

ALASKA STATE LEGISLATURE
SENATE LABOR AND COMMERCE STANDING COMMITTEE

May 10, 2007

1:36 p.m.

MEMBERS PRESENT

Senator Johnny Ellis, Chair
Senator Gary Stevens, Vice Chair
Senator Bettye Davis
Senator Con Bunde

MEMBERS ABSENT

Senator Lyman Hoffman

COMMITTEE CALENDAR

SENATE BILL NO. 170

"An Act requiring that health care insurers provide insurance coverage for well-baby exams."

MOVED CSSB 170(L&C) OUT OF COMMITTEE

CS FOR HOUSE BILL NO. 14(JUD)

"An Act relating to the purchase of alcoholic beverages and to access to licensed premises; relating to civil liability for certain persons accessing licensed premises; requiring driver's licenses and identification cards to be marked if a person is restricted from consuming alcoholic beverages as a result of a conviction or condition of probation or parole and relating to fees for the marked license or card; relating to the information contained on driver's licenses; requiring the surrender and cancellation of driver's licenses and identification cards under certain circumstances; and providing for an effective date."

MOVED CSHB 14(JUD) OUT OF COMMITTEE

SENATE CS FOR CS FOR HOUSE BILL NO. 113(HES)

"An Act relating to the prescription and use of pharmaceutical agents, including controlled substances, by optometrists; and providing for an effective date."

MOVED SCS CSHB 113(L&C) OUT OF COMMITTEE

SENATE BILL NO. 165

"An Act relating to required onboard disclosures about promotions, tours, flightseeing operations, other shoreside activities, shoreside vendors, and visitors bureaus; and providing for an effective date."

BILL HEARING CANCELLED

CS FOR HOUSE BILL NO. 205(FIN)

"An Act relating to real estate broker and real estate salesperson licensing; and providing for an effective date."

BILL HEARING CANCELLED

CS FOR HOUSE BILL NO. 110(L&C)

"An Act amending the powers and duties of the legislative audit division regarding the Regulatory Commission of Alaska; amending annual report requirements for the Regulatory Commission of Alaska; extending the termination date for the Regulatory Commission of Alaska; and providing for an effective date."

BILL HEARING CANCELLED

CS FOR HOUSE CONCURRENT RESOLUTION NO. 8(L&C)

Establishing a legislative task force to make recommendations regarding job descriptions and salary changes for the commissioners and support staff and the possible need for additional support staff of the Regulatory Commission of Alaska.

BILL HEARING CANCELLED

CS FOR HOUSE BILL NO. 209(JUD)

"An Act relating to the chair of the Regulatory Commission of Alaska and amending the timeline requirements for a final order of the commission; and providing for an effective date."

BILL HEARING CANCELLED

PREVIOUS ACTION

BILL: SB 170

SHORT TITLE: INSURANCE COVERAGE FOR WELL-BABY EXAMS

SPONSOR(S): SENATOR(S) MCGUIRE

05/03/07	(S)	READ THE FIRST TIME - REFERRALS
05/03/07	(S)	L&C, HES, FIN
05/09/07	(S)	L&C AT 1:30 PM BELTZ 211
05/09/07	(S)	--Meeting Postponed to Thursday, May 10--
05/10/07	(S)	L&C AT 1:30 PM BELTZ 211

BILL: HB 14

SHORT TITLE: RESTRICT ACCESS TO ALCOHOL

SPONSOR(S): REPRESENTATIVE(S) CRAWFORD

01/16/07	(H)	PREFILE RELEASED 1/5/07
01/16/07	(H)	READ THE FIRST TIME - REFERRALS

01/16/07 (H) L&C, JUD, FIN
 02/09/07 (H) L&C AT 3:00 PM CAPITOL 17
 02/09/07 (H) -- Meeting Canceled --
 02/23/07 (H) L&C AT 3:00 PM CAPITOL 17
 02/23/07 (H) Scheduled But Not Heard
 02/26/07 (H) L&C AT 3:00 PM CAPITOL 17
 02/26/07 (H) -- MEETING CANCELED --
 02/28/07 (H) L&C AT 3:00 PM CAPITOL 17
 02/28/07 (H) Moved CSHB 14(L&C) Out of Committee
 02/28/07 (H) MINUTE(L&C)
 03/01/07 (H) L&C RPT CS(L&C) NT 2DP 5NR
 03/01/07 (H) DP: GARDNER, LEDOUX
 03/01/07 (H) NR: BUCH, NEUMAN, RAMRAS, GATTO, OLSON
 04/11/07 (H) JUD AT 1:00 PM CAPITOL 120
 04/11/07 (H) <Bill Hearing Rescheduled to 04/13/07>
 04/13/07 (H) JUD AT 1:00 PM CAPITOL 120
 04/13/07 (H) Moved CSHB 14(JUD) Out of Committee
 04/13/07 (H) MINUTE(JUD)
 04/16/07 (H) JUD RPT CS(JUD) NT 3DP 2NR
 04/16/07 (H) DP: GRUENBERG, LYNN, HOLMES
 04/16/07 (H) NR: SAMUELS, RAMRAS
 04/30/07 (H) FIN AT 9:00 AM HOUSE FINANCE 519
 04/30/07 (H) Moved CSHB 14(JUD) Out of Committee
 04/30/07 (H) MINUTE(FIN)
 05/01/07 (H) FIN RPT CS(JUD) NT 6DP 2NR
 05/01/07 (H) DP: FOSTER, GARA, NELSON, CRAWFORD,
 JOULE, KELLY
 05/01/07 (H) NR: HAWKER, STOLTZE
 05/05/07 (H) TRANSMITTED TO (S)
 05/05/07 (H) VERSION: CSHB 14(JUD)
 05/07/07 (S) READ THE FIRST TIME - REFERRALS
 05/07/07 (S) L&C, JUD, FIN
 05/10/07 (S) L&C AT 1:30 PM BELTZ 211

