

SB

36

<TARGET><BILL>SB 36</BILL><SUBJECT>SB
36</SUBJECT><COMM>SHSS30</COMM></TARGET>

ALASKA STATE LEGISLATURE

716 W 4th Avenue
Anchorage AK 99501-2133
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State Capitol
Juneau AK 99801-1182
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North to the Future

Senator Cathy Giessel
Senate District N

Sponsor Statement **SB 36 Optometry & Optometrists**

SB 36 modernizes and updates the Alaska Optometry Statute, as the language is antiquated, with some language over 50 years old.

This bill allows the optometry board the authority to regulate its practice the same as the other prescribing health professions such as dentistry, medicine and nursing.

It allows the board to continue to adopt regulations, updated to current practice, and moves the continuing education (CE) requirements back into regulation. 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 Dept. of Commerce, Community and Economic Development. The current regulations require more CE hours than the statute subsection deleted by this bill.

SB 36 allows the 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.

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

**SENATE COMMITTEE REPORT
First Committee of Referral**

DATE: 1/25/17

FURTHER: Finance

DATE TURNED
IN TO OFFICE: 2/15/17

Health and Social Services considered SENATE BILL NO. 36

SB 36-OPTOMETRY & OPTOMETRISTS

"An Act relating to the practice of optometry."

and recommends:

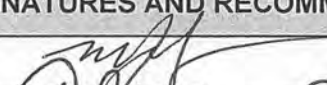
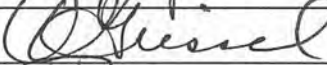

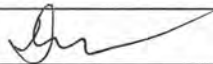
- be replaced with CS _____ (_____) Same Title New Title
- adopt previous CS _____ (_____) Same Title New Title
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

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

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
<u>CED</u>	<u>X</u>			<u>1</u>

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	Do PASS	Do NOT PASS	No REC	AMEND
	vonImhof				<input checked="" type="checkbox"/>
	Gressel	<input checked="" type="checkbox"/>			
	Begich				<input checked="" type="checkbox"/>
CHAIR: 	Wilson			<input checked="" type="checkbox"/>	

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Senate District N

Sectional Analysis

SB 36 Optometry & Optometrists

Section 1

AS.08.72.050 allows the board to continue to adopt regulations, updated to current practice.

Section 2

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 as with other professions. The current regulations require more CE hours than the statute subsection deleted by this bill.

Section 3

AS 08.72.272(a) clarifies the current statute for the board to determine prescribed drug schedules, including standards and limitations on practice determined by the board.

Section 4

AS 08.72 sets limitations on practice, ensuring 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.

Section 5

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

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

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: SB 36
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB036-DCCED-CBPL-01-27-17
Title: OPTOMETRY & OPTOMETRISTS
Sponsor: GIESSEL
Requester: (S) HSS

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
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services	5.1							
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	5.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

1156 Rcpt Svcs (DGF)	5.1							
Total	5.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues

1156 Rcpt Svcs (DGF)	5.1							
Total	5.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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>01/27/2017 12:30 PM</u>
Approved By: <u>Catherine Reardon, Director</u>	Date: <u>01/27/17</u>
Agency: <u>Division of Administrative Services, DCCED</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. SB 36

Analysis

SB 36 allows the Board of Examiners in Optometry to set continuing education standards in regulations pertaining to the prescription, use, and injection of pharmaceutical agents. It also gives the Board latitude in outlining the scope of practice of an optometrist.

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.

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North to the Future

Senator Cathy Giessel
Senate District N

MEMORANDUM

DATE: January 26, 2017

TO: Senator David Wilson
Chair, Senate Health and Social Services Committee

FROM: Senator Cathy Giessel 

RE: Request for Hearing, Senate Bill 36, Optometry & Optometrists

I respectfully request that **Senate Bill 36** "Optometry and Optometrists" be scheduled for the Senate Health and Social Services Committee at your earliest convenience.

SB 36 modernizes and updates the Alaska Optometry Statute. It moves the continuing education (CE) requirements back into regulation. Continuing education is still required by current statute, but the hours and subjects will be determined by the Board of Optometry, as with other self-governing professions.

SB 36 allows the board to determine prescribed drug schedules anticipating federal regulations that may change again in the future. This bill updates the optometry definition to reflect current education and training and defines that optometrists must be qualified for any procedure that they perform.

Senate Bill 36 updates the definition of Optometry to reflect current and modern practices.

Attached you will find:

1. SB 36 version A
2. SB 36 Sponsor Statement
3. SB 36 Sectional Analysis
4. SB 36 Letters of Support (forthcoming next week)
5. SB 36 Backup Documents (forthcoming next week)
6. SB 36 Fiscal Notes (forthcoming)

Please contact Jane Conway, 465-3623, in my office if you need any further information.

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

SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY

Office of the President
2575 Yorba Linda Boulevard • Fullerton, California 92831
714/449-7450 • Fax 714/526-3907

Lesley L. Walls, O.D., M.D.
President

October 26, 2001

Members of the Alaska State Medical Board

Dear Members of the Board:

First of all, thank you for the opportunity to appear before you and deliver this written letter of support for the expansion of the optometry practice act in Alaska. It is a pleasure to offer you my personal opinion on this most important subject.

As a licensed practitioner of both optometry and medicine, I write in support of changes in the Alaska Optometry Law, which will update the optometry practice act to the proper level for the education and training of the fine optometrists in your state. I know this topic is an emotional issue; however, I believe that careful review will substantiate the fact that modern optometrists have the appropriate education and training.

Alaska is truly a rural state where, in a number of communities, the optometrist is the best trained and best equipped practitioner to treat common eye problems and eye diseases. This fact makes passage of modern optometry practice acts extremely important and would certainly improve the quality of health care delivery to the people of your beautiful state.

I personally practiced family medicine in Hartville, Ohio, after having completed a Family Practice Residency in Akron, Ohio. The only professional eye care in our community at that time was provided by an optometrist. He and I exchanged patients freely and comfortably for primary care.

Let me offer some specific observations of my own regarding optometric and medical education:

Medical school traditionally prepares the student in general medical and surgical background for post-graduate training programs. Detailed anatomy and physiology of organs such as the eye is not emphasized during medical school. As well, during surgical rotation in medical school, it is uncommon to be exposed to ocular surgery. Because heart disease, cancer, and stroke are the biggest killers of the U.S. population, medical school clinical training is heavily devoted to general internal medicine, general surgery, obstetrics-gynecology, and pediatrics. There are usually fourth-year electives in 4 to 12 week blocks where a student may increase his/her exposure to subspecialty medical and surgical areas such as: ophthalmology, ear/nose and throat, urology, pulmonary medicine, cardiology, etc. In my experience, a small minority of students choose ophthalmology as a clinical rotation.

By a small personal survey in the area of California in which I now reside, most primary care physicians (general practitioners, family practice, internists, and pediatricians) admit that they had from one to three weeks of medical school devoted to ophthalmological care. This includes both didactic course work and clinical experience. I do not need to remind you that these physicians treat eye diseases on an unrestricted basis.

On the other hand, optometry school is mostly devoted to ocular training. There are courses in general pathology and ocular signs of systemic disease because the optometrist is responsible to detect systemic diseases with ocular manifestations and to make appropriate referrals. Included with the systemic disease education is the specific education and training in the use of systemic medications and medication interactions, especially in regard to medications utilized in the management of ocular conditions. The detailed ocular anatomy, ocular physiology, ocular pathology, and ocular pharmacology training in optometry school is far superior to the same ocular topics in any general medical school course in the country. This is not to slight medical education; there simply is not enough medical school curriculum time to devote to the eye because of training in vital organ systems such as the heart, lung, vascular system, etc. Additionally, the prerequisites for optometry school meet or exceed the requirements for medical school admission and the Optometry Admission Test parallels that of the Medical College Admission Test. With all the prerequisites and the primary care doctoral program in optometry school, the graduate is trained to make professional judgments and is quick to consult with other health care providers when a patient requires needed services outside the scope of practice. Alaska optometrists now routinely work with medical specialists and subspecialists in the interest of the highest quality patient care.

The clinical education of an optometrist does not have to parallel the education and training of an ophthalmologist any more than the education and training of a family physician needs to parallel that of a surgeon.

In summary, I would like to point out that ophthalmologists are vitally needed. Patients would be in sad shape without their advanced expertise in the areas of severe ocular trauma, cataract surgery, retinal surgery, complicated ocular infections, etc. These are all vital secondary and tertiary care conditions which optometrists do not propose to treat. I do regret that the opposition resorts to "scare tactics" in this legislative turf battle. In my opinion, the risk to the public is not an issue.

I also feel strongly that optometrists are vitally needed. There is no question that the Board of Examiners in Optometry for the State of Alaska will protect the people by insuring adequate education, continuing education and training for any optometrist.

It seems unfair to patients and a waste of resources to prevent optometrists from providing care at the highest level of their education and training. At best, constraints on the profession contribute to an increase in health care costs, especially with the many rural areas of Alaska served only by optometrists. When primary care is provided by specialists it is well known that the delivery of health care adds expenses to the system.

Sincerely,

Lesley L. Walls, O.D., M.D.

SB 55 Optometrists

195 practicing Optometrists in Alaska

- 119 Anchorage area
- 76 outlying cities

Anchorage 119

Bethel -- 2

Dillingham – 1

Eagle River – 11

Fairbanks – 19

Homer – 4

JBER – 1

Juneau – 7

Kenai – 5

Ketchikan – 2

Klawock – 1

Kodiak – 3

Kotzebue – 1

Nome – 4

Sitka – 2

Soldotna –3

Wasilla – 10

ALASKA VILLAGES SERVED BY OPTOMETRISTS

Alakanuk	Ambler	Anaktuvuk Pass
Aniak	Atqasuk	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
Valdez	Wainwright	Wrangell
Yakutat		

Compiled by Edward Godnig, OD, Anchorage

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Last Revised January 15, 2013



American Optometric Association
243 N. Lindbergh Blvd. • St. Louis, MO 63141 • (314) 991-4100
FAX: (314) 991-4101

