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COMMITTEE REPORT

HOUSE

2/4/81

FURTHER: JUDICIARY

(5)

Date: 4/6/82

Mr. Speaker:

HEALTH, EDUCATION &
SOCIAL SERVICES

The Committee on _____ has had HB 111

"An Act relating to the practice of optometry, and authorizing the use of ophthalmic drugs by optometrists."

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for HB 111 same title new title
- and recommends _____
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without ^{individual} recommendation with zero fiscal impact
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Terry Masten

MEMBERS HAVING
OTHER RECOMMENDATIONS:

No Rec - H. Malone

Rec. Bill - no rec

Paul B. ...
CHAIRMAN

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PROFESSIONAL PERSPECTIVES

No. 3

PRESIDENT

George Hall O.D.

SEC-TREAS

Dennis Swamer O.D.

LEGISLATIVE COMM.

Maynard Falconer O.D.

Phillip Bach O.D., Ph.D.

A PREVENTABLE INCIDENT

A dramatic example of the requirement for drugs in optometric practice was a recent court case. The action, a malpractice suit against an Anchorage optometrist, was settled in December 1980 for \$240,000. It redressed the loss of an eye whose vision was reduced to light perception as the result of a detached retina. Had the optometrist been able to dilate the pupil, he would have seen the beginnings of detachment in the periphery of the retina and thus instituted emergency procedures leading to early surgery that might have saved the eye.

When the professional has legal responsibilities but lacks the full set of working tools in his field, he is in an untenable position.

JAMES H. PATTERSON, M.D.

Diseases and Surgery of the Eye
Subspecialty Pediatric Ophthalmology
3500 LATOUCHE
ANCHORAGE, ALASKA 99504

Telephone 907: 274-2252

February 23, 1981

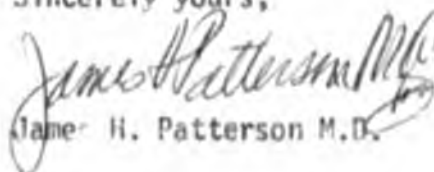
Mr. Terry Martin
Representative
Pouch V
Juneau, Alaska 99811

Dear Terry:

During this legislative session you will be asked to vote on HB 111 or SB 136 giving the optometrists the right to use "ophthalmic drugs". It is very easily documented that the present training and level of expertise of the optometrists in the state of Alaska in no way qualifies them to use medications. The wording in these Bills, giving privileges for "ophthalmic drugs" approved by the Board of Examiners of Optometry opens the door for the optometrists to use both diagnostic and therapeutic drugs. For the past two sessions the optometrists have limited their request to diagnostic drugs. They now want to become physicians with the privileges of prescribing all ophthalmic medications by fiat rather than through the established mechanisms of a medical education. The use of ophthalmic drugs by optometrists would in no way increase the quality of optometric services provided to the people of the state of Alaska and would possibly give those patients on whom optometrists use of medications a false sense of security if indeed they were reassured after their examination that all things are copacetic.

I would appreciate your serious thoughts and considerations as to the full implications and ramifications of permitting optometrists the use of "ophthalmic drugs". This legislation in its present form should be defeated. As a physician I would appreciate any and all of your efforts in helping defeat this legislation in its present form.

Sincerely yours,


James H. Patterson M.D.

JHP:plz



March 10, 1981

Don Clocksin
Chairman House HESS Committee
Alaska House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Clocksin:

I had the opportunity to sit in on some of the testimony during the teleconference in regards to ~~House Bill 1111~~. There are a few points that might not have been brought forth, that I would like to address.

First, many people go to Optometrists for vision care solely because of their expertise in evaluating and solving problems of the visual system. Optometry and Ophthalmology have vastly different approaches to interpreting the visual system. This would follow in line of our educational background; Ophthalmology stresses the medical aspect of the eye (infection and disease) with much less depth in visual problems, whereas, Optometry is just the opposite. There was reference by some Ophthalmologists at the teleconference who wanted Optometrists to categorically state to their patients that they are not eye physicians. This is as absurd as mandating Ophthalmologists to state that they are not Optometrists and implying that their approach to vision care is not up to a certain standard.

The second point I wish to make is that Ophthalmology is not the only medical discipline that Optometry refers to. I have personally referred to Internists, Neurologists, Dermatologists, General Practitioners and of course Ophthalmologists. This is an illustration that Optometry is a primary entry point into the health care system. Many people, especially in the 40-70 age bracket, have their eyes checked more frequently than a general medical check, therefore, it is essential to evaluate the eye system and the surrounding structures as thoroughly as possible not only to help detect an eye health problem but a general health problem and to refer to the proper medical discipline. This is best accomplished, in some instances, by the use of Ophthalmic drugs.

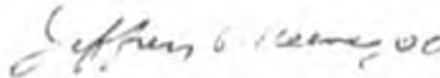
Thirdly, it doesn't make sense that an Optometrist would not refer a patient who has need of further health care. The patients that we see are often, figuratively and literally our neighbors. Talk of mandatory

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March 10, 1981

referral with specialized forms and check lists is strictly a device by Ophthalmology to enhance their own position at the expense of Optometry as a disciplined profession. Referral is a professional judgement based on educational and clinical experience. Nowhere in the health care system is referral mandated based on criteria set by one discipline over another. This destroys the independent professional judgement and since, referral is 'mandated' by our code of ethics and our professionalism this idea by Ophthalmology is completely unnecessary.

Finally, in regards to our educational background for the use of Ophthalmic drugs, it has to be emphasized that there are several groups of people in the state of Alaska i.e., Community Health Aides, Nurse Practitioners, Physicians Assistants, that use these drugs with far less training than Optometrists. Are they having a detrimental affect on the people they service? I think not or there would be a demand for discontinuing their use. The real issue come down not to whether Optometry or Ophthalmology will gain or lose because of this legislation but what will be the best for the people of Alaska. If this is truly kept in mind I believe this legislation will be passed. Thank You.

Sincerely,


Jeffrey G. Keene, O.D.

JGK/zmt

cc: House HESS Committee

DR. M. C. FALCONER
DR. J. C. FALCONER
DR. G. L. HALL
DR. T. F. HARBOUR
DR. B. L. WALKER
DR. W. D. FAULKNER
OPTOMETRISTS

ANCHORAGE EYE AND CONTACT LENS CENTER

1345 W. NINTH AVE. PHONE: 272-2557

ANCHORAGE, ALASKA 99501

December 13, 1979

Representative Terry Martin:

This 20/40 (or required referral) has been introduced into 15 to 20 states in the last 15 years. No state has past it and very few have even considered it in depth because it is self-serving - legislation.

No other medical specialty has such a statute for compulsory referral.

To list symptoms to take the place of professional judgement is ridiculous. The only result of such legislation would be to increase referrals to the ophthalmologist and increase medical cost to the patient.

Included are a few statements made by various professionals when such legislation was proposed.



M.C. Falconer, O.D.

A Brief Rebuttal
of the
ACT
TO REQUIRE OPTOMETRISTS TO REFER PERSONS WITH CERTAIN
EYE SIGNS AND SYMPTOMS TO OPHTHALMOLOGISTS (H 4950)

H 4980 would make it mandatory for optometrists to refer patients to an ophthalmologist based on the presence of a limited series of eye signs and symptoms which are outlined in the bill. The optometrists in Massachusetts strongly feel that this bill is unnecessary and inappropriate for the reasons outlined in this brief rebuttal. A more detailed response to H 4980 will be presented at a later date.

Optometrists who note the presence of signs and symptoms which may, in their professional judgment, be indicative of a disease do presently refer such patients to an appropriate health professional. This health professional may not always be an ophthalmologist, for patients with certain signs and symptoms are often more appropriately referred to a medical specialist other than an ophthalmologist.

The judgment as to when a referral is necessary for the patient's welfare and to whom the referral should be made is an integral part of an optometrist's training, and indeed, pervades all areas of the four year optometry school curriculum.

An official statement made by Former HEW Secretary Elliot Richardson fully acknowledges optometry's competency in detecting abnormalities of the eye. In a 1971 report filed with the President and the Congress of the United States as official policy of the Department of Health, Education, and Welfare, Secretary Richardson stated:

"Optometrists are trained to detect any departure from the optimally healthy eye. The scope of optometric services has expanded beyond basic clinical refractions..."

Thus, by training and legal opinion, optometrists are obviously health practitioners trained in the detection of disease and as health professionals their training and professional judgment renders them capable of determining when referrals would be appropriate.

Moreover, the optometrists in Massachusetts are presently supporting a bill (H 911) which will, in part, require the referral of health conditions beyond the scope of their professional licensure. The bill reads as follows:

"Any optometrist who in the course of his examination of a patient discovers a health condition requiring treatment beyond the scope of his professional licensure shall refer said patient to an appropriate health care practitioner."

To make referrals by optometrists mandatory based on the limited series of signs and symptoms outlined in the proposed act is an infringement of the professional responsibility of the optometrist, and will result in much unnecessary expenditure of time and money on the part of the patients in the Commonwealth.

We feel that the proposed act would not serve the best interests of the citizens of the Commonwealth of Massachusetts. We therefore urge that the bill be defeated.

Gerald S. Davis, O.D., Chairman
Dept. of Legal & Legislative Affairs

GSD/gr

NEW JERSEY OPTOMETRIC ASSOCIATION

**Statement
on**

A-1681

The New Jersey Departments of Labor, Health and Higher Education define an optometrist, doctor of optometry (O.D.), as "a person specifically educated, trained and state licensed to examine the eyes and related structures to determine the presence of vision problems, eye disease or other abnormalities by any means including diagnostic drugs. He prescribes and adapts lenses or other optical aids including contact lenses and may use visual training when indicated to preserve or restore maximum efficiency of vision."

Optometry is the profession specifically licensed to care for human vision. Based on scientific knowledge concerning human vision, the sciences of optics, chemistry, pathology, biology, microbiology, neurology, pharmacology, physics, physiology, anatomy and psychology form an integral part of optometry's background.

The professional degree program in optometry requires four years which must be preceded by at least two years at an accredited college or university, in the same manner as anyone may be admitted to a medical or dental school. (Many students, however, exceed the minimum requirement of two years pre-professional study). In 1973-'74 academic year, 58.7% of all first year optometric students held bachelor degrees, master degrees or higher. Following a minimum of six years of education and clinical internship, the optometrist is granted the degree of doctor of optometry (O.D.).

Students are educated in one of twelve U.S. schools of optometry, seven of which are university affiliated and all of which are accredited by appropriate regional accrediting bodies in addition to the American Optometric Association's Council on Optometric Education which is recognized by the National Commission of Accrediting and the U.S. Office of Education. (See exhibit #A)

Since the thrust of Assembly Bill 1681 challenges the educational credentials of an optometrist which would permit him the knowledge necessary to recognize and diagnose certain problems relating to eye diseases, it becomes essential to review the typical optometric curriculum as required in this instance, by the Pennsylvania College of Optometry. Founded in 1919, PCO has graduated 3,294 students. Over 59% of all optometrists practicing in New Jersey are PCO graduates. For the past ten years, an average of 12.5% of the entering class were New Jersey residents.

The Division of Biological Sciences at Pennsylvania College of Optometry provides the optometric student with an integrated knowledge of the detailed anatomy, biochemistry and physiology of the visual apparatus and a comprehensive biological understanding of the phenomenon of vision. Moreover, the curriculum in the Biological Sciences Division provides a foundation of courses concerning the prevention, diagnosis and treatment of ocular disorders. Fundamentally the biological curriculum establishes a background for the practice of optometry:

OCULAR BIOLOGY: Includes a detailed, gross anatomical study of the eye and its adnexa with the correlation of specific relationships of the ocular structures to the systems. The students use optometric instruments which particularly emphasize and reinforce certain aspects of the living eye. Along with gross anatomy a comprehensive study of the developmental anatomy of the eye and its adnexa is offered. The differentiation of ocular tissue is traced from the early eye primordium to maturity. Normal postnatal changes as well as developmental abnormalities that have optometric significance are included. The environmental and genetic influences upon the size, shape, organization and refractive status in normal and anomalous development are considered. The chemical composition, metabolic activities and physiological functions of the various segments of the eye are discussed in detail with special emphasis on clinical aspects of the subject.

OCULAR PHARMACOLOGY: The ocular pharmacology course follows from the general pharmacology taught in Systemic Biology and deals with the experimental and clinical rationale for drug treatment of ocular disorders. The lecture material discusses such subjects as the use of local anesthetics, antihistamines, anti-inflammatory agents, myoptics, mydriatics, cycloplegics, carbonic anhydrase inhibitors, anti-infectives and miscellaneous agents of ocular importance. In addition, the ocular side effects of systemic medications are discussed. The laboratory stresses the use of a variety of drugs in "animal model systems" which simulate ocular disease states in man.

VEGETATIVE PHYSIOLOGY OF THE EYE: Vegetative Physiology of the Eye is a continuation of the Ocular Biochemistry and Physiology course of the first and second professional years. It particularly emphasizes aspects of the subject which are of direct clinical value and gives the student information on current research activities in this field. Topics covered include normal and modified tear chemistry, effects of contact lens wear on corneal metabolism, measurement of intraocular pressure and ocular rigidity, tonography, the biochemical basis of cataract formation, advanced vitreous body chemistry, electrophysiology of the retina, electro-oculography, metabolism of the retina, photo chemistry of vision, ocular circulation and inborn errors of metabolism which affect the eye.

Another division of the curriculum is the Division of Professional Studies whose purpose is to provide the student with the necessary theory and clinical techniques used in present day optometric practices. Starting with an exposure to the philosophy of the profession, the student progresses through the instrumentation and theoretical concepts underlying clinical practice. Concurrently, the student is learning to understand disease processes. This requires the application of the principles of anatomy, biochemistry, physiology, microbiology and pharmacology. The clinical manifestation of disease (especially ocular) is taught so that the student can recognize and diagnose ocular disease:

PATHOLOGY I (General): The course will be an intensive coverage of pathological processes as they affect the human body. Process will be stressed so that the underlying phenomenon will be known to the student of the system involved. Heavy emphasis will be placed on the microbiological implications, and the histopathological picture especially in the laboratory sessions. However, this will be integrated with symptomatology, clinical picture and therapeutic techniques. Ocular tissues may be used as examples, however no effort will be made to emphasize these at this point.

PATHOLOGY II (Ocular): The student will be taught how pathological processes affect the various tissues of the eye. His background in pathological processes in general combined with his detailed knowledge of the anatomy and physiology of the eye and its adnexa will be drawn together so that the symptoms and clinical picture of the various structural pathologies will be readily explainable. Tissue changes will be covered superficially with stress being placed on recognition of pathology and differential diagnosis from the clinical picture and symptoms.

Ocular therapeutics will also be covered in detail. Laboratory sessions will emphasize pathology detection in human patients. Slide presentations will be used where human patients are not available. Animal experimentation, although used, will be minimal. The final lecture period will be in the form of a clinical conference where case records from the clinical files will be discussed to train the student in the use of inductive reasoning in arriving at a diagnosis.

A typical four year optometric curriculum (see exhibit #B) emphasizing only the physiological and pathology subjects would result in the following cumulative hours:

COURSE	TOTAL HOURS
Physiological Optics (I)	75
Physiological Optics (II)	160
Physiological Optics (III)	18
Ocular Pharmacology	64
Pathology I (general)	64
Pathology II (ocular)	64
Pathology II	16
Vegetative Physiology of the Eye	64
Clinical Optometry	1560

	2085

It is important to recognize in contrast to the requirements for licensure of an optometrist in this State, any physician licensed by the State Board of Medical Examiners can call himself an "eye specialist", "oculist" or "ophthalmologist" without having any additional training whatsoever, other than the 35 hours of study of the eyes he receives in medical school. There is no legal requirement for special education or state board examinations. As a result only 50% of the ophthalmologists are board certified or board eligible, meaning so recognized as having met the requirements established by the National Board of Ophthalmology which is the recognized accrediting board for the specialty.

It is essential at this point to review some of the statutory requirements placed upon individuals licensed to practice the profession of optometry by the State of New Jersey. Optometry is regulated by Title 45, Chapter 12 of the New Jersey Statutes revised.

45:12-1. Practice of Optometry defined. Optometry is hereby declared to be a profession, and the practice of optometry is defined to be the employment of objective or subjective means, or both, for the examination of the human eye for the purpose of ascertaining any departure from the normal, measuring its powers of vision and adapting lenses or prisms for the aid thereof. A person shall be deemed to be practicing optometry within the meaning of this Chapter who in any way advertises himself as an optometrist, or who shall employ any means for the measurement of the powers of vision or the adaptation of lenses or prisms for the aid thereof, practice, offer or attempt to practice of optometry as herein defined, either on his own behalf or as an employee or student of another, whether under the personal supervision of his employer or preceptor or not, or to use testing appliances for the purpose of the measurement of the powers of vision or diagnosis of any ocular deficiency or deformity, visual or muscular anomaly of the human eye or prescribes lenses, prisms or ocular exercises for the correction or the release thereof or who holds himself out as qualified to practice optometry. (as amended by P.L. 1948, c.350,s.1)

This definition of the practice of the profession of optometry as has been clearly interpreted by both the legislative and judicial branches of government to clearly define that optometry is a profession adequately trained and state licensed to diagnose ocular pathology. Along with the responsibilities for diagnosis lies the inherent responsibility for referral to another specialized practitioner when conditions indicate that that is necessary for the patient's visual welfare.

With regard to the previously discussed academic requirements, to be licensed as an optometrist in the State of New Jersey, one also should be aware of the following: After you receive your O.D. degree, you are then required to pass a comprehensive state board examination before you are licensed to practice optometry. Over twenty years ago, the New Jersey State Board of Optometrists promulgated a rule that requires a minimum examination to be performed on every patient to be examined by an optometrist. Several years ago the rule was amended making it mandatory that tonometry (a test to determine the presence of glaucoma) be performed on each patient forty years of age or older. (see exhibit #C)

The Board's authority to make the minimum examination rule was contested by two optometrists. In the case of Weston verses the New Jersey State Board of Optometrists, after four days of testimony, Judge Frank J. Kingfield, in his opinion, stated:

"The practice of optometry involves, not alone the measurement of the powers of vision, but also diagnosis and prescription for the revealed ocular deficiency or deformity of visual or muscular anomaly of the eye. I think it should be likewise clear that R.S. 45:12-11 (v) and rule eight were enacted for the health, welfare and safety of the public. All the experts, and I think everybody involved in this litigation concede that a patient who visits the office of an optometrist has the right to expect a thorough and complete eye examination as a result of such a visit. The purpose, I think and the intent of the statute and the rule, and the nature of the profession indicates that the discovery of pathology is

Included within the scope of the responsibility and the minimum examination to be administered by an optometrist. I think it has been established that graduates of colleges teaching optometry receive training in ocular anatomy and pathology, and also the means of making such diagnosis."

Judge Kingfield's opinion was later sustained by the
New Jersey Supreme Court:

"Section 1 defines optometry, as the practice of ascertaining departures from the normal in the human eye and Section 4 grants the Board wide powers in promulgating rules, regulating optometry for the public's safety and welfare. Appellants' experts agree that the test under attack might lead to the discovery of certain states of pathological conditions. This fact was even more emphatically confirmed by experts for the Board. Clearly the discovery of such departures from the normal would be in the interest of the public welfare. It is not enough to say that other procedures would be more appropriate that end...when the legislature undertook to regulate the practice of optometry it undoubtedly did so in recognition of the specific public interest involved in the treatment of the human eye."

Other judicial decisions further uphold optometry's
clear responsibility and authority to diagnose ocular pathology:

State versus Standard Optical Company, 182 Oregon 452,
182 Pac 2d 309, 313 (1947), Supreme Court:

"While it is true that an optometrist is not permitted by law to treat diseases of the eyes, nevertheless, his training enables him to diagnose pathological conditions, and his duties require him to render the patient to a practitioner who is qualified to treat such conditions. The fact that he is trained to diagnose pathological conditions in itself indicates that the optometrist is not a mere skilled craftsman or mechanic."

United States Supreme Court - in Williamson verses Lee Optical Company, 348, U.S. 483 - (1955):

"An ophthalmologist is a duly licensed physician who specializes in the care of eyes. An optometrist examines eyes for refractive error, recognizes (but does not treat) diseases of the eye and fills prescriptions for eye glasses."

Formal opinion 1961 - Number 8, Attorney General -
State of New Jersey:

..."Optometrists have training in the diagnosis of pathology of the eye and unquestionably have a duty to refer cases involving ocular pathology to medical doctors." ...

Since 1903, the New Jersey Optometric Association has fostered the highest principles of optometric practice reflecting quality patient care. An integral part of proper patient care in all health care professions is the sacred application of inter-professional referral, when symptoms indicate that adequate treatment is beyond the scope of the attending practitioner. This principle applies to all branches of the healing arts; medicine, dentistry, optometry, podiatry, etc. NJOA recognized the principle over 20 years ago when our Association adopted its code of ethics which (in part) clearly specifies our position on such matters:

"Each member shall refer cases that indicate the need of other than optometric care to a qualified practitioner; the optometrist and the practitioner co-operating for the best interests of the patient."

In December 1972, NJOA, in a continual effort to update and re-evaluate available data on trends in optometric practices, conducted a membership wide survey specifically relating to referral to other health care practitioners. (See exhibit 10). This continuing survey reveals an effective referral procedure being utilized by optometrists throughout the State. (Since the inception of this survey, we have accumulated records on over 3,000 patient referrals.)

Virtually every pathological condition, both ocular and systemic have been reported. The survey clearly indicates that every optometrist had established in his own office a referral mechanism to insure that his patients received the best quality care available. This referral mechanism is, contrary to the intent of A-1681, a professional judgement on the part of a qualified independent practitioner, rather than a superfluous set of meaningless guidelines established by legislative mandate which attempts to legislatively define symptoms of ocular pathology that should be referred to an ophthalmologist for further consultation. It is absolutely impossible to legislatively mandate referral: since this is a matter of professional judgement and must be the sole responsibility of the individual practitioner. With the complexity of health care and the corresponding necessity for specialization, referral has become a form of treatment. Treatment is determined by professional judgement. If in fact the legislature feels qualified to set up guidelines for inter-professional referral for optometry to ophthalmology, then it is logical to assume that similar guidelines should be established from podiatry to orthopedic surgeons; dentistry to general medicine; general medicine to all specialty disciplines and so on. It is not too long before one realizes that this concept would be counter to every principle of good patient care.

