board to expand scope of practice beyond current education and training.

As a current member of the Board of Examiners in Optometry, I take my duty and my oath to protect the citizens of Alaska very seriously. I know from my several years of experience on the Board that the other members take that oath equally seriously. Our Board consists of cautious, conservative optometrists all with several years of practice experience, and one lay person. We're also overseen by an Assistant Attorney General appointed by the state. I can assure you that the Board can be trusted to fulfill their primary purpose of protecting the public, and that the passage of HB-103 would not put the citizens of Alaska at risk.

Again, I respectfully ask for your support of HB-103.

Sincerely,

  
Paul M. Barney, O.D.

Chair, Alaska Board of Examiners in Optometry  
Center Director, Pacific Cataract and Laser Institute

Robert Ford, MD  
President, CEO  
Debbie Eldredge  
Executive VP, COO

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Robert Ford, MD  
David Gano, MD  
Robert Gibbs, OD  
Michael Glazer, OD  
William Gruzensky, MD  
James Guzek, MD  
Arni Halverson, OD  
Doug Hansen, OD  
Gordon Johns, MD  
Brien Johnson, OD  
Myung Jung, OD  
Oliver Kuhn-Wilson, OD  
Jason Lang, MD  
Bradley Lightfoot, OD  
Reid Maruya, OD  
Mark Maramba, OD, MS  
Jeffrey Mattson, OD  
Abigail Neal, OD  
Maynard Pahl, OD  
Jenny Ramsey, OD  
Victoria Roer, OD  
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Loren Seery, MD  
David Stanfield, OD  
Ronald Sugiyama, MD  
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**From:** Andrea Eberle <[REDACTED]>  
**Sent:** Thursday, February 16, 2017 9:15 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Please Support Optometry HB 103

Dear Representative Spohnholz,

Please support House Bill 103. The Alaska optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing. This will allow Optometrists to be able to practice at the full scope of our education.

Thank you so much for your support of this important legislation for my professional career.

Sincerely,

Dr. Andrea Eberle

[REDACTED]

---

**From:** Lynn [REDACTED]  
**Sent:** Thursday, February 16, 2017 6:27 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Please Support HB 103

Dear Representative Spohnholz,

I am currently an optometrist in Wasilla, Alaska. I have been practicing in Wasilla for the past 33 years.

During the current legislative session, SB 36 and HB 103 have been introduced to again address the issue of the scope of optometric practice. Current Alaska optometric statues and regulations are antiquated in terms of the scope of education and training of today's optometrist. The optometry board is the proper seat of authority to regulate the practice of optometry, the same as the other prescribing health care professions of medicine, dentistry, and nursing. The board should determine the full scope of optometric practice as defined by our training and education. This legislation will remove the legislative action currently necessary for optometric practice expansion.

Please support HB 103 when it appears in the House.

If I can be of further help, please contact me.

Respectfully,

Lynn

**Lynn J. Coon, OD, FAAO**  
Valley Eye Associates, P.C.  
935 E. Westpoint Dr. Suite 207  
Wasilla, AK 99654  
Office: 907-373-0225  
Fax: 907-373-7776

[REDACTED]

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**From:** Dr. Elizabeth Lane [REDACTED]  
**Sent:** Thursday, February 16, 2017 3:00 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Dear Representatives,

I'm writing to request your support for HB 103.

The bill allows an optometry board to have authority to regulate its practice, the same as other prescribing health professions including dentistry, medicine, and nursing. It will allow a board to regulate optometry's scope of practice to reflect optometrist's training and education.

If you have any questions about why I am in support of this bill, feel free to contact me.

Thank you for your consideration of support for HB 103.

Sincerely,

Elizabeth Lane Bow, OD  
907-250-4225

[REDACTED]

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**From:** Kathleen Powell [REDACTED]  
**Sent:** Thursday, February 16, 2017 2:15 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Dear Representatives,

I am respectfully requesting your support for House Bill 103.

The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.

Optometrists should be able to practice within the full scope of our training and education. Doctors of Optometry have 8 or more years of college with optional 1-2 years of residency.

Sincerely,

Kathleen Powell, O.D.  
Anchorage

[REDACTED]

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**From:** Jeffrey Mattson [REDACTED]  
**Sent:** Thursday, February 16, 2017 2:06 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Hello Representative,

My name is Jeffrey Mattson, I am an optometrist who practices in Anchorage, AK and I am asking your support of House Bill 103.

House Bill 103 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 House Bill 103.

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 House Bill 103.

Jeffrey Mattson, O.D.

[REDACTED]

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**From:** Jim Falconer [REDACTED]  
**Sent:** Thursday, February 16, 2017 1:39 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support HB 103

Dear Representative,

As an optometrist in Alaska, I am writing you to ask that you please support HB 103, which gives broader authority to the state optometry board to determine the scope of practice for optometry in Alaska. We have a long history of taking good care of our patients, and it is certainly not in our interest to allow doctors of optometry to practice beyond their level of training. The goal of this bill is simply to allow us to broaden the scope of practice for optometrists as new medications and procedures become available which are not explicitly written into our current law regulating optometry.

Please feel free to contact me if you have any questions.

Sincerely,

James C. Falconer, OD

[REDACTED]

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**From:** John Demske [REDACTED]  
**Sent:** Thursday, February 16, 2017 1:28 PM  
**Subject:** HB 103

Hello Representative Spohnholz,

I am writing to inform you that I fully support HB 103, the bill that gives autonomy to the Alaskan Board of Optometry and allows doctors of optometry to practice as taught in their university training.

I have been practicing optometry in Alaska since 1978, in Soldotna since 1983 and this bill is long overdue. Other health professionals with less university training have an autonomous board.

The optometrists of Alaska would appreciate your support of this bill.

Thank you for introducing HB 103.

John Demske, O.D.

Soldotna Alaska

907-262-3168

**From:** Erik Christianson [REDACTED]  
**Sent:** Thursday, February 16, 2017 12:56 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Cc:** 'Elizabeth Stevens'; 'Pam Christianson'; Rick Swearingen, O.D.  
**Subject:** Letter of support for HB 103

Alaska House Members,

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 entire professional career (currently 30 years...yikes) 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 greatly 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 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. HB 103 is the next logical step in the evolution of modern optometric practice. It is particularly applicable in our rural state where the doctor of optometry is the eye expert.

I am asking your support of HB 103. HB 103 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 HB 103. HB 103 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 HB 103 feel free to contact me

Once again, thank you for your support of HB 103.

Erik D. Christianson, O.D.

Ketchikan Eye Care Center

351 Carlanna Lake Rd

Ketchikan, Alaska 99901

Main: 907 225-2020

Office: 907 228-6379; Cell: 907 617-0936

[REDACTED]

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**From:** David Holdgrafer [REDACTED]  
**Sent:** Thursday, February 16, 2017 12:49 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry bill Hb 103

Greetings Representatives,

I would appreciate it if you would lend your support to Hb 103 in the House.

Thanks for your time and best regards,

--  
David J Holdgrafer OD

Eyecare Excellence  
3450 E Rezanof Drive  
Kodiak, AK 99615  
t. 907-486-5504  
f. 907-486-6577

[djholdgrafer@gmail.com](mailto:djholdgrafer@gmail.com)

[REDACTED]

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**From:** Jeremy Fulk [REDACTED]  
**Sent:** Thursday, February 16, 2017 12:45 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Support HB 103

Dear Representative,

Please support HB 103 for the following reasons:

- The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.
- Optometrists treats the majority of eye patients all over Alaska including remote areas.
- The optometry board deserves the same respect as the other boards.
- The Alaska optometry law needs to be updated.
- Optometrists should be able to practice at the full scope of our education.
- Doctors of Optometry have 8 or more years of college and optional 1-2 years residency.

Sincerely,

Jeremy C. Fulk O.D.

Eye Clinic of Fairbanks

116 Minnie St., Fairbanks, AK 99701

907-456-7760 Ext. 258

[jfulk@eyeclinicfbks.com](mailto:jfulk@eyeclinicfbks.com)

[jcfulk@outlook.com](mailto:jcfulk@outlook.com)

[REDACTED]

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**From:** Jerimiah Myers [REDACTED]  
**Sent:** Thursday, February 16, 2017 12:29 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Support HB 103

Dear Representative:

Having done eye care in the bush of Alaska for some 30 years, our profession finds this legislation a necessity to give the best care for our Alaskans.

Thank you for your attention to this.

- The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.
- Optometrists treats the majority of eye patients all over Alaska including remote areas.
- The optometry board deserves the same respect as the other boards.
- The Alaska optometry law needs to be updated.
- Optometrists should be able to practice at the full scope of our education.
- Doctors of Optometry have 8 or more years of college and optional 1-2 years residency.

Once again, thank you for your support of this important legislation.

*Dr. Jerimiah Myers  
PO Box 1948  
Kodiak, AK 99615*

*(907) 539-2010 cell  
(907) 486-6117 office*

**From:** Dr. Laura Kompkoff  
**Sent:** Tuesday, February 14, 2017 4:22 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Please support HB103. Doctors of Optometry want to provide the best care for our patients, and that includes the most safe and up-to-date care in which we are trained. Our education includes a 4-year doctorate program following an undergraduate education, National and State Board examinations, and Continuing Education. The Dentists of Alaska have successfully brought the best and most up to date oral health to Alaskans by successfully governing their own board. Like the Alaskan Dentists, Optometrists provide healthcare all over the state which makes it imperative to keep up with the most advanced care without delay most often caused by having to turn to the legislative body when technology and research changes. Alaska has always strived for the most up to date healthcare for its residents. In today's world, advances are learned and expected from healthcare providers at a quicker rate than ever. Please help us give the best care to Alaskans. Thank you for your support!

*Laura Kompkoff, O.D.*

Katmai Eye and Vision Center

Katmaieye.com

907-334-3937

[REDACTED]

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**From:** Dr. Sheryl Lentfer [REDACTED]  
**Sent:** Tuesday, February 14, 2017 4:00 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** HB103

Please support HB103. As a practicing Optometrist for 20 years in Anchorage, we are asking to be able to run our own board. Our education includes a 4 years doctorate program (after an undergraduate college degree and National entrance examination) and, governed and approved continuing education. The Dentists have successfully brought the best and most up to date oral health to Alaskans by successfully governing their own practitioners. They do not have to go through the state legislative body to provide patients the best of care as healthcare advances. Optometrists provide healthcare all over the state and in a timely manner. Alaska has always strived for the most up to date healthcare for its residence, and in today's world, advances are learned about and expected from healthcare providers at a quicker rate than ever. Like the doctors of Dentistry, Doctors of Optometry want to provide the best care for our patients, and that includes the most safe and up-to-date care in which we are trained. Thank you for your support!

Sherry Lentfer, OD

Katmai Eye and Vision Center

Neuro Vision Performance Center

12570 Old Seward Hwy., Suite 104

Anchorage, Ak 99515

907 334-3937

907 885-2522 FAX

[Katmaieye.com](http://Katmaieye.com)/Facebook: Katmai Eye and Vision Center

**From:** Rob Fleckenstein  
**Sent:** Monday, February 13, 2017 11:09 AM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Please Support HB 103

Hello, my name is Rob Fleckenstein, O.D., and I am a practicing Optometrist in Eagle River. I'm asking for your support of HB 103 for the following reasons:

- The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.
- Optometrists treats the majority of eye patients all over Alaska including remote areas.
- The optometry board deserves the same respect as the other boards.
- The Alaska optometry law needs to be updated.
- Optometrists should be able to practice at the full scope of our education.
- Doctors of Optometry have 8 or more years of college and optional 1-2 years residency.

Thank you for your consideration,

Rob

**ROBERT J. FLECKENSTEIN, O.D.**

*VISION SOURCE*

**Eagle River Vision Clinic**

**16331 Heritage Pl. #104**

**EAGLE RIVER, AK, 99577**

**T: 907-694-2511**

**F: 907-694-3900**

**[www.ervc.com](http://www.ervc.com)**

[REDACTED]

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**From:** Ashley Kettler [REDACTED]  
**Sent:** Friday, February 10, 2017 11:25 AM  
**Subject:** Please Support Optometry HB 103

My name is Ashley Kettler and I was born and raised in Wrangell, Alaska. After 8 years of college education to receive a doctorate in optometry, I have returned to my home state and kindly request that you support HB 103

- Optometrists treats the majority of eye patients all over Alaska including remote areas.
- The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing

Thank you for your time,

Ashley Kettler, O.D.

[REDACTED]

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**From:** Kara Frank [REDACTED]  
**Sent:** Thursday, February 09, 2017 9:00 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Request of support for HB 103

Good evening,

Thank you for taking the time to read this email. I am writing on behalf of myself and my husband, Jacob Frank, OD. We own a practice in Palmer and would like to request your support in HB 103.

This bill is important to our profession as it allows optometrists to practice within the full scope of our training and education. We went to school for eight years and completed two years of residency training in ocular disease. Our current legislation limits our abilities to practice to our full potential, which means we're not as useful to the public as we could be. This is especially true because optometrists treat the majority of eye patients all over the state, particularly in rural areas. The Alaska optometry law needs to be updated.

HB 103 is also important because it grants the optometry board to regulate the practice, just as other prescribing health professionals are allowed to regulate their own professions. The optometry board deserves the same respect.

We believe this bill is beneficial to our family, our business, and our community, and we appreciate your consideration to this matter.