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

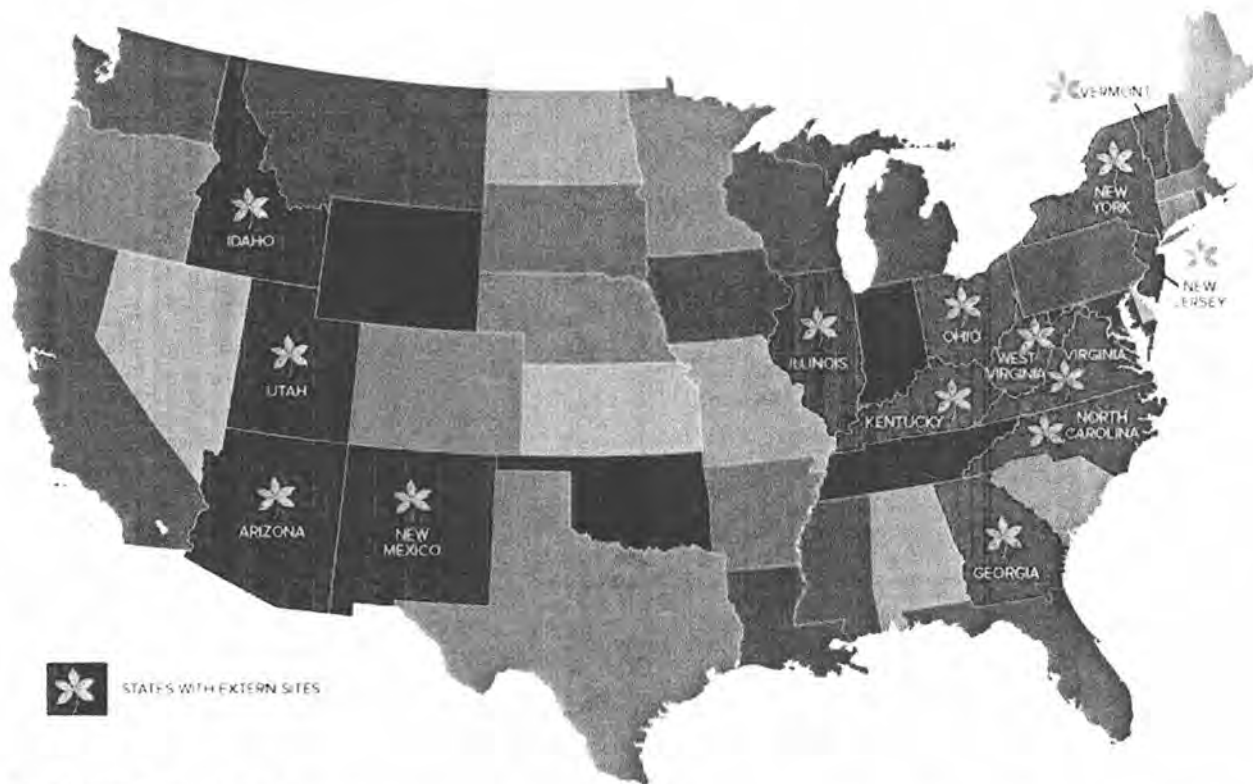
Indian Health Service (IHS) Eye Clinics

*** 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

1-31-17
Frank Bichford

Original Investigation

Comparison of Outcomes of Laser Trabeculoplasty Performed by Optometrists vs Ophthalmologists in Oklahoma

Joshua D. Stein, MD, MS; Peter Y. Zhao, MD; Chris Andrews, PhD; Gregory L. Skuta, MD

 Invited Commentaries

IMPORTANCE Oklahoma is one of the few states where optometrists have surgical privileges to perform laser trabeculoplasty (LTP). Optometrists in other states are lobbying to obtain privileges to perform LTP and other laser procedures. Little is known whether outcomes of patients undergoing this procedure by optometrists are similar to those undergoing LTP by ophthalmologists.

OBJECTIVE To compare outcomes of LTPs performed by ophthalmologists with those performed by optometrists to determine whether differences exist in the need for additional LTPs.

DESIGN, SETTING, AND PARTICIPANTS This retrospective longitudinal cohort study used a health care claims database containing more than 1000 eyes of Medicare enrollees with glaucoma who underwent LTP in Oklahoma from January 1, 2008, through December 31, 2013. For each procedure, the data specify the type of eye care professional who performed the LTP. The rate of LTPs performed by ophthalmologists that required 1 or more additional LTPs in the same eye was compared with the rate of LTPs performed by optometrists. Regression models determined factors affecting risk of undergoing more than 1 LTP in the same eye.

MAIN OUTCOMES AND MEASURES Proportion of enrollees requiring additional LTPs, hazard ratio with 95% CIs of undergoing additional LTPs.

RESULTS A total of 1384 eyes of 891 eligible patients underwent LTP from January 1, 2008, through December 31, 2013. There were 1150 eyes that received LTP (83.1%) by an ophthalmologist and 234 eyes (16.9%) that had the procedure performed by an optometrist. The mean (SD) age at the initial LTP was 77.7 (7.5) years for enrollees with ophthalmologist-performed LTP and 77.6 (8.0) years for those with optometrist-performed LTP ($P = .89$). Among the 1384 eyes receiving LTP, 258 (18.6%) underwent more than 1 LTP in the same eye. The proportion of eyes undergoing LTP by an optometrist requiring 1 or more subsequent LTP session (35.9%) was more than double the proportion of eyes that received this procedure by an ophthalmologist (15.1%). Medicare beneficiaries undergoing LTP by optometrists had a 189% increased hazard of requiring additional LTPs in the same eye compared with those receiving LTP by ophthalmologists (hazard ratio, 2.89; 95% CI, 2.00-4.17; $P < .001$) after adjusting for potential confounders.

CONCLUSIONS AND RELEVANCE Considerable differences exist among the proportions of patients requiring additional LTPs comparing those who were initially treated by ophthalmologists with those initially treated by optometrists. Health policy makers should be cautious about approving laser privileges for optometrists practicing in other states until the reasons for these differences are better understood.

Author Affiliations: Department of Ophthalmology and Visual Sciences, University of Michigan, Medical School, WK Kellogg Eye Center, Ann Arbor (Stein, Andrews); Institute for Healthcare Policy and Innovation, University of Michigan Medical School, Ann Arbor (Stein); Department of Health Management and Policy, University of Michigan, School of Public Health, Ann Arbor (Stein); Department of Internal Medicine, Lankenau Medical Center, Wynnewood, Pennsylvania (Zhao); Dean McGee Eye Institute, Department of Ophthalmology, University of Oklahoma College of Medicine, Oklahoma City (Skuta).

Corresponding Author: Joshua D. Stein, MD, MS, Department of Ophthalmology and Visual Sciences, University of Michigan Medical School, WK Kellogg Eye Center, 1000 Wall St, Ann Arbor, MI 48105 (jdstein@med.umich.edu).

From: Denise Thanepohn <dlthanepohn@gci.net>
Date: January 31, 2017 at 9:48:07 PM AKST
To: <Senator.Cathy.Giessel@akleg.gov>
Subject: Senate Bill 36

Dear Senator Geisel,
Thank you very much for introducing this bill. As an optometrist in Anchorage, I appreciate your support in this endeavor. If I can be of any help, let me know.
Dr. Denise Thanepohn
Alaska Eye Care

Sent from my iPad

From: Kara Frank <karafrank88@gmail.com>
Date: January 31, 2017 at 9:46:50 PM AKST
To: <Senator.Cathy.Giessel@akleg.gov>
Subject: Support SB 36

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 SB 36.

This bill is important to our profession as it allows optometrists to practice within the full scope of our training and education. It also permits the optometry board to regulate its own practice the same as other health professionals are currently allowed.

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

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

From: gary <garykjomeod@gmail.com>
Date: January 31, 2017 at 11:04:11 PM AKST
To: "Senator.Cathy.Giessel@akleg.gov" <Senator.Cathy.Giessel@akleg.gov>
Subject: Requesting support for SB 36

Dear Senator Giessel:

Thank you for supporting and sponsoring Senate Bill 36.

This bill would allow the optometry board the authority to regulate its practice the same as the other prescribing health professions such as nursing, dentistry, and medicine.

Optometrists should be able to practice within the full scope of our training and education.

I am an optometrist who has been in practice in Anchorage since 1984.

Sincerely,
Gary Kjome

From: John Demske <johndemske@hotmail.com>
Date: January 31, 2017 at 11:05:15 PM AKST
To: "Senator.Cathy.Giessel@akleg.gov" <Senator.Cathy.Giessel@akleg.gov>
Subject: SB 36

Hello Senator Giessel,

I am writing to inform you that I fully support SB 36, the bill that gives autonomy to the Alaskan Board of Optometry and allows doctors of optometry to practice as taught in their university training. Thank you for introducing the bill.

John Demske, O.D. Soldotna

From: Rob Fleckenstein <rob@ervc.com>
Date: January 31, 2017 at 9:11:24 PM AKST
To: <Senator.Cathy.Giessel@akleg.gov>
Subject: Please support Senate Bill 36

My name is Robert Fleckenstein and I am an Optometrist that practices in Eagle River. I am writing you a short message to ask your support for SB 36. This bill helps to modernize and update the Alaska Optometry Statute and gives the Optometry Board the authority to regulate the practice of Optometry the same as other prescribing professions like dentistry, medicine and nursing. Your support for this bill would be greatly appreciated.

ROBERT J. FLECKENSTEIN, O.D.

Eagle River Vision Clinic 16331 Heritage Pl. #104 EAGLE RIVER, AK, 99577

T: 907-694-2511 F: 907-694-3900 www.ervc.com

From: Jessica Giesey <jlgiesey@gmail.com>
Date: January 31, 2017 at 7:04:02 PM AKST
To: <Senator.Cathy.Giessel@akleg.gov>
Subject: SB 36

Dear Senator Giessel,

I am writing in support of SB 36. As a practicing optometrist in Anchorage I believe that myself and my colleagues should be able to practice the full scope of our training and education and have the ability to regulate our own board just as many other medical professions do. Thank you for your time and consideration of SB 36 and have a wonderful day.

Sincerely,

Jessica Giesey, O.D.

From: katy rice <katyrice4@yahoo.com>

Date: January 27, 2017 at 9:12:43 PM AKST

To: "Senator.Cathy.Giessel@akleg.gov" <Senator.Cathy.Giessel@akleg.gov>

Subject: Support SB 36

Reply-To: katy rice <katyrice4@yahoo.com>

Dear Senator Giessel,

Thank you very much for your support of SB 36! Optometrists across the state are grateful for your support and dedication. As you know, 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.

Sincerely,

Kathleen Rice, OD
Kenai Vision Center
Kenai, AK

From: Rebecca Wilbur [mailto:rebecca.susie@gmail.com]
Sent: Wednesday, February 01, 2017 2:44 PM
To: Sen. David Wilson <Sen.David.Wilson@akleg.gov>; Sen. Natasha Von Imhof <Sen.Natasha.VonImhof@akleg.gov>; Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>; Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>; Sen. Tom Begich <Sen.Tom.Begich@akleg.gov>
Subject: SB 36

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.

Dr. Rebecca Wilbur
Optometrist, Chief Andrew Isaac Health Center Sent from my iPhone

From: Jeffrey Mattson [mailto:Jeffrey.Mattson@pcli.com]
Sent: Wednesday, February 01, 2017 1:07 PM
To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>
Subject: SB36 Support

Hello Senator,

My name is Jeffrey Mattson, I am an optometrist who practices in Anchorage, AK and I am asking your support of SB36.

SB36 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 SB36.

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 SB36.

Jeffrey Mattson, O.D.

From: Jim Falconer [mailto:dr_jim_jr@yahoo.com]

Sent: Wednesday, February 01, 2017 11:11 AM

To: Sen. David Wilson <Sen.David.Wilson@akleg.gov>; Sen. Natasha Von Imhof <Sen.Natasha.VonImhof@akleg.gov>; Sen. Tom Begich <Sen.Tom.Begich@akleg.gov>; Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>; Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>

Subject: Please Support SB 36

Dear Senator,

I am writing to request your support for SB 36 which will give the state's Optometry Board legitimate authority to determine what the scope of optometry should be in Alaska. Optometry has a very good track record in Alaska and I can assure you that as a profession we will act responsibly for the citizens of Alaska. We know it will be best for our profession and our patients to do so.