The opening paragraph of A-1681 indicates that the legislature defines and declares that optometrists, as defined in R.S. 45:12.1 are not sufficiently qualified to diagnose certain problems relating to eye diseases. This statement is a total contradiction to the Statute, as specified, regulating the profession of optometry. The regulating statute itself, in addition to many judicial interpretations of that statute, have clearly supported the fact that optometrists are qualified to diagnose ocular pathology.

If the legislature were capable of drafting appropriate guidelines for inter-professional referral, then there appears to be little reason to educate a professional eight or more years in the healing arts.

A-1681 is a classic example of how simple it is to introduce a piece of legislation without ascertaining the relating facts to support the contention of the bill. We sincerely hope that this relatively short synopsis of our position has given the reader a better insight into the profession of optometry.

We would respectfully request that the sponsors of A-1681, after having an opportunity to review the facts, withdraw this bill from further legislative consideration.

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EXHIBIT A
OPTOMETRIC COLLEGES

1. Illinois College of Optometry
2. Indiana University (Division of Optometry)
3. Southern California College of Optometry
4. Massachusetts College of Optometry
5. Pacific University (College of Optometry)
6. Pennsylvania College of Optometry
7. Southern College of Optometry
8. State College of Optometry (State University of N.Y.)
9. The Ohio State University (College of Optometry)
10. University of Alabama in Birmingham
(School of Optometry/The Medical Center)
11. University of California (School of Optometry)
12. University of Houston (College of Optometry)

**PENNSYLVANIA COLLEGE OF OPTOMETRY
EXHIBIT B**

COURSE	1st Semester				Clock Hrs.	2nd Semester				Clock Hrs.	
	Loc.	Lab.	Clin.	Wks.		Loc.	Lab.	Clin.	Wks.		
1st Year											
Integrated Biological Sciences Part I	10	4		8	112						
Integrated Biological Sciences Part II	5	4		5	60						
Integrated Biological Sciences Part III	8	4		2	24				14	168	
Geometrical Optics Part I						8			4	36	
Geometrical Optics Part II	3	2		15	75						
Ophthalmic Optics Part I						3			2	5	
Ophthalmic Optics Part II						3			2	5	
Physiological Optics Part I						3			2	11	
Physiological Optics Part II						3			2	10	
Visual Psychophysics and Diostatistics						3			2	12	
Optometric Philosophy						2			2	13	
General Optometry, I	2	0		5	15						
General Optometry, II	2	0		10	50						
Introductory Clinical Methods					15	10			6	12	
TOTAL Clock Hours			2	15	396			2	16	32	483

COURSE	1st Semester				Clock Hrs.	2nd Semester				Clock Hrs.
	Loc.	Lab.	Clin.	Wks.		Loc.	Lab.	Clin.	Wks.	
2nd Year										
Integrated Biological Sciences Part III (Cont.)	5	2		16	128					
Ocular Pharmacology						2			2	16
Geometrical Optics Part III		2		11	44					64
Physical Optics Part I		2		5	20					
Physical Optics Part II		2		11	44	2			2	16
Physiological Optics Part II		2		5	10					
General Optometry I	2	2		16	64	3			2	16
General Optometry II	2	2		16	64	3			2	16
Pathology I, General	2	2		16	64	4			2	16
Pathology II, Ocular						1				8
Vision Rehabilitation						2			2	16
Contact Lens Practice						2			2	16
Optometric Public Health	2	0		16	32	2			2	16
Introductory Clinical Optometry			4	16	64			4	16	64
TOTAL Clock Hours					550					328

a. Joint laboratories.

COURSE	1st Semester				Clock Hrs.	2nd Semester				Clock Hrs.
	Loc.	Lab.	Clin.	Wks.		Loc.	Lab.	Clin.	Wks.	
3rd Year										
Vegetative Physiology of Eye						2			2	16
Physical Optics Part II										
Physiological Optics Part III	10	0		16	16					
Sensory Adaptation	3	0		6	18					
General Optometry, II	3	0		10	30					
Pathology II (Continued)	3	0		6	18					
Vision Rehabilitation	3	0		16	48					
Contact Lens Practice	3	0		16	48					
Human Interpersonal Relationship	3	0		16	48					
Environmental Optometry					20					
Pediatric Optometry						3			2	16
Practice and Office Management						4			2	16
Clinical Optometry			20	16	320			20	16	320
TOTAL Clock Hours					534					504

b. Combination Lecture/Laboratory.
c. Concurrent Practitioner Training.
d. Required Summer clin. preceding 3rd yr. (210 hrs.).

COURSE	1st Semester				Clock Hrs.	2nd Semester				Clock Hrs.
	Loc.	Lab.	Clin.	Wks.		Loc.	Lab.	Clin.	Wks.	
4th Year*										
Biological Sciences Seminar	3	0		12	36					
Visual Sciences Seminar	3	0		12	36					
Practice and Office Management	3	0		12	36					
Clinical Optometry			20	16	480			20	16	480
TOTAL Clock Hours					518					640

e. This is a projected average time. Rotating assignment to satellite clinics, inter-disciplinary conferences, externship practice, etc., allows variations to occur.
* Under a curriculum planning anticipates that the fourth year will be divided into quarters in 1975-1976.

The New Jersey State Board of Optometrists requires that each optometrist must perform a 16 point eye examination covering the following procedures:

1. History (Eye, general health)
2. Unaided visual acuity (ability to see without glasses)
3. External examination of the eye (lids, pupils, eye movements and response to light)
4. Ophthalmoscopic examination (examination of the inside of the eye to discover eye diseases)
5. Corneal Curvature measurements (to examine the eyes for astigmatism and/or contact lens prescription)
6. Static Retinoscopy (determine amount of lens power needed to correct nearsightedness, farsightedness and astigmatism)
7. Convergence and accommodation (ability of both eyes to focus clearly at all distances)
8. Phoria and Duction (eye alignment and muscle power)
9. Subjective findings (patients' responses which aid in determining the prescription for your best vision)
10. Fusion (ability to focus both eyes at the same time)
11. Stereopsis (ability to judge depth and distance and relationship)
12. Color Vision (tests for color deficiency)
13. Visual fields (peripheral) (measures side vision)
14. Prescription and visual acuity (final diagnosis & prescription)

When necessary, two additional procedures:

15. Visual Fields (central) (aids in determining disease in and behind the eyes)
16. Tonometry (measurement to determine internal pressure of the eye for the detection of glaucoma)

REQUIRED OPTOMETRIC EQUIPMENT

1. Ophthalmoscope
2. Retinoscope
3. Ophthalmometer
4. Refractor or a trial frame or phorometer with trial case, auxiliary prisms and lenses
5. Test objects for stereopsis and fusion
6. Charts for distance and near visual acuity
7. Pseudoisochromatic charts for color vision
8. Tangent screen or perimeter
9. Accurate corneal or scleral tonometer to determine intraocular pressure.

****PLEASE NOTE****

THE ORIGINAL FILE CONTAINS AN OVERSIZED DOCUMENT THAT IS UNSUITABLE FOR FILMING. PLEASE REFER TO THE ALASKA STATE ARCHIVES TO VIEW THE ORIGINAL.

NEWSPAPERS
"THE PEN"

Vol. 4 No. 12 12/1/1980
Vol. 4 No. 2 2/1/1980

Optometrists - Jan Konstantian

Dr. Roy Boy + Gilbert Kemp

611 W. Wiloughby Ave.

586-2135 or 586-2501

Dr. Donald S. Hammond

436 Main St.

586-1992

Peninsula Eye Clinic

PETER E. CANNAVA, M.D.
OPHTHALMOLOGY
BOX 1629
SOLDOTNA, ALASKA 99669
TELEPHONE 262-4462

Rep. Terry Martin
House of Rep.
Juneau, Alaska 99801

January 15, 1981

Dear Terry,

I hope you enjoyed the summer despite the rainy weather. Welcome back to the "pits" and I wish you a good session.

I thought I'd start you off early in some ophthalmology propaganda! If there is any doubt left that our "friends", the optometrists, desire to practice medicine the enclosed will eruse it. For economic as well as psychic reasons they feel compelled to enter the medical eye care arena.

Medicine will be introducing "Mandatory Referral" legislation as an attempt to protect "John Q Alaskan" from the harmful affects which we have witnessed the past few years as some optometrist failed to refer sick patients off to a physician.

I look forward to visiting with you when I come down. If I can be of any help please let me know.

Sincerely,

P. E. Cannava, M.D. M.A. D.P.C.

Peter E. Cannava, M.D.
PEC/dn

E. E. BACH, O.D.
PHILLIP W. BACH, O.D., PH.D.
OPTOMETRY
SUITE 204 DENALI PROFESSIONAL CENTER
3401 DENALI STREET
ANCHORAGE, ALASKA 99503

April 7, 1982

The Honorable Hugh Malone
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Rep. Malone:

Your constituent, Dr. Robert O'Connell, contacted our office in response to your request for information regarding allegations that I had continued to practice in defiance of a cease and desist order. While my father gave him background information, it may be well for you to have the facts from me directly.

As you may know by now, ophthalmologists, aware of my activities in support of optometric drug legislation, took an administrative problem that was in the process of being resolved, made a major issue of it at a Feb. 1 House HESS Committee hearing and in certain channels of the bureaucracy, and succeeded in having me removed from the Board of Examiners in Optometry. I understand they again made an issue of it at the HESS meetings of March 30-April 1.

Here are the facts of the situation:

Optometrists are required to renew their licenses by March 31 of the year in which renewal begins. After that there is a late renewal fee. At renewal time last year, I discovered I could not find copies of my continuing education credits required for renewal. Subsequent search was fruitless and in April or May I requested copies of the credits from the secretary of the Alaska Optometric Association, Dr. Dennis Swarner, of Kenai.

In June, Barbara Branson, an employee of the Division of Occupational Licensing, called to remind me of my overdue renewal, and she also noted that they had no record of my renewal for the 1979-80 biennium, a fact of which I was unaware. Since I had received no CE credits from Dr. Swarner, I requested by phone that he send this information, and also send copies of credits relating to the earlier period. This request was repeated twice during the summer and fall.

In early November, the Association records were transferred to the new secretary, Dr. Jeff Keene, of Eagle River. I requested my CE records from him during the Association meeting of November 21-22. He prepared a letter, dated December 1, summarizing my continuing education credits (copy attached). However his secretary failed to send it to me.

About the same time in November, Harry Treager, director of the Division of Occupational Licensing, called me to express concern about my failure to renew, in view of the fact that I was a board member. I explained the problem and the steps I was taking to have it resolved, and promised to have the material to the Division as soon as possible.

On December 31, 1981, without further communication from the Division, Mr. Treager issued an administrative cease and desist order (copy attached), which was served on me at my office January 4. This was done in the absence of optometry regulations or Board guidelines governing such behavior in such a case. It was also done with the knowledge that I was endangering no one and had fulfilled all requirements for renewal except payment of the fee. Nevertheless, I suspended making further patient appointments until I had obtained the letter from Dr. Keene's secretary. A copy of her letter of apology for the delay is attached.

I sent the letter and renewal fees to the Division January 10. Their date stamp indicates they received it January 15. On January 11, I began scheduling patients again, for I have to make a living.

Sometime before the HESS Committee meeting of Feb. 1, through channels unknown, Dr. Robert Page, ophthalmologist of Juneau, learned of this matter. During my telephone testimony to the committee that day regarding HB 111, he asked me if I was licenced to practice in Alaska and if I was actively practicing. I answered yes to both questions. Without knowing the context of his question I could hardly have answered otherwise. After I was off line, he apparently made an issue to the committee that I was practicing without a license and was defying an outstanding cease and desist order.

The next day (Feb. 2) I was called by Karen Slack, the Governor's Special Assistant for Boards and Commissions. She said that "someone in the Attorney General's Office" had complained to her about my "unlicensed" status as a board member and that if I did not clear up the matter immediately she would have me removed from the Board. She refused to give me the name of the individual so I could discuss the matter with him directly, citing "a promise" not to reveal the name. Later that day, Mr. Pete Froelich, of the Attorney General's office in Juneau and Mr. Richard Monkman, of the A.G. Anchorage office, indicated to me that they had had no previous knowledge of the matter, nor could they suggest anyone who might. I called the Division the same day, to learn, from Barbara Branson, that the letter from Dr. Keene was considered to be insufficiently detailed. She had not told me this earlier, she said, because she had been out of town at another board meeting.

I obtained a more detailed letter from Dr. Keene on Feb. 3 or 4 (undated letter attached) and sent it air mail special delivery to Mr. Treager. He received it Monday Feb. 8 (some delay due to Juneau weather at that time). He set up a conference call that day between

Rep. Hugh Malone
April 7, 1982
Page 3

himself, me and the other board members to obtain the Board's approval of the letter so that a license renewal could be issued. On Feb. 9, Ms. Slack set up a conference call, with Mr. Treager present, to inform me and the other board members that she was going to recommend to the Governor the next day that I be removed from the Board. The timing of Ms. Slack's behavior and the nature of her conversation suggest to me that she was acting under continuing pressure from some source, which I cannot determine.

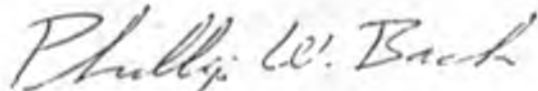
On Feb. 9 and again on Feb. 10, I attempted to reach the Governor through another assistant, Jerry Reinwand, but he simply had Ms. Slack return my call (on Feb. 10, with word that the removal had been effected). I considered going to the State Ombudsman, but the fact remains that board members serve at the pleasure of the Governor, and his first responsibility is to avoid embarrassment to his administration. It was a chance for me to learn first hand how bureaucrats cover for one another and how difficult it is for one person to counter them.

So as a result of this fiasco, I have lost my seat on the board. Worse, it may taint the pending legislation and create doubt in the minds of legislators. One can only wonder where the opposition will take this "issue" next.

I can only hope that responsible legislators will see through the tactics of the opposition and consider the legislation on its own merits.

Thank you for your attention to this lengthy letter.

Very truly yours,



Phillip W. Bach, O.D., Ph.D.

PWB/lr

4 enclosures

cc: Robert O'Connell, O.D.

Dennis Swarner, O.D.

Jeff Keene, O.D.

Members of the House HESS Committee

Members of the Board of Examiners in Optometry

from the office of . . .

JEFFREY G. KEENE, O.D.
DOCTOR OF OPTOMETRY
P.O. BOX 804
REGIONAL PARK PROFESSIONAL BUILDING
EAGLE RIVER, ALASKA 99577



TELEPHONE (907) 694-2511

January 5, 1982

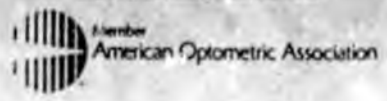
To Whom it May Concern:

I take full responsibility for the lateness
of the enclosed letter, and would hope that it
will in no way reflect upon Dr. Phillip Bach.

Sincerely,

A handwritten signature in cursive script that reads "Joy E. Leedham".

Joy E. Leedham
Office Manager



December 1981

This is to certify that Philip W. Bach, OD received continuing education while attending the following Alaska Optometric Association meetings:

May 27-29, 1978	Glacier Bay, Alaska	12 hours
November 29-December 1, 1978	Anchorage, Alaska	12 hours
June 4-6, 1979	Kodiak, Alaska	12 hours
November 8-10, 1979	Anchorage, Alaska	12 hours
June 18-20, 1980	Kenai, Alaska	12 hours
November 7-9, 1980	Anchorage, Alaska	<u>10 hours</u>
	Total hours	70

Respectfully,

Jeffrey G. Keene

Jeffrey G. Keene
Secretary-Treasurer
Alaska Optometric Association

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

In the Matter of:

PHILLIP W. BACH, O.D.
Optometrist

Respondent

File: BO 82-049

TEMPORARY CEASE AND DESIST ORDER
(AS 08.01.087(b)(1))

TO: Phillip W. Bach, O.D.
Professional Center
3401 Denali Street, Suite 204
Anchorage, Alaska 99503

1. As a result of an investigation conducted by Richard H. Long, Chief Investigator, Division of Occupational Licensing, on November 1981 to December 31, 1981, Anchorage and Juneau, Alaska, it has been determined that you are engaged in the following activity:

Practicing as an optometrist at the above named location in Alaska without a license for such practice in Optometry. License Number AA0067, issued to Phillip W. Bach, for Optometry, expired December 31, 1978. That license was not renewed for the license period January 1, 1979 to December 31, 1980, and was not renewed for the license period January 1, 1981 to December 31, 1984, a total of \$270.00 in renewal fees plus penalties are in arrears. Further, proof of his completing 24 hours of continuing education for the license period January 1, 1979 to December 31, 1980 has not been submitted as required. Phillip W. Bach has been advised many times, some by correspondence, by personal discussion on telephone with the board examiner, by the investigative staff, by the Chairman of the Board of Examiners in Optometry, and by the Director of the Division of Occupational Licensing, all during the recent past several months. He has acknowledged he would respond to each contact but has not so responded with any renewal transactions for fees or continuing education. Throughout this period, he has maintained practice as an Optometrist, examining, fitting, selling or receiving or soliciting orders for lenses for the correction of optical or visual defects of human eyes, and other functions pertinent to being in business as an Optometrist including ongoing advertisements for such services.

2. This constitutes the practice of Optometry within the meaning of AS 08.72.110 and AS 08.72.300. Further investigation reveals that you are practicing without a license. This is in violation of AS 08.72.110 and AS 08.72.200. Further, failing to renew is a violation of AS 08.72.181 which requires payment of the fee and proof of continuing education.

STATE OF ALASKA
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE (907) 465-2836

STATE OF ALASKA
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 468-2636

1 3. Notification has been made to the members of the Board of Examiners
2 in Optometry by telephone or telegraph of the proposed issuance of this
3 Temporary Cease and Desist Order and a majority of the board members do not
4 object to its issuance.

5 4. Issuance of this Temporary Cease and Desist Order is in the public
6 interest.

7 IT IS THEREFORE ORDERED pursuant to AS 08.01.087(b)(1) that you immediately
8 CEASE AND DESIST from further practice as an Optometrist without licensure in
9 the State of Alaska.

10 Upon your written request within 15 days of receipt of this order, a
11 hearing will be set and thereafter a further order will be entered; if no such
12 request is received, this order shall stand as entered.

13 This order is effective on receipt by you.

14 DATED this 31 day of December, 1981 at Juneau, Alaska.

15
16 BY ORDER OF

17 COMMISSIONER
18 DEPARTMENT OF COMMERCE AND
19 ECONOMIC DEVELOPMENT

20 BY:

Shirley W. Reagan, Director
Name and Title

Division of Occupational Licensing
Agency Address

Pouch D, Juneau, Alaska
99811

21
22
23
24 CERTIFICATE OF SERVICE

25 I, _____, do hereby certify that I
26 served a copy of the above order and a Request for Hearing form by (personally
27 delivering/ mailing) a copy to/with _____

28 _____ at _____

29 _____ on the _____ day of _____, 19____

30
31
32 _____
Name

Title

STATE OF ALASKA
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-3838

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STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

In the Matter of:
PHILLIP W. BACH, O.D.
Optometrist
Respondent

TEMPORARY CEASE AND DESIST ORDER
(AS 08.01.087)

File BO 82-049

REQUEST FOR HEARING

Respondent, pursuant to AS 08.01.087(b)(i), hereby gives Notice of Defense in this proceeding.

A hearing on the matters set forth in the Temporary Cease and Desist Order is hereby requested.

DATED this 12th day of January, 1982

Phillip W. Bach
Respondent's Signature

Address: 3401 Denali St.
Anchorage Alaska
City State
276-6120 99505
Telephone Zip

NOTICE

This Request for Hearing must be signed by or on behalf of respondent, set forth respondent's mailing address, and must be filed with the Director, Division of Occupational Licensing, Department of Commerce and Economic Development, Pouch D, Juneau, Alaska 99811, within 15 days of receipt. Upon receipt of this or a written request in any form received by the Director within 15 days of your receipt of this order, a hearing will be set and thereafter a further order will be entered. If no such request is received, this order shall stand as entered.

1 STATE OF ALASKA

2 DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

3 In the Matter of:)

4 PHILLIP W. BACH, O.D.)
5 Optometrist)

6 Respondent)

7 File: B) 82-049

8 DECISION AND ORDER OF WITHDRAWAL

9 The State of Alaska, Director, Division of Occupational Licensing,
10 having reviewed the licensing file, renewal documents, the file regarding the
11 Temporary Cease and Desist Order, and having discussed this entire matter with
12 the Board of Examiners in Optometry with Respondent Phillip Bach present, and
13 having heard from Respondent Phillip Bach directly, hereby decides and orders
14 as follows:

15 STATEMENTS OF FACT

16
17 1. Respondent Bach was issued a Temporary Cease and Desist Order with
18 board concurrence on January 4, 1982, for practicing as an Optometrist in
19 Alaska with no license to do so. His license expired December 31, 1978 but he
20 continued to practice from that date to present without a valid license in
21 violation of AS 08.72.110, AS 08.72.181 and AS 08.72.280. He failed to pay
22 any renewal fees and failed to submit proof of any continuing education despite
23 numerous attempts by division staff, board members and others.

24 2. Respondent Bach submitted a Request for Hearing dated January 12,
25 1982, to protest the order.

26 3. On January 15, 1982, the division received a letter dated December 1,
27 1981 from Jeffrey G. Keene, Secretary-Treasurer of the Alaska Optometric
28 Association, attempting to certify 70 hours of continuing education. This
29 submission was rejected as it did not comply with the requirements written
30 under AS 08.72.131 and 12 AAC 48.020. His fees required to renew, including
31 delinquent charges, totalling \$270.00 were received this date.
32

STATE OF ALASKA
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D. JUNEAU, ALASKA 99811
TELEPHONE: (907) 485-2836

1 4. On February 1, 1982, by letter, Mr. Keene was asked to clarify his
2 certification to meet the requirements of the statute and regulations. On
3 February 8, 1982, Mr. Keene's reverification of Respondent Bach's continuing
4 education was received, but attested to only 67 hours.