Respectfully,

Kara Reynolds, OD & Jacob Frank, OD

---

Kara Reynolds, OD  
Clinical Director

Lodestar Family Eye Care, PC  
625 South Cobb St | Suite 101  
Palmer | AK | 99645  
907.745.2273  
[www.lodestareye.com](http://www.lodestareye.com)

**From:** Andrew Peter O.D. [REDACTED]  
**Sent:** Thursday, February 09, 2017 6:47 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** HB103

Ivy,

Thank you for sponsoring HB103.

Soon, you will hear details on HB 103. I ask that you support this bill.

Technology in medicine is changing at an ever increasing rate; statistics show rates of change are almost exponential...with no sign of slowing up. These changes in medicine include imaging, medicine, and pathology diagnosis. For example, optometrists uses retinal laser imaging that -only a few years ago- was available only in academic institutions. Radiofrequency technology is chosen for lesion removal near eyes and lids. Injectable medications are commonly used for treatment of inflammation and diabetes. Lasers are used for treatment of secondary cataracts and preventative treatment of glaucoma. This makes a difference; it provides convenience to patients, allows access to quality of care in rural areas, and reduces costs. A win-win. Some of these techniques are being performed in Alaska...some are currently only allowed in other rural states.

Thus, as change continues, I want access to the best in technology and medicines for my patients. It is only right that optometry be regulated like every other medical profession, and allow our board to regulate and allow us as providers to be nimble with emerging technologies. Populations are getting older. Costs are expanding. We must be prepared to provide appropriate care, in a timely manner, at reasonable cost.

If you have any questions, please feel free to reach out to me on my mobile; 907.299.6520.

Andrew Peter O.D.

Homer Eyecare

[REDACTED]

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**From:** Nicole Berhow [REDACTED]  
**Sent:** Thursday, February 09, 2017 12:25 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Hello Representative,

I am an Optometrist practicing in Anchorage since 1997. Please Support Optometry HB 103. The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing. Optometrists should be able to practice within the full scope of our training and education. The bill ensures that no licensee may perform any procedure beyond the scope of the licensee's education, training, and experience as established by the board. 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, which is currently the case and unnecessarily burdensome.

Thank you for your support,

Nicole L Berhow, OD

[REDACTED]

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**From:** Joshua Cook [REDACTED]  
**Sent:** Thursday, February 09, 2017 9:26 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Dear HSS and L&C Committee Member,

I would like to extend my support for HB 103.

I believe this to be a great bill that would affect how Optometry is practiced and regulated in the state of Alaska. 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, but in no way allows us to perform anything outside of our scope of practice. This is a very simple bill and simply allows us the same respect as other boards in our state and will enhance the care of our patients.

I thank you for your consideration of HB 103.

Best regards,

Joshua Cook, OD

[REDACTED]

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**From:** victoria blower [REDACTED]  
**Sent:** Wednesday, February 08, 2017 5:50 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** HB 103

Dear Members of HSS and Labor and Commerce Committees,

I encourage you to consider the merits of HB 103 and vote for it's passage.

Optometry is a noble healthcare profession with extensive specialized training in the health, performance and treatment of ocular conditions. Doctors of Optometry have 8 or more years of education. The profession has a long track record of safety, sound professional judgment and service to the Alaskan citizenry. Optometrists are the primary eyecare providers within our state, both in urban and rural settings.

The optometry board should have the authority and respect to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing. Let's update the Alaska optometry law.

Thank you for your support of this important legislation.

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](mailto:victoria_blower@hotmail.com)

[REDACTED]

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**From:** Jessica Giesey [REDACTED]  
**Sent:** Wednesday, February 08, 2017 4:57 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Dear Representatives,

I am an optometrist practicing in Anchorage and I am writing in support of HB 103. Optometrists play a vital role in delivering eye care to patients all over the state. I believe that myself and my Alaskan colleagues have worked earnestly to deliver the best care possible to the people of Alaska and have thereby earned the trust of the communities we serve. We should have the ability to regulate our own board just as many other health professions in the state do like medicine, nursing, and dentistry and we should be able to practice the full scope of our training and education. Thank you for your time and consideration of HB 103 and have a wonderful day.

Sincerely,

Jessica Giesey, O.D.

[REDACTED]

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**From:** David Karpik [REDACTED]  
**Sent:** Wednesday, February 08, 2017 4:44 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Thank you for HB 103, Optometry

Representative Spohnholz,

I'd like to express my appreciation to you for sponsoring HB 103, which will optimize patient care and access to optometry services! This statute will allow for regulations that are always current in an ever-evolving and advancing health care environment.

Sincerely,  
David Karpik, OD  
Kenai Vision Center  
Past President, Alaska Optometric Association  
Medical Director, Vision Source Alaska <http://visionsource.com/alaska/>

[REDACTED]

---

**From:** Damien Delzer [REDACTED]  
**Sent:** Wednesday, February 08, 2017 12:42 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Support Optometry HB 103

Dear Chairperson Spohnholz,

Thank you for your sponsorship of HB 103.

HB 103 will modernize and update the Alaska Optometry Statute. This bill will allow the optometry board the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.

As a member of the Alaska Board of Optometry, I take my responsibilities to protect and safeguard the citizens of Alaska very seriously.

This bill, along with the Alaska Board of Optometry and oversight from the Attorney General's office, will ensure that no licensee may perform any procedure beyond the scope of the licensee's education, training and experience.

Thank you for your support. I am available by e-mail at [akdelzer@gci.net](mailto:akdelzer@gci.net) or my personal cell number 907-590-0777, should you have any further questions.

Sincerely,

Damien R. Delzer, O.D.

Secretary, Alaska Board of Examiners in Optometry

Diplomate, American Board of Optometry

Senior Clinical Examiner, The National Board of Examiners in Optometry

[REDACTED]

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**From:** victoria blower [REDACTED]  
**Sent:** Wednesday, February 08, 2017 11:13 AM  
**To:** Rep. Ivy Spohnholz  
**Subject:** HB 103

Dear Representative Spohnholz,

Thank you for recognizing the merits of SB36 and your willingness to sponsor HB 103 in the House. Optometry is a noble profession with extensive education of it's members that has a long track record of safety, sound professional judgment and service to the to the Alaskan citizenry. We, as a profession are the primary eyecare providers of this state, both urban and rural.

It is about time that we are recognized and respected as the well-trained professionals that we are and given the authority to monitor our own profession as our other healthcare colleagues in dentistry, medicine and nursing do.

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](mailto:victoria_blower@hotmail.com)

[REDACTED]

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**From:** Ladd Nolin [REDACTED]  
**Sent:** Wednesday, February 08, 2017 10:07 AM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Thank you for supporting HB 103

Hello Representative Spohnholz,

I am writing to thank you for your support and introduction of House Bill 103, which would provide the Alaska Board of Optometry the ability to regulate its profession, just like the other prescribing professions in the state. This would allow optometrists to practice to their full scope of education and training, thereby creating better patient care for the state of Alaska.

Sincerely,

Ladd Nolin O.D.

[REDACTED]

---

**From:** Jeff Gonnason [REDACTED]  
**Sent:** Wednesday, February 08, 2017 10:06 AM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Thank You for HB 103

Representative Ivy Spohnholz,

Thank you for supporting Alaska optometry and sponsoring HB 103. I am the Legislative Chair of the Alaska Optometric Association and look forward to working with you on this legislation. I will be in Juneau next Wednesday February 15.

I was the first Alaska Native doctor of optometry, born and raised in Ketchikan, and licensed in Alaska for 40 years. I have twice served as a member and Chair of the State Optometry Board under two different governors, and Past President of the Alaska Optometric Association. I also spent 22 years representing Alaska for the American Optometric Association, and as a member of the Alaska Health Fair Advisory Board. I also am a director on the board of CIRI in Anchorage.

I currently practice in Anchorage but also performed Bush clinics and volunteered at the Alaska Native Medical Center and Southcentral Foundation in my younger days. I will be presenting more detailed testimony at committee hearings.

Best regards,  
Jeff

Háw'aa  
**JEFF GONNASON, OD**

**Office 907-276-2080**  
**Cell 907-350-9000**

**From:** Natalie Macke  
**Sent:** Wednesday, February 08, 2017 9:53 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Support for HB 103

Dear Representatives:

Please support House Bill 103 for the following reasons:

- The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.
- Optometrists treat the majority of eye patients all over the state including remote areas
- The Alaska optometry law needs to be updated and the optometry board deserves the same respect as other boards of medicine
- Optometrists should be able to practice at the full scope of their education to include 8 years of college with many who have 1-2 additional years of residency training

Thank you for considering supporting this bill.

Best Regards,

Natalie Macke  
Doctor of Optometry



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**From:** Ladd Nolin [Redacted]  
**Sent:** Wednesday, February 08, 2017 9:51 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

I am writing to express support for House Bill 103. This would allow the Alaska Board of Optometry to regulate its profession just like the other prescribing professions do in the state, including Dentistry, Medicine and Nurse Practitioners. This would also provide Optometrists the ability to practice within their full scope of education and training.

Sincerely,

Ladd Nolin O.D.

[REDACTED]

---

**From:** Dr. Marilyn Holm [REDACTED]  
**Sent:** Wednesday, February 08, 2017 9:11 AM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Please Support Optometry HB 103

Dear Representative Spohnholz,

I am writing to request that you support House Bill 103 to update our optometry statutes in the state of Alaska. Our state optometry board should have the authority to regulate the practice of optometry as to the other prescribing health professions. This allows the board to keep the practice of optometry in Alaska up to date with current practices while not being unnecessarily burdensome to board or the legislature. Thank you for your consideration.

**Dr. Marilyn Holm, OD**

Agape Peninsula Eye Care, LLC

Office: (907)262-2200

Fax: (907)262-2244

Email: [drmholm@AgapePEC.com](mailto:drmholm@AgapePEC.com)

[REDACTED]

---

**From:** John Shank [REDACTED]  
**Sent:** Wednesday, February 08, 2017 8:30 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please support HB 103

Dear Representative,  
Please support HB 103 and bring Optometry into the 21st century. This bill is long over due.  
Thank you for your time and service.  
John T Shank

[REDACTED]

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**From:** Elizabeth Hunt [REDACTED]  
**Sent:** Wednesday, February 08, 2017 7:49 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please support Optometry House Bill 103

Dear Representatives,

I wanted to touch base with you about House Bill 103. Some would have you believe that House Bill 103 would authorize an Optometrist to do surgery, and that the moment HB 103 is passed Optometrists will pick up the scalpel and begin performing all sorts of surgeries completely out of their scope of training. This is completely untrue, and had we as optometrists desired to become surgeons, we would have gone to medical school (and many of us very well could have).

House Bill 103 has nothing to do with granting privileges of surgery. **House bill 103 clarifies and simplifies the oversight of our profession and puts it in the hands of people who are most familiar with it. The purpose of the bill is to give optometrists equal rights to govern their profession, exactly like medical doctors, dentists and nurse practitioners govern their profession with the use of a board.** This means that our optometry board (which has members from both optometry as well as the general public)—instead of the legislature—would control our scope of care based on our training and what is in the interest of the public good. The board would never authorize Optometrists to perform procedures they were not well trained to perform, **and in fact the bill contains language specifically prohibiting Optometrists from performing the very surgeries the opposition is claiming it would authorize.** This is great, because, guess what? We do not want to become surgeons, and optometrists tend to be very conservative clinicians by nature which is reflected in our incredibly low malpractice premiums.

So why is the bill important? An easy example is the change of Vicodin from a schedule III to a schedule II drug by the FDA. Privileges at the time allowed optometrists to prescribe Vicodin in a very small supply over 4 days to patients with severe corneal abrasions for example. With the FDA change we had to actually put a bill through the legislature, which was very costly and cumbersome, simply to keep a privilege that we had already been granted and used responsibly.

Medical boards control the way the medical profession practices. Dentists and Nurse Practitioners have the same exact same privileges. All of these boards have done a tremendous job regulating the professions and protecting the public, and ours serves this same purpose. Our profession simply asks to be treated equally, and to be able to continue to provide innovative and quality care to rural Alaskans. Any innovations in care would be governed by our own board, a board that would never allow a non-surgeon to perform surgery. It would go against the very principle of the board's existence.

The sad part about the very expensive and very manipulative tactics used by the opposition is that it paints our profession in a negative light, and is spreading lies about what House bill 103 is all about. Anyone listening to their ads would say, "well of course I don't want an optometrist performing my cataract surgery, so I am telling my senator to vote no on HB 103 and I am going to speak out against it." If this were true, I would feel the same. But that is not at all what this bill would do, and the opposition amounts to unfounded scare tactics; we are asking for fair treatment under the law, not asking for the scalpel. Thank you very much for your thoughtful consideration.

**Best,**

**Elizabeth Hunt, OD**

**Optometrist practicing in Juneau, Alaska**

[REDACTED]

---

**From:** Benjamin Crawford [REDACTED]  
**Sent:** Wednesday, February 08, 2017 6:57 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please support optometry HB 103

Dear Representatives,

Please support HB 103. I am a born and raised Alaskan optometrist. I returned to Alaska after attending school in the L48 and I now own my own practice in Anchorage. Luckily for me, Alaska has always been a great place to be an optometrist. I'd like to keep it that way, so that is why I'm asking for your support on HB 103.

The key point to the bill is to allow the State Board of Optometry to have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing. This will allow the Board to make changes to regulations without having to go through the laborious legislative process. Any changes would reflect changes that are occurring in our profession and will remain within our scope of practice.

Thank you for your time and consideration.

Respectfully,

Benjamin Crawford, O.D.