-Jim Falconer, OD

From: Erik Christianson [mailto:erik@kpunet.net]

Sent: Wednesday, February 01, 2017 8:28 AM

To: Sen. David Wilson <Sen.David.Wilson@akleg.gov>; Sen. Natasha Von Imhof <Sen.Natasha.VonImhof@akleg.gov>; Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>; Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>; Sen. Tom Begich <Sen.Tom.Begich@akleg.gov>

Cc: 'Erik Christianson' <kecc@kpunet.net>; alaskaoptometricassociation@gmail.com

Subject: SB 36

Senators,

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

In the time I have been in Alaska I have seen optometry advance as a profession. I have seen us become the "family eye doctor". I am a trusted member of the health care team. Daily I work with the gamut of local health care providers as the "go to" eye expert in our community. Daily I refer to and work with ophthalmologists and other specialty providers from Alaska and the northwest to maximize outcomes for our patients through cooperative management of eye and related health conditions.

Much of this advancement came because of legislation that modernized state law to allow doctors of optometry to expand their practice as knowledge, training, and technology advanced. SB 36 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 SB 36. SB 36 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 SB 36. SB 36 allows the State Board to regulate optometry just as other prescribing professions...without having to always return for legislation when new technology develops.

Costs are reduced when local eye care providers are able to practice at a level commensurate with their experience and training. This will help reduce the number of trips a rural patient must make to see specialists. Additionally, new doctors of optometry are looking for places where they can practice the full spectrum of their skills. This modernization legislation will allow rural Alaska to be competitive in attracting quality young doctors.

If you have questions regarding SB 36 feel free to contact me. Once again, thank you for your support of SB 36.

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 [mailto:djholdgrafer@gmail.com]

Sent: Wednesday, February 01, 2017 8:30 AM

To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>

Subject: Senate Bill 36

Greetings Senator Giessel,

As practicing optometrist on Kodiak Island I would appreciate your support of Senate Bill 36. Thanks for your support of Optometry!

Best regards and wishes for the new year,

David J Holdgrafer OD

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

djholdgrafer@gmail.com

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

From: victoria blower [mailto:victoria_blower@hotmail.com]

Sent: Tuesday, January 31, 2017 2:52 PM

To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>

Subject: SB 36

Dear Senator Giessel,

Thank you for your continued support of SB 36 which gives authority to regulate the practice of optometry to the professional optometry board as occurs with all 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.

Thank you for your time and attention.

Victoria Blower

Sent from my iPad Vicky Blower

From: FORREST MESSERSCHMIDT [mailto:docfor@gci.net]

Sent: Tuesday, January 31, 2017 2:21 PM

To: Sen. David Wilson <Sen.David.Wilson@akleg.gov>; Sen. Natasha Von Imhof <Sen.Natasha.VonImhof@akleg.gov>; Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>; Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>; Sen. Tom Begich <Sen.Tom.Begich@akleg.gov>

Subject: Please support Senate Bill 36

Dear Senator,

SB 36 would allow Optometrists to practice up to their appropriate level of training and expertise. This bill would give the Optometry Board the ability to set scope of practice standards through regulation. **This is the same authority that other "limited license" professions such as Nursing and Dental Boards enjoy.** As a former board member I can attest to the great care and consideration the board takes in creating regulation with the primary goal of public protection. This streamlining and modernization of statute would in addition save a tremendous amount of time, energy and money expended by the Legislature in rehashing modernization of Optometry statutes in what seems to be a yearly process.

Thank you for your time,

Forrest Messerschmidt, O.D.

Juneau, Alaska

From: John Shank [<mailto:shankj45@yahoo.com>]
Sent: Tuesday, January 31, 2017 2:12 PM
To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>
Subject: SB36

Dear Senator Giessel,

Please support SB36.

Thank you, John T Shank

From: sarah bixby-dubois [<mailto:sarahbixbydubois@gmail.com>]
Sent: Tuesday, January 31, 2017 2:12 PM
To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>
Subject: Thank you for supporting SB 36!

Senator Cathy Giessel,

Thanks for being a strong advocate for optometry. I really appreciate all your hard work! Keep it up!

Sincerely,

Dr. Sarah Bixby-DuBois, Optometrist, Alaska Vision Center, Inc. Juneau, AK 99801

sarahbixbydubois@gmail.com

From: Barbara Keys [<mailto:drkeys@akwestvalleyvision.com>]
Sent: Tuesday, January 31, 2017 1:10 PM
To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>
Subject: SB 36

Dear Senator Giessel,

I am writing to request that you support SB 36. I have had the privilege of practicing Optometry in Fairbanks for the past 22 years. Our scope of practice has changed to better take care of our patients in that time. SB 36 ensures the Optometry board has 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.

Thank you for your time.

Sincerely,

Barbara Keys, OD

From: Benjamin Crawford [mailto:drcrawford@accuratevisionclinic.com]

Sent: Tuesday, January 31, 2017 12:53 PM

To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>

Subject: Please Support Senate Bill 36

Senator Giessel,

Please support SB 36. 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 SB 36.

Thank you for your time and consideration.

Respectfully,

Benjamin Crawford, O.D.

Accurate Vision Clinic

We've moved! Beginning January 30th our address will be;

3401 Minnesota Dr., Suite 200 Anchorage, AK 99503

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

From: Mike Mavencamp [mailto:drmavencamp@akwestvalleyvision.com]

Sent: Tuesday, January 31, 2017 12:41 PM

To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>

Subject: SB 36

Dear Senator Giessel,

I am writing this letter to show support for SB 36. Optometry in the state of Alaska has an excellent track record for caring for the people of Alaska; as such I believe the board of optometry should have the authority to regulate our practice just as dentistry, nursing and medicine self regulates their professions. This would allow Optometrist to practice within the full scope of our training and education which in turn would benefit the patients that we serve. Thank you for your time concerning this matter.

Sincerely,

Michael Mavencamp, O.D.

From: <bricin@aol.com>

Date: February 1, 2017 at 8:22:26 PM AKST

To: <senator.david.wilson@akleg.gov>, <senator.natasha.vonimhof@akleg.gov>, <senator.cathy.giessel@akleg.gov>, <senator.peter.micciche@akleg.gov>, <senator.tom.begich@akleg.gov>

Subject: Senate Bill 36

I am writing in support of senate bill 36.

Senate Bill 36 would give the Alaska State Board of Optometry the authority to regulate Optometry. This is the same way that other health care professions are regulated such as dentistry, medicine, and nursing.

As an Optometrist in Alaska I firmly believe that Optometrists should be able to practice to the full scope of our education and training.

Thank you for your time and attention to this Bill

Respectfully,

Dr. Brian Cin

From: Steven Dobson [mailto:stevendobsonod@gmail.com]

Sent: Wednesday, February 01, 2017 7:16 PM

To: Sen. David Wilson <Sen.David.Wilson@akleg.gov>; Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>; Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>; Sen. Tom Begich <Sen.Tom.Begich@akleg.gov>; Sen. Natasha Von Imhof <Sen.Natasha.VonImhof@akleg.gov>

Subject: Support SB 36

Dear Senators

I am an optometric physician and life long Alaskan who has practiced here in Alaska since 1982 and I respectfully request your support of SB 36.

SB 36 does not authorize doctors of optometry to do any procedures, it only allows the board of optometry to regulate the profession for the safety and welfare of the Alaskan public. This is in line with other prescribing professions.

SB 36 clearly states the state board of optometry cannot authorize optometrists to do anything beyond their scope of education and training.

SB 36 will allow Alaskans throughout our state to continue to receive the highest level of optometric eye care services as advancements are made in eye care knowledge, training and technology.

Once again, I thank you and appreciate your support of SB 36.

Steve Dobson, O.D.

Immediate Past President, Alaska Optometric Association

From: "Dr. Elizabeth Lane" <drlane@makareyecare.com>

Date: January 29, 2017 at 5:25:25 PM AKST

To: <Senator.Cathy.Giessel@akleg.gov>

Subject: SB 36

Dear Senator,

I'm writing to request your support for Senate Bill 36 which has a scheduled hearing in front of the Health and Social Services Committee Friday, February 3 at 1:30 PM.

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 SB 36.

Sincerely,

Elizabeth Lane Bow, OD
907-250-4225

From: Kathleen Powell [<mailto:kepowellod@yahoo.com>]
Sent: Monday, January 30, 2017 10:05 AM
To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>
Subject: SB36

Dear Senator Giessel,

I am respectfully requesting your support for Senate Bill 36.

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.

Sincerely,

Kathleen Powell, O.D.
Anchorage

From: Elizabeth Hunt [<mailto:ehunt@lifetime-eyecare.com>]

Sent: Wednesday, February 01, 2017 1:47 PM

To: Sen. David Wilson <Sen.David.Wilson@akleg.gov>; Sen. Natasha Von Imhof <Sen.Natasha.VonImhof@akleg.gov>; Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>; Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>; Sen. Tom Begich <Sen.Tom.Begich@akleg.gov>

Subject: Senate Bill 36

Dear Senators,

I wanted to touch base with you about Senate bill 36. Some would have you believe that Senate bill 36 would authorize an Optometrist to do surgery, and that the moment SB 36 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).

Senate Bill 36 has nothing to do with granting privileges of surgery. **Senate bill 36 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 Senate bill 36 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 SB 36 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

From: David Karpik <davidkarpik.od@gmail.com>
Date: January 30, 2017 at 10:34:55 PM AKST
To: <Senator.Cathy.Giessel@akleg.gov>
Subject: SB 36 support

Senator Giessel,

Thank you for your introduction of SB 36. This simple and clear statute rewrites the patched-together legislation that is the current optometry law. Optometry has a long history as an independent profession that is conservative in decision making and keeps the best interests of the patient in mind. The state optometry board should have the authority to regulate its practice the same as the other independent prescribing health professions such as dentistry, medicine, and nursing.

Optometrists should be able to practice within the full scope of our training and education. This optimizes access to quality and timely care for patients, and reduces costs, including the burdens of unnecessary travel often paid by state Medicaid funds.

Respectfully,
David Karpik, OD
Kenai Vision Center

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

From: Jill Matheson [<mailto:vision@alaska.net>]
Sent: Tuesday, January 31, 2017 8:03 AM
To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>
Subject: Senate Bill 36- Support

Dear Senator Giessel,

I would like to put forth my strong support for Senate Bill 36. This bill would allow the Board of Optometry to regulate Optometrists just as Dentists, Doctors and Nurse Practitioners regulate themselves. I testified for a similar bill in the past years and strongly support this bill as written. As a former Chair of the State Board of Examiners in Optometry, I understand the need to have as broad of language as possible in statute, so that the Board can more quickly and easily change regulations when advancements in our field happen. This Bill allows the Board to define Optometry in modern terms, and keep us Optometrists providing care for our patients at the highest level possible.

Please don't hesitate to contact me by email (vision@alaska.net) or phone (907-723-6119) if you have any questions.

Jill Matheson, OD

--

Jill Geering Matheson, OD Alaska Vision Center, Inc. 800 Glacier Ave. Juneau, AK 99801
PH: 907-586-9864 FAX: 907-463-2679

From: David Karpik <davidkarpik.od@gmail.com>
Date: January 30, 2017 at 10:34:55 PM AKST
To: <Senator.Cathy.Giessel@akleg.gov>
Subject: SB 36 support

Senator Giessel,

Thank you for your introduction of SB 36. This simple and clear statute rewrites the patched-together legislation that is the current optometry law. Optometry has a long history as an independent profession that is conservative in decision making and keeps the best interests of the patient in mind. The state optometry board should have the authority to regulate its practice the same as the other independent prescribing health professions such as dentistry, medicine, and nursing.