5 5. On February 8, 1982, at 5:05 p.m., a teleconference phone call was
6 completed with all board members and Respondent Bach. Although the
7 certification was not notarized, and each credit was not certified by the
8 instructor as earlier directed and as specified by statute and regulations,
9 the board considered all of the credits submitted, voted to accept them as
10 submitted and concurred that he may be renewed.

11
12 CONCLUSIONS OF LAW

13 6. Respondent now complies with AS 08.72.181 and 12 AAC 48.020 since he
14 has paid his fees, submitted his required continuing education and the board
15 has concurred that he may be relicensed by renewal process.

16
17 ORDER

18 IT IS THEREFORE ORDERED that the Temporary Cease and Desist Order issued
19 to Phillip W. Bach is withdrawn. A license is to be issued to Respondent Bach
20 immediately.

21 DATED this 9 day of February 1982 at Juneau, Alaska.

22
23 BY ORDER OF

24 COMMISSIONER
25 DEPARTMENT OF COMMERCE AND
26 ECONOMIC DEVELOPMENT

27 BY:

28 Harry D. Treager
29 HARRY D. TREAGER, Director
30 Division of Occupational Licensing
31
32

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D JUNEAU, ALASKA 99811

In the matter of:)
)
 PHILLIP BACH)
)
 Respondent)
)
)

CASE NO. OE 82-049

AFFIDAVIT OF NOTICE PURSUANT TO AS 08.01.087(b)

I hereby certify that all members of the: Optometry Board

were notified of the intent of this department's proposed order/action as follows:
To issue a Commissioner's Cease and Desist Order pursuant to AS 08.01.087 to an
unlicensed Optometrist, Phillip Bach. His license expired December 31, 1978. All
efforts to bring him into compliance with AS 08.72 have been to no avail. The
license examiner has contacted him many times in writing and personally to get him
licensed. The Director has also tried. He knows he is in violation of AS 08.72.110
yet he continued to practice with no license. He has failed to respond to any contacts

(over)

This notice was communicated to the following members of the above listed Board or
Commission as noted:

NAME (telephone #, city)	METHOD (tp/twx)	DATE	RESULTS
Maynard Falconer/Anchorage	Telephone 272-2557	12-31-81	Approved
John Miko/Fairbanks	Telephone 456-2235	12-30-81	Approved

No objections were received from any member of this Board/Commission regarding the
above listed proposed order/action except as noted here:

Phillip Bach/Anchorage			Not notified
------------------------	--	--	--------------

Dated this 6th day of January, 1982 at Juneau, Alaska.

Kevin J. Messing

NAME KEVIN J. MESSING
ADMINISTRATIVE SUPPORT TECHNICIAN II
TITLE

SUBSCRIBED AND SWORN to before me, the date and place above shown.

Angela J. Parker

NOTARY
8-8-84



1978. This is issued in the public interest.

THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.



GRADUATE EDUCATION VERIFICATION

I certify that Phillip W. Bach, O.D., has completed the following continuing education short courses sponsored by the Alaska Optometric Association. These courses meet the requirements for postgraduate education under 12 AAC 48.020.

Date	Location	Course Title	Instructor	Hours
May 27-8, 1978	Glacier Bay, Ak.	Management of the Red Eye	Lynn Coon, O.D., and Diane Yolton, Ph.D.	12
Dec. 2-3, 1978	Anchorage, Ak.	Hydrophilic Lenses	Clarence McEachern, O.D.	12
June 4-5, 1979	Kodiak, Ak.	Ocular Pathology	Kenneth Polse, O.D.	9
June 5, 1979	Kodiak, Ak.	Professional Corporations, Partnerships and Pension Plans	Lee Fisher, CLU	3
November 8, 1979	Anchorage, Ak.	Pharmacology	William Bock, O.D.	6
Nov. 9, 1979	Anchorage, Ak.	Contact Lenses	Charles Bayshore, O.D.	6
June 21-2, 1980	Kenai, Ak.	Visual Training	Jack Pierce, O.D., Ph.D.	6
June 21-2, 1980	Kenai, Ak.	Contact Lenses	William Lichtman, O.D.	6
Nov. 8, 1980	Anchorage, Ak.	Diagnostic/Pharmaceutical Agents and Contact Lens Solutions	Murray J. Sibley, Ph.D.	4
Nov. 8, 1980	Anchorage, Ak.	Contact Lenses	Ron O'Hara	<u>3</u>
			Total Hours	67

Respectfully,

Jeffrey G. Keene

Jeffrey G. Keene
Secretary-Treasurer
Alaska Optometric Association

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
 Bill/Resolution No. CSHB 111 (HESS)
 Title Optometry Practice
 Requested by House HESS Committee Date 4/1/82

II. FISCAL DETAIL
 Agency Affected Department of Health and Social Services
 Program Category affected Health/Public Health
 BRU, Program, Or Subprogram(s) Affected _____
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Source)	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

IV. DATE 4/1/82 PREPARED BY David J. [Signature] 100
 AGENCY DHSS
 PHONE 465-3101
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)
 33-001 (Rev. 12/81)

7
PENNSYLVANIA OPTOMETRIC ASSOCIATION, INC.

218 NORTH STREET, P. O. BOX 3312
HARRISBURG, PENNSYLVANIA 17105
TELEPHONE (717) 233-6455

To: Tom Eichhorst, Esq.
DIST: Al Levin, O.D.
From: Donald H. Evans, O.D., Executive Director

Date October 12, 1977

Re: Medical Eye Care Foundation of Pennsylvania

Recent Medical Eye Care Foundation of Pennsylvania proposal and
POA rejection enclosed.

DHE:j

BASKIN, BOHEMAN & TIVE
ATTORNEYS AT LAW

OCT 12 1977

FATNE ENGELMANN BUILDING
24 N THIRD STREET
P O BOX 1150
HARRISBURG, PA 17108
1717 234-6153

PITTSBURGH OFFICE
10TH FLOOR FRICK BUILDING
PITTSBURGH, PA 15210
(412) 562-8500

October 7, 1977

Alan H. Rauzin, Esquire
Assistant Attorney General
Commonwealth of Pennsylvania
Department of Health
Post Office Box 90
Harrisburg, Pennsylvania 17120

RE: MECFP vs. Department of Health et. al.,
No. 954 C.D., 1977

Dear Mr. Rauzin:

Per our agreement, as counsel to the Pennsylvania Optometric Association, I am forwarding written comment in response to the proposal submitted on behalf of MECFP. This letter follows the outline contained in Mr. Reynolds letter.

I. STATUS OF OPTOMETRISTS

Central to the denial of approval of the proposed MECFP plan by the Pennsylvania Departments of Health and Insurance was the determination, stated in their Adjudication and Order, that "Because Applicant's proposed plan primarily covers services, procedures and materials which optometrists are licensed and qualified to render, the proposed plan denies the right of a class of qualified health service doctors to register with the proposed plan in violation of" the governing Act. Therefore, it is totally inappropriate and unacceptable to suggest that the degree of participation by optometrists in the proposed plan with regard to membership, voting rights, compensation, peer review or any other matter should differ in any way from the degree of participation by ophthalmologists.

Reference to the establishment of a panel of "cooperating opticians" is also unacceptable. The governing Act requires that professional health services

HAROLD B. TIVE
JOSEPH M. BOHEMAN
NEWMAN P. BOHEMAN

CLPA

be rendered by health service doctors. Opticians are not health service doctors.

II. SERVICES PROVIDED BY OPHTHALMOLOGISTS AND BY OPTOMETRISTS

The Adjudication and Order also states, in part, "Eligibility to register with a professional health service plan turns upon the nature of the proposed services, procedures and materials and the qualifications of a health service doctor to provide them competently, regardless of the doctor's category of licensure." Therefore, unless MECFP proposes to amend its plan to provide coverage for some or all of the services which are presently specifically excluded, optometrists are clearly entitled to render the services covered and no "specifics" remain to be "worked out at a later date."

The law permits MECFP to set out the classes and kinds of professional health services to be provided. It does not permit the division of professional health services by category of provider. As has been repeatedly stated in this case, the threshold issue is the "classes and kinds" of services to be provided, not the category of the provider.

III. CRITERIA FOR REFERRAL

The criteria for mandatory referral are totally unacceptable. They are antithetical to the best interest of the patient and professionally demeaning to optometrists. Their imposition would result in a serious deterioration in the availability and quality of eye care in the Commonwealth and would contribute to an increase in costs.

A. The proposed list of referral criteria consists of conditions which either a) are already referred by optometrists or b) do not require such referral.

An example of a) is "temporary or permanent loss of any part of the visual field;" which would be immediately referred by any optometrists, but not necessarily to an ophthalmologist. Appropriate referral might rather be to a neurologist.

An example of b) is "opacities of the cornea, lenses or vitreous" which may or may not require referral, depending on the individual circumstances. That determination is within the competency and the professional judgment of optometrists.

B. The imposition of mandatory referrals would increase costs in at least two ways. First, it would require unnecessary referrals. Second, insisting that initial referral, in instances which require it, be to an ophthalmologist could result in a duplication of services. It is possible that the ophthalmologist would then have to refer to whomever the optometrist might have appropriately referred initially. The consequence in either case is increased cost to the patient.

C. It has been demonstrated that the geographical distribution of optometrists in the Commonwealth is such that their services are more readily available than those of ophthalmologists. To require referral to ophthalmologists of conditions that are within the professional competency of optometrists would impose a totally unnecessary burden on the patients by requiring them to travel long distances and/or to wait excessive periods of time to receive care. Once again, the patient incurs increased and unnecessary costs.

IV. PEER REVIEW

As stated in I., supra, Peer Review provisions for optometrists should parallel those for ophthalmologists. Once again, there is the implication of a superior/inferior relationship between the two categories of providers which is absolutely irrelevant to the provisions of the proposed plan.

In the final analysis, the entire contents of the September 9 letter is nothing more nor less than a restatement in different language of precisely the premise which the Departments have already rejected, i.e. that ophthalmologists are somehow more qualified than optometrists to render the services covered by the plan. It in no way represents a bona fide attempt at compromise. Either Applicant didn't read the Adjudication and Order, or it chose to ignore what it said. In either case, their present proposal solves nothing and even serves to exacerbate the situation.

6122

Alan H. Kauzin, Esquire
October 7, 1977
Page 4

Acceptance of the contents of the September 9 letter would not only result in a professional health service plan that is lesser than the law requires but also, and more importantly, it would result in a plan that is less than adequate to meet the needs of its subscribers.

Upon full consideration by P.O.A., its counsel and staff, the proposal submitted by MECFP is rejected by the Pennsylvania Optometric Association.

Sincerely,

Ralph D. T. ve

cc: R. James Reynolds, Jr., Esquire
Donald H. Evans, O.D.

ALBERT P. ROYAL, JR., M.D.
EUGENE J. GORAYEB, M.D.
JOHN B. MAKIN, JR., M.D.
82 MAINE AVENUE
RUMFORD, MAINE 04276

DIAL 364-7601

Members of the Health and Institutional Service Committee
State House
Augusta, Maine

Gentlemen:

We are opposed to LD 679, "AN ACT to Require Optometrists to Refer Patients to Ophthalmologists in Certain Situations".

It is ridiculous to legislate a list of symptoms to take the place of professional judgment.

In addition, this bill encroaches on the general practice of medicine in that it requires optometrists to always bypass family physicians, referring physicians, and other medical specialists qualified to care for patients. For example, Section E requiring referral to ophthalmologists for "the presence of inflammation as manifested by redness of the eye" would force needless long distance travel for patients. Many family physicians adequately treat conjunctivitis and other minor eye infections.

This is self-serving legislation. No other approved medical specialty (such as the obstetrician, pediatrician, orthopedic surgeon, etc.) has such a statute for compulsory referral.

Optometrists concede that they do not treat pathology. By virtue of their educational background, they should be allowed to make professional judgments in channeling patients to the proper physician in the most expedient manner.

Sincerely,

John B. Makin, Jr. M.D.
Eugene J. Gorayeb, M.D.
David L. Phillips, M.D.
Tse Wu Tai, M.D.
D. E. Elsom, M.D.
J. H. Edmond, M.D.
A. K. Ganguli, M.D.

Linwood M. Rowe, M.D.
John B. Makin Jr., M.D.
Eugene J. Gorayeb, M.D.
David L. Phillips, M.D.
Tse Wu Tai, M.D.
Dexter E. Elsom, M.D.
James A. Edmond, M.D.
Adwaita K. Ganguli, M.D.

BELIVEAU & BELIVEAU, P. A.

ATTORNEYS AT LAW

114 STATE STREET

AUGUSTA, MAINE 04330

207-622-3157

ALBERT BELIVEAU
1887-1971

150 CONGRESS STREET
RUMFORD, MAINE 04276
207-364-4593

ALBERT BELIVEAU, JR.
SEVERIN M. BELIVEAU
MICHAEL J. GENTILE
ANNEE TARA

December 3, 1976

Thomas E. Eichhorst, Esquire
General Counsel
American Optometric Association
7000 Chippewa Street
St. Louis, Missouri 63119

Re: LD679 AN ACT to Require Optometrists to Refer Patients
to Ophthalmologists in Certain Situations

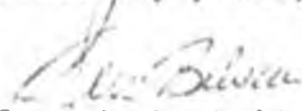
Dear Mr. Eichhorst,

At the request of Dr. David Smith of Portland I am enclosing a copy of LD679 AN ACT to Require Optometrists to Refer Patients to Ophthalmologists in Certain Situations, which was introduced in the Legislature on March 13, 1975 by Representative Harland C. Goodwin, Jr., of South Berwick, Maine. The hearing on the Bill was scheduled for April 24, 1975 on the same date on which the "Topical Anesthetic" Bill was also being heard. We were prepared to vigorously resist LD 679 but to everyone's surprise the sponsor of the Bill requested permission to withdraw the Bill from further legislative consideration.

On May 22, 1975 the House and Senate accepted the Committee's "Leave to Withdraw" Report and the Bill was relegated to history.

If you desire any additional information, please let me know.

Sincerely yours,


Severin M. Beliveau

SMB/jd

Enc:

cc: Dr. David Smith

February 13, 1981

Peninsula Eye Clinic
PETER E. CANNAVA, M.D.
OPHTHALMOLOGY
BOX 1629
SOLDOTNA, ALASKA 99689
TELEPHONE 262-4462

Dear *Terry,*

This letter concerns the House Bill relating to the practice of optometry (House Bill? As of now).

This bill would set a dangerous precedent in our state by allowing non-medical practitioners to use drugs upon the public. Traditionally, the privilege of using drugs on humans has been reserved for those professionals who have completed a course in medicine or dentistry at a recognized school and who have passed the appropriate board exam of Alaska. For non-medical practitioners to request legislation permitting them to practice medicine would be tantamount to physicians requesting legislation permitting them to practice law. For just as an optometrist takes a course in school on drugs, so too can I take a course in school on torts!

The bill itself is terrible in its wording:

Section 1 (2): The word ascertain is used to describe what an optometrist does in deciding if ocular disease is present or not. The word ascertain comes from the French "acertenes" plus the Latin "certus", both meaning to "find out with certainty if a disease is or is not present! The word detection from the Latin "detegere", to uncover, would be more appropriate.

Section 1 (2):
line 10 They are asking for legislation to permit them to perform any procedure taught by schools of optometry! This would give them carte blanche to perform any procedure under the sun so long as it can be shown to be taught at any school of optometry by any instructor!

Section 3
line 10 They are asking legislation to use any drug so long as it has been identified as an ophthalmic drug by the optometry board. This is almost incredible! They want carte blanche to use all drugs, both diagnostic and therapeutic, by eye drop or by mouth or by injection! This means their board (non-physicians) could declare morphine an ophthalmic drug because it is occasionally used to treat eye pain and thus they would be within the law.

Section 3 (3): They must pass an exam given by the optometry board! For those who wish to practice medicine there is already a board exam given and it has withstood the test of time! There are no physicians on the optometry board so this would be legislating the blind to lead the blind. (N. pun intended)

I hope this information proves of help in interpreting this potentially devastating bill.

Sincerely,

P. E. Cannava
Peter E. Cannava, M.D.

PEC:ccg

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01
JUNEAU, ALASKA 99811
PHONE:

March 9, 1981

The Honorable Charles Parr
Chairman
Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

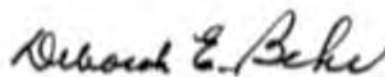
At the recent Senate HESS Committee meeting on SF 136: "An Act Relating to the Practice of Optometry," your Committee requested the following information be provided:

- (1) A list of drugs authorized for use by optometrists in other states;
- (2) A copy of Florida's optometric drug law; and,
- (3) Suggested language to amend SB 136 to protect the public's health if drugs were authorized for use by optometrists, including a list of drugs to be utilized if recommend by the department.

We have attached the material you requested. We would be pleased to discuss this information further with you at the Committee's convenience.

Thank you for the opportunity to comment on this important matter.

Sincerely,



Deborah E. Behr
Special Assistant

IN THE SENATE

BY HEALTH, EDUCATION, AND
SOCIAL SERVICES COMMITTEE

COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 136 (HESS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWELFTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the practice of
optometry, and authorizing the use of
ophthalmic drugs by optometrists."

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

* Section 1. AS 08.72.240(3) is amended to read:

(3) advertising professional services in a false
or misleading manner, [;] including false representation to
the public as something other than an optometrist, which
is meant as an optician, eye physician, or by any other
designation which would confuse the nature of his licensed
practice.

* Sec. 2. AS 08.72 is amended by adding a new section to
read:

Sec. 08.72.280. REFERRAL TO OTHER MEDICAL SPECIAL-
ISTS. If, during the course of examining a person, an
optometrist determines the possibility of the existence
of a pathological condition, the optometrist shall so
advise the person and shall refer the person to an
appropriate medical specialist for further evaluation.

* Sec. 3. AS 72.300(2) is repealed and reenacted to read:

(2) "optometry" means the employment of any
means other than the use of drugs, except the administration

of diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery to examine the human eye, to determine the visual efficiency of the human eye, or to determine the powers or defects of vision; the prescribing, providing, furnishing, adapting, using or employing lenses, prisms, contact lenses, visual training, orthoptics, ocular exercise or any other means or device other than the use of drugs, except diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery for the aid, relief or correction of vision.

* Sec. 4. AS 08.72.300(3) is repealed and reenacted to read:

(3) "practicing of optometry" means employing any means other than the use of drugs, except the administration of diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery to examine the human eye, to determine the visual efficiency of the human eye, or to determine the powers or defects of vision; the prescribing, providing, furnishing, adapting, using or employing lenses, prisms, contact lenses, visual training, orthoptics, ocular exercise or any other means or device other than the use of drugs, except diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery for the aid, relief or correction of vision.

* Sec. 5. AS 08.72.300 is amended by adding subsections to read:

(7) "commissioner" means the commissioner of the department of Commerce and Economic Development.

(8) "Committee" means the Alaska State Committee on Optometric Drugs established in AS 08.72.277.

* Sec. 6. AS 98.72 is amended by adding a new section to read:

Sec. 08.72.277. USE OF DRUGS. (a) There is created the Alaska State Committee on Optometric Drugs. The Committee shall consist of five members, including one ophthalmologist from a list of nominees recommended by the Alaska State Medical Board, the Director of the State Division of Public Health, one pharmacist recommended by the Alaska Board of Pharmacy, and two optometrists from a list recommended by the Alaska Board of Examiners in Optometry. All members shall be appointed by the commissioner of the department for three year term. The commissioner shall designate the chairperson of the committee who shall remain chairperson throughout his term. All members shall be voting members. If any member shall cease to act for any reason, prior to the termination of his appointed term, the commissioner shall appoint a new member with the same qualifications as the replaced member and to complete the term of the member ceasing to act. The Committee shall meet at the call of the chairperson.

(b) The Committee shall have the following rights and responsibilities:

(1) to approve those diagnostic pharmaceutical agents topically applied to be utilized by optometrists in this state, and the strength thereof. The agents shall be limited to cycloplegics, mydriatics, and topical anesthetics;

(2) to approve those optometrists who shall be authorized to use those diagnostic pharmaceutical agents approved by the committee. No optometrist shall be approved until he has exhibited his qualifications by passing an examination on the pharmacology of ophthalmic drugs prepared or approved by the committee. Such exam shall consist of written questions designed to test knowledge of the proper listed characteristics of the diagnostic pharmaceutical agents approved by the Committee. Approval shall consist of an endorsement by the Committee to his registration certificate authorizing him to use ophthalmic drugs and specifying restrictions on their use, if any;

(3) to approve educational standards to be used as prerequisites to authorization to use those diagnostic pharmaceutical agents. Provided, however, that no course or courses in pharmacology shall be approved by the Committee unless (a) taught by an institution having facilities for both the classroom and clinical instruction in pharmacology and which is accredited by a regional or professional accrediting organization that is recognized and approved by the Council on Postsecondary Accreditation or the United States Office of Education and (b) transcript credit for the course of courses is certified to the Committee by the institution as being equivalent in both hours and content to those courses in pharmacology required by the other licensing boards in this Chapter whose licensees or registrants are permitted the use of pharmaceutical agents in the course of their professional practice. Such

educational standards shall cover instruction in cardi-pulmonary resuscitation and other first aid techniques.

(c) Standards approved by the Committee and adopted in regulation by the department shall be enforced by the Board of Examiners in Optometry. If the Committee, after evidence presented to the Board, finds that clear, cogent and convincing evidence was presented to the Board, but the Board failed to recommend that authority to use diagnostic pharmaceutical agents be withdrawn, then the Committee may withdraw the authority to use pharmaceutical agents from that optometrist.

* Sec. 7. AS 17.15.010 is amended by adding a new subsection to read:

(b) Notwithstanding (a) of this section, diagnostic ophthalmic drug identified by regulation of the State Committee on Ophthalmic Drugs may be sold, given away, bartered, exchanged, or distributed upon the written order or prescription of an optometrist who is authorized to use the drug as provided in AS 08.72.277.

* Sec. 8. AS 17.15.030 is amended by adding a new subsection to read:

(b) AS 17.15.010 and 17.15.020 do not apply to the sale at wholesale by drug jobbers, drug wholesalers and drug manufacturers, or at retail in a pharmacy by a pharmacist, of an diagnostic ophthalmic drug identified by regulation of the Board of Examiners in Optometry to an optometrist who is authorized to use the drug as provided in AS 08.72.277.