BILL: HB 113

SHORT TITLE: OPTOMETRISTS' USE OF PHARMACEUTICALS

SPONSOR(S): REPRESENTATIVE(S) SAMUELS

01/30/07 (H) READ THE FIRST TIME - REFERRALS
 01/30/07 (H) HES, L&C
 03/20/07 (H) HES AT 3:00 PM CAPITOL 106
 03/20/07 (H) Heard & Held
 03/20/07 (H) MINUTE(HES)
 03/31/07 (H) HES AT 12:30 AM CAPITOL 106
 03/31/07 (H) Moved CSHB 113(HES) Out of Committee
 03/31/07 (H) MINUTE(HES)
 04/02/07 (H) HES RPT CS(HES) 4DP 1NR 2AM

04/02/07 (H) DP: CISSNA, SEATON, NEUMAN, FAIRCLOUGH
 04/02/07 (H) NR: GARDNER
 04/02/07 (H) AM: ROSES, WILSON
 04/11/07 (H) L&C AT 3:00 PM CAPITOL 17
 04/11/07 (H) Moved CSHB 113(HES) Out of Committee
 04/11/07 (H) MINUTE(L&C)
 04/13/07 (H) L&C RPT CS(HES) 1DP 6NR
 04/13/07 (H) DP: LEDOUX
 04/13/07 (H) NR: GARDNER, BUCH, RAMRAS, NEUMAN,
 GATTO, OLSON
 04/19/07 (H) BEFORE THE HOUSE
 04/20/07 (H) TRANSMITTED TO (S)
 04/20/07 (H) VERSION: CSHB 113(HES)
 04/23/07 (S) READ THE FIRST TIME - REFERRALS
 04/23/07 (S) HES, L&C, FIN
 05/02/07 (S) HES AT 1:30 PM BUTROVICH 205
 05/02/07 (S) Heard & Held
 05/02/07 (S) MINUTE(HES)
 05/04/07 (S) HES AT 1:00 PM BUTROVICH 205
 05/04/07 (S) Moved SCS CSHB 113(HES) Out of
 Committee
 05/04/07 (S) MINUTE(HES)
 05/07/07 (S) HES RPT SCS 1DP 2NR NEW TITLE
 (TECHNICAL)
 05/07/07 (S) DP: ELTON
 05/07/07 (S) NR: THOMAS, COWDERY
 05/09/07 (S) L&C AT 1:30 PM BELTZ 211
 05/09/07 (S) --Meeting Postponed to Thursday, May
 10--
 05/10/07 (S) L&C AT 1:30 PM BELTZ 211

WITNESS REGISTER

MARIT CARLSON-VAN DORT
 Staff to Senator McGuire
 Alaska State Capitol
 Juneau, AK

POSITION STATEMENT: Sponsor of SB 170.

STEPHANIE BIRCH, Section Chief
 Women & Children, Family Health
 Division of Public Health
 Department of Health and Social Services (DHSS)
 Anchorage, AK

POSITION STATEMENT: Supported the essence of SB 170.

HEATHER BEATY

Staff to Representative Harry Crawford
Alaska State Capitol
Juneau, AK

POSITION STATEMENT: Commented on HB 14 for the sponsor.

ED O'NEIL, Owner
Brown Jug
Anchorage, AK

POSITION STATEMENT: Supported HB 14.

MR. O. C. MADDEN
Brown Jug
Anchorage, AK

POSITION STATEMENT: Supported HB 14.

REPRESENTATIVE RALPH SAMUELS
Alaska State Legislature
Juneau, AK

POSITION STATEMENT: Sponsor of HB 113.

DR. DONALD CINOTTI Chairman
State Governmental Relations Committee
American Academy of Ophthalmology
New Jersey

POSITION STATEMENT: Opposed HB 113.