Optometrists should be able to practice within the full scope of our training and education. This optimizes access to quality and timely care for patients, and reduces costs, including the burdens of unnecessary travel often paid by state Medicaid funds.

Respectfully,
David Karpik, OD
Kenai Vision Center

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

From: Jill Matheson [<mailto:vision@alaska.net>]
Sent: Tuesday, January 31, 2017 8:03 AM
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Subject: Senate Bill 36- Support

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Please don't hesitate to contact me by email (vision@alaska.net) or phone (907-723-6119) if you have any questions.

Jill Matheson, OD

--

Jill Geering Matheson, OD Alaska Vision Center, Inc. 800 Glacier Ave. Juneau, AK 99801
PH: 907-586-9864 FAX: 907-463-2679

Jody Simpson

From: Erik Christianson <erik@kpunet.net>
Sent: Wednesday, February 01, 2017 8:28 AM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich
Cc: 'Erik Christianson'; alaskaoptometricassociation@gmail.com
Subject: SB 36

Senators,

I am an optometric physician who has practiced in Ketchikan since 1990. I have practiced in Alaska since my graduation from optometry school in 1986. Prior to coming to K-town I spent 3 years in Barrow serving the residents of the North Slope. I have committed my professional career to preserving and enhancing the eye and visual health of rural Alaska. In the time I have been in Alaska I have seen optometry advance as a profession. I have seen us become the "family eye doctor". I am a trusted member of the health care team. Daily I work with the gamut of local health care providers as the "go to" eye expert in our community. Daily I refer to and work with ophthalmologists and other specialty providers from Alaska and the northwest to maximize outcomes for our patients through cooperative management of eye and related health conditions. Much of this advancement came because of legislation that modernized state law to allow doctors of optometry to expand their practice as knowledge, training, and technology advanced. SB 36 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 SB 36. SB 36 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 SB 36. SB 36 allows the State Board to regulate optometry just as other prescribing professions...without having to always return for legislation when new technology develops. Costs are reduced when local eye care providers are able to practice at a level commensurate with their experience and training. This will help reduce the number of trips a rural patient must make to see specialists. Additionally, new doctors of optometry are looking for places where they can practice the full spectrum of their skills. This modernization legislation will allow rural Alaska to be competitive in attracting quality young doctors. If you have questions regarding SB 36 feel free to contact me

Once again, thank you for your support of SB 36.

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

Jody Simpson

Yes

From: Jessica Giesey <jlgiesey@gmail.com>
Sent: Tuesday, January 31, 2017 7:02 PM
To: Sen. David Wilson
Subject: SB 36

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Senator Wilson,

I am writing in support of SB 36. As a practicing optometrist in Anchorage I believe that myself and my colleagues should be able to practice the full scope of our training and education and have the ability to regulate our own board just as many other medical professions do. Thank you for your time and consideration of SB 36 and have a wonderful day.

Sincerely,

Jessica Giesey, O.D.

Sent from my iPhone

Jody Simpson

Yes
0

From: Rob Fleckenstein <rob@ervc.com>
Sent: Tuesday, January 31, 2017 9:09 PM
To: Sen. David Wilson
Subject: Please support Senate Bill 36

Follow Up Flag: Follow up
Flag Status: Flagged

My name is Robert Fleckenstein and I am an Optometrist that practices in Eagle River. I am writing you a short message to ask your support for SB 36. This bill helps to modernize and update the Alaska Optometry Statute and gives the Optometry Board the authority to regulate the practice of Optometry the same as other prescribing professions like dentistry, medicine and nursing. Your support for this bill would be greatly appreciated.

ROBERT J. FLECKENSTEIN, O.D.

Signature

Eagle River Vision Clinic

16331 Heritage Pl. #104

EAGLE RIVER, AK, 99577

T: 907-694-2511

F: 907-694-3900

www.ervc.com

Jody Simpson

yes
1

From: Denise Thanepohn <dlthanepohn@gci.net>
Sent: Tuesday, January 31, 2017 9:40 PM
To: Sen. David Wilson
Subject: Senate bill 36

Follow Up Flag: Follow up
Flag Status: Flagged

Please support Senate bill 36 which allows the optometry board to regulate optometric practice just like MDs, dentists and nurses.

Our Wasilla office is in your district and we would appreciate your support.

Thank you.

Dr Denise Thanepohn
Alaska Eye Care

Sent from my iPad

Jody Simpson

yes

From: Kara Frank <karafrank88@gmail.com>
Sent: Tuesday, January 31, 2017 9:46 PM
To: Sen. David Wilson
Subject: Support SB 36

Follow Up Flag: Follow up
Flag Status: Flagged

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 SB 36.

This bill is important to our profession as it allows optometrists to practice within the full scope of our training and education. It also permits the optometry board to regulate its own practice the same as other health professionals are currently allowed.

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

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

Jody Simpson

yes

From: gary <garykjomeod@gmail.com>
Sent: Tuesday, January 31, 2017 10:53 PM
To: Sen. David Wilson
Subject: Please support Senate Bill 36

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Senator Wilson:

I'm requesting your support for Senate Bill 36. This bill would allow the optometry board the authority to regulate its practice the same as the other prescribing health professions such as nursing, dentistry, and medicine.

Optometrists should be able to practice within the full scope of our training and education.

I am an optometrist who has been in practice in Anchorage since 1984. Thank you for your consideration.

Sincerely,
Gary Kjome

Jody Simpson

400

From: John Demske <johndemske@hotmail.com>
Sent: Tuesday, January 31, 2017 11:02 PM
To: Sen. David Wilson
Subject: SB 36

Follow Up Flag: Follow up
Flag Status: Flagged

Hello Senator Wilson,

I am writing to inform you that I fully support SB 36, the bill that gives autonomy to the Alaskan Board of Optometry and allows doctors of optometry to practice as taught in their university training.

Thank you.

John Demske, O.D.

Soldotna

Jody Simpson

Yes

From: David Holdgrafer <djholdgrafer@gmail.com>
Sent: Wednesday, February 01, 2017 7:58 AM
To: Sen. David Wilson
Subject: Senate Bill 36

Follow Up Flag: Follow up
Flag Status: Flagged

Greetings Senator Wilson,

As practicing optometrist on Kodiak Island I would appreciate your support of Senate Bill 36. Thanks for your support of Optometry!

Best regards and wishes for the new year,

--

David J Holdgrafer OD

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

djholdgrafer@gmail.com

Jody Simpson

4/12

From: Roger Acquistapace <racquistapace@eyeclinicfbks.com>
Sent: Tuesday, January 31, 2017 3:25 PM
To: Sen. David Wilson
Subject: Senate Bill 36

Dear Senator Wilson,

I am writing to show my support for Senate Bill 36 introduced by Senator Giessel. If passed SB 36 would bring optometry in line with the other prescribing health professions such as dentistry, medicine and nursing in allowing its board the authority to regulate optometry practice within Alaska. SB 36 would allow practitioners to consistently deliver the highest quality eyecare to Alaskans without the arduous and expensive task of changing legislation each time new methods and technologies become available. As with all fields in healthcare, optometry is very dynamic and requires practitioners to stay abreast of new treatments and their delivery in order to ensure optimal health outcomes for those they serve.

I urge you to consider and support SB 36 for the benefit of all Alaskans.

Sincerely,

M. Roger Acquistapace, OD

Jody Simpson

yes

From: FORREST MESSERSCHMIDT <docfor@gci.net>
Sent: Tuesday, January 31, 2017 2:21 PM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich
Subject: Please support Senate Bill 36

Dear Senator,

SB 36 would allow Optometrists to practice up to their appropriate level of training and expertise. This bill would give the Optometry Board the ability to set scope of practice standards through regulation. **This is the same authority that other "limited license" professions such as Nursing and Dental Boards enjoy.** As a former board member I can attest to the great care and consideration the board takes in creating regulation with the primary goal of public protection. This streamlining and modernization of statute would in addition save a tremendous amount of time, energy and money expended by the Legislature in rehashing modernization of Optometry statutes in what seems to be a yearly process.

Thank you for your time,
Forrest Messerschmidt, O.D.
Juneau, Alaska

Jody Simpson

411
1

From: victoria blower <victoria_blower@hotmail.com>
Sent: Tuesday, January 31, 2017 2:13 PM
To: Sen. David Wilson
Subject: SB 36 Optometry

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Senator Wilson,

Please support SB 36 which would allow the professional optometry board to have the authority to regulate it's practice as does all other prescribing health professions such as dentistry, medicine and nursing.

Optometrist should be able to practice within the full scope of our training and education.

Thank you, Victoria Blower

Sent from my iPad Vicky Blower

Jody Simpson

yes

From: sarah bixby-dubois <sarahbixbydubois@gmail.com>
Sent: Tuesday, January 31, 2017 2:10 PM
To: Sen. David Wilson
Subject: Support for Senate Bill 36.

Follow Up Flag: Follow up
Flag Status: Flagged

Please support SB 36.

This bill updates the Alaska Optometry statues, making it similar to the dental and nurse practitioner statues, whereas the board can determine the regulatory details of the practice of optometry. I feel very frustrated that our profession does not have the ability or authority to regulate its practice in the same manner as other prescribing health professions such as dentistry and nursing. Optometrists should be able to practice within the full scope of our training and education, especially in Alaska where residents are spread out in many different isolated locations with limited access to health care.

Sincerely,

Dr. Sarah Bixby-DuBois, Optometrist

Alaska Vision Center, Inc.

Juneau, AK 99801

sarahbixbydubois@gmail.com

--

Sarah Bixby-DuBois | Optometrist | Alaska Vision Center, Inc. | 800 Glacier Ave Ste. B, Juneau, AK 99801
Phone: 907.586.9864 | Fax: 907.463.2679 | akvision@alaska.net or sarahbixbydubois@gmail.com |

Jody Simpson

Yes

From: John Shank <shankj45@yahoo.com>
Sent: Tuesday, January 31, 2017 2:06 PM
To: Sen. David Wilson
Subject: SB36

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Senator Wilson,
Please support SB36.
Thank you,
John T Shank

Jody Simpson

110
1

From: Barbara Keys <drkeys@akwestvalleyvision.com>
Sent: Tuesday, January 31, 2017 1:05 PM
To: Sen. David Wilson
Subject: SB 36

Dear Senator Wilson,

I am writing to request that you support SB 36. I have had the privilege of practicing Optometry in Fairbanks for the past 22 years. Our scope of practice has changed to better take care of our patients in that time. SB 36 ensures the Optometry board has 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.

Thank you for your time.

Sincerely,

Barbara Keys, OD

A160

Jody Simpson

U/S

From: Benjamin Crawford <dr Crawford@accuratevisionclinic.com>
Sent: Tuesday, January 31, 2017 12:50 PM
To: Sen. David Wilson
Subject: Please Support Senate Bill 36

Follow Up Flag: Follow up
Flag Status: Flagged

Senator Wilson,

Please support SB 36. 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 SB 36.

Thank you for your time and consideration.

Respectfully,

Benjamin Crawford, O.D.