AS 17.15.010 and 17.15.020 do not apply to the sale of an diagnostic ophthalmic drug identified by regulation of the Alaska State Committee on Optometric Drugs by one optometrist authorized to use the ophthalmic drug to another optometrist authorized to use the drug.

USE OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS
BY STATE, TYPE, AND CLASSIFICATION

State	Optometric Drugs		Classifications of Drugs Used					
	Diagnostic Only	Diagnostic & Therapeutic	Cycloplegics	Mydiatics	Topical Anesthetics	Dyes such as Fluorescein	Miotics	None Specifically Listed In Statute or Regulations
Arizona	X		X	X	X			
Arkansas	X		X	X	X	X		
California	X		X	X	X			
Delaware	X		X	X	X		X	
Florida	X	X						X
Georgia	X							X
Idaho	X							X
Indiana	X							X
Iowa	X		X	X	X			
Kansas	X		X	X	X			
Kentucky	X		X	X	X		XE	
Louisiana	X							X
Maine	X			X	X			
Minnesota	X							X
Montana	X		X	X	X	X	XE	
Nebraska	X		X	X	X			
Nevada	X		X	X	X		X	
New Jersey	X							X
New Mexico	X							X
North Carolina	X	X						X
North Dakota	X							X
Oregon	X		X	X	X	X	XE	
Pennsylvania	X		X	X	X		X	
Rhode Island	X			X	X		X	
South Dakota	X							X
Tennessee	X		X	X	X		X	
Utah	X		X	X	X			
West Virginia	X ^x	X ^x						X
Wisconsin	X		X	X	X	X	XE	
Wyoming	X		X	X	X	X	XE	
TOTAL	30	3	16	18	18	5	10	12

Key

E = In Emergency Use Only

x = Excludes Oral or Injectable Drugs

Source: American Optometric Association (1980)



March 2, 1981



Ms. Deborah Behr
Special Asst./Department of Health
& Social Services
Pouch 801
Juneau, AK 99811

Dear Ms. Behr:

As you requested, here is a copy of the most recent (1980) "List of Pharmaceutical Agents by Name (or type if not named) that State Law or Regulations Specify Optometrists are Permitted to use". As indicated, and as we discussed, virtually all of the lists--any many states do not have a list--are in the Board rules and not in the statute itself. Because of the technical and evolving nature of changes in the pharmaceutical field, it is most appropriate that any listing should be in the Board rules and not in the statute which would require amendment by the legislature as needed.

Also enclosed is a copy of the report from the State of Wisconsin Department of Regulation and Licensing recommending that the July 1, 1982 "sunset" provision be removed and that the authority for optometrists to use topical ocular diagnostic pharmaceutical agents be continued. It should be of great value to you in your study.

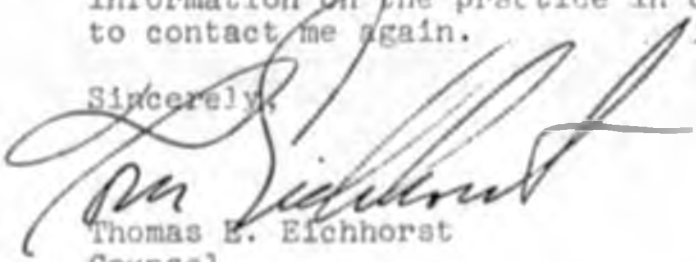
For background information, I am enclosing a listing of the 25 state laws which specifically authorize the use of pharmaceutical agents by optometrists. Another five states do not prohibit such utilization. Thus, 30 states permit such utilization. As you specifically requested, I am also enclosing a copy of the laws of Florida (which does not have a prohibition), North Carolina, Oregon (diagnostic only at this time) and West Virginia.

Ms. Deborah Behr
March 2, 1981
Page -2-

American Optometric Association

Also enclosed is a copy of a monograph providing background information on the profession of optometry in the United States. Of course, for additional information concerning the practice of the profession in Alaska, please contact Dr. George Hall, 1345 West Ninth, Anchorage, AK 99501, President of the Alaska Optometric Association. If I can provide you with further information on the practice in other states, please feel free to contact me again.

Sincerely,



Thomas E. Eichhorst
Counsel

TEE/val
enclosures

cc: George Hall, O.D.
1345 West Ninth
Anchorage, AK 99501
907-272-2558

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

<u>NAME</u>	<u>DATE OF ENACTMENT</u>
Rhode Island	July 16, 1971
Pennsylvania	March 1, 1974
Tennessee	May 8, 1975
Oregon	May 20, 1975
Maine	June 24, 1975
Louisiana	July 6, 1975
Delaware	July 10, 1975
*West Virginia	March 4, 1976
California	July 9, 1976
Wyoming	February 17, 1977
New Mexico	March 4, 1977
Montana	April 12, 1977 (at 10:10 a.m.)
Kansas	April 12, 1977 (at 2:00 p.m.)
*North Carolina	June 3, 1977
Kentucky	March 29, 1978
Wisconsin	April 29, 1978
Nebraska	February 13, 1979
South Dakota	March 15, 1979
Utah	March 21, 1979
North Dakota	March 22, 1979
Arkansas	April 2, 1979
Nevada	May 25, 1979
Iowa	June 8, 1979
Georgia	February 14, 1980
Arizona	April 25, 1980

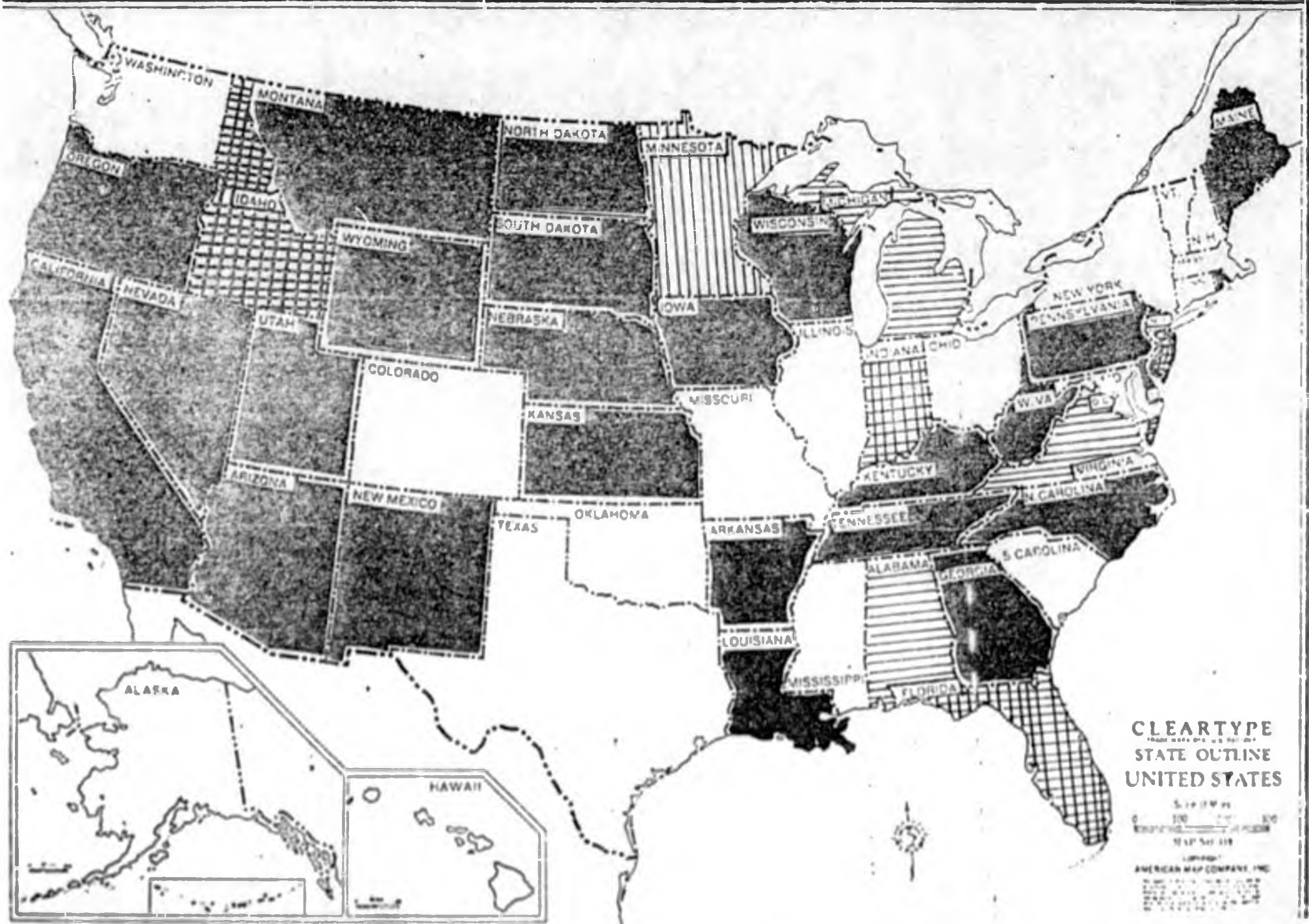
*both diagnostic and therapeutic

[In addition, there are eight (8) other states that do not statutorily prohibit the use of DPAs by optometrists; several of these states have attorney general opinions (+favorable) (-unfavorable) on this point: Alabama (AG-), Florida (AG+), Idaho (State Board Statement +), Indiana (AG+), Michigan (AG-), Minnesota, New Jersey (AG+), Virginia (AG-).]

For your information we are including an updated map showing geographically the utilization of pharmaceutical agents by optometrists.

4/25/80

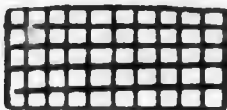
UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS
APRIL 25, 1980



UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS



Authorized by Optometrists by Statute



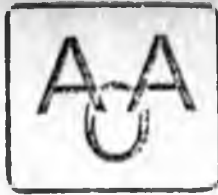
Permitted by Opinion of Attorney General or State Board Examiner



No Statutory Prohibition



No Statutory Prohibition but Negative A.G. Opinion



BULLETIN

'from

COUNSEL

VOLUME XXXIV, BULLETIN NO. 62

March 8, 1976

TO: State Association Presidents, Legal-Legislative Chairmen,
Attorneys, Executives

FROM: Thomas E. Eichhorst, J.D., Counsel; AOA, St. Louis

SUBJECT: West Virginia Legislation

DIST: O, T, Drs. Rhodes, Rush, Division Executive Committee Chair-
men, ED, WOD, GC, C, AA, Division Directors, E, NE,
Administrative Heads of Schools and Colleges

The West Virginia Legislature has enacted Committee Substitute for H.B. 1005 (as amended). The West Virginia House of Delegates (the lower house) on Monday, February 16, 1976 passed the bill by a vote of 58 to 39. On Friday, February 20, 1976 the state Senate passed the bill by a vote of 27 to 4. Governor Arch A. Moore, Jr., vetoed the bill on Saturday, February 28, 1976.

On Tuesday, March 2, 1976 the House considered the measure again. An amendment was proposed to strike therapeutics and treatment from the bill. This amendment was defeated 53 to 44. Then the House voted to override the Governor's veto by a vote of 59 to 39. (In West Virginia, unlike most states, there is no 2/3 vote requirement to override; only a 51% of the elected membership is needed.) On Thursday, March 4, 1976 the Senate defeated by a voice and standing vote the amendment to strike therapeutics and treatment. Then the Senate voted to override the veto by a vote of 27 to 6.

A copy of this new law is attached. The notations (on pages 5 and 10) indicate amendments made by the House of Delegates before the initial passage of the bill.

ENROLLED
COMMITTEE SUBSTITUTE

FOR

H. B. 1005

(By Mr. SOMMERVILLE)

(Originating in the House Committee on the Judiciary.)

[Passed February 20, 1976; in effect ninety days from passage.]

AN ACT to amend and reenact section one, article five, and sections two, four and five, article eight, all of chapter thirty of the code of West Virginia, one thousand nine hundred thirty-one, as amended, relating to the profession of optometry; adding, within the definition of "prescription," optometrist to the licensed professionals who order drugs or medicines or combinations or mixtures thereof in certain cases; providing for the redefinition of the practice of optometry; exempting the practice of osteopathy from the provisions of law regulating the practice of optometry; accreditation of schools and colleges of optometry and the qualifications, education, examination and certification of applicants to practice optometry.

Be it enacted by the Legislature of West Virginia:

That section one, article five, and sections two, four and five, article eight, all of chapter thirty of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended and reenacted to read as follows:

**ARTICLE 5. PHARMACISTS, ASSISTANT PHARMACISTS AND DRUG-
STORES.**

§30-5-1. Definitions.

1 The following words and phrases as used in this article,
2 shall have the following meanings, unless the context other-
3 wise requires:

4 (1) The term "drug" means (a) articles in the official United
5 States Pharmacopoeia, or official National Formulary, or any
6 other supplement to either of them, which are intended for use
7 in the diagnosis, cure, mitigation, treatment or prevention of
8 disease in man or other animals, and (b) all other articles in-
9 tended for use in the diagnosis, cure, mitigation, treatment, or
10 prevention of disease in man or other animals, and (c) articles,
11 other than food, intended to affect the structure or any func-
12 tion of the body of man or other animals and (d) articles in-
13 tended for use as a component of any articles specified in
14 clause (a), (b), or (c).

15 (2) The term "poisonous drug" means any drug likely to
16 be destructive to adult human life in quantities of five grains
17 or less.

18 (3) The term "deleterious drug" means any drug likely to
19 be destructive to adult human life in quantities of sixty grains
20 or less.

21 (4) The term "habit-forming drug" means any drug which
22 has been or may be designated as habit forming under the
23 regulations promulgated in accordance with Section 502 (d)
24 of the Federal Food, Drug and Cosmetic Act of June twenty-
25 fifth, nineteen hundred and thirty-eight.

26 (5) The term "pharmacy" or "drugstore" or "apothecary"
27 shall be held to mean and include every store or shop or
28 other place (a) where drugs are dispensed, or sold at retail,
29 or displayed for sale at retail, or (b) where physicians'
30 prescriptions are compounded; or (c) which has upon it or
31 displayed within it, or affixed to or used in connection with
32 it, a sign bearing the word or words "pharmacy," "pharma-
33 cists," "apothecary," "drugstore," "drugs," "druggists," "medi-
34 cine," "medicine store," "drug sundries," "remedies," or any

35 word or words of similar or like import; or (d) any store
36 or shop or other place, with respect to which any of the
37 above words are used in any advertisement.

38 (6) The term "prescription" shall be held to mean an
39 order for drugs or medicines or combinations or mixtures
40 thereof, written or signed by a duly licensed physician,
41 dentist, optometrist, as authorized by section two, article
42 eight of this chapter, veterinarian or other medical practi-
43 tioner licensed to write prescriptions intended for the treat-
44 ment or prevention of disease of man or animals. The
45 term "prescription" shall also include orders for drugs or
46 medicines or combinations or mixtures thereof transmitted
47 to the pharmacist by word of mouth, telephone or other means
48 of communication by a duly licensed physician, dentist,
49 optometrist, veterinarian or other medical practitioner licensed
50 to write prescriptions intended for treatment or prevention of
51 disease of man or animals, and such prescriptions received
52 by word of mouth, telephone or other means of communication
53 shall be recorded in writing by the pharmacist and the record
54 so made by the pharmacist shall constitute the original prescrip-
55 tion to be filed by the pharmacist. All such prescriptions shall
56 be preserved on file for a period of five years, subject to in-
57 spection by the proper officer of the law. The above shall apply
58 except for narcotic prescriptions, when all narcotic laws and
59 regulations must be complied with.

60 (7) The term "cosmetic," which shall be held to include
61 "dentifrice" and "toilet article," means (a) articles intended
62 to be rubbed, poured, sprinkled, or sprayed on, introduced
63 into, or otherwise applied to the human body, or any part
64 thereof for cleansing, beautifying, promoting attractiveness, or
65 altering the appearance, and (b) articles intended for use
66 as a component of any such articles, except that such term
67 shall not include soap.

ARTICLE 8. OPTOMETRISTS.

§30-8-2. Practice of optometry defined.

- 1 Any one or any combination of the following practices
- 2 shall constitute the practice of optometry:
- 3 (a) The examination of the human eye, with or without

4 the use of drugs prescribable for the human eye, which drugs
5 may be used for diagnostic or therapeutic purposes for topical
6 application to the anterior segment of the human eye only, and,
7 by any method other than surgery, to diagnose, to treat or to
8 refer for consultation or treatment any abnormal condition of
9 the human eye or its appendages;

10 (b) The employment without the use of surgery of any in-
11 strument, device, method or diagnostic or therapeutic drug
12 for topical application to the anterior segment of the human
13 eye intended for the purpose of investigating, examining, treat-
14 ing, diagnosing, improving or correcting any visual defect or
15 abnormal condition of the human eye or its appendages;

16 (c) The prescribing and application or the replacement or
17 duplication of lenses, prisms, contact lenses, orthoptics, vision
18 training, vision rehabilitation, diagnostic or therapeutic drugs
19 for topical application to the anterior segment of the human
20 eye, or the furnishing or providing of any prosthetic device,
21 or any other method other than surgery necessary to correct
22 or relieve any defects or abnormal conditions of the human
23 eye or its appendages.

24 Nothing in this section shall be construed to permit an
25 optometrist to perform surgery, use drugs by injection or to
26 use or prescribe any drug for other than the specific purposes
27 authorized by this section.

**§30-8-4. Registration prerequisite to practice of optometry; excep-
tions.**

1 No person shall practice or offer to practice optometry in
2 this state without first applying for and obtaining a certificate of
3 registration for such purpose from the West Virginia board of
4 optometry; but the following persons, firms and corporations
5 are exempt from the operation of this article, except as
6 hereinafter provided:

7 (a) Persons who have heretofore been registered as op-
8 tometrists in this state, or who were engaged in the practice
9 of optometry in this state before the passage of any law by
10 this state regulating such practice, and who have heretofore
11 received from the board of examiners certificates of exemption
12 from examination;

13 (b) Persons authorized under the laws of this state to prac-
14 tice medicine and surgery or osteopathy;

15 (c) Persons, firms and corporations who sell eyeglasses
16 or spectacles in a store, shop or other permanently established
17 place of business on prescriptions from persons authorized
18 under the laws of this state to practice either optometry or
19 medicine and surgery;

20 (d) Persons, firms and corporations who manufacture or
21 deal in eyeglasses or spectacles in a store, shop or other
22 permanently established place of business, and who neither
23 practice nor attempt to practice optometry.

§30-8-5. Qualifications of applicant for registration; examination.

1 An applicant for registration shall present satisfactory
2 evidence that he is at least eighteen years of age, of good
3 moral character and temperate habits, and has graduated from
4 a high school or secondary school, or has completed an equiva-
5 lent course of study approved by the West Virginia board of
6 optometry, has satisfactorily completed all preoptometry or
7 premedical college requirements and has graduated from a
8 school or college of optometry approved by said board. No
9 school or college of optometry shall be approved by the West
10 Virginia board of optometry unless at first it has been
11 accredited by a regional or professional accreditation organiza-
12 tion which is recognized by the national commission on ac-
13 creditation or the United States commission of education. Each
14 applicant shall submit to and be examined in all phases of
15 optometry as is provided by the school or college of optometry
16 and shall include, but not be limited to, anatomy and phy-
17 siology of the human eye, the use of instruments such as the
18 ophthalmoscope, retinoscope, tonometer, slit lamp biomicro-
19 scope, the general laws of optics and refraction, general and
20 ocular pharmacology, general and ocular pathology and other
21 such subjects or instrumentation as the board of optometry
22 may deem necessary.

23 The West Virginia board of optometry shall be responsible
24 to determine the educational training received by the applicant
25 from the schools and colleges of optometry, the educational
26 qualifications of each applicant and the administering of the

27 examination and certifications of each applicant commensurate
28 with his education. No optometrist shall be registered or
29 certified to practice optometry in the state of West Virginia
30 in any area that is beyond the scope of his educational train-
31 ing as determined by the West Virginia board of optometry;
32 *Provided*, That any optometrist presently registered in the state
33 of West Virginia and who desires to employ the use of pharma-
34 ceutical agents must submit to the West Virginia board of
35 optometry evidence of satisfactory completion of all necessary
36 educational requirements as made mandatory by the West Vir-
37 ginia board of optometry; *Provided further*, That the West
38 Virginia board of optometry shall provide for continuing edu-
39 cational requirements to be completed from time to time by all
40 optometrists desiring to employ the use of pharmaceutical
41 agents.

7 [Enr. Com. Sub. for H. B. 1005

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originated in the House.

Takes effect ninety days from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker House of Delegates

The within this the
day of , 1976.

Governor





BULLETIN
from
OFFICE OF COUNSEL

VOLUME XXXV, BULLETIN NO. 84

June 6, 1977

TO: O, T, DEC-C, EMS, E, NE, GC, State Association Presidents, Executives, Legal-Legislative Chairmen, Attorneys, Legislative Counsel, Optometric Legislators, IAB-EC, State Board Presidents, Secretaries, Attorneys, Administrative Heads of Schools and Colleges, COE-ES, CCOC-ES, Drs. Rhodes, Rush

FROM: Thomas E. Eichhorst, Counsel

SUBJECT: North Carolina Legislation

The General Assembly of North Carolina has enacted into law Senate Bill 424, as amended. This law permits optometrists to utilize pharmaceutical agents "to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa. Provided, however, in using or prescribing pharmaceutical agents, other than topical pharmaceutical agents within the definition hereinabove set out which are used for the purpose of examining the eye, the optometrist so using or prescribing shall communicate and collaborate with a physician duly licensed to practice medicine in North Carolina designated or agreed to by the patient."

A copy of this bill, as enacted, is enclosed. The bill in its final form passed the Senate on May 24, 1977 by a vote of 46 to 4, and the House of Representatives on June 3, 1977 by a vote of 83 to 4. In North Carolina, the Governor has no veto power, so enactment by both houses of the legislature is final.