Accurate Vision Clinic

*We've moved! Beginning January 30<sup>th</sup> our address will be;*

*3401 Minnesota Dr., Suite 200*

***Anchorage, AK 99503***

**Office 907-272-9800 | Fax 907-277-1398 | Mobile 907-717-1038**

**[email](#) | [website](#) | [facebook](#) | [linkedin](#)**

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# Optometry

## A Career Guide



**ASCO** ASSOCIATION of  
SCHOOLS *and* COLLEGES  
of OPTOMETRY

## **Acknowledgments**

This career guide was written and compiled by the Association of Schools and Colleges of Optometry (ASCO). The guide was written to provide a "core document" that could represent the most current, consistent, and reliable information on optometry as a career for use by prospective students, prehealth advisors, and optometrists who want to share information about their profession with others. The material is intended for use by ASCO and its member schools and colleges in any format that will make information about optometry accessible and available to those who express interest in the profession.

**Director, Student and Residency Affairs**  
**Association of Schools and Colleges of Optometry**  
6110 Executive Boulevard, Suite 420  
Rockville, MD 20852  
[www.opted.org](http://www.opted.org)

**Updated Spring 2016**

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# I. DEFINITION OF THE PROFESSION

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"Doctors of optometry (ODs) are the independent primary health care professionals for the eye. Optometrists examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identify related systemic conditions affecting the eye" (American Optometric Association [AOA]).

Today, the profession of optometry involves much more than just prescribing and fitting glasses and contact lenses. ODs are trained to evaluate any patient's visual condition and to determine the best treatment for that condition. ODs are viewed increasingly as primary care providers for patients seeking ocular or visual care.

## **Conditions typically cared for by ODs are:**

- » Corneal abrasions, ulcers, or infections; glaucoma; and other eye diseases that require treatment with pharmaceutical agents, management, and referral when necessary;
- » Visual skill problems such as the inability to move, align, fixate, and focus the ocular mechanism in such tasks as reading, driving, computer use, and in tasks related to hobbies and employment;
- » The inability to properly process and interpret information requiring perception, visualization, and retention such as that needed for most learning tasks;
- » Poor vision-body coordination when one interacts with the environment, as in sports, occupations, and other everyday activities requiring spatial judgments; and
- » Clarity problems such as simple nearsightedness or farsightedness or complications due to the aging process, disease, accident, or malfunction.

## **ODs also work to:**

- » Diagnose, manage, and refer systemic diseases such as hypertension, diabetes, and others that are often first detected in the eye;
- » Provide presurgical and postsurgical care of cataracts, refractive laser treatment, retinal problems, and other conditions that require presurgical and postsurgical care; and
- » Encourage preventative measures such as monitoring infants' and children's visual development, evaluating job/school/hobby-related tasks, and promoting nutrition and hygiene education.

## **II. OUTLOOK FOR THE PROFESSION**

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According to the U.S. Department of Labor's Bureau of Labor Statistics, job opportunities should be very good over the next decade. With favorable working conditions, regular hours, and a minimum of emergency calls, optometric careers offer many options and great freedom in choosing a location to live and practice. Optometrists provide the majority of primary vision care administered. Even people who may not require corrective eyewear need regular care to prevent, detect, and manage eye disease.

### **Population Changes and the Optometry Profession**

The aging of the U.S. population has had two effects on the practice of optometry. First, many practicing optometrists are approaching retirement age. As the baby-boomer generation enters retirement, many aging optometrists are looking for younger doctors who can take over their practices or offer new areas of emphasis to their practices.

Second, as the population ages, optometry services will be in increasing demand. The growing numbers of senior citizens with age-related eye diseases such as cataracts, glaucoma, diabetic retinopathy, hypertensive retinopathy, and macular degeneration will require increased services from optometrists.

Senior citizens are in a better position to consult optometrists following a change in the Medicare law in 1987, which authorized reimbursement to optometrists. Primary eye care examinations for individuals over the age of 65 performed by optometrists have increased since the Medicare law was passed.

Another milestone in optometric care was the Affordable Care Act (ACA). The Harkin Amendment that is part of the ACA made it against the law for health insurance companies to discriminate against optometrists for vision care. In addition, every insurance policy available must cover comprehensive eye exams for children up to age 18. This requirement is called the Pediatric Eye Care Essential Benefit.

## Social and Legal Changes Affecting Optometry

ODs are highly valued by a population that is increasingly conscious of the benefits of good health and regular vision care. Rising personal incomes, ACA, and Medicare coverage for optometry services make regular eye care provided by optometrists even more desirable and affordable.

As society becomes more mechanized and digital, vision requirements become more exacting. The number of persons needing professional help for near-point visual tasks, including both older patients and school-children, is steadily growing. Increased demands for vision care result not only from population changes, but also from an increased understanding of how good vision relates to driving, workplace requirements, student achievement, leisure activities, adjustments to aging, and other areas crucial to a modern computer and technology-driven society.

Demand for optometry services is also expected to increase as state laws, which regulate optometric practice (similar to all medical professions), have expanded to place responsibilities for virtually all primary eye care services on optometrists. All states in the United States recognize that optometrists are trained to prescribe medications to treat eye diseases.

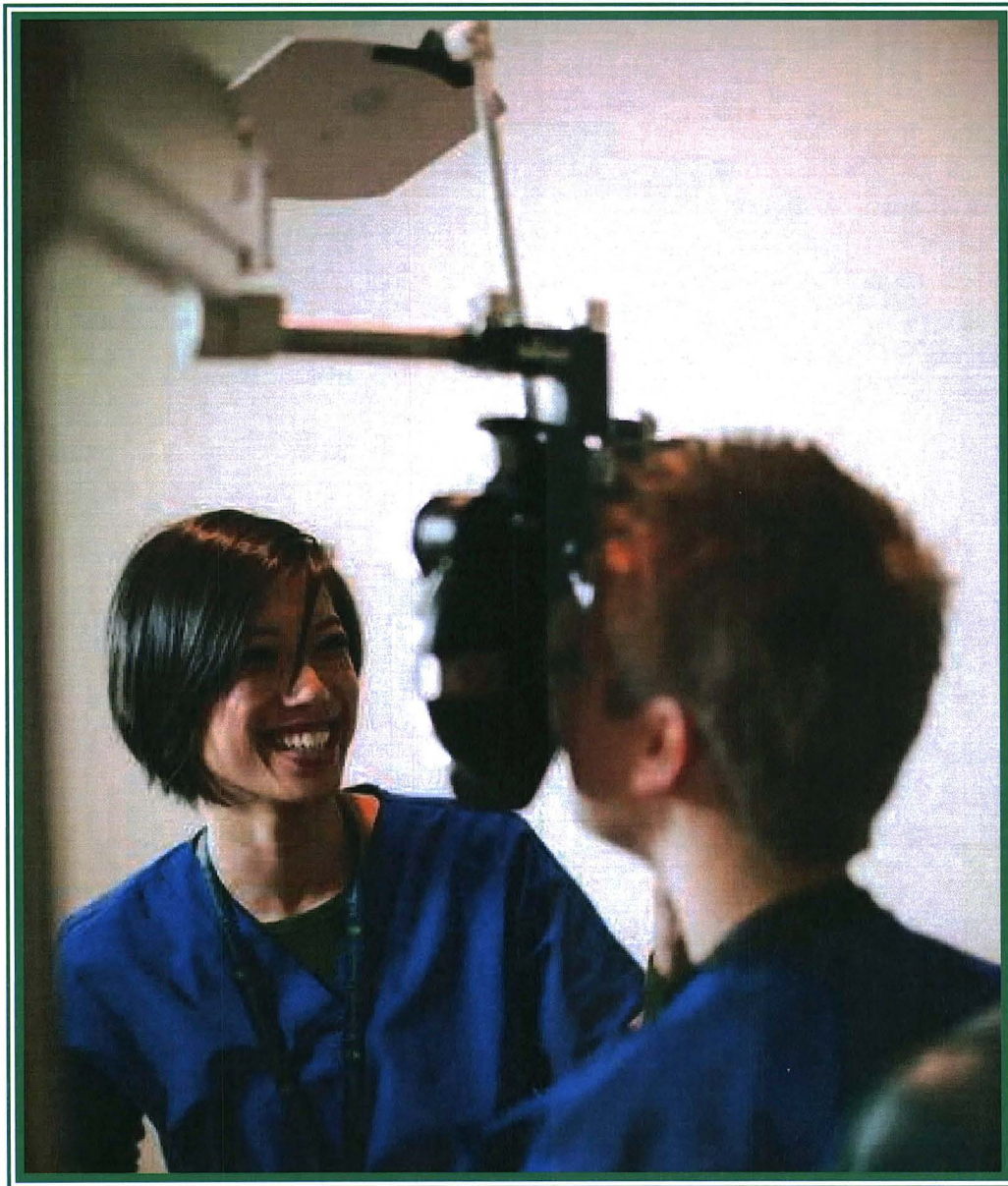
Most new opportunities for graduates are created by the retirement of optometrists, the establishment of new offices, the inclusion of optometrists in interdisciplinary practices, and the growth of group practices, in addition to the expanding scope of care provided by optometrists. There has also been an increase in the number of corporate optometry locations, which has created demand for optometrists.

The number of new practicing optometrists is limited by the fact that there are 23 schools and colleges of optometry in the United States and Puerto Rico, with two additional schools in Canada. Class sizes are restricted; therefore, the number of new graduates remains fairly constant. Federal data indicate employment of optometrists is projected to grow 27% through 2024. Because vision problems tend to occur more frequently later in life, an aging population will require more optometrists. As people age, they become more susceptible to conditions that impair vision such as cataracts and macular degeneration. In addition, an increasing number of insurance plans provide some vision or eye care coverage. Furthermore, the number of individuals, particularly children, who have vision or eye care insurance will increase as a result of federal health insurance reform legislation. More optometrists will be needed in order to provide services to more patients, as cited by the U.S. Department of Labor's Bureau of Labor Statistics in the Occupational Outlook Handbook, 2016-2017 edition.

## Professional Satisfaction

Practicing ODs experience keen satisfaction in their profession. The fact that many optometrists choose to practice on a part-time basis well into their retirement speaks highly of the rewards of the profession.

Adding to optometrists' satisfaction is the fact that they have a great work/life balance with a great salary. Over the years, optometrists have expanded their services to include more eye-health-related procedures, which assist their patients and have enabled their practices to grow.



### **III. NEW FRONTIERS IN EYE CARE**

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New technologies have helped the profession of optometry to expand both the scope and the efficiency of practice. Optometrists and their patients are benefiting from the many advances in eye care and medical technology.

There has been a significant increase in the use of new and relatively new lens treatments, designs, and corrective materials such as contact lenses. Today, millions of people wear contact lenses.

#### **Lasers**

Lasers have been used for many years for treating eye diseases (e.g., diabetes, macular degeneration, glaucoma, and some forms of cataracts) and for help with diagnosing visual problems. In recent years, the use of lasers to correct forms of refractive errors (near-sightedness, farsightedness, or astigmatism) has been increasing. Traditionally, these conditions were correctable only with glasses, contact lenses, and invasive surgery.

ODs play a key role in helping patients determine whether they are candidates for new procedures in laser surgery. When laser surgery is appropriate for a patient, optometrists provide nearly all preoperative and postoperative care. Kentucky, Oklahoma, and Louisiana were the first three states to allow optometrists to perform certain laser surgeries.

#### **Instrumentation**

Technology is rapidly improving diagnostic instruments used by all health care practitioners. More accurate and efficient test results enable ODs to better diagnose, manage, and treat eye disorders and diseases. Technology also helps optometrists educate patients about their conditions—long a hallmark of the profession—and allows patients to participate in their care and treatment decisions.

#### **Medication**

New medications are developed each year that optometrists use to treat diseases of the human eye. This area, perhaps more than any other, reinforces the need for a well-rounded continuing education because it serves as the foundation of an OD's lifelong service in a modern health care delivery system.

## **IV. MODES OF PRACTICE**

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Optometrists practice in many different kinds of situations and with different types of employers.

### **Individual Private Practice**

The individual private practitioner usually is a primary care optometrist with a stand-alone practice. Such practitioners may specialize in fields such as:

- » Contact lenses,
- » Pediatrics,
- » Low vision/geriatrics, and
- » Vision therapy.

An individual practice may be in a variety of settings and locations, ranging from a free-standing to a professional building.

### **Partnership or Group Practice**

This mode of practice is very similar to an individual practice except that there are two or more optometrists in the group. Each member of the group may specialize in a different area of practice. This is an increasingly popular form of practice.

### **Retail/Optical Settings**

In this setting, optometrists usually rent space from or are employed by a large retail outlet. However, they remain independent practitioners.

### **Optometric/Ophthalmologic Professional Settings**

The optometrist practices in conjunction with the ophthalmologist and comanages the patients in this setting.

### **Military/Public Health**

Optometrists are commissioned officers who work in a hospital or clinical setting with other health care practitioners.

## Interdisciplinary Care

The optometrist works with other health care practitioners in a hospital-based or clinic setting, such as in a Department of Veterans Affairs (VA) hospital, as part of an interdisciplinary team.

## Academic/Research

The OD teaches about primary care and/or performs research in a university setting. Academics pursue additional training after optometry school and have completed a residency, or a master of science or doctoral program.

## Corporate/Industrial

Optometrists are employed by large corporations to perform clinical research or to provide patient care in a clinic within the corporate setting.

## Consultants

Optometrists work as consultants to the ophthalmic industry, education, sports (high school to professional), and government.

## V. INCOME POTENTIAL

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Optometrists enjoy the benefits of financial security, independence, and recognition in their communities. Optometry is often rated an "excellent" career choice because of its expectations for job growth, earnings potential, and the opportunity for meaningful work and good quality of life.