BOB LOSHER
Consumer
Juneau AK

POSITION STATEMENT: Opposed HB 113.

DR. MICHAEL BENNETT, President
Alaska Optometric Association
Alaska

POSITION STATEMENT: Supported HB 113.

DR. JILL MATHESON, President
Board of Ophthalmology
Juneau, AK

POSITION STATEMENT: Commented on HB 113.

CINDY MORGAN
Staff to Representative Ralph Samuels
Alaska State Capitol
Juneau, AK

POSITION STATEMENT: Sponsor of HB 113.

ACTION NARRATIVE

CHAIR JOHNNY ELLIS called the Senate Labor and Commerce Standing Committee meeting to order at [1:36:31 PM](#). Present at the call to order were Senators Davis, Stevens and Ellis.

SB 170-INSURANCE COVERAGE FOR WELL-BABY EXAMS

CHAIR ELLIS announced the consideration of SB 170.

[1:39:23 PM](#)

MARIT CARLSON-VAN DORT, staff to Senator McGuire, sponsor of SB 170, explained that this bill would require private health insurance plans to cover well-baby exam coverage for infants during their first 24-months of life in their standard coverage for dependents. These exams are considered to be routine pediatric health care and generally each visit costs from \$125 to \$250, not including immunizations. These exams would include monitoring development and growth rate, hearing, vision, language skills, motor development, diet and general preventative health care as well as infectious diseases. They would provide a cost effective way to insure a child's good health by preventative intervention, as opposed to addressing the child when he is in the ER and very sick with a high fever. Twenty-one other states require commercial insurance companies to cover some level of well-child care.

SENATOR STEVENS remarked that someone would have to pay for the exams.

MS. VAN DORT replied that the cost of these exams would be borne by the insurance companies who might or might not pass it on to consumers through higher premiums.

SENATOR STEVENS asked how much they would cost.

MS. VAN DORT replied somewhere around \$1,500 for six visits per year.

CHAIR ELLIS noted that committee members now have a CS, version C.

MS. VAN DORT explained that the CS deletes language on page 1, lines 10-11, that limits coverage to \$1,500 a year for each covered baby. The sponsor did not want to unduly mandate a limit which may or may not already exist with the insurance carrier.

CHAIR ELLIS said they would hold off consideration of the CS until they received further testimony.

1:44:08 PM

STEPHANIE BIRCH, Section Chief, Women & Children, Family Health, Division, Department of Health and Social Services (DHSS), said she has a master's degree in Public Health and explained that a foundation of periodic and regular visits to a health care provider during the first two years of life is more commonly termed as "health supervision." The focus of these visits is not just prevention or treating illness or injury, but activity promoting the physical, emotional, mental and social well-being of children and their new parents.

MS. BIRCH said the American Academy of Pediatrics recommends that new-borns through age 2 receive a total of 10 visits, with 7 of them occurring in the first year of life. This schedule of visits reflects the anticipated developmental milestones that most children will demonstrate at a given period of time as they mature. In addition, many of the scheduled visits occur in coordination with the recommended immunization schedules.

She explained that health supervision visits generally include a health interview or history, an assessment by a health care provider of the physiological, emotional, cognitive and social development which also includes developmental milestones. There is also observation of the parent/child interaction, a physical exam from head to toe, screening procedures, and an evaluation of strength and issues within the parent/child relationship. The intent is for parents to participate as full partners in health supervision visits.

She said that families who establish long-term trusting relationships with a primary health care provider tend to receive continuous, coordinated and comprehensive care. Many studies have shown that children in a medical home utilize emergency rooms less often, have less of a tendency to doctor-shop and are less likely to have issues of child abuse or neglect. In addition, developmental lags are much more quickly identified and children can be referred in a more-timely manner for community based or specialty services.

MS. BIRCH concluded saying that the DHSS supported the essence of SB 170 as it will set a pattern for regular screening and assessments and assist in establishing a relationship with a consistent health care provider.

[1:45:55 PM](#)

SENATOR BUNDE joined the committee.

[1:47:56 PM](#)

SENATOR STEVENS asked Senator McGuire how much the exams would cost and who would pay for them.

SENATOR MCGUIRE, sponsor of SB 170, responded that most private health care providers already offer well-baby exams and this bill tries to catch those that may not. It recognizes that the cost of a sick baby is much higher than the cost of the exams - therefore representing a net gain to both the insurance recipient and the insurance pool. An exam for her own baby costs \$110 and she noted that one can't put a child in a state-run school system without their inoculations.

CHAIR ELLIS asked her to explain why she eliminated the cap.

SENATOR MCGUIRE responded that the director of the Division of Insurance, Linda Hall, said that some companies already cover more than what this bill requires and she did not want to limit that coverage.