Accurate Vision Clinic

We've moved! Beginning January 30th 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](#)

Jody Simpson

MS

From: Mike Mavencamp <drmavencamp@akwestvalleyvision.com>
Sent: Tuesday, January 31, 2017 12:40 PM
To: Sen. David Wilson
Subject: SB 36

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Senator Wilson,

I am writing this letter to show support for SB 36. Optometry in the state of Alaska has an excellent track record for caring for the people of Alaska; as such I believe the board of optometry should have the authority to regulate our practice just as dentistry, nursing and medicine self regulates their professions. This would allow Optometrist to practice within the full scope of our training and education which in turn would benefit the patients that we serve. Thank you for your time concerning this matter.

Sincerely,

Michael Mavencamp, O.D.

Jody Simpson

yes

From: Jill Matheson <vision@alaska.net>
Sent: Tuesday, January 31, 2017 8:02 AM
To: Sen. David Wilson
Subject: Senate Bill 36

Follow Up Flag: Follow up
Flag Status: Completed

Categories: In 2D

Dear Senator Wilson,

I would like to put forth my strong support for Senate Bill 36. This bill would allow the Board of Optometry to regulate Optometrists just as Dentists, Doctors and Nurse Practitioners regulate themselves. I testified for a similar bill in the past years and strongly support this bill as written. As a former Chair of the State Board of Examiners in Optometry, I understand the need to have as broad of language as possible in statute, so that the Board can more quickly and easily change regulations when advancements in our field happen. This Bill allows the Board to define Optometry in modern terms, and keep us Optometrists providing care for our patients at the highest level possible.

Please don't hesitate to contact me by email (vision@alaska.net) or phone (907-723-6119) if you have any questions.
Jill Matheson, OD

—
Jill Geering Matheson, OD
Alaska Vision Center, Inc.
800 Glacier Ave.
Juneau, AK 99801
PH: 907-586-9864 FAX: 907-463-2679

Jody Simpson

WLS

From: David Karpik <davidkarpik.od@gmail.com>
Sent: Monday, January 30, 2017 10:26 PM
To: Sen. David Wilson
Subject: please support SB 36

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: In 2D

Senator Wilson,

I am writing to ask for your support for SB 36. This simple and clear statute would rewrite the patched-together legislation that is the current optometry law. Optometry has a long history as an independent profession that is conservative in decision making that always has the best interest of the patient in mind. The optometry board should have the authority to regulate its practice the same as the other independent prescribing health professions such as dentistry, medicine and nursing.

Optometrists should be able to practice within the full scope of our training and education. This optimizes access to quality and timely care for patients, and reduces costs, including the burdens of unnecessary travel often paid by state Medicaid funds.

Respectfully,
David Karpik, OD
Kenai Vision Center

Jody Simpson

Yes

From: Elizabeth Hunt <ehunt@lifetime-eyecare.com>
Sent: Wednesday, February 01, 2017 1:47 PM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich
Subject: Senate Bill 36
Follow Up Flag: Follow up
Flag Status: Flagged

Dear Senators,

I wanted to touch base with you about Senate bill 36. Some would have you believe that Senate bill 36 would authorize an Optometrist to do surgery, and that the moment SB 36 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).

Senate Bill 36 has nothing to do with granting privileges of surgery. **Senate bill 36 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 Senate bill 36 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 SB 36 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

Jody Simpson

Yes

From: Jeffrey Mattson <Jeffrey.Mattson@pcli.com>
Sent: Wednesday, February 01, 2017 1:07 PM
To: Sen. David Wilson
Subject: SB36 Support

Follow Up Flag: Follow up
Flag Status: Flagged

Hello Senator,

My name is Jeffrey Mattson, I am an optometrist who practices in Anchorage, AK and I am asking your support of SB36.

SB36 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 SB36.

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 SB36.

Jeffrey Mattson, O.D.

Jody Simpson

yes

From: Nhan Tran <eyedocnhan@yahoo.com>
Sent: Wednesday, February 01, 2017 7:21 PM
To: Sen. David Wilson
Subject: SB 36

Follow Up Flag: Follow up
Flag Status: Completed

Categories: In 2D

Dear Senator,

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.

Kindly Yours,

Nhan "Nan" Tran, O.D.
Optometrist
Owner & Director
Nova Eyecare Center
Novaeyecares.com

Jody Simpson

Yes

From: Steven Dobson <stevendobsonod@gmail.com>
Sent: Wednesday, February 01, 2017 7:16 PM
To: Sen. David Wilson; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich; Sen. Natasha Von Imhof
Subject: Support SB 36
Follow Up Flag: Follow up
Flag Status: Completed
Categories: In 2D

Dear Senators

I am an optometric physician and life long Alaskan who has practiced here in Alaska since 1982 and I respectfully request your support of SB 36.

SB 36 does not authorize doctors of optometry to do any procedures, it only allows the board of optometry to regulate the profession for the safety and welfare of the Alaskan public. This is in line with other prescribing professions.

SB 36 clearly states the state board of optometry cannot authorize optometrists to do anything beyond their scope of education and training.

SB 36 will allow Alaskans throughout our state to continue to receive the highest level of optometric eye care services as advancements are made in eye care knowledge, training and technology.

Once again, I thank you and appreciate your support of SB 36.

Steve Dobson, O.D.
Immediate Past President, Alaska Optometric Association

Jody Simpson

4/10

From: Larry Coon <lcoon@eyeclinicfbks.com>
Sent: Thursday, February 02, 2017 7:15 AM
To: Sen. David Wilson
Subject: Senate Bill 36

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: In 2D

Please support Senate Bill 36, Which would give the optometry board the authority to regulate its practice the same as other health professions such as dentistry, medicine and nursing. Thank you for your support.
Sincerely Larry D. Coon O.D.

Jody Simpson

yes

From: Jeff Gonnason <drjeffg@gmail.com>
Sent: Wednesday, February 01, 2017 9:12 PM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich
Subject: Please Support SB 36 - Optometry

Follow Up Flag: Follow up
Flag Status: Completed

Categories: In 2D

Dear Senators:

I strongly support SB 36, updating the Alaska Optometry Statutes.

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 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 the next committee hearing.

Thank you for your time and attention for SB 36.
Jeff Gonnason

JEFF GONNASON, OD
Alaska Administrator

Dr. Jeff Gonnason

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

drjeffg@gmail.com

Jody Simpson

Yes

From: Lynn <lynncoon@hotmail.com>
Sent: Wednesday, February 01, 2017 6:05 PM
To: Sen. David Wilson
Subject: SB 36

Follow Up Flag: Follow up
Flag Status: Completed

Categories: In 2D

Dear Senator Wilson,

I am a practicing optometrist in Wasilla and have seen many changes in our profession since I graduated from Pacific University College of Optometry in 1972. 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.

Please support SB 36 when it appears in Senate HSS this Friday. If I can be of further help, please contact me.

Respectfully,

Lynn j. Coon

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

Jody Simpson

Yes

From: Patrick Reber <pnreber@hotmail.com>
Sent: Wednesday, February 01, 2017 4:05 PM
To: Sen. David Wilson; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich; Sen. Natasha Von Imhof
Subject: Please support SB 36

Senators,

I ask you to please support SB 36. The Alaska Optometry Board should have the authority to regulate its profession just as other health professions such as medicine and nursing and dentistry.

Thank you for your time.

Sincerely,

Patrick Reber O.D.

Sent from [Outlook](#)

Jody Simpson

Yes

From: Andrew Peter O.D. <homereyecare@gmail.com>
Sent: Wednesday, February 01, 2017 3:51 PM
To: Sen. David Wilson
Subject: SB36

Greetings David,

Upcoming this week you will hear details on SB 36. 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. These changes in medicine include imaging, medicine, and pathology diagnosis. For example our office uses retinal imaging and scanning that only a few years ago was only in academic institutions. We are now diagnosing and treating conditions years sooner. This makes a difference in the lives of patients.

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 doctors to be nimble with emerging technologies.

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

Jody Simpson

yes

From: Lauren Hazelton <hazelton.lauren@gmail.com>
Sent: Wednesday, February 01, 2017 3:31 PM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich
Subject: SB36

Dear Senators,

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

SB 36 allows the Alaska Board of Optometry to regulate optometry the same as the other prescribing professions, without having to return for legislation for new technology and delaying quality care for Alaskans.

As a new graduate, this bill would allow the board to recognize my education and training and allow me to provide the best care for my patients. As stated in SB 36, the board would never allow optometrists to provide care outside of their scope of education and training.

Thank you for your support of SB36.

Lauren Hazelton OD

Jody Simpson

yes

From: Rebecca Wilbur <rebecca.susie@gmail.com>
Sent: Wednesday, February 01, 2017 2:44 PM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich
Subject: SB 36
Follow Up Flag: Follow up
Flag Status: Flagged

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.

Dr. Rebecca Wilbur
Optometrist, Chief Andrew Isaac Health Center Sent from my iPhone

Jody Simpson

Yes

From: Jim Falconer <dr_jim_jr@yahoo.com>
Sent: Wednesday, February 01, 2017 11:11 AM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Sen. Tom Begich; Sen. Peter Micciche; Sen. Cathy Giessel
Subject: Please Support SB 36

Dear Senator,

I am writing to request your support for SB 36 which will give the state's Optometry Board legitimate authority to determine what the scope of optometry should be in Alaska. Optometry has a very good track record in Alaska and I can assure you that as a profession we will act responsibly for the citizens of Alaska. We know it will be best for our profession and our patients to do so.

-Jim Falconer, OD

Jody Simpson

JWS

From: sitka vision clinic <sitkavision@gci.net>
Sent: Wednesday, February 01, 2017 9:46 AM
To: Sen. David Wilson
Subject: SB36

Dear Senator Wilson,

I am a private practice optometrist in Sitka Alaska , and would like to request your support of Optometry SB36.

Thank you for support

Sincerely,

Wayne HagermanOD

Jody Simpson

no

From: David Swanson <r3t1na@yahoo.com>
Sent: Wednesday, February 01, 2017 10:33 AM
To: Sen. David Wilson
Subject: Senate Bill 36

1/30/17

Dear Senator Wilson,

(This is a copy of the letter I'm sending to the other committee members. It a little different from the one I faxed to you. Thanks for reading.)

I am writing about SB 36, the bill that gives the Board of Optometry full authority to define the scope of Optometric practice in Alaska. This letter will give you my personal perspective on why it is so important.

SB 36 explicitly invests in the Board of Optometry the authority to describe without limit other than the whim of the Board "the scope of practice for a licensee to perform ophthalmic surgery and noninvasive procedures". Optometrists are very talented professionals, but their schools do not provide surgical training and, frankly, make no pretense of doing so.

Let me give you an example of how a "simple operation" of removing a benign looking spot from an eyelid can affect a person's life. My wife, a retired Family Doctor, had a such a spot on her lower eyelid. She asked me, an ophthalmic retina surgeon, to remove it for her. We two doctors both thought it was "nothing" and would be easy to remove, but fortunately, I sent her to Robin Grendahl, MD, who because of her experience and training recognized the potential seriousness, biopsied the lesion, and found it to be an invasive type of skin cancer. Because it was diagnosed early while small and localized, successful excision of the tumor and eyelid reconstruction was possible, and my wife is cured. She still looks good, too. Experience really does make a difference.

