

Alaska State Legislature

House of Representatives



Official Business

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Juneau, AK 99801-1182

SPONSOR STATEMENT FOR HB 151

BY: Representative Tom Anderson

TITLE: “An Act relating to provider responsibility for ocular postoperative care; and providing for an effective date.”

The majority of eye surgery performed in the United States today is technologically advanced and is safer and more effective than ever before. The most common major eye surgery performed in the United States is cataract surgery; with more than 1.5 million cases a year. Cataract surgery has evolved to such an advanced state that many cases take less than 15 minutes to perform. The speed with which modern cataract surgery can be performed has tended to trivialize the seriousness of this surgery in the public's mind, causing patients to infer that it is risk free. No surgery is risk free, including short cases such as uncomplicated cataract surgery. However, complications do occur and can be serious. Permanent loss of vision and patient death are some of the more serious potential complications. It is important for postoperative care to be managed by an ophthalmologist familiar with the surgery and the potential complications.

Unfortunately, the reduction of surgical time for cataract surgery has led to the appearance of so-called “cataract mills” where patients are referred in large numbers by an optometrist and, in return for a “co-management fee”, the referring optometrist is then allowed to manage the patient postoperatively. The operating surgeon, in this setting, often meets the patient just minutes prior to surgery and takes no responsibility after surgery. In some cases this surgeon may travel from cataract mill to cataract mill and is unavailable for any postoperative consultation or advice. The patient's follow-up care is therefore abandoned, by pre-arrangement, to the referring Optometrist who is not qualified by training or experience to handle any serious complications resulting from cataract surgery.

Another serious situation may arise as a result of the “cataract mill”. Should the patient require hospitalization, the surgeon is unlikely to have local hospital privileges. The patient is then dumped on another ophthalmologist unfamiliar with the patient but now responsible for rendering critical care.

Co management of eye surgery as currently practiced in Alaska is a recipe for sub-optimal patient care. House Bill 151 addresses the issue of postoperative care for eye surgery in Alaska, taking into account the unusual and sometimes-difficult medical and surgical challenges our state often poses in terms of isolation, limited medical resources and transportation difficulties.

I urge your support for this legislation.