North Carolina is the fourteenth state to enact legislation authorizing optometrists to utilize pharmaceutical agents. Twelve other states authorize optometrists to utilize diagnostic pharmaceutical agents; the dates of the enactment of these laws are Rhode Island (July 16, 1971), Pennsylvania (March 1, 1974), Tennessee (May 8, 1975), Oregon (May 20, 1975), Maine (June 24, 1975), Louisiana (July 6, 1975), Delaware (July 10, 1975), California (July 9, 1976), Wyoming (February 17, 1977), New Mexico (March 4, 1977), Montana (April 12, 1977 at 10:10 a.m.), and Kansas (April 12, 1977 at 2:00 p.m.). On March 4, 1976, the West Virginia Legislature authorized the use of drugs for diagnostic or therapeutic purposes by optometrists who meet educational requirements set by the optometry board.

[In addition, there are eight other states that do not statutorily prohibit the use of DPAs by optometrists; several of these states have attorney general opinions (+ favorable) (- unfavorable) on this point: Alabama (AG-), Florida (AG+), Idaho, Indiana (AG+), Minnesota, Nevada (State Board Statement +), New Jersey (AG+), Virginia (AG-).]

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1977



SENATE BILL 424*
Second Edition Engrossed 5/24/77

Short Title: Redefine Optometry.

(Public)

Sponsors: Senators Hardison; Kincaid, Combs, Mathis, Raynor,
Popkin, Lawing, Webster, Scott, Alexander.

Referred to: Judiciary II.

April 6, 1977

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A BILL TO BE ENTITLED

AN ACT TO REDEFINE THE PRACTICE OF OPTOMETRY CONSISTENT WITH
MODERN ADVANCES IN SCIENCE AND OPTOMETRY.

The General Assembly of North Carolina enacts:

Section 1. G.S. 90-114 as the same appears in the 1975
Replacement Volume 2C of the General Statutes is hereby amended
and rewritten to read as follows:

"§ 90-114. Optometry defined.--Any one or any combination of
the following practices shall constitute the practice of
optometry:

(1) the examination of the human eye by any method, other than
surgery, to diagnose, to treat, or to refer for consultation or
treatment any abnormal condition of the human eye and its adnexa;
or

(2) the employment of instruments, devices, pharmaceutical
agents and procedures, other than surgery, intended for the
purposes of investigating, examining, treating, diagnosing or
correcting visual defects or abnormal conditions of the human eye
or its adnexa; or

1 (3) the prescribing and application of lenses, devices
2 containing lenses, prisms, contact lenses, orthoptics, vision
3 training, pharmaceutical agents, and prosthetic devices to
4 correct, relieve, or treat defects or abnormal conditions of the
5 human eye or its adnexa.

6 Provided, however, in using or prescribing pharmaceutical
7 agents, other than topical pharmaceutical agents within the
8 definition hereinabove set out which are used for the purpose of
9 examining the eye, the optometrist so using or prescribing shall
10 communicate and collaborate with a physician duly licensed to
11 practice medicine in North Carolina designated or agreed to by
12 the patient. "

13 Sec. 2. G.S. 90-118 as the same appears in the 1975
14 Replacement Volume 2C of the General Statutes and in the 1975
15 Cumulative Supplement thereto is hereby amended by adding at the
16 end thereof a new subsection (e) to read as follows:

17 "(e) The board shall not license any person to practice
18 optometry in the State of North Carolina beyond the scope of the
19 person's educational training as determined by the board. No
20 optometrist presently licensed in this State shall prescribe and
21 use pharmaceutical agents in the practice of optometry unless and
22 until he (i) has submitted to the board evidence of satisfactory
23 completion of all educational requirements established by the
24 board to prescribe and use pharmaceutical agents in the practice
25 of optometry and (ii) has been certified by the board as
26 educationally qualified to prescribe and use pharmaceutical
27 agents.

28 Provided, however, that no course or courses in pharmacology

1 shall be approved by the board unless (i) taught by an
2 institution having facilities for both the didactic and clinical
3 instruction in pharmacology and which is accredited by a regional
4 or professional accrediting organization that is recognized and
5 approved by the Council on Postsecondary Accreditation or the
6 United States Office of Education and (ii) transcript
7 credit for the course or courses is certified to the board by the
8 institution as being equivalent in both hours and content to
9 those courses in pharmacology required by the other licensing
10 boards in this Chapter whose licensees or registrants are
11 permitted the use of pharmaceutical agents in the course of their
12 professional practice."

13 Sec. 3. G.S. 90-118.10 as the same appears in the 1975
14 Replacement Volume 2C of the General Statutes is hereby amended
15 by adding at the end thereof a new paragraph to read as follows:

16 "In issuing a certificate of renewal, the board shall expressly
17 state whether such person, otherwise licensed in the practice of
18 optometry, has been certified to prescribe and use pharmaceutical
19 agents."

20 Sec. 4. G.S. 90-110.11 as the same appears in the 1975
21 Replacement Volume 2C of the General Statutes is hereby amended
22 by inserting in line 8 thereof immediately following the word
23 "refused" and before the semicolon the words:

24 "; or shall practice or attempt to practice optometry by means
25 or methods that the board has determined is beyond the scope of
26 the person's educational training".

27 Sec. 5. Article 6 of Chapter 90 of the General Statutes
28 is hereby amended by inserting therein a new section G.S. 90-

1 |25. | to read as follows:

2 " 90-|25. |. Filling prescriptions.--Legally licensed
3 druggists of this State may fill prescriptions of optometrists
4 duly licensed by the North Carolina State Board of Examiners in
5 Optometry to prescribe, apply or use pharmaceutical agents."

6 Sec. 6. G.S. 90-87(22)(a) as the same appears in the
7 1975 Replacement Volume 2C of the General Statutes is hereby
8 amended by inserting in line | thereof immediately following the
9 word "dentist," and preceding the word "veterinarian" the word
10 "optometrist,".

11 Sec. 7. The provisions of this act are applicable only
12 to those individuals licensed pursuant thereto and

13 shall not] restrict, expand, or otherwise alter
14 those other practices or acts governed by Chapter 90 of the
15 General Statutes.

16 Sec. 8. This act shall become effective on and after
17 July 1

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PROFESSIONS AND VOCATIONS § 463.02

462.20 Repealed by Laws 1978, c. 78-188, § 3, eff. July 1, 1978 [See § 11.81]

Laws 1969, c. 78-188, § 19, 20, provided for change in division of health of the Department of Health and Rehabilitative Services for state board of health. Changes in Fla. S. 1978. [Department of Health and Rehabilitative Services]

substituted by the division of statutory revision for Division of Health of the Department of Health and Rehabilitative Services to reflect the abolition of the division of health by Laws 1978, c. 78-188, § 3.

462.21 Omitted in Fla. S. 1967

Repeal by Laws 1967, c. 87-906, § 1, Part I, chapter 488 was repealed. Section 3 of this act provided that: "This act shall take effect the first day of

the first month following the first regular session of the Florida Legislature held subsequent to July 1, 1967."

CHAPTER 463. OPTOMETRY

See 463.185 Optometric services for certain public agencies [New].

Repeal of Chapter

Laws 1978, c. 78-188, the Regulatory Reform Act of 1978, which provides for legislative review of programs and functions which regulate professions, occupations, business, industry and other endeavors in Florida; provided in section 3 of the law for repeal of this chapter on July 1, 1978. For the provisions directing the regulatory review and a listing of all statutes affected by Laws 1978, c. 78-188, see § 11.81 and notes thereunder.

463.01 "Optometry" and "optometrist" defined [Repealed by Laws 1978, c. 78-188, § 3, eff. July 1, 1978. See § 11.81]

The article of optometry is declared a profession, and, for the purpose of this chapter, is defined as follows, viz: to be the diagnosis of the human eye and its appendages, the employment of any objective or subjective means or methods for the purpose of determining the refractive powers of the human eye, or any visual, muscular, neurological, or anatomic anomalies of the human eye and their appendages, and the prescribing and employment of lenses, prisms, frames, mountings, contact carriers, light sources, and any other means or methods for the correction, remedy, or relief of any insufficiency or abnormal condition of the human eye and their appendages. An optometrist is one who practices optometry in accordance with the provisions of this chapter. Amended by Laws 1973, c. 73-239, § 1, eff. June 27, 1973.

Laws 1976, c. 76-379, amended this section without change.

Cross References: Nonprofit optometric service corporations, see § 601.111 et seq.

1. Constitutionality: Where this section defining optometry and optometrist, in addition to prohibiting diagnosis of human eye and its ap-

pendages by the employment of any objective or subjective means, detailed and delineated in detail activities prohibited, remedy sought to be reformed and clearly defined and this section was not unconstitutional on ground that it was an vague and ambiguous that it deprived defendant of his constitutional rights. Note c. 76-379, § 1 (1976).

463.02 Florida state board of optometry [Repealed by Laws 1978, c. 78-188, § 3, eff. July 1, 1978. See § 11.81]

(1) The practice of optometry and the enforcement of this law shall be under the supervision of an examining and licensing board to be known as the "Florida State Board of Optometry." There is hereby created within the division of professions of the department of professional and occupational regulation the "Florida State Board of Optometry," which board shall be composed of five (5) optometrists, each of whom shall be a resident of the state who has been engaged in the practice of optometry in the state for not less than four (4) years preceding the time of his appointment.

(2) The governor shall appoint the members of the board, with each member being appointed for a term of four (4) years or until the successor is ap-

For such reasons.

then to the applicant subject to like that any such provisions of this circuit court in a certificate, un-issued and that me and forthwith

entire process: Florida's Office Procedure Act, 100 (Fall 1944).

1978 [See § 11.81]

Department of Professional Regulation.

[Repealed by Laws

the diploma, license,

license, record, or returned unlawfully

r than his own or

different name;

in connection with as a profession authorized to prac-

suspended or re-

as provided in §

c. 78-188, § 3, eff.

and program shall

1978: See § 11.81(1) functions that only Florida Department of Professional Regulation.

1978 [See § 11.81]

Department of Professional Regulation.

LIST OF PHARMACEUTICAL AGENTS BY NAME (OR TYPE IF NOT NAMED) THAT STATE LAW OR REGULATIONS SPECIFY OPTOMETRISTS ARE PERMITTED TO USE

ARIZONA: No list. Effective 1/1/82, the optometry law authorizes optometrists to utilize those diagnostic pharmaceutical agents known as topical anesthetics, cycloplegics and mydriatics.

ARKANSAS: 5. Approved Pharmaceutical Agents

The following pharmaceutical agents are hereby approved for use in the manner and strengths indicated:

<u>AGENT</u>	<u>MAXIMUM STRENGTH</u>
<u>Topical Anesthetics (For Glaucoma Screening Only)</u>	
Proparacaine Hydrochloride (Ophthaine)	.5%
Benoxinate Hydrochloride (Dorsacaine)	.4%
Fluress	
<u>Mydriatics</u>	
Phenylephrine Hydrochloride (Neo-Synephrine)	2.5%
Hydroxyamphetamine Hydrobromide (Paredrine)	1%
<u>Cycloplegics</u>	
Tropicamide (Mydriacyl)	1% (.5%)
Cyclopentolate (Cyclogyl)	1% (.5%)
<u>Dyes</u>	
Fluorescein	-
Rose Bengal	1%
Methylene Blue	-

Additional pharmaceutical agents may be added when approved by the committee.

CALIFORNIA: Article 8 of Chapter 15, Title 16, California Administrative Code:

§1560. Definitions. As used in this Article:
(a) "Topical Pharmaceutical Agents" means:

Types of Drugs:

(1) Mydriatics

(a) Phenylephrine Hydrochloride.

(b) Hydroxyamphetamine Hydrobromide:

Maximum Concentration
that may be used:

2.5%

1%

- (2) Cycloplegics
 - (a) Tropicamide: 1%
 - (b) Cyclopentolate: 1%
 - (c) Homatropine Hydrobromide: 5%
 - (d) Atropine Sulfate: 0.5%

- (3) Topical Anesthetics
 - (a) Proparacaine Hydrochloride: 0.5%
 - (b) Benoxinate Hydrochloride: 0.4%
 - (c) Piperocaine Hydrochloride: 2%

DELAWARE:

Section 3. Use of drugs

3.02 Licensees who have been duly authorized by the Board may, for diagnostic purposes only, make use of the following classes of topical ophthalmic drugs; (1) anesthetics, (2) mydriatics, (3) cycloplegics, and (4) myotics; provided, however, that any such authorization by the Board shall not be construed as authorizing any licensee to dispense or issue a prescription for diagnostic drugs.

FLORIDA:

No list. An optometrist may utilize pharmaceutical agents within the limits of his educational background and training.

GEORGIA:

No list. An optometrist may utilize topical pharmaceutical agents within the limits of his educational background and training.

IDAHO:

No list.

INDIANA:

No list. Every licensed O.D. is permitted to utilize any diagnostic pharmaceutical agent

IOHA:

No list. The optometry law authorizes optometrists to utilize cycloplegics, mydriatics and topical anesthetics as diagnostic agents.

KANSAS:

No list. Kansas State Board of Examiners In Optometry Rules and Regulations Sec. 65-6-30 authorizes optometrists to utilize topical pharmacological agents known generically as anesthetics, mydriatics, and cycloplegics.

KENTUCKY:

KY. AD. CODE §320.240 authorizes optometrists to administer diagnostic pharmaceutical agents limited to miotics for emergency use only, mydriatics, cycloplegics, and anesthetics applied topically only, but excluding any drug classified as a controlled substance.

LOUISIANA: No list. Optometry law authorizes optometrists to utilize topical ocular diagnostic pharmaceutical agents.

MAINE: Maine Board of Optometry Rules of Practice §90-382.

AUTHORIZED DIAGNOSTIC PHARMACEUTICAL AGENTS

Topical Anesthetics:

Proparacaine hydrochloride .5% (Ophthaine)
Benocinate hydrochloride .4% (Dorsacaine)

Mydriatics:

Hydroxyamphetamine hydrobromide
1.00% (Paradrine)
Phenylephrine hydrochloride 2.5% (Neo-synephrine)

MINNESOTA: No list.

MONTANA: Administrative Rules of Montana §40-3.70(6)-S70020.

40-3.70(6)-S70020 RULES FOR DIAGNOSTIC PHARMACEUTICAL AGENTS

(5) Upon licensure or certification the permissible drugs and their concentrations are as follows:

- (a) Mydriatics
 - (i) Phenylephrine Hydrochloride 2.5%
 - (ii) Hydroxyamphetamine Hydrobromide 1.0%
- (b) Cycloplegics
 - (i) Tropicamide 1.0%
 - (ii) Cyclopentolate 1.0%
 - (iii) Homatropine Hydrobromide .5%
 - (iv) Atropine Sulfate .5%
- (c) Topical Anesthetics
 - (i) Proparacaine Hydrochloride .5%
 - (ii) Benoxinate Hydrochloride .4%
 - (iii) Piperocaine Hydrochloride 2.0%
- (d) Miotic, only in the event of an emergency...

NEBRASKA: No list. Pharmaceutical agents mean anesthetics, cycloplegics, and mydriatics and may be used for diagnostic purposes by optometrists who are certified to use pharmaceutical agents.

NEVADA: The following topical ophthalmic pharmaceutical agents may be used in the concentrations specified for diagnostic purposes by an optometrist who has been authorized by the board to do so:

- (a) Mydriatics:
 1. Phenylephrine hydrochloride, 2.5 percent.
 2. Hydroxyamphetamine hydrobromide, 1 percent
- (b) Cycloplegics:
 1. Tropicamide, 1 percent.
 2. Cyclopentolate, 1 percent
 3. Homatropine hydrobromide, 5 percent
 4. Atropine sulfate, 0.5 percent
- (c) Topical anesthetics:
 1. Proparacaine hydrochloride, 0.5 percent.
 2. Benoxinate hydrochloride, 0.4 percent.
 3. Piperocaine hydrochloride, 2 percent.
- (d) Miotics:
 1. Pilocarpine, 1 percent in ordinary use.
 2. Pilocarpine, 3 percent for emergency use only.

NEW JERSEY: No list.

NEW MEXICO: No list. Optometry law authorizes optometrists to utilize topical ocular diagnostic pharmaceutical agents.

NORTH CAROLINA: No list. An optometrist may utilize pharmaceutical agents within the limits of his educational background and training.

NORTH DAKOTA: No list. Optometry law authorizes optometrists to utilize ocular diagnostic pharmaceutical agents.

OREGON: OR. AC. RULES 5852-8-010:

Diagnostic Pharmaceutical Agents

852-80-010 Diagnostic pharmaceutical agents for topical use in the practice of optometry:

- (1) Anesthetics:
 - (a) Benoxinate 0.4%
 - (b) Proparacaine HCl 0.5%
- (2) Cycloplegics/Mydriatics:
 - (a) Cyclopentolate, not to exceed 1%
 - (b) Hydroxyamphetamine HBr 1%
 - (c) Phenylephrine HCl, not to exceed 1%
 - (d) Tropicamide, not to exceed 1%
- (3) Dyes:
 - (a) Fluorescein in impregnated paper strips, as commonly used in the practice of optometry for some time; not to be stored in liquid form.
 - (b) Rose bengal 1%
- (4) Miotics (for emergency use only): Pilocarpine, not to exceed 1%; prior to use, consultation with a competent physician shall be held if at all possible. The Board recommends that any patient demonstrating any adverse reaction due to the instillation of any diagnostic pharmaceutical agent be referred to a competent physician as soon as practicable.

On 4/22/80 the Board proposed to amend OAR 852-80-010 by additions as follows (additions underlined):

DIAGNOSTIC PHARMACEUTICAL AGENTS

852-80-010 Diagnostic Pharmaceutical agents for topical use in the practice of optometry:

Anesthetics: Benoxinate 0.4%
Proparacaine HCl 0.5%

Cycloplegics/Mydriatics:

Cyclopentolate, not to exceed 1%
Hydroxyamphetamine HBr 1%
Phenylephrine HCl, not to exceed 10%
Tropicamide, not to exceed 1%

Dyes: Fluorescein Na impregnated paper strips, as commonly used in the practice of optometry for some time; not to be stored in liquid form.
Rose bengal 1%
Fluoresoft (Fluorexon .3%)

Combined agents:

Fluress (Fluorescein, Sodium, 0.25%, and Benoxinate HCl, 1%)

Cyclomydril (Cyclopentolate HCl, 0.2% and Phenylephrine HCl, 1%)

Any other FDA approved combination of two or more agents appearing on this list which may be used for ocular diagnostic purposes.

Miotics: (for emergency use only.)
Pilocarpine, not to exceed 4%; prior to use, consultation with a competent physician shall be held if at all possible.

PENNSYLVANIA:

Optometrists who are appropriately qualified pursuant to the Act of March 1, 1974, (Act No. 29 of 1974), 63 P.S., Section 231 et. seq., shall be permitted to utilize the following drugs in their practice of Optometry, by order of the Secretary of Health, October 12, 1974, finalized April 26, 1975.

A. Local anesthetics:

Benoxinate Hydrochloride - Ophthalmic Solution (0.4%)
Proparacaine Hydrochloride - Ophthalmic Solution (0.5%)

B. Miotics:

Pilocarpine Nitrate Ophthalmic Solution U.S.P. (1%)
Pilocarpine Hydrochloride Ophthalmic Solution U.S.P. (1%)

C. Mydriatics and/or cycloplegics:

- Eucatropine Hydrochloride U.S.P. - Ophthalmic Solution (5%)
- Homatropine Hydrobromide Ophthalmic Solution U.S.P. (2%)
- Hydroxyamphetamine Hydrobromide Ophthalmic Solution U.S.P. (1/2%)
- Tropicamide Ophthalmic Solution U.S.P. (1%)
- Atropine Sulfate Ophthalmic Solution U.S.P. (1%)
- Ophthalmic Ointment (1%)
- Psyclopentolate Hydrochloride - Ophthalmic Solution (1%)
- Scopolamine Hydrobromide U.S.P. - Ophthalmic Solution U.S.P. (.25%)
- Ephedrine Sulfate U.S.P. - Ophthalmic Solution (5%)
- Phenylephrine Hydrochloride - Ophthalmic Solution U.S.P. (10%)

All Potencies listed above are the maximum allowable potencies.

- RHODE ISLAND: No list. Any topical anesthetic, mydriatic and miotic is allowed. Cycloplegics are not specifically mentioned but the rule of mydriatic can be applied. By Board recommendation atropine sulphate in any percentage is discouraged.
- SOUTH DAKOTA: No list. Optometry law authorizes optometrists to utilize topical pharmaceutical agents for diagnostic purposes.
- TENNESSEE: No list. An optometrist may utilize pharmaceutical agents, to wit, miotics, mydriatics, cycloplegics, and anesthetics, within the limits of his educational background and training.
- UTAH: (e) Topically applied diagnostic agents as used herein shall be defined as the following:
- (i) Commercially prepared topical anesthetics as follows: proparacaine HCL 0.5%, benoxinate HCL 0.4%, piperocaine 2%, and tetracaine 0.5%;
 - (ii) Tropicamide in strength of not greater than 1%, cyclopentolate in strength of not greater than 1%, and atropine sulfate in strength of not greater than 0.5%;
 - (iii) Penylephrine HCL in strength of not greater than 2.5%, hydroxyamphetamine in strength of not greater than 1%;
 - (iv) Such others as may be from time to time determined by the Optometric Committee of the Utah State Business Regulations Division in consultation with a licensed physician specializing in diseases and surgery of the eye, appointed by the Utah Medical Association, and a pharmacologist appointed by the Medical Center of the University of Utah. Any

Individual who is not certified to utilize diagnostic pharmaceutical agents hereunder shall post with the Optometry Committee of the Utah State Business Regulations Division an affidavit stating that the person is not now certified nor does the person desire to certify to use diagnostic pharmaceutical agents.

WEST VIRGINIA: Topical agents for the eye and treating the anterior segments only. No oral or injectible pharmaceuticals are permitted in any form whatsoever.

WISCONSIN: (9) "Diagnostic pharmaceutical agent" means any of the topical, ocular, diagnostic, pharmaceutical agents listed below if used in accordance with the following conditions: agents may be used in strengths no greater than the strengths indicated in the list; may be used by the optometrist only and may not be dispensed by the optometrist to patients for self-administration.