**The average net income from the practice of optometry was \$122,667 in 2014, according to a recent AOA survey of member optometrists.**



American Optometric Association

## VI. OPTOMETRY AREAS OF EMPHASIS

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Most ODs practice “full-scope,” primary care optometry and treat and manage all forms of visual and ocular conditions. However, a practitioner may choose to concentrate his/her practice on treating a selected population or visual condition.

Residencies are not required to develop an area of emphasis. Because the four-year optometry curriculum prepares graduates in all areas, a residency does not introduce but enhances experience in a selected area.



### These areas of emphasis include:

**Family Practice Optometry:** The clinical and didactic curricula will be devoted to topics and practice broadly represented in general optometric care. The patient population will include an age range from pediatric to geriatrics.

**Primary Eye Care:** The majority of the clinical and didactic curricula will be devoted to topics and practice relevant to the program's unique patient population. This patient population may be evident in the title, e.g., Primary Eye Care-Dept. of Veteran Affairs, Primary Eye Care-Indian Health Services.

**Cornea and Contact Lenses:** The majority of the clinical and didactic curricula will be devoted to topics and practice prevalent in the cornea and contact lens population.

**Geriatric Optometry:** The majority of the clinical and didactic curricula will be devoted to topics and practice prevalent in the geriatric population.

**Pediatric Optometry:** The majority of the clinical and didactic curricula will be devoted to topics and practice prevalent in the pediatric population.

**Vision Therapy and Rehabilitation:** The majority of the clinical and didactic curricula will be devoted to topics and practice relevant to dysfunctions of eye movement, accommodative, binocular and perceptual systems, reduced visual acuity, and compromised visual fields.

**Low Vision Rehabilitation:** The majority of the clinical and didactic curricula will be devoted to topics and practice relevant to low vision patients.

**Ocular Disease:** The majority of the clinical and didactic curricula will be devoted to topics and practice relevant to the diagnosis, management, and treatment of ocular disease.

**Refractive and Ocular Surgery:** The majority of the clinical and didactic curricula will be devoted to topics and practice relevant to refractive and ocular surgery.

**Community Health Optometry:** The clinical and didactic curricula will be devoted to community-based optometric care with an emphasis on public health and cultural issues that impact care.

**Brain Injury Rehabilitation:** The majority of the clinical and didactic curricula will be devoted to topics and practice relevant to assessment, management, and interdisciplinary rehabilitation of patients with brain injury and neurologic disease.

## VII. A TYPICAL DAY IN THE LIFE OF AN OD

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Each workday is different for ODs, and the scope and mode of practice in which the doctor are engaged can make the differences even more pronounced. If he/she specializes, the day is filled with evaluating new patients and providing the treatment particular to the area of emphasis. If the doctor is a member of a group practice, he/she may be the specialist in that group for certain kinds of patients or conditions. If the doctor



is involved in a more commercial practice or as an employee, he/she may be limited by the dictates of the corporation or employer. If the doctor chooses to provide care in a nursing home or makes house calls, the patient demands and instrumentation available to him/her are different from the doctor who consults in a hospital or a grade school. The self-employed doctor or a partner in a group practice can more easily set his/her own hours, whereas the doctor employed in other settings is less able to do so.

Most ODs are “generalists” and, assuming they provide full-scope primary optometric care, their day can be quite varied and challenging. Patient interaction can include performing routine visual exams, removing a foreign body from the cornea, evaluating a child who is not performing well in school, fitting contact lenses, prescribing medication for glaucoma, providing follow-up care after refractive surgery, and/or fitting a patient who is legally blind with a magnifying device that enables the patient to read.

Typically, the doctor works with a technician who administers preliminary tests, advises patients on the use and care of contact lenses, and assists patients in selecting frames. The doctor spends time with the patient, gathering more information, testing, making a diagnosis, determining the treatment required, and discussing the treatment regimen with the patient. The doctor records all information into the patient’s record, dictating letters of referral if conditions such as diabetes or hypertension are detected or letters to schools reporting on a child’s visual status. An office manager or receptionist (depending on the size of the practice) may take care of completing information required by the patient’s health insurance provider.

## **VIII. FUNCTIONAL STANDARDS FOR AN ADMISSIONS CANDIDATE TO CONSIDER**

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Following are the Functional Standards for Didactic and Clinical Optometric Education. The Board of Directors of ASCO developed these standards in 1998 and revised them in 2009. Although developed for several reasons, the functional standards give prospective students an accurate idea of the skills required to perform the duties of an optometrist.

To provide guidance to those considering optometry as a profession, ASCO has established functional guidelines for optometric education. The ability to meet these guidelines, along with other criteria established by individual optometric institutions, is necessary for graduation from an optometric professional degree program.

One of the missions of each school and college of optometry is to produce graduates fully qualified to provide quality comprehensive eye care services to the public. To fulfill this mission, each institution must ensure that students demonstrate satisfactory knowledge and skill in the provision of optometric care. Admission committees, therefore, consider a candidate's capacity to function effectively in the academic and clinical environments, as well as a candidate's academic qualifications and personal attributes.

The functional guidelines in optometric education require that the candidate/student possess appropriate abilities in the following areas:

1. observation;
2. communication;
3. sensory and motor coordination;
4. intellectual-conceptual, integrative and quantitative abilities; and
5. behavioral and social attributes. Each of these areas is described in this document.

In any case where a student's abilities in one of these areas are compromised, he or she must demonstrate alternative means and/or abilities to meet the functional requirements. It is expected that seeking and using such alternative means and/or abilities shall be the responsibility of the student. Upon receipt of the appropriate documentation, the school or college will be expected to provide reasonable assistance and accommodation to the student.

## **OBSERVATION ABILITIES**

The student must be able to acquire a defined level of required knowledge as presented through lectures, laboratories, demonstrations, patient interaction and self-study. Acquiring this body of information necessitates the functional use of visual, auditory and somatic sensation enhanced by the functional use of other sensory modalities. Examples of these observational skills in which accurate information needs to be extracted in an efficient manner include:

### **Visual Abilities:**

(as they relate to such things as visual acuity, color vision and binocularity)

- » Visualizing and reading information from papers, films, slides, video and computer displays
- » Observing optical, anatomic, physiologic and pharmacologic demonstrations and experiments
- » Discriminating microscopic images of tissue and microorganisms
- » Observing a patient and noting non-verbal signs
- » Discriminating numbers, images, and patterns associated with diagnostic tests and instruments
- » Visualizing specific ocular tissues in order to discern three-dimensional relationships, depth and color changes

### **Auditory Abilities:**

- » Understanding verbal presentations in lecture, laboratory and patient settings
- » Recognizing and interpreting various sounds associated with laboratory experiments as well as diagnostic and therapeutic procedures

### **Tactile Abilities:**

- » Palpating the eye and related areas to determine the integrity of the underlying structures
- » Palpating and feeling certain cardiovascular pulses

## **COMMUNICATION ABILITIES**

The student must be able to communicate effectively, efficiently and sensitively with patients and their families, peers, staff, instructors and other members of the health care team. The student must be able to demonstrate established communication skills using traditional and alternative means. Examples of required communications skills include

- » Relating effectively and sensitively to patients, conveying compassion and empathy
- » Perceiving verbal and non-verbal communication such as sadness, worry, agitation and lack of comprehension from patients
- » Eliciting information from patients and observing changes in mood and activity
- » Communicating quickly, effectively and efficiently in oral and written English with patients and other members of the health care team
- » Reading and legibly recording observations, test results and management plans accurately
- » Completing assignments, patient records and correspondence accurately and in a timely manner

## **SENSORY AND MOTOR COORDINATION ABILITIES**

Students must possess the sensory and motor skills necessary to perform an eye examination, including emergency care. In general, this requires sufficient exteroception sense (touch, pain, temperature, proprioceptive sense (position, pressure, movement, stereognosis, and vibratory) and fine motor function (significant coordination and manual dexterity using arms, wrists, hands and fingers). Examples of skill required include but are not limited to:

- » Instillation of ocular pharmaceutical agents
- » Insertion, removal and manipulation of contact lenses
- » Assessment of blood pressure and pulse
- » Removal of foreign objects from the cornea
- » Simultaneous manipulation of lenses, instruments and therapeutic agents and devices
- » Reasonable facility of movement
- » Injections into the eye, lids or limbs

## **INTELLECTUAL-CONCEPTUAL, INTEGRATIVE AND QUANTITATIVE ABILITIES**

Problem solving, a most critical skill, is essential for optometric students and must be performed quickly, especially in emergency situations. In order to be an effective problem solver, the student must be able to accurately and efficiently utilize such abilities as measurement, calculation, reasoning, analysis, judgment, investigation, memory, numerical recognition and synthesis. Examples of these abilities include being able to:

- » Determine appropriate questions to be asked and clinical tests to be performed
- » Identify and analyze significant findings from history, examination, and other test data
- » Demonstrate good judgment and provide a reasonable assessment, diagnosis and management of patients
- » Retain, recall and obtain information in an efficient manner
- » Identify and communicate the limits of one's knowledge and skill

## **BEHAVIORAL AND SOCIAL ATTRIBUTES**

The student must possess the necessary behavioral and social attributes for the study and practice of optometry. Examples of such attributes include:

- » Satisfactory emotional health required for full utilization of one's intellectual ability
- » High ethical standards and integrity
- » An empathy with patients and concern for their welfare
- » Commitment to the optometric profession and its standards
- » Effective interpersonal relationships with patients, peers and instructors
- » Professional demeanor
- » Effective functioning under varying degrees of stress and workload
- » Adaptability to changing environments and uncertainties
- » Positive acceptance of suggestions and constructive criticism

Candidates with questions or concerns about how their own conditions or disabilities might affect their ability to meet these functional guidelines are encouraged to meet with an optometry school counselor prior to submitting an application.

## IX. THE OPTOMETRY CURRICULUM

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Students must successfully complete a four-year accredited degree program at a school or college of optometry to earn the OD degree.

The sequence of course work varies from one program to another, but some general characteristics are shared by all. In the first and second year of the professional program, course work is concentrated in the basic health sciences (anatomy, physiology, pathology, biochemistry, pharmacology, and public health), optics, and vision science. Students begin their clinical experience in a clinical simulation laboratory, with classmates serving as patients, and then proceed to clinical training with real patients. This training includes taking case histories, performing examinations, learning diagnostic techniques, and discussing treatment services.

In the third year, students spend part of their time in the classroom and part of their time in the clinic examining patients.

Fourth-year students continue their clinical training, which may include off-campus clinical externship rotations. Sites for rotation are available in the United States and abroad. Clinic settings include military facilities, VA hospitals, public health service hospitals, and various specialty and private practices. The lengths of the external rotations vary from eight to 16 weeks.

After successfully completing the fourth year, students graduate with an OD degree. To ensure a better understanding of the different educational programs, contact the specific schools or colleges of interest for curricular details.



Students graduating from schools and colleges of optometry have access to numerous resources that provide optometry practice (placement) opportunities. Students may obtain information from individual schools and colleges of optometry, state optometry associations, and the Optometry Career Center, which is housed at the AOA office in St. Louis, Mo., ([www.aoa.org](http://www.aoa.org)).

## **X. BECOMING LICENSED TO PRACTICE OPTOMETRY**

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Optometrists need to be licensed by the board of optometry in each state where they wish to practice optometry. Licensing assures that optometrists have met established standards of knowledge and are able to provide patient care. All states either accept or require passage of Parts I and II of the National Board examinations offered by the National Board of Examiners in Optometry (NBEO).

Part I (Applied Basic Science) tests epidemiology, patient's history, presenting symptoms and signs, clinical testing, diagnosis and pathophysiology knowledge obtained from the first two years of optometric study. Part II (Patient Assessment and Management) tests knowledge of clinical science through patient simulations.

Each state has its own set of regulations governing the practice of optometry, and many states also require an optometrist to take an examination that tests the applicant's knowledge of the laws of that state.

Student candidates in the final year of graduation at an accredited institution are eligible to take the Part III examination. While most student candidates will be taking this examination before they officially graduate, an individual candidate's official score report from the Part III examination will not be released until the National Board receives notification from the candidate's institution that the candidate has graduated and after the final graduation exercises of all the institutions accredited by the Accreditation Council on Optometric Education in the summer.

Periodic renewal of a license to practice optometry is required, depending on the state. Requirements for re-licensure can be fulfilled through continuing education or other modes.

### **Postgraduate Programs**

#### **Residencies**

Residencies in the profession of optometry are optional and not required either for licensure or for the establishment of a specialty practice. The four-year OD degree encompasses all areas in which optometrists are licensed to practice. After a student receives the OD degree, residencies are typically one year in duration and the resident receives a salary during this course of clinical training. Most often, residencies are located within hospitals, VA facilities, outpatient clinics, or the clinical facilities of the various colleges and schools of optometry. Residencies vary within areas of emphasis and typically are identified by specific areas in the profession or at a location in which the area is emphasized. (See [VI. Optometry Areas of Emphasis](#))



### **Graduate Degree Programs**

Graduate programs are not required to be licensed to practice optometry. In fact, these programs usually are research-oriented and are for the individual interested in delving further into the "whys" and "hows" of the visual system.

A master's degree can be sought by someone who has an OD degree or who is simultaneously working on the OD degree. This individual usually plans to practice optometry but also wishes to be grounded in the basics of research to do some clinical research within his or her practice.