[1:53:27 PM](#)

SENATOR BUNDE asked if the state health plan covers well-baby exams.

SENATOR MCGUIRE replied that the state plan does not cover them now, but she thought it should and she would welcome a letter of intent that any state-administered plan cover well-baby exams.

SENATOR BUNDE said it would seem inconsistent to require private enterprises to adopt a standard the state doesn't have.

SENATOR MCGUIRE didn't disagree and said that for the most part, private companies are already offering them - and she would welcome a fiscal note. She believed that well-baby exams would save money in the long run.

[1:57:03 PM](#)

SENATOR BUNDE said that letters of intent often get ignored and he recommended that the requirement for all plans be written in the bill.

SENATOR MCGUIRE agreed.

SENATOR STEVENS read a letter from the National Federation of Independent Businessmen calling this an unfunded mandate and saying that it should be handled in discussions between employer and employees.

SENATOR MCGUIRE responded that you can expect those kinds of letters in dealing with insurance companies and while she respected their right to defend their philosophical position, she thought it sometimes takes public policy to encourage insurance companies to do the right thing. "It's just a common-sense provision that you know is going to pay off in spades, because one visit to the emergency room these days is in the \$30,000 figure." There are places for those negotiations to take place between an employer and an employee, but sometimes a public policy enhances the employees' negotiation position.

1:59:48 PM

CHAIR ELLIS turned to the CS that eliminated the cap that has the Linda Hall stamp of approval.

SENATOR DAVIS moved to adopt CSSB 170, version C. There were no objections and it was so ordered.

SENATOR DAVIS said she would take up the intent in her HESS committee.

2:01:43 PM

SENATOR STEVENS said he sides with business and he didn't get a good answer as to how much the exams will cost and who will pay for them.

2:03:01 PM

SENATOR DAVIS said she understood where he was coming from, but that businesses would be better off with the bill. Preventative procedures will keep them from having a larger bill on down the line. This will make all companies pick the exams up - and it is an issue that will never be resolved if left up to employer/employee negotiations.

2:05:33 PM

SENATOR DAVIS moved to pass CSSB 170(L&C), version C, from committee with individual recommendations and attached fiscal notes.

SENATOR STEVENS objected because they are looking at raising the insurance cost to businesses throughout the state and this

committee is the Labor and Commerce Committee where it should be looked at.

SENATOR BUNDE said he was still concerned that the state did not offer this coverage.

A roll call vote was taken. Senators Bunde, Davis, and Ellis vote yea; Senator Stevens voted nay; and so CSSB 170(L&C) moved from committee.

CSHB 14(JUD)-RESTRICT ACCESS TO ALCOHOL

[2:07:17 PM](#)

CHAIR ELLIS announced CSHB 14(JUD) to be up for consideration.

HEATHER BEATY, staff to Representative Harry Crawford, sponsor of HB 14, said this bill was introduced in an effort to find a new approach to reducing the number of drunk driving injuries and fatalities in Alaska. The way it would work is that when a judge or parole board issues an order that a convicted drunk driver not consume alcohol, a mark would be placed on that person's driver's license or state I.D. card. This mark would let bars, liquor stores and clubs know that that person is prohibited from consuming alcohol. If the person attempts to purchase alcohol, he faces a \$1,000 penalty that would be collected by the bar or the liquor store that catches them.

The \$1,000 civil penalty is modeled after the penalties for minors attempting to purchase alcohol on behalf of a minor. The legislation has received broad support including a unanimous vote of support by the House of Representatives. There are letters of support in the packet from CHARR, the Advisory Board on Alcoholism and Drug Abuse, and the Alaska Mental Health Board.

[2:10:06 PM](#)

CHAIR ELLIS asked if this bill in any way interplays with one brought up by Representative Ramras about vertical and horizontal configurations of I.D.s.

MS. BEATY replied that she wasn't familiar with that proposal, but Alaska licenses have a stripe with a navy blue background and under this bill, that stripe would be red for those who are court-ordered to not drink.

SENATOR BUNDE asked if they were referring only to DWI folks and asked what if someone were a chronic alcohol abuser and was

involved in domestic violence, would they also be required to get this license.

MS. BEATY replied that expanding this bill to include everyone who was court-ordered to not drink was discussed, but the fiscal note for that was astronomical and the court already has an automatic way to communicate with the Division of Motor Vehicles (DMV) on drunk driving offenses. Adding the red stripe to drunk driving offenders is an additional check-box on a form that doesn't generate much cost. The support system is not capable at this time of communicating all of those orders to the DMV.

SENATOR BUNDE asked how the court communicates a DWI to the DMV now.

MS. BEATY said it sends a form to the DMV indicating there has been a conviction and this would go along with the license revocation paperwork.