(a) Mydriatics

1. Phenylephrine 2.5%
2. Hydroxyamphetamine 1%

(b) Cycloplegics

1. Tropicamide 1%
2. Cyclopentolate 1%

(c) Topical Anesthetics

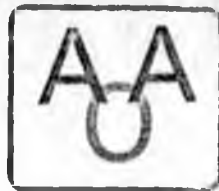
1. Benoxinate 0.4%
2. Proparacaine 0.5%
3. Tetracaine 0.5%
4. Benoxinate 0.4% - Fluorescein 0.25% Combination

(d) Dyes

1. Fluorescein 0.25% - Benoxinate 0.4% Combination

WYOMING: No list. Optometry law authorizes optometrists to use diagnostic agents, topically applied, known generically as cycloplegics, mydriatics, topical anesthetics, dyes and for emergency use only miotics for immediate administration to the ultimate user.

AMERICAN OPTOMETRIC ASSOCIATION



BULLETIN

from the

COMMITTEE ON STATE AGENCIES

COMMUNITY HEALTH DIVISION

VOLUME XXXIII, BULLETIN NO. 36

May 28, 1975

TO: State Association Presidents, Legal-Legislative Chairmen,
Attorneys, Executives

FROM: Virgil L. Phodes, O.D., Chairman

SUBJECT: Oregon Legislation

DIST: O, T, Dr. Pitts, Division Executive Committee Chairmen, CHD-EC,
SAC, ED, WOD, GC, C, AA, Division Directors, E, NE, Drs. Holcombe,
Lind, Rush, Reslock, Administrative Heads of Schools and Colleges

On Tuesday, May 20, 1975, Oregon Governor Robert W. Straub signed into law House Bill No. 2740.

A copy of this bill, as enacted, is attached.

The bill passed the House by a vote of 31 to 27, and the Senate by a vote of 20 to 10.

Oregon is the fourth state to enact legislation authorizing optometrists to utilize diagnostic pharmaceutical agents. The three other states and the dates of their enactment are Rhode Island (July 16, 1971), Pennsylvania (March 1, 1974) and Tennessee (May 8, 1975).

[In addition there are seven other states that do not statutorily prohibit the use of DPAs by optometrists: several of these states have attorney general opinions (+favorable) (-unfavorable) on this point: Florida (old AG-), Idaho, Indiana (AG+), Minnesota, Nevada (AG+), New Jersey (AG+), Virginia (AG-).]

Enrolled
House Bill 2740

Sponsored by Representatives OTTO, GRANNELL, GWINN, WALDEN,
Senators HOWARD, JERNSTEDT

CHAPTER _____

AN ACT

Relating to the practice of optometry; amending ORS 683.010, 683.040,
683.060 and 683.270.

Be It Enacted by the People of the State of Oregon:

Section 1. ORS 683.010 is amended to read:

683.010. As used in this chapter, unless the context requires otherwise:

(1) "Board" means the Oregon Board of Optometry.

(2) "Practice of optometry" means the employment of any means other than the use of drugs, except diagnostic agents, topically applied, known generically as cycloplegics, mydriatics, topical anesthetics, dyes such as fluorescein, and, for emergency use only, miotics, for the measurement or assistance of the powers or range of human vision or the determination of the accommodative and refractive states of the human eye or the scope of its functions in general or the adaptation of lenses or frames for the aid thereof, subject to the limitations of ORS 683.040.

(3) "Trial frames" or "test lenses" means any frame or lens used in testing the eye which is not sold and not for sale.

Section 2. ORS 683.040 is amended to read:

683.040. (1) Every person desiring to commence the practice of optometry in this state must show by satisfactory evidence that he is of good moral character and has graduated from a school of optometry which is recognized and approved by the board and which maintains a standard of four school years of at least nine months each.

(2) Every person desiring to commence the practice of optometry after January 1, 1976, or employ the use of diagnostic agents shall in addition to the requirements of subsection (1) of this section have satisfactorily completed a course in pharmacology, as it applies to optometry, by an institution accredited by a regional or professional accreditation organization which is recognized or approved by the National Commission on Accreditation or the United States Commissioner of Education, with particular emphasis on the topical application of diagnostic agents to the eye for the purpose of examination of the human eye and the analysis of ocular functions, approved by the Oregon Board of Optometry.

Section 3. ORS 683.060 is amended to read:

683.060. (1) Any person who has signified to the board his desire to be examined by it and who has filed proof that he is qualified under this chapter and the rules of the board to take such examination shall appear before the board at such time and place as the board may designate, and before beginning the examination the applicant shall pay \$50 to the secretary of the board. At the examinations the board shall examine applicants in the anatomy of the eye, in the use of diagnostic agents as used topically, in normal and abnormal refractive, accommodative and muscular conditions and coordination of the eye, active and objective

optometry, including the fitting of glasses, the principles of lens grinding and frame adjusting, and in such other subjects as pertain to the science and practice of optometry, such subjects to be enumerated in a publication by the board.

(2) The board may, in its discretion, accept the certificate of successful examination of the National Board of Examiners in Optometry in one or more areas of the examination in lieu of its written examination in such areas.

(3) If an applicant shall fail to pass a second examination, the board may permit additional examinations upon compliance by the applicant with the law and the rules of the board.

Section 4. ORS 683.270 is amended to read:

683.270. The powers and duties of the board are as follows:

(1) To organize and elect from its membership a president and secretary of the board, each of whom shall hold office for one year, or until the election and qualification of a successor.

(2) To adopt and use a common seal.

(3) To employ agents, attorneys and inspectors to secure evidence of, report on, and prosecute all violations of this chapter and to employ other necessary assistance in the carrying out of the provisions of this chapter, and to pay the same from the funds provided in this chapter.

(4) To hold regular meetings at least once a year at which an examination of applicants for certificates of registration shall be held at such places as the board shall from time to time designate, and special meetings upon request of a majority of the members of the board or upon the call of the president.

(5) To keep an accurate record of all proceedings of the board and of all of its meetings, of all prosecutions for violations of this chapter, and of all examinations held for applicants for certificates of registration, with the names and addresses of all persons taking examinations and their success or failure to pass such examinations. All the records of the board shall be public and shall be kept in the office of the board.

(6) To keep an accurate inventory of all property of the board and of the state in the possession of the board and to obtain a receipt therefor from its successor.

(7) To keep a register of optometrists which shall contain the names and addresses of all persons to whom certificates of registration have been issued in the State of Oregon, together with the date of the issuance of such certificate and the place or places of business in which each optometrist is engaged, and all renewals, revocations and suspensions thereof.

(8) To grant or refuse to grant certificates of registration as provided in this chapter and to revoke the certificate of registration of any optometrists for any of the causes specified in ORS 683.140.

(9) To designate diagnostic pharmaceutical agents for topical use in the practice of optometry from among the generic categories enumerated within subsection (2) of ORS 683.010. Said designation shall take place not later than January 1, 1976, and shall be with the advice and guidance of the Board of Medical Examiners for the State of Oregon.

[[9]] (10) To administer oaths and take testimony upon granting and revoking or suspending any certificate of registration.

[[10]] (11) To make rules not inconsistent with the laws of this state as are deemed necessary or proper to carry out the lawful powers and duties of the board, as may be necessary or proper to determine the qualifications of applicants for a certificate to practice optometry in this state, and to establish educational, moral and professional standards for such applicants, subject to the laws of this state. If an applicant fails to pass a second examination the board may adopt rules which may provide the required courses of study before further examination.

Date: January 28, 1981

File Ref:

To: Sen. Thompson

From: Ann J. Haney, Secretary
Department of Regulation and Licensing

Subject: Report on Diagnostic Pharmaceutical Agents

At my request, staff from the Bureau of Health Professions in the Department of Regulation and Licensing have submitted a preliminary report and recommendations concerning the use of DPAs by optometrists. A compilation of the statistics from May, 1979, to November, 1980, reported to the Department by DPA certified optometrists show the following:

280 optometrists are certified to use DPA's
215 certified optometrists have used DPA's on
99,226 patients
65 certified optometrists have not used DPA's
in their practice

Of the 99,226 patients to whom DPA's were administered, 4,359 patients were referred to appropriate medical specialists for a variety of medical problems.

Twelve certified optometrists reported that 20 patients had mild to moderate adverse drug reactions (eye stinging, allergy). Some of these patients were referred to medical specialists and other patients reactions were cleared up within a short period of time (10-15 minutes).

Based on the statistics reported it appears that many patients benefited by the use of DPA's. These patients were referred to appropriate medical specialists for possible medical problems that may otherwise have gone undetermined.

The only problem reported involved the above 20 patients where a reaction occurred. All of these reactions were reported a mild to moderate discomfort lasting no longer than 48 hours. While there were mild physical reactions in less than 1% of the patients, there were no reports of psychological reactions.

On the basis of the above data staff recommended that s. 449.17 (1) and (7), Stats., be repealed effective July 1, 1982.

Staff further recommended that the Department consider further statute and code revisions at a later date.

They are as follows:

1. Fees (to correspond with other-certified or licensed individuals) to cover administrative and examination costs, and the establishment of a renewal date.
2. Deletion of the code provision that requires the optometrist to submit a report to the Department on use of DPA's and any adverse drug reaction. Physicians, dentists and osteopaths are not required to report adverse reactions by patients. In addition, the minimal number of adverse reactions (20) do not justify our reviewing and filing 1,000 pieces of paper over an 18 month period.

AJH:kcb
5136

1 AN ACT to repeal 449.17 (1) and (7) of the statutes, relating to making
2 permanent the authorization for optometrists to use topical ocular
3 diagnostic pharmaceutical agents.

Analysis by the Legislative Reference Bureau

Chapter 280, laws of 1977, authorized optometrists to use topical ocular diagnostic pharmaceutical agents under certain conditions. These conditions include having an approved plan for the referral of patients who experience adverse reactions, successful completion of a pharmacology examination and specific education on the use of such agents.

The enacting law provided that the use of such agents was authorized only until July 1, 1982. On January 1, 1982, the department of regulation and licensing is required to report to the legislature on the use of such agents by optometrists, including the health benefits and problems involved in such use and whether or not any individual is known to have suffered any physical or psychological reaction to such an agent and the severity of the reaction.

Under this bill, the July 1, 1982, "sunset" provision is removed, thus authorizing optometrists to continue to use topical ocular diagnostic pharmaceutical agents subject to the same conditions currently imposed in the statutes and by administrative rules promulgated by the department of regulation and licensing.

The people of the state of Wisconsin, represented in senate and assembly
do enact as follows:

4 SECTION 1. 449.17 (1) and (7) of the statutes are repealed.

5 SECTION 2. EFFECTIVE DATE. This act takes effect on July 1, 1982.

6 (End)

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

James N. Matson, O.D.
Doctor of Optometry
800 Glacier Ave.
Juneau, Alaska 99801

Telephone (907) 586-9864



American Optometric
Association

Dear Mrs. Wilkins ^{3/31/82}

Here is the info that
we discussed on the phone today.

We had our first class
in Anchorage last weekend, &
there were approximately 30-35
O.D.'s enrolled in class.

Please distribute the
info to the H:55 members.

Thank you.
J. N. Matson, O.D.

FACULTY

Jimmy Bartlett, O.D.

Associate Professor, Director of Continuing Education
University of Alabama in Birmingham School of Optometry/
The Medical Center

Theodore Buckner, M.D.

Board Certified Ophthalmologist, Wills Eye Hospital,
Philadelphia, Attending Surgeon, Shore Memorial Hospital,
Somers Point, New Jersey

Linda C. Cassar, O.D.

Assistant Professor, Pennsylvania College of Optometry, Chief,
Primary Care Module No. 4, The Eye Institute, Pennsylvania
College of Optometry, Philadelphia

Louis J. Catania, O.D.

Director, Center for Continuing and Post-Graduate Education
Pennsylvania College of Optometry, Philadelphia; Past
Director, Primary Care Optometry Residency Program of the
Joseph C. Wilson Health Care Center Medical Group, Rochester,
New York

Philip Gerbino, Pharm.D.

Associate Professor of Clinical Pharmacy, Philadelphia College
of Pharmacy and Science; Former Director of Drug
Information Center of Cornell University

Thomas L. Lewis, O.D., Ph.D.

Doctorate in Anatomy, Jefferson Medical College; Dean of
Academic Affairs and Associate Professor, Pennsylvania
College of Optometry

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Graduate of Harvard Medical School; Board Certified in
Internal Medicine; Assistant Professor of Medicine, University
of Rochester School of Medicine, Rochester, New York

Roland W. Manthei, Ph.D.

Doctorate in Pharmacology, University of Chicago; Professor
of Pharmacology, Jefferson Medical College, Philadelphia

Ronald R. Reed, M.D.

Board Certified from Wills Eye Hospital; Adjunct Assistant
Clinical Professor, University of Rochester, School of Medicine
Strang Memorial Hospital, Department of Ophthalmology

Diane Yolton, Ph.D.

Assistant Professor of Anatomy and Pathology, Pacific
University College of Optometry.

Clinical Faculty will include experienced clinicians including
optometrists and ophthalmologists from various universities and
V.A. medical centers in the United States.

Sponsored by Alaska Optometric Association

in cooperation with...

**PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY,
PENNSYLVANIA COLLEGE OF OPTOMETRY, and
UNIVERSITY OF ALASKA ANCHORAGE**

Pathophysiology & Pharmacology

D. Yolton, Ph.D. • J. Bartlett, O.D. • R. Manthei, Ph.D.
March 27-30-29 April 24-25-26 UAA

Applied Pharmacology & Systemic Disease

P. Gerbino, Pharm.D. • M. Lipkin, M.D.
May 1-3 UAA

CPR & Emergency Care

American Red Cross Instructors
May 3 UAA

Anterior Segment Disease: cornea, uvea, lids conjunctiva, lacrimal system

L. Cassar, O.D. • L. Cassar, O.D.
May 22-23-24 UAA

Glaucoma

T. Lewis, O.D., Ph.D. • R. Reed, M.D. - clinical staff
June 11-12-13 UAA and selected medical facilities

Anterior Segment: Clinical Procedures

T. Buckner, M.D. • L. Catania, O.D. - clinical staff
September 10-11-12 Selected Clinical Facilities

Final Examination

October 16 University of Alaska Campus

Announcing

DIAGNOSIS, MANAGEMENT, AND TREATMENT OF OCULAR DISEASE

... an in-depth multidisciplinary course including 120 hours of instruction with emphasis on diagnosis,
treatment, and ocular therapeutics, and recognition of ocular manifestations of systemic disease...

offered by Pacific University

Diane P. Yelton, Ph.D.

Jimmy Bartlett, O.D.

Robert Marzke, Ph.D.

March 27-28-29 UAA

April 24-25-26 UAA

offered by Pennsylvania College

Phillip Gerbino, Pharm.D.

Mark Lipton, Jr., M.D.

May 1-2 UAA

offered by Pennsylvania College

Louis Catania, O.D.

Linda Casser, O.D.

May 22-23-24 UAA

offered by Pacific University

Tom Lewis, O.D., Ph.D.

Ronald Reed, M.D.

and clinical staff

June 11-12-13 UAA and clinics

offered by Pennsylvania College

Theodore Buckner, M.D.

and clinical staff

September 10-11-12 clinics

PATHOPHYSIOLOGY AND PHARMACOLOGY: principles of pharmacology, clinical application of ocular pharmacology and ocular toxicology. Pathophysiology of ocular allergy, infection and inflammation. Pharmacologic considerations in ocular steroid therapy, and in glaucoma therapy.

APPLIED PHARMACOLOGY: administration of drugs, Rx writing, patient management.

SYSTEMIC DISEASE: systemic disease related to ocular disease.

Allergic-immunology; cardiovascular-cerebrovascular; endocrine; hematological; infectious and inflammatory; metabolic-chromosomal; musculoskeletal; mucocutaneous-dermatological; neurological nutritional-gastrointestinal

ANTERIOR SEGMENT DISEASE: corneal dystrophies, degenerations, infections, inflammations, irritations, injuries. Differential diagnosis, systemic considerations, treatment/management of anterior uveitis. Eyelid/edema disorders. Disorders of the lacrimal system, conjunctiva, sclera and episclera.

GLAUCOMA: anatomy-pathophysiology review. Epidemiology-risk factors. Examination, differential diagnosis, clinical classification. Medical management, surgical considerations. Concepts and controversies in glaucoma care. Methods of examination and clinical procedures.

ANTERIOR SEGMENT DISEASE CLINIC: examination protocols, techniques in dilation and irrigation, gland expressing, epilation, cyst drainage, swabbing, cultures, cytology. Foreign body removal. Management of lacerations and corneal abrasions. Techniques for diagnosing systemic disease; exophthalmometry, ~~ophthalmometry~~, clinical procedures

REGISTRATION FORM

Advance registration of \$100 is required and due by February 24, 1982. Please complete the form below and return with payment to: Alaskan Optometric Association, 3401 Denali Street, Suite 204, Anchorage, Alaska 99503

Tuition: \$1,550

Payments and Due Dates

\$100	February 24, 1982
400	March 17, 1982
400	April 17, 1982
400	May 17, 1982
250	September 1, 1982

NAME _____

ADDRESS _____

City _____ State/Zip _____

I will need the following required textbooks:

- _____ Goodman and Gilman, The Pharmacological Basis of Therapeutics \$45.00
- _____ Fraunfelder & Roy, Current Ocular Therapy \$43.00
- _____ Deborah Paxon Langston, Manual of Ocular Diagnosis & Therapy \$15.00

YUKON-KUSKOKWIM HEALTH CORPORATION

P.O. Box 528
Bethel, Alaska 99550
(907) 543-3321

Jan 12, 1982

Representative Jack Fuller
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Fuller,

I'm writing to you in regard to House Bill #111. I am an optometrist employed by the YKHC based at the PHS Hospital in Bethel. I frequently travel to the villages in the YKHC service area to hold field clinics.

I use ophthalmic drugs routinely on my patients through the use of medical standing orders by the PHS physicians. The PHS optometrists who travel to your area have similar standing orders. Through the use of drugs, we can detect pathology that would usually remain undetected until it further progresses to a more obvious presentation. I have personally detected diabetes and referred for confirmation of my diagnosis and have diagnosed glaucoma and detached retinas all because I was able to use ophthalmic drugs.

YUKON-KUSKOKWIM HEALTH CORPORATION

P.O. Box 528
Bethel, Alaska 99559
(907) 543-3321

- 2 -

My colleagues in private practice are prevented from using drugs by state law. If I were to enter private practice, I also would be restricted. Many of the people from the Nome area receive their care from private practitioners in the cities. There are also private optometrists who hold field clinics in Nome and out-lying villages. They receive compromised care rather than comprehensive quality care as a result of the current law.

Passage of House Bill # 111 will allow all optometrists to practice our profession as we've been trained. The people of Alaska, especially rural Alaska, are the ultimate benefactors of this bill.

Sincerely,
John Demuske
JOHN DEMUSKE, OD.

Sectional Analysis of HB 111

Purpose. This bill will broaden the powers of optometrists to allow them to dispense specifically identified ophthalmic drugs. They will also be allowed to use procedures taught at schools and colleges of optometry which are not currently covered in statute.

Sec. 1. The definition of optometry is amended to place less restrictions on optometrists. This bill removes restrictions on the use of specified drugs, makes referral to other health care specialists discretionary, and expands the allowable procedures for the practice of optometry to include the general range of procedures taught in schools or colleges of optometry.

Sec. 2. The "practice of optometry" is re-defined to reflect the definition of optometry described in Section 1. The words "or application" are added to the line pertaining to prescription of lenses.

Sec. 3. AS 08.72 is expanded by the addition of another section on drugs. Drugs used in optometry must have been identified specifically by the regulation board as an ophthalmic drug; the person using them must have passed an examination on their use in school; the optometrist must have passed an examination on the pharmacology of ophthalmic drugs given by the board; and his registration certificate must have been endorsed to authorize use of ophthalmic drugs and must specify restrictions, if any.

Sec. 4. A new section is added to AS 17.15.010 which grants broad discretionary powers to authorized optometrists as regards the distribution of ophthalmic drugs.

Sec. 5. A new section is added to AS 17.15.030 which states that sections 10 and 20 do not apply to wholesale operations, manufacturers, pharmacy retail operations or sale by one optometrist to another.

this title and that covered by this chapter. *Speas v. State*, Sup. Ct. Op. No. 889 (File No. 1555), 511 P.2d 130 (1973).

Quoted in *Fresneda v. State*, Sup. Ct. Op. No. 573 (File No. 1045), 458 P.2d 134 (1969); *John Doe v. State*, Sup. Ct. Op. No.

707 (File No. 1240), 487 P.2d 47 (1971); *Egner v. State*, Sup. Ct. Op. No. 784 (File No. 1443), 495 P.2d 1272 (1972); *Gray v. State*, Sup. Ct. Op. No. 1068 (File No. 2043), 525 P.2d 524 (1974).

Chapter 15. Drugs.

Article

1. Sale or Other Transfer of Certain Drugs (§§ 17.15.010—17.15.060)
2. Seizure of Conveyances Used in Narcotics Violations (§§ 17.15.060—17.15.110)

Article 1. Sale or Other Transfer of Certain Drugs.

<p>Section</p> <p>10. Written order or prescription required for dispensing of certain drugs</p> <p>20. Authority of prescriber required for refill</p>	<p>Section</p> <p>30. Exceptions</p> <p>40. Penalty for violations</p> <p>50. Selling poison without label</p>
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Sec. 17.15.010. Written order or prescription required for dispensing of certain drugs. It is unlawful for a person to sell, give away, barter, exchange or distribute

(1) amytal, luminal, veronal, barbital, acid diethylbarbituric, or any of their salts, derivatives, or compounds, or a preparation or compound containing any of these substances, or their salts, derivatives or compounds, or a registered, trademarked or copyrighted preparation or compound registered in the United States Patent Office containing more than one grain to the avoirdupois or fluid ounce of the substances, except upon the written order or prescription of a physician, surgeon, dentist or veterinary surgeon licensed to practice in the state;

(2) chloralhydrate and para-aminobenzene, sulfonamide, sulfanilamid, sulfamidyl, prontylin, prontosil, neo prontosil, neo protylin, edimalin, sulfonamide or a salt, derivative or compound of any of them or a registered, trademarked or copyrighted preparation or compound registered in the United States Patent Office containing these substances, except upon authority, order or prescription of a physician, surgeon, dentist or veterinary surgeon duly licensed to practice in the state. (§ 40-3-31 ACLA 1949; am § 1 ch 85 SLA 1949)

Sec. 17.15.020. Authority of prescriber required for refill. Prescriptions composed of the substances enumerated in § 10 of this chapter shall not be refilled without the authority of the prescriber. (§ 40-3-31 ACLA 1949; am § 1 ch 85 SLA 1949)

Sec. 17.15.030. Exceptions. Sections 10 and 20 of this chapter do not apply to the sale at wholesale by drug jobbers, drug wholesalers and drug manufacturers to pharmacies, hospitals, physicians, dentists or veterinary surgeons, nor to each other, nor to the sale at retail in pharmacies by pharmacists to each other or to physicians, surgeons, dentists or veterinary surgeons licensed to practice in the state. (§ 40-3-31 ACLA 1949; am § 1 ch 85 SLA 1949)

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Sec. 08.72.255. Limits or conditions on license; discipline. (a) In addition to action under §§ 240 and 250 of this chapter, upon a finding that by reason of demonstrated problems of competence, experience, education, or health the authority to practice optometry under this chapter should be limited or conditioned or the practitioner disciplined, the board may reprimand, censure, place on probation, restrict practice by specialty, procedure or facility, require additional education or training, or revoke or suspend a license.