Surgeons in America undergo an "extreme vetting" process that begins with college, continues in medical school, and is finalized by a multi-year apprenticeship under the tutelage of senior surgeons with expertise in their field. It is a privilege bestowed upon people who meet the standards set by society to protect the general welfare of the community. These standards exist for very good reasons and potentially affect all of us a personal level.

As you contemplate the ramifications of SB 36, please also contemplate the responsibility entrusted in you by the people who elected you. Think of the kind of professional you would choose to operate on your family and choose the same for all Alaskans.

Sincerely,

David Swanson, MD
Alaska Retinal Consultants
Anchorage

*THIS FAX MAY CONTAIN CONFIDENTIAL INFORMATION, IF RECEIVED IN ERROR,
PLEASE DESTROY AND NOTIFY SENDER. THANK YOU*

**Matthew G. Guess, M.D. Scott A. Limstrom, M.D.
David E. Swanson, M.D. David S. Zumbro, M.D.**

**ALASKA RETINAL CONSULTANTS
3500 LATOUCHE, SUITE 250
ANCHORAGE, ALASKA 99508
PHONE: 907-561-1530 FAX: 907-561-2611**

Date: February 1, 2017

To: Senator David Wilson

Fax: 907-376-6180

Re: SB 36

Please forward to Senator Wilson.

Thank you

MATTHEW G. GUESS, MD SCOTT A. LIMSTROM, MD DAVID E. SWANSON, MD DAVID S. ZUMBRO, MD

ALASKA RETINAL CONSULTANTS

3500 LATOUCHE, SUITE 250
ANCHORAGE, ALASKA 99508
907-561-1530 FAX: 907-561-2611

Date: January 30, 2017

To: Senator David Wilson
Chairman, Health & Social Services Committee
State Capitol Building, Room 115
Juneau, AK 99801

Re: Senate Bill 36

Dear Senator Wilson:

I'm writing you this letter in regard to SB 36 relating to the practice of optometry in the State of Alaska. This bill gives the Board of Optometry sole and full authority to allow optometrists to perform surgery for which they have received no formal training.

I am a board certified ophthalmologist who has been practicing in Alaska since 2009. In 2014, I found myself in a similar situation that the optometrists now find themselves in. I was interested in performing specific treatments of diseases of the eye related to the retina, which would include injections of medications into the eye and laser treatments of the eye. I had been performing cataract surgery and other medical and surgical treatment of eye diseases, but I did not feel comfortable with my level of training for that level of care. I chose to apply to and was accepted into a two-year vitreoretinal surgery fellowship, which required moving myself and my family to Ohio for two years. During my two years in Ohio between 2014 and 2016, I worked an average of 60 hours a week including nights and weekends to become a more skilled practitioner and surgeon. After this intensive two years of training, I returned to Alaska in August 2016 to be able to provide the level of care that I felt like residents of the State of Alaska deserved.

This proposed Senate Bill 36 circumvents the training that I and many of my colleagues have chosen to undergo to provide a high level of safe and skilled care for the eye diseases we see in our clinic on a daily basis. Hopefully, you will agree that providing that high quality eye care to Alaskans is of utmost importance and that Senate Bill 36 does not help accomplish this goal.

In summary, I feel that Senate Bill 36 should be rejected in that it is expansive and overreaching in the potential allowance of optometry scope of practice. There is no substitute for the extensive training that I have received to allow me to correctly diagnose, manage, and treat complex eye diseases. Thank you for your consideration in this matter.

Sincerely,



Matthew G. Guess, M.D.

MGG/mt

1/30/17

Senator David Wilson, Chairman
Health and Social Services Committee
Fax: 907-465-3265

Dear Senator Wilson,

Congratulations on your recent election to the Alaska State Senate. No doubt you will find your new responsibilities challenging and rewarding.

I am writing about SB 36, the bill that gives the Board of Optometry full authority to define the scope of Optometric practice in Alaska. You have received, and hopefully have read, multiple letters from my Ophthalmology colleagues outlining the reasons why actual eye surgeons in Alaska believe this is a bad bill. There is no reason to reiterate all of their arguments.


I have spent the last 24 years taking care of individual Alaskans with serious eye diseases, diabetes, and injuries, yet in the next few weeks, your decision whether to table or release SB 36 from your Committee may have a greater impact on eye health in our State than all my years of work.

SB 36 explicitly invests the Board of Optometry the authority to describe without limit other than the whim of the Board "the scope of practice for a licensee to perform ophthalmic surgery and noninvasive procedures". Optometrists are very talented professionals, but their schools do not provide surgical training. Legislation that allows the Board of Optometry to re-define their profession as surgical does not make it so.

Surgeons in America undergo a vetting process that begins with college, continues in medical school, and is finalized by a multi-year apprenticeship under the tutelage of senior surgeons with expertise in their field. It is a privilege that is earned by meeting the standards set by society to protect the welfare of the community. It is bad public policy to circumvent this process by legislative fiat. Would an association of airline stewards be granted the authority to set the standards by which airline stewards can fly the plane?

As you contemplate the ramifications of SB 36, please also contemplate the responsibility entrusted in you by the people of Wasilla. Think of the kind of professional you would choose to operate on your family and choose the same for all Alaskans. As you say on your webpage, "it is just about doing the right thing".

Sincerely,



David Swanson, MD
Alaska Retinal Consultants
Anchorage

January 29th, 2017

no

Senator David Wilson, Chairman
Health and Social Services Committee
State Capitol, room 115

Dear Senator Wilson,

My name is Scott Limstrom. I'm an Ophthalmologist specializing in diseases and surgery of the retina and vitreous. I have practiced in Alaska for over 20 years. My practice has included travel to many parts of rural Alaska. For many years I practiced in Wasilla. I am currently a partner at Alaska Retinal Consultants, a practice based in Anchorage. Our practice treats many sight-threatening diseases, which involves microscopic surgery to delicate structures within the eye.

I am writing to you to express grave concern over senate bill 36. This bill would give the board of Optometry sole authority to determine which invasive diagnostic and surgical procedures Optometrists may perform. Optometrists provide an invaluable service to the residents of the state of Alaska. It's important to understand that Optometrists are not medical doctors, and do not undergo the rigorous education needed to perform surgery of the eye. The board of Optometry in the state of Alaska consists of 4 Optometrists and 1 layperson. There is no medical doctor, no surgeon on the board. As SB 36 is written, Optometrists and a layperson, none of whom are surgeons or medical doctors, will make the decision on what is required for Optometrists to perform surgery. Kind of sounds like the fox guarding the chicken coop to me.

Ophthalmologists, along with all medical doctors, are overseen by a diverse board of medical examiners. Before we can practice medicine and surgery, we undergo extensive vetting through licensing overseen by the board of medical examiners in addition to careful privileging through the hospitals and surgery centers where we operate. The privilege to care for the sight of patients is not to be taken lightly.

For the past 20 years, I have been privileged to care for the sight of tens of thousands of patients in this great state. Hardly a year has gone by where we haven't had some sort of Optometric bill before the legislature. In the interest of patient safety, please vote no on SB 36.

Sincerely,

Scott Limstrom, MD
President of the Alaska Society of Eye Physicians and Surgeons
Partner, Alaska Retinal Consultants

Matthew G. Guess, M.D.

Scott A. Limstrom, M.D.

David E. Swanson, M.D.

David S. Zumbro, M.D.

ALASKA RETINAL CONSULTANTS

3500 LATOUCHE, SUITE 250
ANCHORAGE, ALASKA 99508

PHONE: 907-561-1530 FAX: 907-561-2611

January 30, 2017

Senator David Wilson, Chairman
Health & Social Services Committee
State Capitol Room 115
Juneau AK, 99801

Dear Senator Wilson,

It is with disappointment and frustration that I find myself composing another letter regarding yet another Optometrist scope of practice expansion bill. You should know that I have absolutely no problem with the idea that Alaska Optometrists should have a state board and govern themselves. The problem with Senate Bill 36 is that the definition of optometry is dangerously incorrect. It is dangerous because it incorrectly uses the practice of ophthalmology in the definition of optometry. Optometrists are not trained in the practice of ophthalmology and they should not be granted the ability to practice ophthalmology without the proper training.

Optometrists consider themselves to be the "primary care" for eyes. In Alaska, they perform this task extraordinarily well. Optometry is defined as the practice of examining eyes for disease conditions, initiating treatment for common diseases such as glaucoma, and ensuring that the patient is in the correct spectacle or contact lens prescription. If a complex or surgical eye condition is identified, the patient is referred to a qualified eye physician and surgeon (ophthalmologist) for further diagnosis and treatment.

Ophthalmology is very different from optometry. Ophthalmologists are trained to identify disease conditions and treat with medicine or surgical procedures when appropriate. Senate Bill 36 asks for Optometrists to govern themselves in the practice of optometry but blatantly uses ophthalmology procedures and practice in the definition of optometry. This bill blurs that difference in a manner that is purposefully misleading and unsafe for patients in Alaska.

To become an ophthalmologist, one must complete a 4 year undergraduate degree, 4 years of medical school and then 4 years of residency training plus up to 2 years of fellowship training. In total, it takes up to 14 years after graduating high school to become an ophthalmologist with up to 6 of those years being dedicated to intense surgical training. In Alaska, there are 26 ophthalmologists and all of us have completed this pathway. During the course of this training, the individual learns how to be a surgeon. Being a good surgeon requires more skill than using instruments or energy sources such as laser to alter tissues for therapeutic or diagnostic purposes. Ethical surgeons learn when to do a procedure and when to simply observe the patient. They learn that the phrase "first do no harm" requires careful consideration

that any surgical or medical intervention could potentially be more harmful than the disease. This education and maturation does not happen overnight or with a weekend course. I used to be chief of a teaching program in the military, and 4-6 years is the bare minimum for this kind of apprenticeship.

Despite what is in the press, this is NOT a "turf war". That implies that education and training is the same, which it clearly is not. If any Optometrist in the state of Alaska wishes to perform surgery on the eye to include all laser procedures or intravitreal injections, they have the power to do so already. All they have to do is complete a four year medical doctor or doctor of osteopathy degree followed by a four year supervised ophthalmology residency program. Once they have completed this training, they can truly call themselves physicians and can perform ophthalmic procedures. In fact, I will be happy to help any Alaska Optometrist achieve this goal by writing letters of recommendation and contacting back channel sources to help them get into medical school and/or residency. In the course of my career, I have met several Optometrists who have gone to medical school and completed residency training, becoming qualified physicians.

The most difficult thing I have done in my 27 year career is teach residents. Before I retired from the Army, I was chief of ophthalmology at Brooke Army Medical Center in San Antonio, Texas. I supervised 10 staff ophthalmologists and 15 resident ophthalmologists in conjunction with the Air Force teaching hospital, Wilford Hall. It is in this capacity that I gained great respect for my mentors and the patience they endured when they were teaching me. It is also where I learned first hand that it takes the whole 4 years to produce a qualified surgeon. In fact, in recent years, there have been talks of increasing the basic ophthalmology training program to 5 years. After completing a 4 year residency, some ophthalmologists choose to spend an extra year or two refining their surgical skills in supervised fellowship programs. My partners and I, at Alaska Retinal Consultants have done this, giving us a very clear prospective regarding the effort it takes to learn how to safely perform invasive ocular procedures, to include laser and injections.