[2:12:54 PM](#)

ED O'NEIL, owner, Brown Jug, said he sees a lot of benefit in this legislation especially with the help of the Judicial Branch. He said there is a lot of sexual abuse in the villages and a lot of the towns are small and you know who you are dealing with.

SENATOR BUNDE asked when he gets a Bush order, does it include a driver's license or another form of I.D. because everyone in the Bush does not drive.

MR. O'Neil replied that it is either a state I.D. or a driver's license that has been scanned into the system now. He said 1 in 5 people between the ages of 9 and 18 are abused and this is a huge issue.

SENATOR BUNDE asked if someone had a DWI red mark on their driver's license, couldn't they use a state I.D. instead.

MR. O'NEIL replied that he understands that this applies to state I.D.s as well as driver's licenses.

MS. BEATY agreed that this bill applies to both state I.D. cards as well as licenses. After a DWI conviction the driver's license and state I.D. would be confiscated and marked. "We've done our best to capture everyone under the bill."

MR. O. C. MADDEN, Brown Jug, added that since the civil penalty law went into effect in 1998, they have intercepted 1,700 minors and taken civil action against them. He said there is no way to gauge how many lives have been saved by those efforts. It couldn't have been done without that legislation.

SENATOR BUNDE said he appreciated the work they do to try to reduce alcohol abuse and he was concerned that people who are trying to escape this problem would require bars and package stores to card everyone putting businesses in a very liable position.

MR. MADDEN replied that he understands there is no liability for a licensee unless they know with absolute certainty that the person has a red stripe on their license.

SENATOR BUNDE wondered if the practical realities are if you don't card someone and they get served, "I'm sure there would be a lawyer knocking on your door.... And I find it very irritating to be carded at my advanced age."

MR. MADDEN replied this bill doesn't create additional liability.

MS. BEATY added that two memos from Legal Services address the concern of adding additional liability to an industry that already has quite a bit of criminal and civil liability. That was not the intent and both memos state that there isn't an additional liability.

SENATOR BUNDE maintained his concern that a determined creative attorney would find a way to pursue liability issues.

SENATOR STEVENS moved to pass CSHB 14(L&C) from committee with individual recommendations. There were no objections and it was so ordered.

CSHB 113(HES)-OPTOMETRISTS' USE OF PHARMACEUTICALS

[2:22:08 PM](#)

CHAIR ELLIS announced CSHB 113(HES) to be up for consideration.

REPRESENTATIVE RALPH SAMUELS, sponsor of HB 113, said this bill attempts to open access to health care for more Alaskans. Forty-five other states let optometrists do more than they do here. If there is any one state that probably needs it, it's Alaska

because of its geographic size and small population. We have more problems with access than any other state.

CHAIR ELLIS asked how many states allow exactly what is proposed in the current version of this bill.

REPRESENTATIVE SAMUELS replied that he didn't have the exact numbers.

CHAIR ELLIS mentioned that he had drafted some amendments as options that could be offered later.

SENATOR STEVENS said he thought that ophthalmologists can do what he is asking optometrists to be able to do. He asked how many ophthalmologists are in Alaska.

REPRESENTATIVE SAMUELS replied roughly 20 ophthalmologists.

[2:27:24 PM](#)

CHAIR ELLIS brought up Amendment 1, labeled 25-LS0411\V.1, emphasizing that he wasn't moving to adopt any of them at this time.

AMENDMENT 1

OFFERED IN THE SENATE

TO: SCS CSHB 113(HES)

Page 2, line 30:

Delete "and"

Page 3, line 1, following "eye":

Insert "; and

(E) has been reviewed and approved by the State Medical Board for prescription and use by optometrists"

Page 3, line 22:

Delete "and"

Page 3, line 25, following "eye":

Insert "; and

(E) has been reviewed and approved by the State Medical Board for prescription and use by optometrists"

CHAIR ELLIS explained this amendment would provide that any pharmaceutical allowed to be prescribed by an optometrist would first have to be approved for that use by the State Medical Board. He said this is a big point of contention from the two sides of this argument. The argument is made that some people don't think the State Medical Board would approve of any of these being prescribed by optometrists because of their interpretation of the public interest. He said this is one option. Another option is Amendment 2, labeled 25-LS0411\V.2.

AMENDMENT 2

OFFERED IN THE SENATE

TO: SCS CSHB 113(HES)

Page 2, line 15, following "agents;":
Insert "and"

Page 2, lines 16 - 17:
Delete all material.

ReNUMBER the following paragraph accordingly.

Page 2, line 31, through page 3, line 1:
Delete "injected, unless the injection is for emergency anaphylaxis and is not injected into the ocular globe of the eye"
Insert "administered by injection"

Page 3, line 13, through page 4, line 1:
Delete all material.

ReNUMBER the following bill sections accordingly.

Page 4, lines 17 - 18:
Delete "secs. 1 - 3, 5, and 6"
Insert "secs. 1 - 5"

Page 4, line 22:
Delete all material.