(b) The Administrative Procedure Act (AS 44.62) applies to any action taken by the board under this section. (§ 24 ch 102 SLA 1976)

Sec. 08.72.260. Revocation of license by court. A license may be revoked by the superior court upon proof of violation of law or for a cause for which the board may refuse admittance to its examination. The attorney general shall prosecute appropriate judicial proceedings upon request of a member of the board. (§ 35-3-146 ACLA 1949)

Sec. 08.72.270. Practice not at place of business. (a) A registered optometrist, who temporarily practices optometry away from his regular place of business, shall display his registration certificate and deliver to each patient or person fitted or supplied with glasses a receipt with his signature showing his permanent place of business or post office address, certificate number, and the amount charged. A licensee who fails to comply with any of the foregoing provisions for six months after issuance of the certificate shall forfeit his certificate.

(b) Nothing contained in this section shall be construed as permitting peddling or canvassing by licensed optometrists. (§ 35-3-136 ACLA 1949)

Article 3. Unlawful Acts.

<p>Section 275. Lenses and frames for eyeglasses and sunglasses</p>	<p>Section 276. Violations 276. Penalty</p>
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Sec. 08.72.275. Lenses and frames for eyeglasses and sunglasses. (a) No person may fabricate, distribute, sell, exchange, deliver or have in his possession with intent to distribute, sell, exchange or deliver eyeglasses or sunglasses unless they are fitted with plastic lenses, laminated lenses, heat-treated glass lenses, or glass lenses made impact resistant by other methods. All plastic and heat-treated glass lenses, before they are mounted in frames, shall be capable of withstanding the impact of a five-eighths inch steel ball dropped on the lens from a height of 50 inches. The impact test shall be conducted at room temperature, with the lens supported by a plastic tube one inch inside diameter, one and one-fourth inch outside diameter, with a one-eighth inch by one-eighth inch neoprene gasket on the top edge.

Office of Counsel



American Optometric Association

March 2, 1981



Ms. Deborah Behr
Special Asst./Department of Health
& Social Services
Pouch 801
Juneau, AK 99811

Dear Ms. Behr:

As you requested, here is a copy of the most recent (1980) "List of Pharmaceutical Agents by Name (or type if not named) that State Law or Regulations Specify Optometrists are Permitted to use". As indicated, and as we discussed, virtually all of the lists--any many states do not have a list--are in the Board rules and not in the statute itself. Because of the technical and evolving nature of changes in the pharmaceutical field, it is most appropriate that any listing should be in the Board rules and not in the statute which would require amendment by the legislature as needed.

Also enclosed is a copy of the report from the State of Wisconsin Department of Regulation and Licensing recommending that the July 1, 1982 "sunset" provision be removed and that the authority for optometrists to use topical ocular diagnostic pharmaceutical agents be continued. It should be of great value to you in your study.

For background information, I am enclosing a listing of the 25 state laws which specifically authorize the use of pharmaceutical agents by optometrists. Another five states do not prohibit such utilization. Thus, 30 states permit such utilization. As you specifically requested, I am also enclosing a copy of the laws of Florida (which does not have a prohibition), North Carolina, Oregon (diagnostic only at this time) and West Virginia.

Executive Offices in St. Louis and Washington, DC

American Optometric Association
243 North Lindbergh Blvd
Saint Louis, Missouri 63141
314 991 4100

Ms. Deborah Behr
March 2, 1981
Page -2-

American Optometric Association

Also enclosed is a copy of a monograph providing background information on the profession of optometry in the United States. Of course, for additional information concerning the practice of the profession in Alaska, please contact Dr. George Hall, 1345 West Ninth, Anchorage, AK 99501, President of the Alaska Optometric Association. If I can provide you with further information on the practice in other states, please feel free to contact me again.

Sincerely,



Thomas E. Eichhorst
Counsel

TEE/val
enclosures

cc: George Hall, O.D.
1345 West Ninth
Anchorage, AK 99501
907-272-2558

this title and that covered by this chapter. *Speas v. State*, Sup. Ct. Op. No. 889 (File No. 1555), 511 P.2d 130 (1973).

Quoted in *Fresneda v. State*, Sup. Ct. Op. No. 573 (File No. 1045), 458 P.2d 134 (1969); *John Doe v. State*, Sup. Ct. Op. No.

707 (File No. 1240), 487 P.2d 47 (1971); *Egner v. State*, Sup. Ct. Op. No. 784 (File No. 1443), 495 P.2d 1272 (1972); *Gray v. State*, Sup. Ct. Op. No. 1068 (File No. 2043), 525 P.2d 524 (1974).

Chapter 15. Drugs.

Article

1. Sale or Other Transfer of Certain Drugs (§§ 17.15.010—17.15.060)
2. Seizure of Conveyances Used in Narcotics Violations (§§ 17.15.060—17.15.110)

Article 1. Sale or Other Transfer of Certain Drugs.

Section	Section
10. Written order or prescription required for dispensing of certain drugs	30. Exceptions
20. Authority of prescriber required for refill	40. Penalty for violations
	50. Selling poison without label

Sec. 17.15.010. Written order or prescription required for dispensing of certain drugs. It is unlawful for a person to sell, give away, barter, exchange or distribute

(1) amytal, luminal, veronal, barbital, acid diethylbarbituric, or any of their salts, derivatives, or compounds, or a preparation or compound containing any of these substances, or their salts, derivatives or compounds, or a registered, trademarked or copyrighted preparation or compound registered in the United States Patent Office containing more than one grain to the avoirdupois or fluid ounce of the substances, except upon the written order or prescription of a physician, surgeon, dentist or veterinary surgeon licensed to practice in the state;

(2) chloralhydrate and para-aminobenzene, sulfonamide, sulfanilamid, sulfamidyl, prontylin, prontosil, neo prontosil, neo protylin, edimalin, sulfonamide or a salt, derivative or compound of any of them or a registered, trademarked or copyrighted preparation or compound registered in the United States Patent Office containing these substances, except upon authority, order or prescription of a physician, surgeon, dentist or veterinary surgeon duly licensed to practice in the state. (§ 40-3-31 ACLA 1949; am § 1 ch 85 SLA 1949)

Sec. 17.15.020. Authority of prescriber required for refill. Prescriptions composed of the substances enumerated in § 10 of this chapter shall not be refilled without the authority of the prescriber. (§ 40-3-31 ACLA 1949; am § 1 ch 85 SLA 1949)

Sec. 17.15.030. Exceptions. Sections 10 and 20 of this chapter do not apply to the sale at wholesale by drug jobbers, drug wholesalers and drug manufacturers to pharmacies, hospitals, physicians, dentists or veterinary surgeons, nor to each other, nor to the sale at retail in pharmacies by pharmacists to each other or to physicians, surgeons, dentists or veterinary surgeons licensed to practice in the state. (§ 40-3-31 ACLA 1949; am § 1 ch 85 SLA 1949)

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70. Order
80. Hearings
90. Limitations

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Sec. 08.72.255. Limits or conditions on license; discipline. (a) In addition to action under §§ 240 and 250 of this chapter, upon a finding that by reason of demonstrated problems of competence, experience, education, or health the authority to practice optometry under this chapter should be limited or conditioned or the practitioner disciplined, the board may reprimand, censure, place on probation, restrict practice by specialty, procedure or facility, require additional education or training, or revoke or suspend a license.

(b) The Administrative Procedure Act (AS 44.32) applies to any action taken by the board under this section. (§ 24 ch 102 SLA 1976)

Sec. 08.72.260. Revocation of license by court. A license may be revoked by the superior court upon proof of violation of law or for a cause for which the board may refuse admittance to its examination. The attorney general shall prosecute appropriate judicial proceedings upon request of a member of the board. (§ 35-3-146 ACLA 1949)

Sec. 08.72.270. Practice not at place of business. (a) A registered optometrist, who temporarily practices optometry away from his regular place of business, shall display his registration certificate and deliver to each patient or person fitted or supplied with glasses a receipt with his signature showing his permanent place of business or post office address, certificate number, and the amount charged. A licensee who fails to comply with any of the foregoing provisions for six months after issuance of the certificate shall forfeit his certificate.

(b) Nothing contained in this section shall be construed as permitting peddling or canvassing by licensed optometrists. (§ 35-3-136 ACLA 1949)

Article 3. Unlawful Acts.

Section	Section
275. Lenses and frames for eyeglasses and sunglasses	290. Violations
	290. Penalty

Sec. 08.72.275. Lenses and frames for eyeglasses and sunglasses. (a) No person may fabricate, distribute, sell, exchange, deliver or have in his possession with intent to distribute, sell, exchange or deliver eyeglasses or sunglasses unless they are fitted with plastic lenses, laminated lenses, heat-treated glass lenses, or glass lenses made impact resistant by other methods. All plastic and heat-treated glass lenses, before they are mounted in frames, shall be capable of withstanding the impact of a five-eighths inch steel ball dropped on the lens from a height of 50 inches. The impact test shall be conducted at room temperature, with the lens supported by a plastic tube one inch inside diameter, one and one-fourth inch outside diameter, with a one-eighth inch by one-eighth inch neoprene gasket on the top edge.

Sectional Analysis of HB 111

Purpose. This bill will broaden the powers of optometrists to allow them to dispense specifically identified ophthalmic drugs. They will also be allowed to use procedures taught at schools and colleges of optometry which are not currently covered in statute.

Sec. 1. The definition of optometry is amended to place less restrictions on optometrists. This bill removes restrictions on the use of specified drugs, makes referral to other health care specialists discretionary, and expands the allowable procedures for the practice of optometry to include the general range of procedures taught in schools or colleges of optometry.

Sec. 2. The "practice of optometry" is re-defined to reflect the definition of optometry described in Section 1. The words "or application" are added to the line pertaining to prescription of lenses.

Sec. 3. AS 08.72 is expanded by the addition of another section on drugs. Drugs used in optometry must have been identified specifically by the regulation board as an ophthalmic drug; the person using them must have passed an examination on their use in school; the optometrist must have passed an examination on the pharmacology of ophthalmic drugs given by the board; and his registration certificate must have been endorsed to authorize use of ophthalmic drugs and must specify restrictions, if any.

Sec. 4. A new section is added to AS 17.15.010 which grants broad discretionary powers to authorized optometrists as regards the distribution of ophthalmic drugs.

Sec. 5. A new section is added to AS 17.15.030 which states that sections 10 and 20 do not apply to wholesale operations, manufacturers, pharmacy retail operations or sale by one optometrist to another.

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill Resolution No. House Bill 111 "An Act relating to the practice of optometry,
Title and authorizing the use of ophthalmic drugs by optometrists.
Requested by Rep. Martin Date 2-10-81

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
Program Category Affected Public Protection
BRU, Program, or Subprogram(s) Affected Regulation & Licensing of Professions
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

IV. DATE 2-10-81 PREPARED BY Therese Island Regulations Specialist
AGENCY Division of Occupational Licensing
PHONE 465-2535
Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

*Since
ophthalmologist
bill*

PRESIDENT
George Har O D

PROFESSIONAL PERSPECTIVES

No. 2

SEC. TREAS
Dennis Swamer O D

LEGISLATIVE COMM
Maynard Frazier O D
Phillip Bach O D P D

OPHTHALMIC DRUG USE REPORT BY WEST VIRGINIA

Since 1976 certified optometrists in West Virginia have administered ophthalmic drugs for diagnostic and therapeutic use. A total of sixty-three (63) different drugs prescribable for the human eye have been employed since H.B. 1005 was enacted. Thirty thousand six hundred forty-nine (30,649) individual patients have been seen by certified optometrists. The distance those patients saved by not having to travel to sparsely located ophthalmologists to whom they formally were referred was over 450,000 aggravated miles.

Forty-six (46) different pathological conditions have been diagnosed and treated by these certified optometrists. IT SHOULD BE ADDITIONALLY NOTED THAT THERE HAS BEEN NO REPORT OF ANY ADVERSE REACTION IN THE DIAGNOSIS AND TREATMENT RENDERED TO PATIENTS INVOLVED BY ANY WEST VIRGINIA CERTIFIED OPTOMETRIST.

Peninsula Eye Clinic
PETER E. CANNAVA, M.D.
OPHTHALMOLOGY
BOX 1629
SOLDOTNA, ALASKA 99669
TELEPHONE 262-4462

Optometrist
For Berry

February 16, 1981

Dear *Don,*

"In the beginning" God created a creature who travelled around the countryside diagnosing and treating illnesses with the help of medicinals! The schools or "academies" where these creatures learned to wield their trade became known as "medical schools." These schools have withstood the test of time and to this day produce creatures who still attempt to cure people thru the use of medicinals. These creatures are called physicians!

In recent times (circa early 20th. century) creatures evolved who practiced on the public with-out the use of medicinals and called themselves optometrists, psychologists and even chiropractors. These special creatures took pride in the fact that they did not need the aid of medicinals to "cure" people and indeed for many years even chastised physicians for contaminating the public with their medicinals and on occasion even killing the public thru the use of such medicinals!

In very recent times, the later-day non-physician practitioners have reversed their opinion on the use of medicinals for the cure of illnesses and indeed instead of chastising physician creatures for using such drugs, they have adopted the attitude that maybe all creatures who "attend" to the public should use medicinals!

Alas, these non-physician creatures find that complications quickly arise! For not every creature who harbors a whim to do so can be admitted to those schools which have trained physician creatures from the beginning, (i.e. medical schools). The fore the only recourse is to petition the legislative creatures to grant them by decree that which they cannot attain by education! As a result, an entirely new creature is being created by the legislative bodies; one who uses medicinals on the public, yet is quite un-schooled in doing so.

In the end the public suffers! Suffers because the safeguards have been lifted and one can no longer tell who the real medicine man is. The people go to non-medical creatures with medical maladies and receive inappropriate treatment and suffer loss of sight and other vital functions. The public rises up and rebels! Cries are heard demanding an explanation for this social injustice. But by now the legislative creatures are home and nobody is around to explain.

Sincerely,

Peter
Peter E. Cannava M.D.
Ophthalmology

PEC:ccy

1 [25.] to read as follows:

2 "§ 90-125.1. Filling prescriptions.--Legally licensed
3 druggists of this State may fill prescriptions of optometrists
4 duly licensed by the North Carolina State Board of Examiners in
5 Optometry to prescribe, apply or use pharmaceutical agents."

6 Sec. 6. G.S. 90-87(22) (a) as the same appears in the
7 1975 Replacement Volume 2C of the General Statutes is hereby
8 amended by inserting in line 1 thereof immediately following the
9 word "dentist," and preceding the word "veterinarian" the word
10 "optometrist,".

11 Sec. 7. The provisions of this act are applicable only
12 to those individuals licensed pursuant thereto and

13 shall not] restrict, expand, or otherwise alter
14 those other practices or acts governed by Chapter 90 of the
15 General Statutes.

16 Sec. 8. This act shall become effective on and after
17 July 1, 1977.

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Date: January 28, 1981

File Ref:

To:

Sen. Thompson

Wisconsin

From: Ann J. Haney, Secretary
Department of Regulation and Licensing

Subject: Report on Diagnostic Pharmaceutical Agents

At my request, staff from the Bureau of Health Professions in the Department of Regulation and Licensing have submitted a preliminary report and recommendations concerning the use of DPAs by optometrists. A compilation of the statistics from May, 1979, to November, 1980, reported to the Department by DPA certified optometrists show the following:

- 280 optometrists are certified to use DPA's
- 215 certified optometrists have used DPA's on 99,226 patients
- 65 certified optometrists have not used DPA's in their practice

Of the 99,226 patients to whom DPA's were administered, 4,359 patients were referred to appropriate medical specialists for a variety of medical problems.

Twelve certified optometrists reported that 20 patients had mild to moderate adverse drug reactions (eye stinging, allergy). Some of these patients were referred to medical specialists and other patients reactions were cleared up within a short period of time (10-15 minutes).

Based on the statistics reported it appears that many patients benefited by the use of DPA's. These patients were referred to appropriate medical specialists for possible medical problems that may otherwise have gone undetermined.

The only problem reported involved the above 20 patients where a reaction occurred. All of these reactions were reported a mild to moderate discomfort lasting no longer than 48 hours. While there were mild physical reactions in less than 1% of the patients, there were no reports of psychological reactions.

On the basis of the above data staff recommended that s. 449.17 (1) and (7), Stats., be repealed effective July 1, 1982.

Staff further recommended that the Department consider further statute and code revisions at a later date.

They are as follows:

1. Fees (to correspond with other certified or licensed individuals) to cover administrative and examination costs, and the establishment of a renewal date.
2. Deletion of the code provision that requires the optometrist to submit a report to the Department on use of DPA's and any adverse drug reaction. Physicians, dentists and osteopaths are not required to report adverse reactions by patients. In addition, the minimal number of adverse reactions (20) do not justify our reviewing and filing 1,000 pieces of paper over an 18 month period.

AJH:kcb
5136

1 AN ACT to repeal 449.17 (1) and (7) of the statutes, relating to making
2 permanent the authorization for optometrists to use topical ocular
3 diagnostic pharmaceutical agents.

Analysis by the Legislative Reference Bureau

Chapter 280, laws of 1977, authorized optometrists to use topical ocular diagnostic pharmaceutical agents under certain conditions. These conditions include having an approved plan for the referral of patients who experience adverse reactions, successful completion of a pharmacology examination and specific education on the use of such agents.

The enacting law provided that the use of such agents was authorized only until July 1, 1982. On January 1, 1982, the department of regulation and licensing is required to report to the legislature on the use of such agents by optometrists, including the health benefits and problems involved in such use and whether or not any individual is known to have suffered any physical or psychological reaction to such an agent and the severity of the reaction.

Under this bill, the July 1, 1982, "sunset" provision is removed, thus authorizing optometrists to continue to use topical ocular diagnostic pharmaceutical agents subject to the same conditions currently imposed in the statutes and by administrative rules promulgated by the department of regulation and licensing.

The people of the state of Wisconsin, represented in senate and assembly,

do enact as follows:

4 SECTION 1. 449.17 (1) and (7) of the statutes are repealed.

5 SECTION 2. EFFECTIVE DATE. This act takes effect on July 1, 1982.

6 (End)

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT
George Hall O.D.

PROFESSIONAL PERSPECTIVES

No. 2

SEC. TREAS.
Dennis Swarner O.D.

LEGISLATIVE COMM.
Maynard Falconer O.D.
Phillip Bach O.D. Ph.D.

*HB 111 and SB 136
are the same*

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PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

December 15, 1980

Representative Terry Martin
3960 Reka Drive, B-6
Anchorage, Alaska 99504

Dear Representative Martin:

This booklet contains proposed revisions to the Alaska Optometry Law followed by explanatory and reference material. These changes are proposed jointly by the Board of Examiners in Optometry and the Alaska Optometric Association. The revisions will allow the Board to license optometrists for procedures currently being taught in optometry schools but not permitted under the present Alaska law. These primarily involve drug utilization.

In recent years, Alaska has fallen behind in its ability to license graduates to current standards of practice. It is now in a minority of states that do not permit optometrists to use drugs.

It is expected that this legislation will be opposed by ophthalmologists, who for economic reasons, wish to see the optometry law retain its present restrictions.

Very truly yours,

Maynard C. Falconer, O.D.
Board of Examiners in Optometry

Phillip W. Bach, O.D., Ph.D.
Vice President, Alaska Optometric
Association

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT
George Hall O.D.

PROFESSIONAL PERSPECTIVES

No. 1

SEC-TREAS
Dennis Swanner O.D.

LEGISLATIVE COMM.
Maynard Falconer O.D.
Phillip Bach O.D. Ph.D.

AETNA REDUCES ANNUAL PREMIUM FOR INSURED AOA MEMBERS

Hartford, CT--More than two years of efforts between the American Optometric Association and Aetna Life & Casualty Co. have prompted the Hartford based insurance firm to REDUCE PROFESSIONAL LIABILITY RATES FOR AOA MEMBERS BY 18 PERCENT. The high quality of professional vision care which AOA optometrists are providing has warranted this reduction. Fear expressed by ophthalmologists, in those states which allowed optometrists to use ophthalmic drugs, was unfounded. Optometry has been the ONLY major health care profession to have its liability insurance rates reduced.

UPDATING THE ALASKA OPTOMETRY LAW

Alaska Board of Examiners
in Optometry

Alaska Optometric Association

TABLE OF CONTENTS

1. Proposed revisions to AS 08.72, Alaska Optometry Law
2. Explanatory notes to the bill
3. Exhibits
 - A. Guidelines for pharmacology training in optometry
 - B. Comparison of optometry and medical school training in ocular anatomy, physiology, pathology, general and ocular pharmacology
 - C. States authorizing drug utilization in the practice of optometry
4. Public benefits of the legislation
5. Criticism of the legislation by ophthalmologists, and answers to the criticism
6. Appendix: Full curricula of optometry and medical schools compared in Exhibit B

Proposed Revision to
AS 08.72 (Optometry Law)

* Section 1. AS 08.72.300(2) and (3) are amended to read:

(2) "optometry" is the examination , OTHER THAN BY THE USE OF DRUGS, of the human eyes and the visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which may require REQUIRES referral to other health care practitioners; or the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription or application of lenses, prisms or ocular exercises or other procedures taught by schools and colleges of optometry for the correction or relief of the human eye;

(3) "practicing optometry" is an examination , OTHER THAN BY THE USE OF DRUGS, of the human eyes and visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which may require REQUIRES referral to other health care practitioners; or the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription of lenses, prisms or ocular exercises or other procedures taught by schools and colleges of optometry for the correction or relief of the human eye, or the holding of oneself out as being able to do so;

* Sec. 2. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.305. Use of drugs. No person practicing optometry may use drugs unless he has

(1) passed the board's examination on the subject of the pharmacology of ophthalmic drugs; and

(2) completed courses and clinical experience approved by the board and offered by a recognized and accredited school or college of optometry and passed an examination, given by that school or college, which relates to the use of ophthalmic drugs; and

(3) received an endorsement to his registration certificate, issued by the board, authorizing him to utilize drugs and specifying restrictions on their use, if any.