A PhD degree is most often sought by someone intending to go into full-time research and/or teaching. For those possessing a PhD, opportunities exist not only to teach and do research at a college or university but to engage in research within the corporate and government sectors. Individuals can enter these programs with or without an OD degree. Some choose to work on both the OD and the PhD at the same time, taking approximately six to seven years to complete both degrees.

Graduate degree programs at schools and colleges of optometry are identified by different names, but all emphasize and explore some aspect of vision and the visual and ocular system.

## XI. ADMISSION REQUIREMENTS

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Because each optometry school may have slightly different admissions criteria, it is strongly recommended that applicants contact all the schools and colleges to which they are interested in applying. Each school can provide information on specific application deadlines, additional policies and procedures, class size, grade point average (GPA), Optometry Admissions Test (OAT) averages, international requirements, and tuition and fees considerations. A complete listing of the schools and colleges of optometry is provided by ASCO at [www.opted.org](http://www.opted.org).

No valid ranking of optometry schools exists. The best advice to a candidate is to obtain information from the individual schools, talk to recent graduates, visit selected schools, and ask pointed questions of faculty and students.

Candidates should be most concerned with the academic rigor of a program, the clinical experience offered, and the availability of faculty and support services. Of course, the cost of the program, availability of financial aid, and the location and environment of the college can be contributing factors in deciding which program is best suited to the candidate.

In general, colleges of optometry admit students who have demonstrated strong academic commitment and who exhibit the potential to excel in deductive reasoning, interpersonal communication, and empathy. Optometry schools are looking for well-rounded candidates who have achieved not only in the classroom but also in other areas. Leadership ability, a disposition to serve others, and a work ethic characterized by dedication and persistence are just a few of the qualities that impress most admission committees.



## OptomCAS

Optometry's centralized application service (OptomCAS) launched in July 2009. OptomCAS allows optometry school applicants to use a single web-based application and one set of materials to apply to multiple schools and colleges of optometry. Applicants who apply through OptomCAS submit a completed web-based application comprised of biographical data, colleges and universities attended, academic course history, letters of recommendation, work experience, extracurricular activities, honors, and a personal essay. It is the applicant's responsibility to read and follow specific instructions for OptomCAS and the schools and colleges of optometry. More information can be found on the OptomCAS website at [www.optomcas.org](http://www.optomcas.org).

A student's academic evaluation is based on overall GPA, science GPA, college attended, degree progress, and course load difficulty. A bachelor's degree is not required by some optometry schools but is strongly preferred. Most students major in the natural sciences in college (e.g., biology, chemistry) because the prerequisites for optometry school are science intensive. However, prospective students can major in any degree discipline as long as they complete all of the prerequisite courses for optometry.

Listed below are the common prerequisite courses for most optometry schools:

- » General biology with labs,
- » General chemistry with labs,
- » Organic chemistry/biochemistry with labs,
- » General physics with labs,
- » Microbiology with labs,
- » Calculus,
- » Psychology,
- » Statistics,
- » English,
- » Social science, and
- » Other humanities.

Most schools consider an applicant's exposure to optometry to be of vital importance. Each applicant should become acquainted with at least one optometrist and if possible gain some firsthand experience to see what optometrists do on a daily basis. Most schools require personal interviews for admission, and experience/exposure to the field is often a topic for discussion.

## Optometry Admission Test (OAT)

The OAT is sponsored by ASCO for applicants seeking admission to an optometry program. The 23 schools and colleges of optometry in the United States and Puerto Rico and the University of Waterloo, Canada, require applicants to take the OAT.

The OAT is a standardized examination designed to measure general academic ability and comprehension of scientific information. It consists of four subtests: Survey of the Natural Sciences (Biology, General Chemistry, and Organic Chemistry), Reading Comprehension, Physics, and Quantitative Reasoning. The OAT is scored on a 200-to 400-point scale in increments of 10. The national average for the test is generally between 300 and 310.

At least one year of college education, which should include courses in biology, general chemistry, organic chemistry, and physics, is required prior to taking the OAT. Most students, however, elect to complete two or more years of college prior to taking the exam.

The OAT exam is computerized, and examinees are allowed to take the OAT an unlimited number of times, but must wait at least 90 days between testing dates. Applicants who have three or more attempts must apply for permission to test again, and from that point forward may retest only once per twelve-month period. Scores from the four most recent attempts and the total number of attempts will be reported.

There is a fee to take the exam. You can register to take the OAT test online by going to the ASCO website at [www.opted.org](http://www.opted.org) and clicking on **Optometry Admission Test**.



## **XII. FINANCING AN OPTOMETRIC EDUCATION**

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Students who are considering a career as an optometrist may be concerned that they do not have sufficient personal resources to cover all of the educational costs. The cost of attendance generally includes tuition, fees, books, equipment and supplies, and living expenses such as rent, groceries, insurance, and transportation. The majority of students finance their education by a combination of personal and family contributions, grants and scholarships, low- and high-interest loans, and work-study opportunities.

As the overall costs of optometric education continue to increase, it is important that prospective optometry students begin to investigate potential financial aid sources as early as possible. Because outside employment during optometry school is a limited option for the majority of students, and university sources of funds are also often limited, accepted applicants should contact their school's financial aid office early to explore their options and understand the school's financial aid policies and procedures.

### **Sources of Financial Aid**

Accepted applicants should be aware of loans, scholarships, grants, and work-study, which provide the majority of aid to optometry students.

Loans, which are the primary source of financial aid for optometry students, must be repaid after graduation. Scholarships and grants, which are merit-based or need-based, do not require the recipient to repay the award. Work-study gives students the opportunity to work part-time. In addition, there are state contract programs, which pay a portion of a student's tuition, and U.S. Armed Forces' scholarship programs, which require a service commitment following graduation.

The following list presents an overview of the most commonly used federal sources of assistance. Applicants are cautioned that requirements for the various loan programs may change or programs may be eliminated based on actions of the government.



### **Loan Programs**

- » Federal Perkins loan,
- » Federal Direct Loan Unsubsidized,
- » U.S. Department of Health & Human Services (DHHS) Loans for Disadvantaged Students (LDS),
- » DHHS Health Professions Student Loan (HPSL),
- » Federal Graduate PLUS loans,
- » Private alternative loans, and
- » Institutional loan programs.

### **Scholarship Programs**

- » DHHS Scholarships for Disadvantaged Students (SDS),
- » State contracts,
- » Military Health Professions Scholarship, and
- » Institutional scholarship programs.

## Applying for Financial Aid

The federal government and the optometry schools sponsor the majority of financial aid money available to optometry students. The applicant should begin by contacting the optometry schools he/she would like to attend. They will provide the applicant with information on the programs they offer as well as forms and deadline dates. The following list identifies the forms and information generally required.

1. **Free Application for Federal Student Aid (FAFSA)**

This is the most important form because the information from it is used to calculate the applicant's expected family contribution and to determine eligibility for federal sources of financial aid. The FAFSA asks for information about the applicant, the applicant's spouse, and the applicant's parents. Although an applicant may be financially independent from his/her parents, parents may still need to fill out sections of the FAFSA because certain financial aid programs require that this information be considered. This form is submitted online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). There is no processing fee for the FAFSA.

2. **Institutional Application**

In addition to the FAFSA, optometry schools may require an institutional form, which is returned directly to the school. Schools do not charge processing fees for their financial aid forms.

3. **Tax Returns**

Students can use the IRS Data Retrieval Tool on the FAFSA to upload income tax data. Parental tax form copies may be requested for DHHS programs.

4. **Certifications**

Students receiving funds, especially from federal sources, must attest to certain eligibility requirements. For example, the student will need to vouch that funds were used only for educational purposes, that the student is not in default on a loan or does not owe a refund on a grant, and that the student is in compliance with Selective Service registration requirements.

## Managing Educational Indebtedness

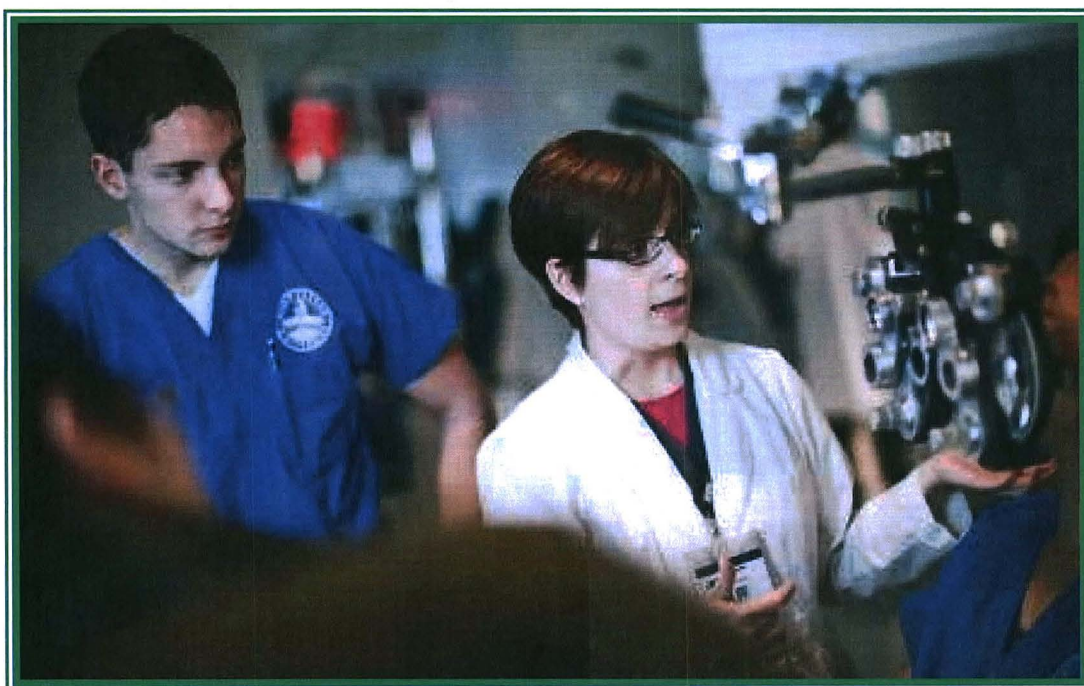
The majority of optometry students borrow to pay for the cost of their education. Borrowing means the student has the benefit of using someone else's money now in exchange for paying it back with interest at a later date. Students are legally obligated to repay their loans. Defaulting on a student loan has financial and legal consequences that can have negative personal and professional effects. The vast majority of optometry graduates repay their loans either on time or early. The financial aid office at a specific college can provide information on management of a student's debt.

### Resources:

American Optometric Association, <http://www.aoa.org/> April 2015.

American Optometric Association. *2014 Survey of Optometric Practice*. St. Louis, MO.

U.S. Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, Edition 2016-2017*. Washington, DC.





**Association of Schools and Colleges of Optometry**

6110 Executive Blvd, Suite 420

Rockville, MD 20852

p: (301) 231-5944

f: (301) 770-1828

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

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

I strongly oppose HB 103 for the following reasons:

1. To be clear this is about giving a group of folks that have not attended medical school the privilege of performing surgery on trusting patients. Further, the bill would give the board of optometry complete jurisdiction as to what procedures are within the optometric scope of practice. How can a group of non-surgeons make these decisions? It is an understatement to say this is dangerous for patient safety.
2. Let's say optometrists get these privileges without medical school, internship, and surgical residency training that typically take eight years, what then? Would a couple of weekend courses suffice? And let's say this is OK with the legislature, would 1 or 2 cases a year keep an optometrist proficient enough? I think not.
3. Another important detail, how would optometry obtain hospital privileges or take call since surgical procedures, regardless of how skilled the surgeon will invariably result in a complication, particularly if enough procedures are done. What then? Providence, Alaska Regional, Matsu, Fairbanks Memorial, or Bartlett hospitals would have to alter their medical by-laws. The optometry board would then have to confront hospital medical staff oversight, something they are conspicuously trying to avoid.
4. What legal issues regarding malpractice insurance are required. A hospital transfer agreement needs to be in place if the patient has any cardiovascular, respiratory, or allergic complications during an ophthalmic procedure. I have not heard or seen any details regarding these important topics.
5. Dental aides are brought up. They work solely on tribal lands. Two years of procedures are required and if you lose a tooth or two if doesn't have the same impact as losing an eye.
6. Insurance payments for CPT codes related to eye procedures will need to be discussed and BC/BS or Aetna will be very reluctant to pay for optometry attempting to bill for procedures that is not routine and customary.
7. Don't you have a sense of deja vu? It seems every few years optometry finds a legislator willing to champion their cause. And here we are again. Truth be told, optometry schools are not teaching surgical or injection procedures because there aren't enough people on the outside willing to have an optometry student practice on them. It should be noted the American Academy of Ophthalmology feels SB36 is the most expansive scope bill in the United States.
8. Ophthalmology is a dedicated and important member of the medical community. We are feeling alienated and marginalized. It is stunning that after 24 years of service, free emergency trauma and ophthalmology call to the State, that when I attempt to meet with a legislator I am dismissed and told this is about a turf battle. I worked very hard to get here and the training is difficult for a reason.

9. Ask yourself would I allow my family to have a surgical procedure or a needle injection around or in my eye by an optometrist?. If you feel this bill is sound then vote yes, otherwise do the right thing and vote no, the only sensible solution.

For the record, I am an ophthalmologist with subspecialty fellowship training in Neuro-ophthalmology and Oculoplastics. The only such specialty ever to practice in Alaska. I have been at Ophthalmic Associates in Anchorage for almost 24 years. I am a past president of the Alaska State Medical Association. I have taken emergency night trauma call as a community service without pay for almost 24 years. Although a specialist I care for Alaskans with simple as well as complex problems. I started my education at Amherst College, then Harvard and Boston University School of Medicine. My wife graduated from Wasilla High School and my kids attend schools in Anchorage.