He explained that Amendment 3, labeled 25-LS0411\V.3, would prohibit all injections by optometrists and this also seemed to be a point of contention. The third option would prohibit the injection of botox by optometrists.

AMENDMENT 3

OFFERED IN THE SENATE

TO: SCS CSHB 113(HES)

Page 2, line 30:

Delete "and"

Page 3, line 1, following "eye":

Insert "; and

(E) is not a derivative of clostridium
botulinum"

Page 3, line 22:

Delete "and"

Page 3, line 25, following "eye":

Insert "; and

(E) is not a derivative of clostridium
botulinum"

CHAIR ELLIS said he has heard that optometrists don't want to be in the cosmetic procedure business.

[2:29:25 PM](#)

REPRESENTATIVE SAMUELS said he opposed the first amendment.

SENATOR STEVENS asked if he might support giving this authority to a board other than the State Medical Board.

REPRESENTATIVE SAMUELS replied that the conflict between the two groups would make it impractical and using the Board of Optometry would be a good idea.

SENATOR DAVIS asked if they had talked to the Medical Board because she didn't think they would agree with this.

CHAIR ELLIS said he hadn't talked to them.

SENATOR BUNDE asked if it would be fair to characterize discussion about this bill as turf battles.

REPRESENTATIVE SAMUELS replied that he would characterize it that way, but others wouldn't. He said Amendment 3 sounded pretty reasonable. The debate on Amendment 2 on the House floor and in the House HESS committee was about injections into an eyelid and centered around an optometrist could spend his entire career every day all day dealing with the eyes, but could not do

something that a general practitioner could do. He said the optometrists and ophthalmologists could clarify the risks and how often they are taken. The idea is to open access to the health care system by allowing a larger number of doctors to provide a little bit more service. So, if he could vote, he would vote against Amendments 1 and 2.

[2:33:17 PM](#)

DR. DONALD CINOTTI, Chairman, State Governmental Relations Committee, American Academy of Ophthalmology, said his expertise is in scope of practice and ophthalmology. He said his main concern is when an optometric degree becomes an ophthalmologist degree. In every state bills continue to pop up to increase the scope of practice of optometry and this bill is by far one of the most liberal. It essentially makes an optometrist an ophthalmologist who doesn't do surgery.

He went over some of the myths that are heard is that the main reason for expansion of practice always comes down to access to care and this is a turf battle. In every state optometrists say they have to refer some patients to an ophthalmologist to get care. He said probably the only time they hear from constituents about access to care is when bills like this are in committee.

DR. CINOTTI stated that rural communities have taken care of access in all fields of medicine for time immemorial by the physicians, the optometrists, the emergency rooms having friendly ophthalmologists who they call and will guide them through the care of the patient and be told which patients need to be referred in and for which patients a prescription can be called in. "So, there really is no access problem in any state in this country."

[2:36:14 PM](#)

Second, he said training is an issue. He has been training for 26 years and small ophthalmology programs have been ended; the majority of programs are very highly supervised and standardized. The average three-year ophthalmology residence program would have five residents per year or 15 residents. The average residency is about 10 to 15 patients per day. So, taking the small number, that would be 15 times 10 or 150 patients a day would have to be seen in the clinic to qualify for the set standards - plus the patients that are seen on nights and weekends.

An average optometric program has many more students - 60 per year for four years and that would result in 240 students times

10 patients or 2,400 patients a day to be equivalent to the experience that an ophthalmology resident has during his training.

DR. CINOTTI said that ophthalmology residency programs see a tremendous amount of pathology every day. They are supervised from medical school through residency by another ophthalmologist or someone who has more training. All of their prescriptions are looked at before they are written.

So, in medicine, we have always learned and been trained before we were given the right to prescribe. What this bill and all of the expansion bills around the country do is they get the right to prescribe and then we worry about how they are going to be trained - whether it's going to be a weekend course or how much training do they need to take.

[2:38:21 PM](#)

Specifically, Dr. Cinotti said he was concerned about the oral medications part of the bill - especially with off-label use. He said that many diseases now, especially Uvitis, which is an inflammation inside the eye, are now being treated with anti-cancer drugs. He asked if an optometrist is trained to be prescribing anti-cancer drugs and would they know the side effects. Would they require medical consultations and would all of their patients be seen by medical doctors.

He was also very concerned about the use of medications in the pediatric population. There is no equivalent between a child and a baby and a new born to an adult; the doses are completely different and the danger is extremely high. This bill allows an optometrist to treat a baby who is one hour old and up through adult life.

He was concerned about what he has seen happen in other states where optometrists were found writing prescriptions for Viagra and birth control - things they are not entitled to. He was also concerned that these prescriptions would be given unwittingly to drug addicts. Ophthalmologist and medical doctor graduates have training in psychiatry and recognizing when a patient is in the office complaining about something so they can get drugs. He asked where the optometrist would get the training to prescribe the narcotics and would they recognize if a patient is a drug addict.