Senate a Bill 36 should be rejected. The definition of optometry is not correct and optometrists do not have the training or experience to be able to safely govern any ophthalmic procedure to include lasers and eye injections.

Thank you for your consideration.



David Zumbro, MD
COL(r), United States Army
Partner, Alaska Retinal Consultants



AMERICAN ACADEMY™
OF OPHTHALMOLOGY

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

*Alaska Society of
Eye Physicians and Surgeons*

3500 Latouche St. #250
Anchorage, Alaska 99508
907-563-5882

January 30, 2017

The Honorable David Wilson
Chairman, Health and Social Services Committee
Alaska Senate, State Capitol Room 115
Juneau AK, 99801

Dear Chairman Wilson:

We are writing today on behalf of the American Academy of Ophthalmology, the world's largest association of eye physicians and surgeons, serving more than 32,000 members worldwide, to ask for your opposition to SB 36.

SB 36 would permit optometrists, non-medical doctors who have neither completed medical school nor surgical residency, to perform scalpel and laser surgery on and around the eye. SB 36 also gives unfettered authority to the Alaska Board of Examiners in Optometry to authorize optometrists to perform dozens of surgical procedures—all of which are invasive—on the eye and surrounding tissues using scalpels, lasers, needles, ultrasound and other means. We strongly feel that this legislation compromises the safety and surgical care of Alaska's eye patients by removing the current standards of medical education and clinical training required to perform eye surgery.

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

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

SB 36 would also remove existing safeguards placed upon the practice of optometry by the state legislature pertaining to the prescription and administration of pharmaceuticals. For

example, SB 36 would authorize optometrists to inject medications into the small and delicate structures of the eye. Additionally, the legislation would also authorize optometrists to inject Botox for therapeutic purposes and also to alter or enhance cosmetic appearance. Anytime a needle is placed in or near the eye, there are serious risks to patients that require adequate clinical experience and judgment.

In 2014, the Alaska State Legislature passed legislation to continue to allow optometrists to prescribe controlled substances containing hydrocodone. During consideration of this prescription authority, the legislature continued the four-day prescription limitation to protect patients. SB 36 would not only remove hydrocodone and other controlled substances prescription time limitation, the optometric bill would also expand the controlled substances that optometrists would be authorized to prescribe to include all Schedule Ia and IIa controlled substances which are very powerful and highly addictive substances.

Last year, SB 55—a bill very similar to SB 36—failed in the legislature. We respectfully ask that you once again uphold these high standards for patient safety and quality surgical care by voting "no" on SB 36. Thank you for your strong consideration on this matter.

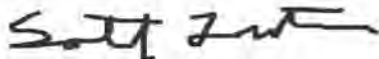
Sincerely



Cynthia A. Bradford, MD
President
American Academy of Ophthalmology
Ophthalmology



David W. Parke II, MD
CEO
American Academy of



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

CC: Members of the Alaska Senate Health and Social Services Committee

Jody Simpson

From: Dr. Laura Kompkoff <drk@katmaieye.com>
Sent: Thursday, February 02, 2017 5:45 PM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich
Subject: SB36

I am writing to ask for your support for SB36. This bill is about Optometry's educated and responsible board regulating our profession, under the watch of our Attorney General just as other healthcare professions do in this state. This bill is in no way expanding our scope of practice beyond the borders of our training in schools and continuing education. In fact, this bill expresses that we must practice, under the watch of the board and the legal process of the Attorney General. The Legislative "Eye War" is deterring the real reasons for this bill:

- 1) A profession governed by those who are best suited to know our scope of practice with the state Attorney General's office oversight.
- 2) Best healthcare availability for Alaskans from a profession who is located all over the state.

The legislative body must look at our conservative primary care profession and know that we are making beneficial health decisions and changes for the best healthcare of all Alaskans.

Thank you for your time and I hope you will make the right decision for Alaskans.

Sincerely,

Laura Kompkoff, O.D.

Katmai Eye and Vision Center

Katmaieye.com

907-334-3937

Jody Simpson

From: Adam Huff <adamhuff@gmail.com>
Sent: Thursday, February 02, 2017 3:17 PM
To: Sen. David Wilson
Subject: Please support SB 36!

Dear Senator Wilson,

I am writing to ask for support for SB 36 in the next session. I am the owner of Northern Lights Eye Care in Anchorage, and have been practicing and living in Anchorage for almost 9 years. This bill will place decisions regarding our scope of practice as Optometrists in the hands of the State Board of Optometry, just as most other medical professions have done for years. Other professions such as Dentists, Nurse Practitioners, and Medical Doctors are self-regulated by their own boards, and this has benefited both their professions and the general public as they are able to more quickly access new treatments and procedures that benefit patients. Thank you so much for your support.

Sincerely,

Adam Huff, O.D.
Northern Lights Eye Care

Jody Simpson

From: William Phillips <WPhillips@kenaitze.org>
Sent: Thursday, February 02, 2017 1:12 PM
To: Sen. David Wilson
Subject: SB 36

Hello. I am asking for your support of SB 36

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.

Will Phillips OD

Optometry

Kenai, AK

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Jody Simpson

From: Shannon Farr <sfarr@searhc.org>
Sent: Thursday, February 02, 2017 4:38 PM
To: Sen. David Wilson
Subject: Senate Bill 36: please support

Dear Senator Wilson,

I writing to ask for your support regarding Senate Bill 36. I am a Commissioned Officer in the United States Public Health Service and have had the privilege of working with the Indian Health Service for over twenty years. Nineteen years of my career has been dedicated to coordinating and managing eye care for Alaska Native patients in the Bethel, Nome, and Southeast Alaska regions. The majority of my patients live remotely and Indian Health Service optometrists are continually providing comprehensive eye care, which includes co-management with the Alaska Native Medical Center ophthalmology department.

Indian Health Service optometrists practice within the full scope of our training and education. This allows us to manage and treat ocular disease at our local service unit.

My colleagues and I refer patients for ophthalmic surgery.

Thank you for your consideration,

--

*Shannon Farr, OD FAAO
CAPT, USPHS
SEARHC
3245 Hospital Drive
Juneau, AK 99801*



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Jody Simpson

From: Patrick Campaign <campaign@oculogenesis.com>
Sent: Thursday, February 02, 2017 9:57 PM
To: Sen. David Wilson; Sen. Peter Micciche
Subject: Please support SB 36, thanks!

Follow Up Flag: Follow up
Flag Status: Completed

Categories: In 2D

Salutations, Senator Wilson and Senator Micciche.

I humbly request for you to support SB 36 tomorrow. Considering how most every medical professional including nurses and dentists have the capacity to self-regulate and self-govern, I would like the knowledge that my eye doctor has that capacity, too. When he doesn't, it is concerning that they must work harder just for the same rights as their peers, effectively like Washington DC must get local laws passed through Congress since they are not a state themselves.

Allow proper health care to happen by cutting the red tape. This will save state legislative time and money for long term benefit. Let that profession operate like how forty other states allow.

--

Patrick Campaign
Lead Consultant
Oculogenesis: VR/AR/Eye Techwear Consulting
P: 907-306-3182
F: 855-760-9968

Jody Simpson

From: Jerimiah Myers <docmyers@gci.net>
Sent: Thursday, February 02, 2017 8:41 PM
To: Sen. David Wilson; Senator.Natasha.vonimof@akleg.gov; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich
Subject: Please vote for SB36

Follow Up Flag: Follow up
Flag Status: Completed

Categories: In 2D

Dear Senators:

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.

It only makes sense...

Dr. Jerimiah Myers "Doc"
PO Box 1948
Kodiak, AK 99615

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

Jody Simpson

From: Dr. Sheryl Lentfer <dr.slentfer@katmaieye.com>
Sent: Thursday, February 02, 2017 8:37 PM
To: Sen. David Wilson
Subject: SB36

Follow Up Flag: Follow up
Flag Status: Completed

Categories: In 2D

Please support this bill. This bill is about our educated and responsible board regulating our profession, and under the additional watch of our Attorney General's office. This bill is in no way expanding our scope of practice beyond the borders of our current training in schools and continuing education. In fact, this bill expresses exactly that we have to practice to our training, under the watch of the board and the legal process of the Attorney General. This bill NO way affects Ophthalmologist. It has nothing to do with them. When you look at the bill from last year, it reminds us of all the "concessions" we tried to make for those who the bill does affect. The legislative "eye war" is deterring the real reasons for this bill.

1) A profession governed by those who are best suited to know the scope of practice and with our state Attorney General's office oversight.

2) Provides the best healthcare availability for Alaskans from professionals who are located all over the state.

As you saw, "concessions" do not satisfy the oppositions which strangely only comes from one medical profession. **The legislative body has to look at our conservative primary care profession and know that we are making beneficial health decisions in lieu of what is best for the healthcare of Alaskans.** Sight is precious and it affects our everyday lives (just close your eyes for one minute), we probably know that better than all other healthcare professionals with the exception of Ophthalmologists.

Sherry Lentfer, OD
Katmai Eye and Vision Center
12570 Old Seward Hwy., Suite 104
Anchorage, AK 99515
(907)334-3937

Jody Simpson

From: Dr. Laura Kompkoff <drk@katmaieye.com>
Sent: Thursday, February 02, 2017 5:45 PM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Sen. Cathy Giessel; Sen. Peter Micciche; Sen. Tom Begich
Subject: SB36

Follow Up Flag: Follow up
Flag Status: Completed

Categories: In 2D

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The legislative body must look at our conservative primary care profession and know that we are making beneficial health decisions and changes for the best healthcare of all Alaskans.

Thank you for your time and I hope you will make the right decision for Alaskans.

Sincerely,

Laura Kompkoff, O.D.

Katmai Eye and Vision Center

Katmaieye.com

907-334-3937



AMERICAN ACADEMY™
OF OPHTHALMOLOGY

20 F Street, NW
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202 -737- 6662

*Alaska Society of
Eye Physicians and Surgeons*

3500 Latouche St. #250
Anchorage, Alaska 99508
907-563-5882

January 30, 2017

The Honorable David Wilson
Chairman, Health and Social Services Committee
Alaska Senate, State Capitol Room 115
Juneau AK, 99801

Dear Chairman Wilson:

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

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

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Last year, SB 55—a bill very similar to SB 36—failed in the legislature. We respectfully ask that you once again uphold these high standards for patient safety and quality surgical care by voting "no" on SB 36. Thank you for your strong consideration on this matter.

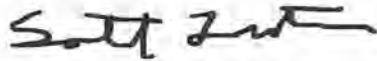
Sincerely



Cynthia A. Bradford, MD
President
American Academy of Ophthalmology
Ophthalmology



David W. Parke II, MD
CEO
American Academy of



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

CC: Members of the Alaska Senate Health and Social Services Committee

Jody Simpson

From: Frank Bickford <bpgalaska@icloud.com>
Sent: Friday, February 03, 2017 4:30 AM
To: Jody Simpson
Subject: SB 36
Attachments: SB 36.docx; ATT00001.htm

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hi Jody,

If at all possible, please include attached in Committee member packets and on line..