Sincerely,  
Carl Rosen, MD  
President  
Ophthalmic Associates  
542 West Second Avenue  
Cell: 952-1700



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THE PLASTIC SURGERY  
FOUNDATION

March 15, 2017

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

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

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

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

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

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

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

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

Susan Dean, MD  
*Palmer, AK*

William Wennen, MD  
*Fairbanks, AK*



235 E. 8<sup>th</sup> Ave. Suite 3A Anchorage, AK 99501

(907) 569-1551 tel. ~ (907) 569-1564 fax ~ 1-866-569-1551 toll free

02/27/2017

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

I would like to enhance the understanding and implications of House Bill 103 (HB103) and demonstrate why this does not represent a valid option for Alaska's optometrists and ophthalmologists. In general, both professions get along just fine in this state and nationally. We work together routinely. However, desires by a few optometrists to legislate with HB103 and establish complete surgical and pharmaceutical autonomy for the Alaskan Board of Examiners in Optometry is unprecedented. It is off the charts.

*47 States in the Union do not allow optometrists to even perform any type of 'surgery', let alone determine what procedures are allowable. Not a single state has an Optometric Board that can make a boast of autonomy over what surgical procedures it can or cannot do, if any.*

Please note that HB103 is indeed a radical departure from the norm and that no other states have enacted such a broad statute. The Sponsor Statement of SB36 states that "this bill is updated to reflect current and modern-day practice". What it proposes is clearly not current and modern-day practice by any definition. What is being proposed is nothing short of a sea-change. It is a change in the very definition of what constitutes a physician and surgeon, which is the realm of the State Medical Board. The Alaska State Medical Board opposes SB36. Alaska does not need to be a medical care experiment.

According to the AMA Journal of Ethics (December 2010, Volume 12, Number 12: 941-945): "While some suggest that the trend is toward an expanded scope of optometric practice, history suggests that [Oklahoma] is an outlier. Most states—including those that have entertained proposals by optometrists to expand their scope of practice—have chosen not to allow optometry's practice to expand into surgery and other areas of medicine." Oklahoma has been the procedural testing bed in optometry for years.

Optometrists outnumber ophthalmologists by a ratio of four to one. Nationwide, about 30 percent of consumers don't know the difference between the two types of eye doctors and assumed that optometrists had medical degrees, according to a survey conducted by the National Consumers League in 2005. When the differences were identified, ninety-five percent of the 600 Americans surveyed wanted an M.D. wielding the scalpel or the laser if they needed eye surgery. Alaskans should not have to ask their prospective surgeon "Say doc, did you go to medical school?" This is not serving the public interest well. Please maintain Alaska's surgical integrity as does the rest of the United States.

Optometrists require a four year degree, the same as many paramedical professions including chiropractic. SB36 is equivalent to chiropractors trying to legislate an ability to do orthopedic surgery. *The difference educationally and surgically between a chiropractor and an orthopedic surgeon is the same difference that exists between an optometrist and an ophthalmologist.* The suggestion is not that these are not competent doctors of their profession. The statement is simply that they have no training



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process or precedent for surgery. They have no medical license. It is irresponsible for a non-surgical body to direct any approach to surgical care or to self-determine what procedures they can do. The very fact that they are requesting this should give everyone pause to consider the level of judgement involved. *It is alarming and it keeps coming around.* This type of legislation has failed every year and should fail again!

A more logical approach would be to *develop and incorporate surgical training during their tenure in optometry school.* Then, demonstrating as allopathic and osteopathic MD's do through surgical training, review and Board Certification, that they are capable of surgical patient care. There is also an established process for becoming a surgeon, be it orthopedics, cardio-thoracic, plastics, ENT, general, neurosurgery or ophthalmology. If the goal is to become an eye surgeon, then I might suggest going to medical school as a start, not optometry school. *Legislation is not the appropriate answer or forum for this, especially without demonstration of competence or training in place.*

This leads to the ongoing drama you and we must be subjected to every year or two. If surgical privileges, injections and expanded prescriptive authority is desired by the Alaskan Board of Optometric Examiners, then they should spend their energy developing surgical education and training rather than bullying our legislature for unwarranted 'approval' of tasks unfamiliar.

If this is unrealistic or unattainable, then an agreeable list of procedures approved by the Alaskan Board of Optometric Examiners and the Alaska State Medical Board might be a better solution. To my knowledge no attempt at this has ever been considered. The Alaska State Medical Board is there for a reason and it would be better to work with them than to try and circumnavigate around them.

**The American Academy of Ophthalmology and the Alaska Society of Eye Physicians and Surgeons are against SB36. The American Medical Association has taken opposition to these expansion bills in the past and present. The Alaska State Medical Board itself is very much against HB103 or any paramedical establishment trying to legislate privileges unmerited. Without substantive demonstration of a surgical curriculum or training, I doubt very much that their positions will change.**

Finally, HB103 would lead to more non-physicians seeking the right to practice medicine and they're going to turn to legislation to do that: exactly what the legislators do not want. This would lead to an ongoing process of harmful curtailment of medical and surgical integrity in the name of appeasement. The few lines of proposals in HB103 seem innocent enough, at first glance. Look again closely and you will see that the integrity of medical and surgical care in Alaska is at risk.

Please oppose HB103! (SB36)

Thank you.

Eric W. Coulter, M.D.

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

Alaska Medical Plaza  
1200 Airport Heights Drive, #280A  
Anchorage, Alaska 99508-2955  
(907) 339-9717 (800) 818-2229  
Fax (907) 339-9720

**February 26, 2017**

**Dear Representative Ivy Sponholz,**

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

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

**Sincerely,**



**John DeKeyser, MD**

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

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February 6, 2017

Representative Ivy Spohnholz, Chair  
House Health and Social Services Committee  
State Capitol Room 114  
Juneau AK, 99801

Re: HB 103

Dear Representative Spohnholz:

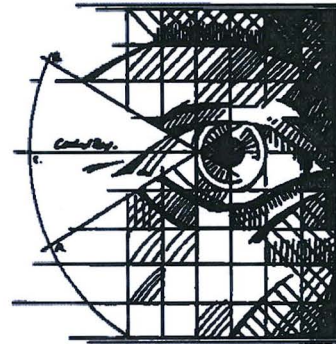
My name is Oliver Korshin. I'm a graduate of Harvard Medical School and a board certified ophthalmologist. I have practiced in Anchorage as a general ophthalmologist since 1982. For several years I served as Chief of Ophthalmology at the Alaska Native Medical Center, where I worked closely with optometrists, not only here in Anchorage, but also in Barrow, Sitka, Dillingham, Bethel, Nome and Kotzebue.

Without the Native Health Service's optometrists, we could not have provided such a high level of eye care to Alaska Natives, despite major impediments of distance, weather and transportation. Optometrists were (and remain) essential partners in the success of the Native Health Service's eye care program; optometry is a profession I admire and respect.

Fast forward to 2017: at 74 years old, I no longer perform eye surgery and no longer take emergency call. Thus, I hardly have a personal dog in the forthcoming fight over HB 103, which would allow the Alaska State Board of Optometry, with no surgical training or experience of its members, to define which invasive ophthalmologic diagnostic and surgical procedures its licensees may engage in.

I'm writing to you because I am double-boarded in Preventive Medicine, and my secondary specialty prompts me to do whatever I can to *prevent* the enactment of HB 103 into law in order to avert what may amount to a preventable public health calamity.

A century ago, a similar controversy existed between M.D.'s and osteopaths (D. O.'s). Like optometrists today, D. O.'s petitioned state legislatures throughout the country to expand their scope of medical and surgical practice, while M. D.'s testified before the same legislatures, urging them not to do so, claiming that the public could be harmed. Schools of osteopathy responded by adding to their curricula the same undergraduate and postgraduate educational and training requirements, so that D.O.'s and M.D.'s have long since been considered equals by D.O./M.D. state licensing boards.



Representative Ivy Spohnholz, February 6, 2017, p. 2

But optometry and ophthalmology remain two profoundly different professions, despite the fact that they both deal with visual disorders. The undergraduate and postgraduate educational requirements of each profession remain vastly different, while the similarity of their names continues to sow public confusion as to the education, training and capabilities of each.

As a legislator, you cannot afford to be confused.

HB 103, a briefly-worded bill, which seems so very innocent and innocuous on the face of it, would open the door for optometrists to perform complex, advanced and potentially harmful diagnostic and invasive procedures without the years of medical education, training and experience possessed by M. D. ophthalmologists. The bill is like a check drawn on a bank account with insufficient funds: please don't let it be enacted into law.

I had hoped that I would not feel compelled to enter the same fray as in 2016, but, seeing HB 103, it is difficult for me to do otherwise.

It's hardly necessary to repeat the detailed arguments against such a potentially deleterious bill: it's likely that you've already heard them all and will no doubt hear them again, so I will not impose on your time other than to say that the human eye is only about an inch in diameter, weighs only 7.5 grams (¼ oz.), and contains many highly specialized tissues and cells that produce what is colloquially known as "eyesight."

In short, the human eye is the most delicate, complex and essential sense organ of all. The privilege to invade such a tiny, advanced structure with scalpel, needle or laser is not something to be granted to practitioners who lack extensive medical training, regardless of their training, skills and experience in optometry.

HB 103 is the most expansive optometric scope of practice bill on the legislative table in the United States. Enacting it into law will be not merely irresponsible public policy: it will sooner or later compromise patient safety.

Sincerely,

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

Oliver Korshin, M. D.

# Alaska State Medical Association

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

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March 13, 2017

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

RE: House Bill 103

Dear Chair Spohnholz:

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

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

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

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

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

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

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

We have two specific concerns with House Bill 103.

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

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

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

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

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

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

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Haugen", with a long horizontal flourish extending to the right.

Mike Haugen, Executive Director  
Alaska State Medical Association

cc: House Health and Social Services Committee Members



February 9, 2017

House Health and Social Services Committee  
House Labor & Commerce Committee  
Alaska State Legislature

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Marshall Ford, MD  
Robert Ford, MD  
David Gano, MD  
Robert Gibbs, OD  
Michael Glanzer, OD  
William Gruzensky, MD  
James Guzek, MD  
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Dear Representatives Spohnholz, Kito, Edgmon, Wool, Tarr, Eastman, Johnston, Sullivan, Josephson, Stutes, Birch, Knopp, Chenault, Claman, and Saddler,

My name is Dr. Paul Barney, I am an optometrist who practices in Anchorage, AK. I am also the Chair of the Alaska Board of Examiners in Optometry. I am writing to you to respectfully ask for your support of HB-103, an Alaska House bill which would allow the Alaska Board of Examiners in Optometry to regulate the profession of optometry, just as medicine, dentistry, and advanced nurse practitioners are regulated by their respective Boards.

This legislation will update the definition of Optometry to be consistent with what is taught in the schools and colleges of optometry in the United States; the current definition in statute was written over 40 years ago. HB-103 will put the details regarding the practice of optometry in regulation allowing the Alaska Board of Examiners in Optometry more flexibility with advancements in technology, pharmaceutical agents, and education, while at the same time ensuring public safety. This bill will also bring Alaska optometry statutes more in line with dentistry and advanced nurse practitioners, and just like the statutes concerning dentistry and advanced nurse practitioners, HB-103 will not allow the Optometry Board to expand scope of practice beyond current education and training.

As a current member of the Board of Examiners in Optometry, I take my duty and my oath to protect the citizens of Alaska very seriously. I know from my several years of experience on the Board that the other members take that oath equally seriously. Our Board consists of cautious, conservative optometrists all with several years of practice experience, and one lay person. We're also overseen by an Assistant Attorney General appointed by the state. I can assure you that the Board can be trusted to fulfill their primary purpose of protecting the public, and that the passage of HB-103 would not put the citizens of Alaska at risk.

Again, I respectfully ask for your support of HB-103.

Paul M. Barney, O.D.

Chair, Alaska Board of Examiners in Optometry  
Center Director, Pacific Cataract and Laser Institute

[REDACTED]

---

**From:** Andrea Eberle <[REDACTED]>  
**Sent:** Thursday, February 16, 2017 9:15 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Please Support Optometry HB 103

Dear Representative Spohnholz,

Please support House Bill 103. The Alaska optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing. This will allow Optometrists to be able to practice at the full scope of our education.

Thank you so much for your support of this important legislation for my professional career.

Sincerely,

Dr. Andrea Eberle

[REDACTED]

---

**From:** Lynn [REDACTED]  
**Sent:** Thursday, February 16, 2017 6:27 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Please Support HB 103

Dear Representative Spohnholz,

I am currently an optometrist in Wasilla, Alaska. I have been practicing in Wasilla for the past 33 years.

During the current legislative session, SB 36 and HB 103 have been introduced to again address the issue of the scope of optometric practice. Current Alaska optometric statues and regulations are antiquated in terms of the scope of education and training of today's optometrist. The optometry board is the proper seat of authority to regulate the practice of optometry, the same as the other prescribing health care professions of medicine, dentistry, and nursing. The board should determine the full scope of optometric practice as defined by our training and education. This legislation will remove the legislative action currently necessary for optometric practice expansion.

Please support HB 103 when it appears in the House.

If I can be of further help, please contact me.

Respectfully,

Lynn

**Lynn J. Coon, OD, FAAO**  
Valley Eye Associates, P.C.  
935 E. Westpoint Dr. Suite 207  
Wasilla, AK 99654  
Office: 907-373-0225  
Fax: 907-373-7776

**From:** Dr. Elizabeth Lane [REDACTED]  
**Sent:** Thursday, February 16, 2017 3:00 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Dear Representatives,

I'm writing to request your support for HB 103.