He also said that people who prescribe narcotics have a much higher incidence of addiction to them. The highest addiction rate in medicine is in anesthesiology. He asked if optometrists who prescribe narcotics would have an increase in rate of addictions and said that in general ophthalmologists don't write narcotics. They manage pain with topical drops. He concluded saying:

We in medicine feel that these bills and this bill, in particular, is creating a medical graduate from an optometrist without the education. We understand the difficulty that you have in Alaska with the rural population, but we know that those people have been taken care of. And I think it's difficult for you to talk to your constituents and really say to them 'Hey, today we did a good job. We got you second best.'

[2:42:02 PM](#)

BOB LOSHER, Juneau consumer of health care services, said he opposed this legislation. He said he is legally blind as a result of diabetes and a kidney transplant. He has spent a lot of money and has a lot of experience with both ophthalmologists and optometrists having had nine eye surgeries and many other treatments.

MR. LOSHER said he had traveled extensively through Alaska and helped many people with their health, jobs, energy and other things including building medical clinics in rural communities. He was concerned that legislators should not diminish the quality or safety of health care and delivery to any Alaskan whether they live in an urban or rural area; and that is one of the main premises he is hearing. He said this is a consumer protection issue and he is more concerned that people have qualified people providing their health care services. He believed the legislature should protect consumers in these areas.

[2:45:29 PM](#)

Second, Mr. Losher said that the Boards of Optometry and Ophthalmology say two different things and the Medical Board didn't even want to deal with this issue at all. As a consumer, he is concerned that these boards are charged with the responsibility of making sure that Alaskans get qualified practitioners and have qualified facilities and treatment programs. He didn't think they were being well-served by these boards because they can't come forward with a uniform opinion on the subject.

[2:47:07 PM](#)

Third, he said he was surprised there was no fiscal note and certainly thought there would be costs to the Department of Commerce, Community & Economic Development from, at least, more applications, certifications and testing. This legislation represents an expansion of service that would impact delivery of the state medical programs like Medicaid.

[2:48:23 PM](#)

He concluded saying that he knows from his own experience with diabetes and a kidney transplant that your eyes' health can't be disassociated from health in the rest of your body. "My experience teaches me that you need a fully qualified medical doctor to deal with your comprehensive health, including your eyes."

CHAIR ELLIS thanked him for his testimony and apologized that the committee could not accommodate Dr. Steiner's surgery schedule, but that he had submitted written testimony.

[2:50:25 PM](#)

DR. MICHAEL BENNETT, President, Alaska Optometric Association, urged the committee to support HB 113. He said it would authorize licensed and trained optometrists to prescribe medications for the treatment of eye and surrounding tissues - not for birth control or other purposes. This is stipulated directly in the bill. The pain medications are somewhat limited and for very brief periods of time - four days. It also provides for the treatment of anaphylactic shock, which can occur in rare instances of topical administration of drugs. This is a critical part of this bill because people can die from anaphylactic shock. Under current law, he would have to treat the person illegally or let them die on the floor.

DR. BENNETT reiterated that the bill is quite narrow in scope and does not allow prescription of the most abused controlled substances such as oxycodone and specifically prohibits injections inside the eye. It in no way grants surgical privileges and it mandates continuing education and competency. The course work that is mandated is meant as refresher course work; it is not intended to teach somebody off the street how to prescribe medication for eye care.
Supported HB 113.

He said the bill stipulates only eye treatment and eye issues, on other purposes, somewhat limited pain medications for a

limited amount of time - 4 days. It provides for treatment of anaphylactic shock which is critical. It specifically prohibits injections into the eye and mandates continuing education and competency. The course work is refresher work, not to teach more.

2:53:35 PM

DR. BENNETT said optometrists have been well-qualified for these rights for a long time; they are a doctoral level profession - that's four rigorous years beyond a bachelor's degree. Optometry school provides over 200 hours of classroom pharmacology which is comparable to pharmacology training in medical and dental schools. There is greater than 2,000 hours of supervised patient care. These patients are not limited to the young and the health. Elderly people and folks with serious illnesses form the preponderance of most eye care practices. People with debilitating diseases are far more likely to have serious eye health problems and they form the bulk of most practices.

DR. BENNETT said that complete medical case history is always taken on every patient he has ever seen. Medications are looked at and interactions are considered. New medications, drops or otherwise, are looked at for interactions. If there are any questions or concerns, he contacts the patient's primary care physician before proceeding.