Thank you,
Frank

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

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

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

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

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

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

07 (3) for the licensing of optometrists;

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

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

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

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

15 (d) Before a license may be renewed, the licensee shall submit to the board
01 evidence that, during the preceding licensing period [IN THE FOUR YEARS

02 PRECEDING THE APPLICATION FOR RENEWAL], the licensee has

03 [(1) COMPLETED EIGHT HOURS OF CONTINUING

04 EDUCATION, APPROVED BY THE BOARD, CONCERNING THE USE AND
05 PRESCRIPTION OF PHARMACEUTICAL AGENTS;

06 (2) COMPLETED SEVEN HOURS OF CONTINUING

07 EDUCATION, APPROVED BY THE BOARD, CONCERNING THE INJECTION
08 OF NONTOPICAL THERAPEUTIC PHARMACEUTICAL AGENTS; AND

09 (3)] met [OTHER] continuing education requirements as may be

10 prescribed by regulations of the board to ensure the continued protection of the
11 public.

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

12 (a) A licensee may prescribe and use a pharmaceutical agent, including a
13 controlled substance, in the practice of optometry if the pharmaceutical agent is
14 used

15 in a manner consistent with standards adopted by the board in regulation; the
standards

must include limitations on practice adopted under AS 08.72.278.

This information is provided by the American Academy of Ophthalmology. Local contact: 907-563-5882

This provision is more expansive than SB 55. In conjunction with Sections 3, this provision reinforces Board powers to expand the scope of practice of optometry to include a broader range of controlled substances and injections that are specifically prohibited under existing law. In fact, SB 36 is even more expansive than SB 55. Board authority would now include regulation of intravitreal injections by optometrists which SB 55 specifically prohibited.

This provision is more expansive than SB 55. 08.72.050 (6) authorizes the Board to define "ophthalmic surgery" and to define non-"invasive procedure." In conjunction with Section 4, this provision would give the Board sole and full authority to allow optometrists to perform surgery, whether they call these surgeries "ophthalmic surgery" or "noninvasive procedures." This provision is even more expansive than SB 55, which specifically prohibited a limited number of procedures, which it called "invasive surgery."

This Section is identical to SB 55. SB 36 contains no specific educational requirements related to performing surgery.

This Provision is more expansive than SB 55. Existing law prohibits IA, IIA and VIA controlled substances, except for an agent containing hydrocodone. Controlled substances are limited to a 4 day supply.

16 * Sec. 4. AS 08.72 is amended by adding a new section to read:
17 Sec. 08.72.278. Limitation on practice. (a) A licensee may perform the
18 services of optometry as defined in AS 08.72.300 only if the services are within
19 the
20 scope of the licensee's education, training, and experience as established by
regulations adopted by the board.

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

SB 36 contains no limitations on the prescription of controlled substances and no limitations on supply.

Existing law requires that for the prescription of a pharmaceutical agent, including a controlled substance, there must be a physician-patient relationship as determined by the Board. SB 36 removes the requirement of a physician-patient relationship.

Existing law specifically prohibits Botox injections and injections into the globe of the eye. SB 36 would allow any injections into the globe of the eye and Botox injections. This provision is even more expansive than SB 55, which specifically prohibited intravitreal injections; SB 36 does not specifically prohibit any injections.

This Section is more expansive than SB 55. In conjunction with the provisions in Section 5, this provision reinforces Board powers to expand the scope of practice of optometry, including whatever it describes as a "noninvasive procedure." The board by regulation would determine if the noninvasive procedure is within the scope of the licensee's education, training and experience. Apparently, the bill does not require this same regulatory threshold for "ophthalmic surgery." This suggests that the difference the terms "noninvasive procedure" and "ophthalmic surgery" are nominal.

This provision is more expansive than SB 55. SB 36 would give sole and full authority to the optometry board to perform "ophthalmic surgery". Under 08.72.278(b), board would be empowered to define "ophthalmic surgery" but is also not required to adopt regulations to set a minimum standard to determine if a surgery is beyond the scope of the licensee's education, training and experience. In contrast, SB 55 prohibited "invasive surgery" but defined it in a way to specifically prohibit some surgeries but still

24 * Sec. 5. AS 08.72.300(3) is repealed and reenacted to read:
25 (3) "optometry" means the examination, evaluation, diagnosis,
26 treatment, or performance of preventive procedures related to diseases,
disorders, or
27 conditions of the human eyes or adjacent and associated structures, consistent
with this
28 chapter and regulations adopted by the board

allowed optometrists to perform dozens of other surgeries - which are, in fact, invasive - using lasers, scalpels, needles, ultrasound, and other techniques on the eye and surrounding tissues.

Existing law specifically excludes lasers, xrays and surgery from the definition of optometry. SB 36 does not specifically exclude lasers, xrays and surgery from the definition of optometry.

Existing law limits the definition of optometry to "examinations, diagnosis, and treatment of conditions of the eye". SB **Commented [1]:** to "examination, ~~evaluation,~~ treatment and performance of preventive procedures related to diseases, disorders and conditions of the eye or adjacent and associated structures". This language would expand the scope of practice of optometry to include testing and treatments of medical conditions underlying some eye diseases, such as diabetes and hypertension, as determined by the Board.

Jody Simpson

From: Carmen Moore <bellybaby1009@gmail.com>
Sent: Sunday, February 05, 2017 12:22 PM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Sen. Tom Begich; Sen. Peter Micciche; Sen. Cathy Giessel
Subject: I OPPOSE SB 36

Follow Up Flag: Follow up
Flag Status: Completed

Categories: In 2D

Please be advised I cannot even comprehend why a consideration is being given to non-surgeons being able to do eye surgery in Alaska. I am a R.N. My eyes are precious to me.

I am appalled at this potential action and hope every one of you votes this down totally!

Sincerely

Carmen Claire Moore

P.O. Box 58493

Fairbanks, Alaska 99711

Drug Schedules

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

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

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

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

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

Schedule I

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

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

Schedule II

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

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

Schedule III

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

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

Schedule IV

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

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

Schedule V

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

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

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

Drug Enforcement Administration website

Distributed by Senator Giessel for SB 55

Alaska State Medical Association

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

February 13, 2017

Honorable David Wilson
Alaska State Senate
State Capitol Room 115
Juneau, AK 99801

RE: Senate Bill 36

Dear Senator Wilson:

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

ASMA opposes Senate Bill 36 which is just the latest attempt to expand the scope of practice for optometrists beyond their professional training, lower standards of care and put patient's health at risk.

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

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

Senate Bill 36 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. SB 36 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 SB 36.

- 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.

SB 36 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, SB 36 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.

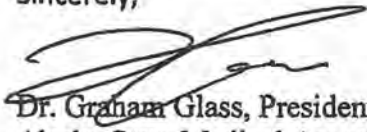
Not only do optometry schools not currently provide the education and training to perform surgery safely that is comparable to ophthalmology residency programs but even if they started optometrists who have already graduated have not acquired that education and training. The surgeries included in past 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 SB 36 not move from your committee.

Sincerely,

A handwritten signature in black ink, appearing to read "Graham Glass", written over a horizontal line.

Dr. Graham Glass, President
Alaska State Medical Association



State of New Mexico
House of Representatives

STATE CAPITOL
Santa Fe

March 14, 2007

American Academy of Ophthalmology
Governmental Affairs Division
1101 Vermont Avenue, NW, Suite 700
Washington, DC 20005-3570

To Whom It May Concern:

The NM House of Representatives Business and Industry Committee has been listening with interest to legislation with regard to House Bill 1186-Surgery Types Considered as Optometry - and Senate Bill 367 - Optometry Exclusions and Certification.

All of us on the committee have been working hard with advocates on both sides of the issue. Randy Marshall and John Anderson have worked well with us and continue to advocate successfully on your behalf. We feel that our understanding of this legislation has allowed us to make educated decisions with regard to both bills. We believe our support of this legislation is based on good, sound judgment.

The offensive ads that you have been running on television and radio are both appalling and ill-founded. Resorting to scare tactics with regard to the citizens of this state, most especially the children is egregious. We are elected to represent the people of this state and the insinuation in these ads that we would put the health of the public at risk is outrageous and offensive.

A personal approach to the members of this committee to discuss your issues with this legislation would have been a more professional and ethical method of promoting your viewpoint.

It is unfortunate that organizations like the American Academy of Ophthalmology choose to deceive the public with this type of negative and misleading advertising.

The members of the Business and Industry ask that you cease and desist these ads immediately. The people of New Mexico deserve better.

Sincerely,

[Signature]
New Mexico House Business and Industry Committee

Cc: NM Medical Society/NM Ophthalmology Board/American Medical Association

[Signature]
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[Signature]
[Signature]
[Signature]

February 13, 2017

The Alaska State Senate
Senate Health and Social Services Committee
State Senator David Wilson, Chair
State Capitol, Room 115
Juneau, AK 99801

RE: Oppose SB 36, An Act Relating to the Practice of Optometry

Honorable Committee Members:

On behalf of the American Society of Plastic Surgeons (ASPS), I urge you to oppose Alaska Senate Bill 36, which would expand the scope of practice for optometrists beyond their professional training. As surgeons, we encourage you to maintain the high level of patient care that has been established and maintain current standards that permit only licensed Medical Doctors (MD) or Doctors of Osteopathic Medicine (DO) who meet appropriate education, training and professional standards to perform surgery in the ocular region.

If passed, SB 36 would allow non-physician optometrists to perform surgical procedures on the face. This includes procedures that fall squarely within the practice of medicine. SB 36 also grants the Alaska Board of Examiners in Optometry with complete authority over their own scope of practice, including determining what surgeries they are and are not qualified to perform. Alarming, the bill also does not include any educational requirements for optometrists to perform surgery. In sum, allowing optometrists to practice medicine without the requisite medical school and residency training would jeopardize patient safety and lower the standard of surgical care in the state.

SB 36 also gives optometrists the authority to use a wide range of pharmaceuticals that require a fundamental and systematic medical understanding of the human body. This understanding is gained through the clinical and educational rigor of a physician's training. Physicians are uniquely qualified to treat patients in the rare instance when an allergic reaction or some other life-threatening complication arises when these drugs are administered. Optometrists do not receive the same education and training ophthalmologists and plastic surgeons receive. Optometrists have insufficient training in disease management, for example, which is critical in identifying, understanding and effectively treating underlying conditions that can cause eye disease, like diabetes and hypertension. Sadly, in 2009, several patients at a VA facility received inadequate treatment for glaucoma from optometrists. An investigation found that as a result of the poor treatment 22 patients were found to have progressive vision loss.¹ Ophthalmologists and plastic surgeons must attain a core medical and surgical education while completing seven to ten years of training, which includes increasing responsibility and decision-making authority in the hospital setting. Optometrists only complete four to five years of education with significantly less clinical exposure and responsibility.

Dremann, Sue. VA investigates glaucoma patients' treatment: 'Exhaustive' internal review found inadequate referrals; optometry chief sidelined. Palo Alto Weekly, July 23, 2009.

Due to patient safety issues, such as the possibility of complications arising from surgery, it is critical that such procedures are performed by physician surgeons who have the comprehensive training and board certification to handle those complications when they do occur. We urge you to **OPPOSE** Senate Bill 36 in order to protect the high standard of patient safety in Alaska.

Please do not hesitate to contact Patrick Hermes, ASPS's Senior Manager of Advocacy and Government Affairs, with any questions at Phermes@plasticsurgery.org or (847) 228-3331.

Sincerely,

A handwritten signature in black ink that reads "Debra Johnson MD". The signature is written in a cursive, flowing style.

Debra Johnson, MD
President, American Society of Plastic Surgeons