The bill allows an optometry board to have authority to regulate its practice, the same as other prescribing health professions including dentistry, medicine, and nursing. It will allow a board to regulate optometry's scope of practice to reflect optometrist's training and education.

If you have any questions about why I am in support of this bill, feel free to contact me.

Thank you for your consideration of support for HB 103.

Sincerely,

Elizabeth Lane Bow, OD  
907-250-4225

[REDACTED]

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**From:** Kathleen Powell [REDACTED]  
**Sent:** Thursday, February 16, 2017 2:15 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Dear Representatives,

I am respectfully requesting your support for House Bill 103.

The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.

Optometrists should be able to practice within the full scope of our training and education. Doctors of Optometry have 8 or more years of college with optional 1-2 years of residency.

Sincerely,

Kathleen Powell, O.D.  
Anchorage

[REDACTED]

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**From:** Jeffrey Mattson [REDACTED]  
**Sent:** Thursday, February 16, 2017 2:06 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Hello Representative,

My name is Jeffrey Mattson, I am an optometrist who practices in Anchorage, AK and I am asking your support of House Bill 103.

House Bill 103 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 House Bill 103.

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 House Bill 103.

Jeffrey Mattson, O.D.

**From:** Jim Falconer [REDACTED]  
**Sent:** Thursday, February 16, 2017 1:39 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support HB 103

Dear Representative,

As an optometrist in Alaska, I am writing you to ask that you please support HB 103, which gives broader authority to the state optometry board to determine the scope of practice for optometry in Alaska. We have a long history of taking good care of our patients, and it is certainly not in our interest to allow doctors of optometry to practice beyond their level of training. The goal of this bill is simply to allow us to broaden the scope of practice for optometrists as new medications and procedures become available which are not explicitly written into our current law regulating optometry.

Please feel free to contact me if you have any questions.

Sincerely,

James C. Falconer, OD

[REDACTED]

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**From:** John Demske [REDACTED]  
**Sent:** Thursday, February 16, 2017 1:28 PM  
**Subject:** HB 103

Hello Representative Spohnholz,

I am writing to inform you that I fully support HB 103, the bill that gives autonomy to the Alaskan Board of Optometry and allows doctors of optometry to practice as taught in their university training.

I have been practicing optometry in Alaska since 1978, in Soldotna since 1983 and this bill is long overdue. Other health professionals with less university training have an autonomous board.

The optometrists of Alaska would appreciate your support of this bill.

Thank you for introducing HB 103.

John Demske, O.D.

Soldotna Alaska

907-262-3168

**From:** Erik Christianson [REDACTED]  
**Sent:** Thursday, February 16, 2017 12:56 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Cc:** 'Elizabeth Stevens'; 'Pam Christianson'; Rick Swearingen, O.D.  
**Subject:** Letter of support for HB 103

Alaska House Members,

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 entire professional career (currently 30 years...yikes) 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 greatly 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 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. HB 103 is the next logical step in the evolution of modern optometric practice. It is particularly applicable in our rural state where the doctor of optometry is the eye expert.

I am asking your support of HB 103. HB 103 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 HB 103. HB 103 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 HB 103 feel free to contact me

Once again, thank you for your support of HB 103.

Erik D. Christianson, O.D.

Ketchikan Eye Care Center

351 Carlanna Lake Rd

Ketchikan, Alaska 99901

**Main: 907 225-2020**

**Office: 907 228-6379; Cell: 907 617-0936**

**From:** David Holdgrafer [REDACTED]  
**Sent:** Thursday, February 16, 2017 12:49 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry bill Hb 103

Greetings Representatives,

I would appreciate it if you would lend your support to Hb 103 in the House.

Thanks for your time and best regards,

--  
David J Holdgrafer OD

Eyecare Excellence  
3450 E Rezanof Drive  
Kodiak, AK 99615  
t. 907-486-5504  
f. 907-486-6577

[djholdgrafer@gmail.com](mailto:djholdgrafer@gmail.com)

[REDACTED]

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**From:** Jeremy Fulk [REDACTED]  
**Sent:** Thursday, February 16, 2017 12:45 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Support HB 103

Dear Representative,

Please support HB 103 for the following reasons:

- The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.
- Optometrists treats the majority of eye patients all over Alaska including remote areas.
- The optometry board deserves the same respect as the other boards.
- The Alaska optometry law needs to be updated.
- Optometrists should be able to practice at the full scope of our education.
- Doctors of Optometry have 8 or more years of college and optional 1-2 years residency.

Sincerely,

Jeremy C. Fulk O.D.

Eye Clinic of Fairbanks

116 Minnie St., Fairbanks, AK 99701

907-456-7760 Ext. 258

[jfulk@eyeclinicfbks.com](mailto:jfulk@eyeclinicfbks.com)

[jcfulk@outlook.com](mailto:jcfulk@outlook.com)

**From:** Jerimiah Myers [REDACTED]  
**Sent:** Thursday, February 16, 2017 12:29 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Support HB 103

Dear Representative:

Having done eye care in the bush of Alaska for some 30 years, our profession finds this legislation a necessity to give the best care for our Alaskans.

Thank you for your attention to this.

- The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.
- Optometrists treats the majority of eye patients all over Alaska including remote areas.
- The optometry board deserves the same respect as the other boards.
- The Alaska optometry law needs to be updated.
- Optometrists should be able to practice at the full scope of our education.
- Doctors of Optometry have 8 or more years of college and optional 1-2 years residency.

Once again, thank you for your support of this important legislation.

*Dr. Jerimiah Myers  
PO Box 1948  
Kodiak, AK 99615*

*(907) 539-2010 cell  
(907) 486-6117 office*

**From:** Dr. Laura Kompkoff <[REDACTED]>  
**Sent:** Tuesday, February 14, 2017 4:22 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Please support HB103. Doctors of Optometry want to provide the best care for our patients, and that includes the most safe and up-to-date care in which we are trained. Our education includes a 4-year doctorate program following an undergraduate education, National and State Board examinations, and Continuing Education. The Dentists of Alaska have successfully brought the best and most up to date oral health to Alaskans by successfully governing their own board. Like the Alaskan Dentists, Optometrists provide healthcare all over the state which makes it imperative to keep up with the most advanced care without delay most often caused by having to turn to the legislative body when technology and research changes. Alaska has always strived for the most up to date healthcare for its residents. In today's world, advances are learned and expected from healthcare providers at a quicker rate than ever. Please help us give the best care to Alaskans. Thank you for your support!

*Laura Kompkoff, O.D.*

Katmai Eye and Vision Center

Katmaieye.com

907-334-3937

**From:** Dr. Sheryl Lentfer [REDACTED]  
**Sent:** Tuesday, February 14, 2017 4:00 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** HB103

Please support HB103. As a practicing Optometrist for 20 years in Anchorage, we are asking to be able to run our own board. Our education includes a 4 years doctorate program (after an undergraduate college degree and National entrance examination) and, governed and approved continuing education. The Dentists have successfully brought the best and most up to date oral health to Alaskans by successfully governing their own practitioners. They do not have to go through the state legislative body to provide patients the best of care as healthcare advances. Optometrists provide healthcare all over the state and in a timely manner. Alaska has always strived for the most up to date healthcare for its residence, and in today's world, advances are learned about and expected from healthcare providers at a quicker rate than ever. Like the doctors of Dentistry, Doctors of Optometry want to provide the best care for our patients, and that includes the most safe and up-to-date care in which we are trained. Thank you for your support!

Sherry Lentfer, OD

Katmai Eye and Vision Center

Neuro Vision Performance Center

12570 Old Seward Hwy., Suite 104

Anchorage, Ak 99515

907 334-3937

907 885-2522 FAX

[Katmaieye.com](http://Katmaieye.com)/Facebook: Katmai Eye and Vision Center

**From:** Rob Fleckenstein [REDACTED]  
**Sent:** Monday, February 13, 2017 11:09 AM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Please Support HB 103

Hello, my name is Rob Fleckenstein, O.D., and I am a practicing Optometrist in Eagle River. I'm asking for your support of HB 103 for the following reasons:

- The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.
- Optometrists treats the majority of eye patients all over Alaska including remote areas.
- The optometry board deserves the same respect as the other boards.
- The Alaska optometry law needs to be updated.
- Optometrists should be able to practice at the full scope of our education.
- Doctors of Optometry have 8 or more years of college and optional 1-2 years residency.

Thank you for your consideration,

Rob

**ROBERT J. FLECKENSTEIN, O.D.**

*Vision Source*

**Eagle River Vision Clinic**

**16331 Heritage Pl. #104**

**EAGLE RIVER, AK, 99577**

**T: 907-694-2511**

**F: 907-694-3900**

**[www.ervc.com](http://www.ervc.com)**

[REDACTED]

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**From:** Ashley Kettler [REDACTED]  
**Sent:** Friday, February 10, 2017 11:25 AM  
**Subject:** Please Support Optometry HB 103

My name is Ashley Kettler and I was born and raised in Wrangell, Alaska. After 8 years of college education to receive a doctorate in optometry, I have returned to my home state and kindly request that you support HB 103

- Optometrists treats the majority of eye patients all over Alaska including remote areas.
- The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing

Thank you for your time,

Ashley Kettler, O.D.

[REDACTED]

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**From:** Kara Frank [REDACTED]  
**Sent:** Thursday, February 09, 2017 9:00 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Request of support for HB 103

Good evening,

Thank you for taking the time to read this email. I am writing on behalf of myself and my husband, Jacob Frank, OD. We own a practice in Palmer and would like to request your support in HB 103.

This bill is important to our profession as it allows optometrists to practice within the full scope of our training and education. We went to school for eight years and completed two years of residency training in ocular disease. Our current legislation limits our abilities to practice to our full potential, which means we're not as useful to the public as we could be. This is especially true because optometrists treat the majority of eye patients all over the state, particularly in rural areas. The Alaska optometry law needs to be updated.

HB 103 is also important because it grants the optometry board to regulate the practice, just as other prescribing health professionals are allowed to regulate their own professions. The optometry board deserves the same respect.

We believe this bill is beneficial to our family, our business, and our community, and we appreciate your consideration to this matter.

Respectfully,

Kara Reynolds, OD & Jacob Frank, OD

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Kara Reynolds, OD  
Clinical Director

Lodestar Family Eye Care, PC  
625 South Cobb St | Suite 101  
Palmer | AK | 99645  
907.745.2273  
[www.lodestareye.com](http://www.lodestareye.com)

[REDACTED]

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**From:** Andrew Peter O.D. [REDACTED]  
**Sent:** Thursday, February 09, 2017 6:47 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** HB103

Ivy,

Thank you for sponsoring HB103.

Soon, you will hear details on HB 103. I ask that you support this bill.

Technology in medicine is changing at an ever increasing rate; statistics show rates of change are almost exponential...with no sign of slowing up. These changes in medicine include imaging, medicine, and pathology diagnosis. For example, optometrists uses retinal laser imaging that -only a few years ago- was available only in academic institutions. Radiofrequency technology is chosen for lesion removal near eyes and lids. Injectable medications are commonly used for treatment of inflammation and diabetes. Lasers are used for treatment of secondary cataracts and preventative treatment of glaucoma. This makes a difference; it provides convenience to patients, allows access to quality of care in rural areas, and reduces costs. A win-win. Some of these techniques are being performed in Alaska...some are currently only allowed in other rural states.

Thus, as change continues, I want access to the best in technology and medicines for my patients. It is only right that optometry be regulated like every other medical profession, and allow our board to regulate and allow us as providers to be nimble with emerging technologies.

Populations are getting older. Costs are expanding. We must be prepared to provide appropriate care, in a timely manner, at reasonable cost.

If you have any questions, please feel free to reach out to me on my mobile; 907.299.6520.

Andrew Peter O.D.

Homer Eyecare

**From:** Nicole Berhow [REDACTED]  
**Sent:** Thursday, February 09, 2017 12:25 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Hello Representative,

I am an Optometrist practicing in Anchorage since 1997. Please Support Optometry HB 103. The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing. Optometrists should be able to practice within the full scope of our training and education. The bill ensures that no licensee may perform any procedure beyond the scope of the licensee's education, training, and experience as established by the board. 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, which is currently the case and unnecessarily burdensome.

Thank you for your support,

Nicole L Berhow, OD

[REDACTED]

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**From:** Joshua Cook [REDACTED]  
**Sent:** Thursday, February 09, 2017 9:26 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Dear HSS and L&C Committee Member,

I would like to extend my support for HB 103.

I believe this to be a great bill that would affect how Optometry is practiced and regulated in the state of Alaska. 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, but in no way allows us to perform anything outside of our scope of practice. This is a very simple bill and simply allows us the same respect as other boards in our state and will enhance the care of our patients.

I thank you for your consideration of HB 103.

Best regards,

Joshua Cook, OD

**From:** victoria blower [REDACTED]  
**Sent:** Wednesday, February 08, 2017 5:50 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** HB 103

Dear Members of HSS and Labor and Commerce Committees,

I encourage you to consider the merits of HB 103 and vote for it's passage.

Optometry is a noble healthcare profession with extensive specialized training in the health, performance and treatment of ocular conditions. Doctors of Optometry have 8 or more years of education. The profession has a long track record of safety, sound professional judgment and service to the Alaskan citizenry. Optometrists are the primary eyecare providers within our state, both in urban and rural settings.

The optometry board should have the authority and respect to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing. Let's update the Alaska optometry law.