Under current law, when you see a patient who requires an oral antibiotic or an antiviral, or something that is covered in this bill, they must be referred to either an eye surgeon or to their primary care doctor, a nurse practitioner, or a physician's assistant to get the prescriptions covered. Many times it's the end of the day and you try to call the patient's primary care physician and get them to call in the prescription to cover it. That's an awkward position to put the physician in. Or since they have almost no specific eye training, it's difficult for them to make that diagnosis if an eye surgeon is not available. Generally, it results in the wait of a day or two for the patient to see them. This results in unnecessary travel and always results in delayed treatment, additional fees and additional lost time at work.

He said being allowed to write these prescriptions would result in cost savings; he makes the diagnosis and it doesn't cost any more to write the prescription form. And the patient doesn't have to go to another doctor.

SENATOR BUNDE asked if he anticipated getting more patients if this bill passed.

DR. BENNETT replied no; patients aren't aware that he can treat their glaucoma and eye infections with topical drops, but that he can't necessarily treat an infection that has spread a little further into the eyelid with an oral antibiotic. The patient comes to his office assuming he can take care of their problem.

He said a lot has been made of the idea that the things they are talking about are not run-of-the-mill every day occurrences and that is true. He might not write even one prescription a week and it's very unusual that one would need to prescribe pain medication - especially in Juneau or Anchorage. A good example would be if a battery blows up in someone's face who is in Kotzebue. That person is going need to get to Anchorage and it would be nice to provide them some pain relief for a day or two until they could get there.

[2:57:58 PM](#)

SENATOR BUNDE asked if an office visit to an optometrist would have a different rate than a visit to an ophthalmologist. He assumed an informed consumer would go the rate is lowest and he would get more business that way.

[2:58:29 PM](#)

SENATOR STEVENS asked Dr. Bennett about an optometrist writing prescriptions for drugs other than for the eye - specifically Viagra and narcotics. He asked if this bill encompassed more than just medication for the eye.

DR. BENNETT replied that this bill specifically states it's for treatment of eye disorders only.

SENATOR STEVENS said that the comment that he would be supplying narcotic addicts is not really legitimate.

DR. BENNETT replied that is correct and that you couldn't help an addict much with a four-day legal supply anyhow.

[2:59:55 PM](#)

CHAIR ELLIS said he wanted to turn to the amendment options and brought up Amendment 1.

SENATOR STEVENS commented that this might be a more appropriate issue for the Board of Optometry to take up and suggested amending Amendment 1 to that effect.

CHAIR ELLIS asked Dr. Matheson if it would be redundant to change to the State Medical Board to the State Optometric Board.

3:01:10 PM

DR. JILL MATHESON, President, Board of Optometry, said the statute as written is an optometry statute, which is then automatically regulated by the Optometry Board. So, it would be unprecedented to give the State Medical Board jurisdiction over what optometrists do. That doesn't happen anywhere else and it would be redundant.

It would be unprecedented to have the Medical Board have jurisdiction over what another profession does. It would open another can of worms.

CHAIR ELLIS said that amendment would be set aside and brought up Amendment 2 that would prohibit all injections by optometrists.

SENATOR STEVENS asked if language on page 3, line 25, didn't already say that.

CHAIR ELLIS replied that he understands the issue to be the injecting into the eye or around the eye.

3:03:09 PM

SIDNEY MORGAN, staff to Representative Samuels, said that the bill specifically says no injections directly into the eyeball.

CHAIR ELLIS remarked that this amendment is more expansive in prohibiting all injections by optometrists.

MS. MORGAN replied that is correct and that the last committee made some changes regarding injections. It was going to allow immediate injections for anaphylactic shock which makes sense. However, it also took the injections which the original bill allowed and put in an effective date that allowed the Optometry Board to insure that everyone was educated and trained properly for those injections, even though they believe that is already the case.

CHAIR ELLIS set that amendment aside and moved to Amendment 3 prohibiting the injection of botox by optometrists.

SENATOR DAVIS said that the bill doesn't mention that at all, but the people who wanted the bill didn't object to it.

[3:05:31 PM](#)

CHAIR ELLIS moved to adopt Amendment 1, labeled 25-LS0411\V.3, [formerly Amendment 3] as follows:

AMENDMENT 1

OFFERED IN THE SENATE

TO: SCS CSHB 113(HES)

Page 2, line 30:

Delete "**and**"

Page 3, line 1, following "**eye**":

Insert "**; and**"

(E) is not a derivative of clostridium botulinum"

Page 3, line 22:

Delete "and"

Page 3, line 25, following "eye":

Insert "**; and**"

(E) is not a derivative of clostridium botulinum"

There were no objections and Amendment 1 was adopted.

[3:06:49 PM](#)

SENATOR DAVIS moved to pass SCS CSHB 113(L&C) from committee with individual recommendations and a zero fiscal note. CHAIR ELLIS said he was personally conflicted about this and deferred to the will of the committee. There were no objections and it was so ordered.

There being no further business to come before the committee, Chair Ellis adjourned the meeting at [3:08:13 PM](#).