Thank you for your support of this important legislation.

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](mailto:victoria_blower@hotmail.com)

[REDACTED]

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**From:** Jessica Giesey [REDACTED]  
**Sent:** Wednesday, February 08, 2017 4:57 PM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

Dear Representatives,

I am an optometrist practicing in Anchorage and I am writing in support of HB 103. Optometrists play a vital role in delivering eye care to patients all over the state. I believe that myself and my Alaskan colleagues have worked earnestly to deliver the best care possible to the people of Alaska and have thereby earned the trust of the communities we serve. We should have the ability to regulate our own board just as many other health professions in the state do like medicine, nursing, and dentistry and we should be able to practice the full scope of our training and education. Thank you for your time and consideration of HB 103 and have a wonderful day.

Sincerely,

Jessica Giesey, O.D.

[REDACTED]

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**From:** David Karpik [REDACTED]  
**Sent:** Wednesday, February 08, 2017 4:44 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Thank you for HB 103, Optometry

Representative Spohnholz,

I'd like to express my appreciation to you for sponsoring HB 103, which will optimize patient care and access to optometry services! This statute will allow for regulations that are always current in an ever-evolving and advancing health care environment.

Sincerely,  
David Karpik, OD  
Kenai Vision Center  
Past President, Alaska Optometric Association  
Medical Director, Vision Source Alaska <http://visionsource.com/alaska/>

**From:** Damien Delzer [REDACTED]  
**Sent:** Wednesday, February 08, 2017 12:42 PM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Support Optometry HB 103

Dear Chairperson Spohnholz,

Thank you for your sponsorship of HB 103.

HB 103 will modernize and update the Alaska Optometry Statute. This bill will allow the optometry board the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.

As a member of the Alaska Board of Optometry, I take my responsibilities to protect and safeguard the citizens of Alaska very seriously.

This bill, along with the Alaska Board of Optometry and oversight from the Attorney General's office, will ensure that no licensee may perform any procedure beyond the scope of the licensee's education, training and experience.

Thank you for your support. I am available by e-mail at [akdelzer@gci.net](mailto:akdelzer@gci.net) or my personal cell number [907-590-0777](tel:907-590-0777), should you have any further questions.

Sincerely,

Damien R. Delzer, O.D.

Secretary, Alaska Board of Examiners in Optometry

Diplomate, American Board of Optometry

Senior Clinical Examiner, The National Board of Examiners in Optometry

[REDACTED]

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**From:** victoria blower [REDACTED]  
**Sent:** Wednesday, February 08, 2017 11:13 AM  
**To:** Rep. Ivy Spohnholz  
**Subject:** HB 103

Dear Representative Spohnholz,

Thank you for recognizing the merits of SB36 and your willingness to sponsor HB 103 in the House. Optometry is a noble profession with extensive education of it's members that has a long track record of safety, sound professional judgment and service to the to the Alaskan citizenry. We, as a profession are the primary eyecare providers of this state, both urban and rural.

It is about time that we are recognized and respected as the well-trained professionals that we are and given the authority to monitor our own profession as our other healthcare colleagues in dentistry, medicine and nursing do.

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](mailto:victoria_blower@hotmail.com)

[REDACTED]

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**From:** Ladd Nolin [REDACTED]  
**Sent:** Wednesday, February 08, 2017 10:07 AM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Thank you for supporting HB 103

Hello Representative Spohnholz,

I am writing to thank you for your support and introduction of House Bill 103, which would provide the Alaska Board of Optometry the ability to regulate its profession, just like the other prescribing professions in the state. This would allow optometrists to practice to their full scope of education and training, thereby creating better patient care for the state of Alaska.

Sincerely,

Ladd Nolin O.D.

[REDACTED]

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**From:** Jeff Gonnason [REDACTED]  
**Sent:** Wednesday, February 08, 2017 10:06 AM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Thank You for HB 103

Representative Ivy Spohnholz,

Thank you for supporting Alaska optometry and sponsoring HB 103. I am the Legislative Chair of the Alaska Optometric Association and look forward to working with you on this legislation. I will be in Juneau next Wednesday February 15.

I was the first Alaska Native doctor of optometry, born and raised in Ketchikan, and licensed in Alaska for 40 years. I have twice served as a member and Chair of the State Optometry Board under two different governors, and Past President of the Alaska Optometric Association. I also spent 22 years representing Alaska for the American Optometric Association, and as a member of the Alaska Health Fair Advisory Board. I also am a director on the board of CIRI in Anchorage.

I currently practice in Anchorage but also performed Bush clinics and volunteered at the Alaska Native Medical Center and Southcentral Foundation in my younger days. I will be presenting more detailed testimony at committee hearings.

Best regards,  
Jeff

Háw'aa  
**JEFF GONNASON, OD**

**Office 907-276-2080**  
**Cell 907-350-9000**

**From:** Natalie Macke  
**Sent:** Wednesday, February 08, 2017 9:53 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Support for HB 103

Dear Representatives:

Please support House Bill 103 for the following reasons:

- The optometry board should have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.
- Optometrists treat the majority of eye patients all over the state including remote areas
- The Alaska optometry law needs to be updated and the optometry board deserves the same respect as other boards of medicine
- Optometrists should be able to practice at the full scope of their education to include 8 years of college with many who have 1-2 additional years of residency training

Thank you for considering supporting this bill.

Best Regards,

Natalie Macke  
Doctor of Optometry

[REDACTED]

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**From:** Ladd Nolin [REDACTED]  
**Sent:** Wednesday, February 08, 2017 9:51 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please Support Optometry HB 103

I am writing to express support for House Bill 103. This would allow the Alaska Board of Optometry to regulate its profession just like the other prescribing professions do in the state, including Dentistry, Medicine and Nurse Practitioners. This would also provide Optometrists the ability to practice within their full scope of education and training.

Sincerely,

Ladd Nolin O.D.

**From:** Dr. Marilyn Holm [REDACTED]  
**Sent:** Wednesday, February 08, 2017 9:11 AM  
**To:** Rep. Ivy Spohnholz  
**Subject:** Please Support Optometry HB 103

Dear Representative Spohnholz,

I am writing to request that you support House Bill 103 to update our optometry statutes in the state of Alaska. Our state optometry board should have the authority to regulate the practice of optometry as to the other prescribing health professions. This allows the board to keep the practice of optometry in Alaska up to date with current practices while not being unnecessarily burdensome to board or the legislature. Thank you for your consideration.

**Dr. Marilyn Holm, OD**

Agape Peninsula Eye Care, LLC

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[REDACTED]

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**From:** John Shank [REDACTED]  
**Sent:** Wednesday, February 08, 2017 8:30 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please support HB 103

Dear Representative,  
Please support HB 103 and bring Optometry into the 21st century. This bill is long over due.  
Thank you for your time and service.  
John T Shank

**From:** Elizabeth Hunt [REDACTED]  
**Sent:** Wednesday, February 08, 2017 7:49 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. Geran Tarr; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please support Optometry House Bill 103

Dear Representatives,

I wanted to touch base with you about House Bill 103. Some would have you believe that House Bill 103 would authorize an Optometrist to do surgery, and that the moment HB 103 is passed Optometrists will pick up the scalpel and begin performing all sorts of surgeries completely out of their scope of training. This is completely untrue, and had we as optometrists desired to become surgeons, we would have gone to medical school (and many of us very well could have).

**House Bill 103 has nothing to do with granting privileges of surgery. House bill 103 clarifies and simplifies the oversight of our profession and puts it in the hands of people who are most familiar with it. The purpose of the bill is to give optometrists equal rights to govern their profession, exactly like medical doctors, dentists and nurse practitioners govern their profession with the use of a board. This means that our optometry board (which has members from both optometry as well as the general public)—instead of the legislature—would control our scope of care based on our training and what is in the interest of the public good. The board would never authorize Optometrists to perform procedures they were not well trained to perform, and in fact the bill contains language specifically prohibiting Optometrists from performing the very surgeries the opposition is claiming it would authorize. This is great, because, guess what? We do not want to become surgeons, and optometrists tend to be very conservative clinicians by nature which is reflected in our incredibly low malpractice premiums.**

So why is the bill important? An easy example is the change of Vicodin from a schedule III to a schedule II drug by the FDA. Privileges at the time allowed optometrists to prescribe Vicodin in a very small supply over 4 days to patients with severe corneal abrasions for example. With the FDA change we had to actually put a bill through the legislature, which was very costly and cumbersome, simply to keep a privilege that we had already been granted and used responsibly.

Medical boards control the way the medical profession practices. Dentists and Nurse Practitioners have the same exact same privileges. All of these boards have done a tremendous job regulating the professions and protecting the public, and ours serves this same purpose. Our profession simply asks to be treated equally, and to be able to continue to provide innovative and quality care to rural Alaskans. Any innovations in care would be governed by our own board, a board that would never allow a non-surgeon to perform surgery. It would go against the very principle of the board's existence.

The sad part about the very expensive and very manipulative tactics used by the opposition is that it paints our profession in a negative light, and is spreading lies about what House bill 103 is all about. Anyone listening to their ads would say, "well of course I don't want an optometrist performing my cataract surgery, so I am telling my senator to vote no on HB 103 and I am going to speak out against it." If this were true, I would feel the same. But that is not at all what this bill would do, and the opposition amounts to unfounded scare tactics; we are asking for fair treatment under the law, not asking for the scalpel. Thank you very much for your thoughtful consideration.

**Best,**

**Elizabeth Hunt, OD**

**Optometrist practicing in Juneau, Alaska**

[REDACTED]

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**From:** Benjamin Crawford [REDACTED]  
**Sent:** Wednesday, February 08, 2017 6:57 AM  
**To:** Rep. Ivy Spohnholz; Rep. Sam Kito; Rep. Bryce Edgmon; Rep. Adam Wool; Rep. David Eastman; Rep. Jennifer Johnston; Rep. Colleen Sullivan-Leonard; Rep. Andy Josephson; Rep. Louise Stutes; Rep. Chris Birch; Rep. Gary Knopp; Rep. Mike Chenault; Rep. Matt Claman; Rep. Dan Saddler  
**Subject:** Please support optometry HB 103

Dear Representatives,

Please support HB 103. I am a born and raised Alaskan optometrist. I returned to Alaska after attending school in the L48 and I now own my own practice in Anchorage. Luckily for me, Alaska has always been a great place to be an optometrist. I'd like to keep it that way, so that is why I'm asking for your support on HB 103.

The key point to the bill is to allow the State Board of Optometry to have the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing. This will allow the Board to make changes to regulations without having to go through the laborious legislative process. Any changes would reflect changes that are occurring in our profession and will remain within our scope of practice.

Thank you for your time and consideration.

Respectfully,

Benjamin Crawford, O.D.

Accurate Vision Clinic

*We've moved! Beginning January 30<sup>th</sup> our address will be;*

*3401 Minnesota Dr., Suite 200*

*Anchorage, AK 99503*

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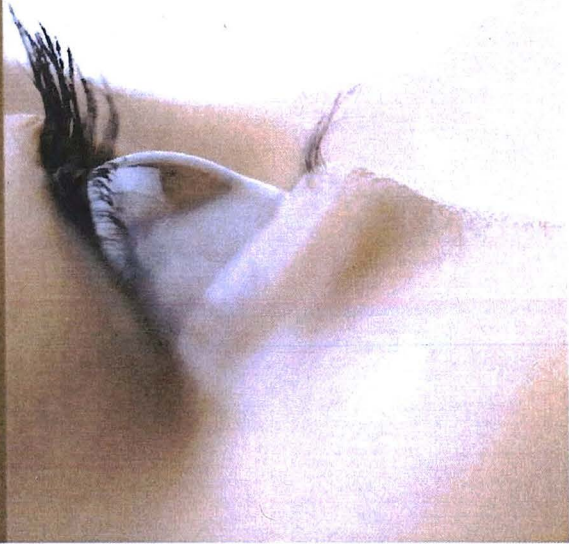
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# Doctors of Optometry and their Education

As primary eye care providers, doctors of optometry are an integral part of the health care team, earning their doctoral degree just as dentists, podiatrists and other doctors do.

- Prior to admittance into optometry school, optometrists typically complete four years of undergraduate study, culminating in a bachelor's degree. Required undergraduate coursework for optometry students is extensive and covers a wide variety of advanced health, science and mathematics courses.
- Optometry school consists of four years of post-graduate, doctoral-level study concentrating on the eye, vision and associated systemic disease. In addition to profession-specific courses, optometrists are required to take systemic health courses that focus on a patient's overall medical condition as it relates to the eyes.
- Upon completion of optometry school, candidates graduate from their accredited college of optometry and hold the doctor of optometry (OD) degree.
- Some optometrists participate in residency programs following optometry school. This experience offers doctors of optometry training in an optometric sub-specialty such as pediatric optometry, low vision care, or geriatrics.



# Optometric Education in Practice

- Optometrists must pass a rigorous national examination administered by the National Board of Examiners in Optometry (NBEO). The three-part exam includes basic science, clinical science and patient care.
- All optometrists are required to participate in ongoing continuing education courses to stay current on the latest standards of care.
- Curriculums and continuing education are updated on an ongoing basis to reflect technological advances, including surgery techniques, prescriptive medications and other medical treatments related to eye diseases and disorders.
- In addition to being the experts on eye and vision diseases and disorders, doctors of optometry have the education and training to diagnose the ocular manifestations of diseases that affect the entire body, such as diabetes and hypertension. They also are qualified to evaluate their patients for surgery when appropriate and often manage their patients' care pre- and post-operatively.