* Sec. 3. AS 17.15 is amended by adding a new section to Article 1 to read:

Sec. 17.15.055. Sales to optometrists. A person licensed to practice optometry under AS 08.72 who has been authorized by the Board of Examiners in Optometry to use drugs under AS 08.72.305 may purchase or prescribe drugs in accordance with the endorsement to his registration certificate, issued by the board under AS 08.72.305.

Explanatory Notes to the Bill

Section 1

Addition of the phrase, "or other procedures taught by schools and colleges of optometry", in the definitions is designed for maximum flexibility, so the statute will not have to be revised in the future as optometric education changes.

Deletion of the phrase, "other than by the use of drugs", is the core element of this proposal. The private sector of optometry is the only sector that cannot use drugs, due to this provision.

Section 2

In approving undergraduate and post graduate programs in theoretical and applied pharmacology, the board has access to uniform guidelines (Exhibit A).

Optometry and medical school training programs in the eye and eye medicine are compared in Exhibit B. This is to show that relatively little emphasis is placed upon the eye in medical schools despite the fact that generalists in medicine can and do use eye medications.

Section 3

This revises the pharmaceutical section of the Alaska Statutes to allow pharmacists to sell drugs to optometrists.

EXHIBIT A

Guidelines for Pharmacology Training
in Optometry

Major Points

1. Uniform standards exist for training programs in the schools and colleges of optometry



SPECIAL ISSUE OF ASCOPE

Vol. 2 Number 9

June 6, 1975

Pharmacology Curriculum
Guidelines for Continuing
Education Courses

Prepared by the Council on Academic Affairs of
the Association of Schools and Colleges of
Optometry, Richard Hazlett, O.D., Chairman

These guidelines have been prepared for distribution
throughout the optometric profession and education
system.

Before final adoption of these guidelines, consideration
was given to comments received from a wide professional
audience.

Adopted
March 13, 1975

Guidelines for Pharmacology Continuing Education

1. Purpose: To establish guidelines for continuing education courses in pharmacology for practicing optometrists.

- II. Course objectives: to increase the optometrist's knowledge of:
 - A. the systemic effects of systemic medications from a mechanistic, diagnostic and therapeutic standpoint,
 - B. the ocular effects of systemic medication from a mechanistic, diagnostic and therapeutic standpoint,
 - C. the ocular effects of ocular drugs from a mechanistic, diagnostic and therapeutic standpoint,
 - D. the systemic effects of ocular drugs from a mechanistic, diagnostic and therapeutic standpoint, and
 - E. diagnostic ocular pharmaceutical agents (OPA) --- theory and practice.

- III. Guidelines for the course content.
 - A. General Pharmacology
 1. Principles of Drug Actions
 - a. Dosage forms
 - b. Routes of administration
 - c. Pharmacodynamics
 - (1) absorption
 - (2) distribution
 - (3) fate (metabolism)
 - d. Mechanisms of action
 - (1) agonists and antagonists
 - (2) receptors and acceptors
 - (3) synergism, additivity and competitive antagonism:
 2. Host Factors and Placebos
 3. Drug Categories (to include adverse ocular and systemic effects)
 - a. Neuropharmacologic agents
 - (1) anesthetics
 - (2) CNS depressants (general)
 - (3) effects of drugs on synaptic transmission
 - (4) major and minor tranquilizers
 - (5) antidepressants
 - (6) CNS stimulants (general)
 - (7) analgesics (selective CNS drugs)
 - b. Cardiovascular agents
 - (1) hemopoietics
 - (2) antihypertensives
 - (3) anticoagulants
 - (4) cardiac glycosides
 - (5) antiarrhythmics
 - (6) vasolidators

- c. Renal agents
- d. Gastro-intestinal agents (especially anticholinergics)
- e. Endocrine drugs (including steroids and the birth control pills)
- f. Antiallergic agents
- g. Antibiotic-chemotherapeutic agents
- h. Antifungal agents
- i. Disinfectants
- j. Vitamins
- k. Antiviral agents
- l. Cancer chemotherapeutics
- m. over-the-counter (OTC) agents
- 4. Drug abuse
- 5. Drug contraindications during pregnancy

B. Ocular Pharmacology

- 1. Principles of Drug Actions
 - a. Dosage forms
 - b. Routes of administration
 - c. Pharmacodynamics
 - (1) absorption
 - (2) distribution
 - (3) fate (metabolism)
- 2. Drug Categories, to include adverse ocular and systemic effects, and
 - a. Neuropharmacologic agents (autonomics)
 - (1) review of nervous systems
 - (2) autonomic drugs
 - ((a)) sympathomimetics
 - ((b)) parasympathomimetics
 - ((c)) sympatholytics
 - ((d)) parasympatholytics
 - (3) ocular anesthetics
 - b. Agents affecting trans-membrane fluid transport
 - c. Antibacterial agents
 - d. Antiinflammatory agents
 - (1) antihistamines
 - (2) steroids
 - (3) sympathomimetics
 - (4) parasympatholytics
 - e. Antiviral agents
 - f. Antifungal agents
- 3. Differential Diagnosis of Ocular Neuromuscular Disorders
- 4. Review of Ocular Side Effects of Systemic Drugs
- 5. Review of Systemic Side Effects of Ocular Drugs
- 6. Review of Ocular Side Effects of Ocular Drugs
- 7. Ocular Urgencies and Emergencies, including glaucoma management
- 8. Drug Contraindications During Pregnancy
- 9. Medical Urgencies and Emergencies
- 10. Malpractice and Jurisprudence

IV. Teaching/Learning Activities

1. patient history
 - a. Medical history
 - b. Patient's current drug regimen, and the effects of these drugs on ocular structure and function
2. Sterile technique--proper instillation of "drops"
3. Refractive examination and fundus examination
 - a. pre-medication procedures
 - (1) advice to patients (effects of DPAs)
 - (2) tonometry
 - (3) angle evaluation
 - b. Application of mydriatic/cycloplegic and related examination procedures
 - c. Post-medication procedures
 - (1) corneal examination
 - (2) tonometry
 - (3) advice to patient (i.e., return of pupil to normal, etc.)
 - d. Diagnostic techniques and instrumentation
 - (1) tonometry, including Goldmann applanation
 - (2) angle evaluation with the bismicroscope, including gonioscopy
 - (3) stain analysis
 - (4) monocular and binocular fundus examination, including indirect ophthalmoscopic and bismicroscopic procedures
4. Clinical competency
 - A. comprehensive examination procedure will be established to evaluate each student as to his skill and competency in the use of DPAs and relevant instrumentation, and
 - B. the effect of systemic medication on ocular structure
 - C. the effect of ocular instillations on systemic structure and function.

EXHIBIT B

Comparison of optometry and medical school training in
ocular anatomy, physiology, pathology, general and ocular pharmacology

Major Points

1. Optometric training far exceeds medical school training in the eye and eye medicine.
2. Medical school graduates can prescribe over 2000 drugs, including all eye drugs, under the principle of unlimited licensure.
3. Doctors of optometry use some of the eye drugs, approximately 15-20 in number.

Southern College of Optometry

University of Minnesota Medical School

Course Quarter Credits

Course Quarter Credits

Required Courses

Required Courses

BIOMED 110-130 Human Anatomy & Physiology (special emphasis on eye, related structures) 18

Phcl 5110-5111 Pharmacology 8

InMd 5229 Eye 2

BIOMED 133 Vegetative Physiology: Ocular Biochemistry 3

Elective Courses

BIOMED 213 Principles of Pharmacology & Therapeutics 2

8101 Clinical Ophthalmology not specified

8102 External Diseases "

BIOMED 220 Principles of Medicine II: Clinical Pathology and Pharmacology 4

8103 Medical Ophthalmology, "

BIOMED 221 Physiological Optics II: Monocular Sensory and Motility 4

8104 Radiology of the Eye, Orbit and Head "

8105 Motility "

BIOMED 224 Ophthalmic Pathology I 6

8107 Ocular Anatomy "

BIOMED 230 Principles of Medicine III: Clinical Pathology and Pharmacology 4

8122 Physiologic Optics "

8141 Ocular Pathology Conference "

BIOMED 231 Physiological Optics III: Monocular Sensory & Binocular Vision 6

8142 Ophthalmic Pathology Laboratory "

8143 Pathology of the Eye "

BIOMED 234 Ophthalmic Pathology II 6

8151 Basic and Applied Ophthalmology "

BIOMED 310 Principles of Medicine IV: Pediatrics and Pediatric Optometry 3

8152 Ophthalmology Laboratory "

8154 Seminar in Ophthalmology "

BIOMED 313 Advanced Principles of Pharmacology and Therapeutics 2

8155 Special Topics in Ophthalmology "

BIOMED 320 Principles of Medicine V: Gerontology & Geriatrics 3

BIOMED 323 Pharmacology: Ocular and Systemic Pharmacology 4

BIOMED 330 Principles of Medicine VII: Dermatology 2

BIOMED 333 Pharmacology: Clinical Pharmacology 4

CLINIC 310-431 General and Special Clinics 43

EXHIBIT C

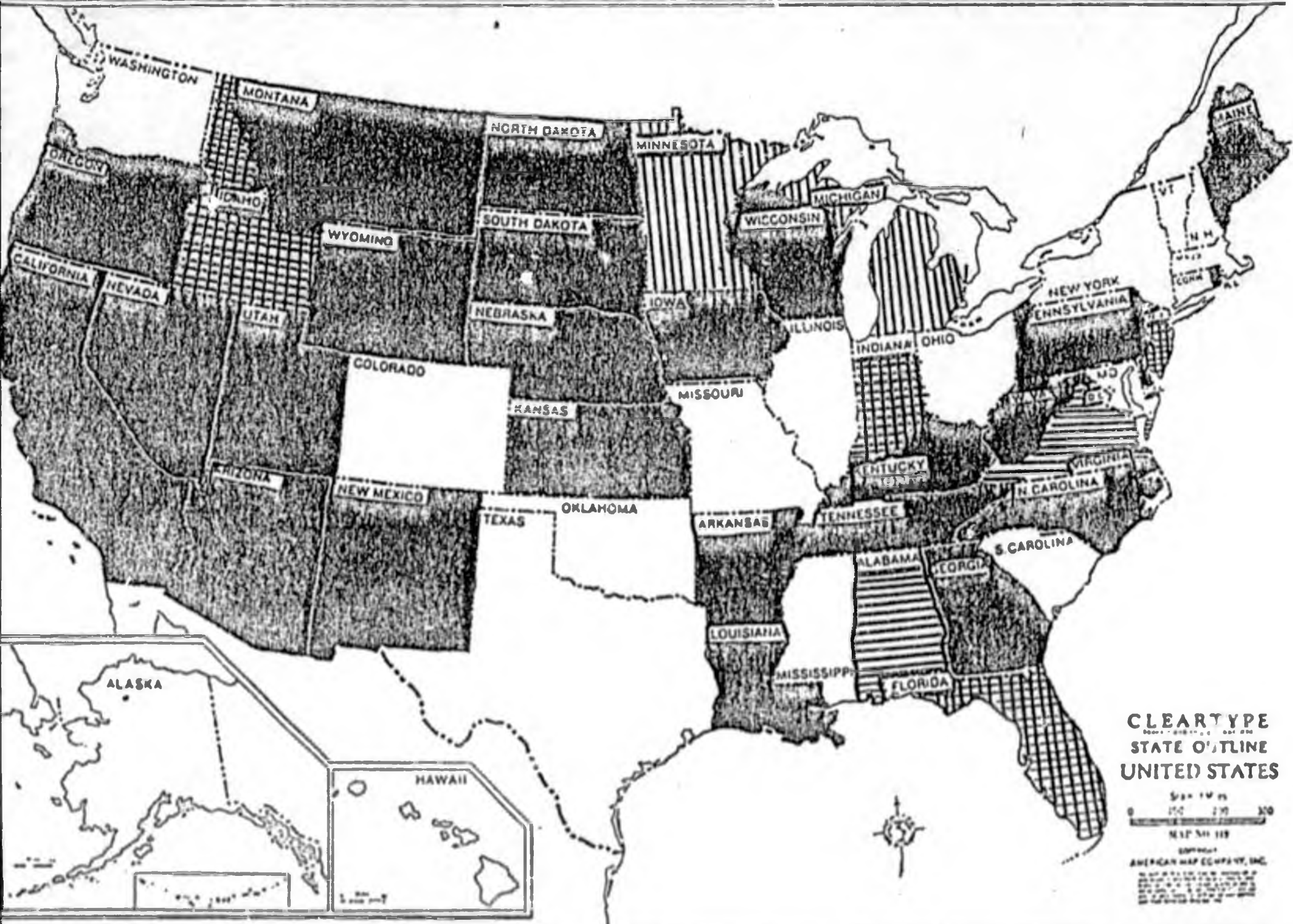
**States Authorizing Drug Utilization
in the Practice of Optometry**

Major Points

A majority of states have passed drug legislation, despite political opposition by ophthalmologists.

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

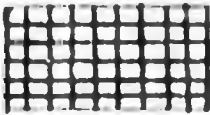
JUNE 8, 1979



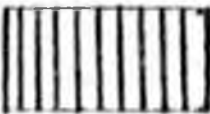
UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS



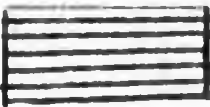
Authorized by Optometrists by Statute



Permitted by Opinion of Attorney General or State Board Statement



No Statutory Prohibition



No Statutory Prohibition but Negative A.G. Opinion

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

<u>NAME</u>	<u>DATE OF ENACTMENT</u>
Rhode Island	July 16 1971
Pennsylvania	March 1, 1974
Tennessee	May 8, 1975
Oregon	May 20, 1975
Maine	June 24, 1975
Louisiana	July 6, 1975
Delaware	July 10 1975
*West Virginia	March 4, 1976
California	July 9, 1976
Wyoming	February 17, 1977
New Mexico	March 4, 1977
Montana	April 12, 1977 (at 10:10 a.m.)
Kansas	April 12, 1977 (at 2:00 p.m.)
*North Carolina	June 3, 1977
Kentucky	March 29, 1978
Wisconsin	April 29, 1978
Nebraska	February 13, 1979
South Dakota	March 15, 1979
Utah	March 21, 1979
North Dakota	March 22, 1979
Arkansas	April 2, 1979
Nevada	May 25, 1979
Iowa	June 8, 1979
Georgia	February 14, 1980
Arizona	April 1980

*both diagnostic and therapeutic

[In addition, there are eight (8) other states that do not statutorily prohibit the use of DPAs by optometrists; several of these states have attorney general opinions (+favorable) (-unfavorable) on this point: Alabama (AG-), Florida (AG+), Idaho (State Board Statement +), Indiana (AG+), Michigan (AG-), Minnesota, New Jersey (AG+), Virginia (AG-).]

For your information we are including an updated map showing geographically the utilization of pharmaceutical agents by optometrists.

Public Benefits of the Legislation

1. Availability of Services

Ophthalmologists are located in only 5 Alaskan cities: Anchorage, Fairbanks, Juneau, Ketchikan and Soldotna. Optometrists are located at the following cities not served by ophthalmologists: Sitka, Kodiak, Bethel, North Pole, Wasilla, Palmer, Kenai. In most of these cities, a patient with minor eye disease has no practical recourse but to see a general physician, who does not have the optometrist's degree of training in differential diagnosis or the instruments with which to accomplish the diagnosis. Since optometrists make trips to many rural and bush areas, they can provide basic eye health services to villages now principally served by health aides, with 6 to 24 weeks of training and having only radio contact for doctor consultation.

2. Quality of Services

Besides their obvious value to the health aide system, optometrists can serve as a valuable resource to physicians in cities not served by an ophthalmologist. This occurs with the optometrist employed by the native health corporation in Bethel (not bound by the drug restrictions of the Alaska optometry law). General physicians, to their credit, tend to refer patients to the most qualified practitioner in their area. It is not surprising therefore, that MDs in Kodiak have endorsed previous drug usage bills in optometry.

3. Cost of Services

Just as a general practitioner charges a lower fee (typically half) than does a specialist for doing similar work (obstetrics, pediatrics, etc.), so an optometrist (a generalist and primary care provider with respect to the eye) can be expected to charge less for treating minor eye diseases than does the ophthalmologist (the specialist).

Criticism of the Legislation by Ophthalmologists,
and Answers to the Criticism

1. The legislation is not necessary. The present system of ophthalmologists, general practitioners and health aides handles the eye care needs of Alaskans quite well.

Doctors of optometry are an underutilized resource. They can deliver services of higher quality, at greater availability and lower cost than can the existing system alone. This is detailed in the section entitled, Public Benefits of the Legislation.

2. Optometrists claim competency, but their training programs are inadequate, particularly as to qualifications of faculty, and clinical experiences available to their students.

Optometry schools receive state and federal funds, and are accredited by both regional and professional accrediting organizations. It is not in the interest of schools or the profession at large to allow inadequate programs to exist in this sensitive area, for the sake of saving money. All optometric faculties include MDs, and PhDs in such specialized fields as physiology, pharmacology, biochemistry and microbiology. Many are present or past members of medical school faculties. With drugs, as in other areas of the professional curriculum, optometrists are trained well beyond the level at which they must function in day to day practice. While it is impossible to have too much clinical experience, optometry students enjoy more than adequate exposure to the common eye diseases they must deal with. In their two years of clinic experience, they see much more eye pathology than general medical students, but less than residents (trainees) in ophthalmology. Many rare eye diseases will not be seen in a three year residency in ophthalmology.

3. Optometrists can detect abnormalities but cannot diagnose. Treatment requires, first of all, an accurate diagnosis.

Optometrists can diagnose some eye diseases; definitive diagnosis of others requires specialized examination by the ophthalmologist. At still other times, consultation with the specialist will allow a diagnosis to be made. The same is true for a general physician or for a specialist whose case lies partly in the province of another specialist. No practitioner is going to be foolish enough to treat a case if he isn't sure what it is, if more competent authority is reasonably available.

4. Optometrists study the eye but they are not trained in broad medical principles. The general physician knows the entire body and can generalize certain principles to the eye even though he may not have as many hours of study specifically in the eye as the optometrist.

Optometrists study general anatomy, physiology, pathology and pharmacology precisely because certain general principles need to be understood before considering a particular organ system like the eye. The educational model is similar to dentistry. In both professions, the body as a whole is studied in less detail than is done by medical students, because neither are treating kidney disease or setting broken legs. Yet the necessary general principles are learned. Both dentists and optometrists are medically trained, in ways that are appropriate to their respective fields of work.

5. Given drugs for diagnosis and some treatment, ODs would go in over their heads, attempt to be ophthalmologists.

This is not the case in other fields and there is no evidence that it has happened or will happen in optometry. Malpractice insurance rates are no higher in drug states than in non-drug states. Besides a basic conservatism common to all professionals, optometrists are constrained by the knowledge that their malpractice insurance coverage does not extend to activities that are outside their recognized scope of practice.

6. Defining procedures "as taught by schools and colleges of optometry" is too general, could allow the optometry board to do almost anything.

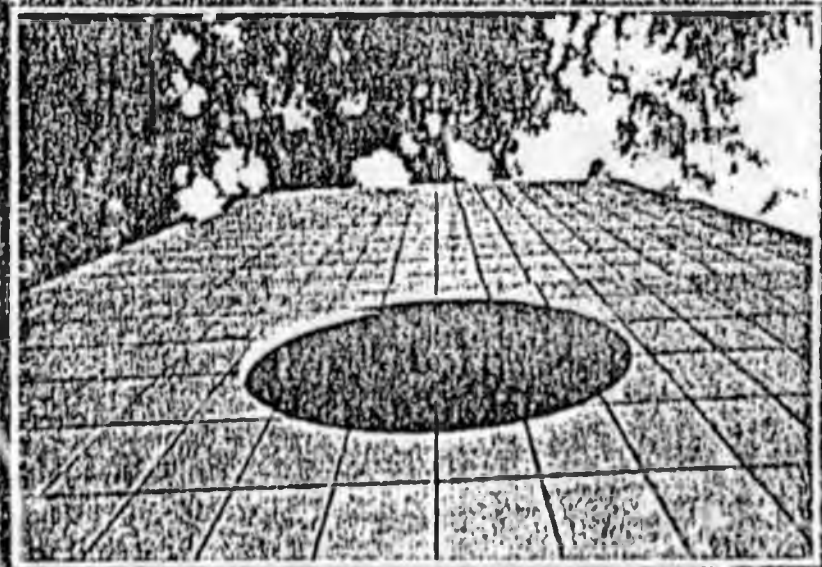
"As taught" is purposely general, to allow the board to react to continuing changes in the education of the profession. It is the responsibility of the board, as an agency of the State of Alaska, to know the areas in which optometrists are trained and educated, to examine them for competence and license or fail to license them accordingly. Most board members are also practitioners. It is not in their interest to license fellow practitioners to do procedures that could bring discredit to the profession or raise malpractice insurance rates. This is also true of other health care regulatory boards.

7. Drug usage by optometrists constitutes competition in the historical province of ophthalmology.

Ophthalmologists, nationally and in Alaska, tend to concentrate in urban areas, where they spend a majority of their time practicing ophthalmology. In the last 15 years they have entered the field of contact lenses, an area pioneered by optometry. Much earlier, their predecessors (oculists), entered the optometrists' field of refraction after abandoning the belief, common among Victorian era physicians, that glasses weakened the eyes. Competition both ways is appropriate. It is not in the public interest to exclude a qualified bidder from the marketplace.

APPENDIX

**Full curricula of optometry and medical schools
compared in Exhibit B**



Southern College of Optometry Catalog 1979-80

Southern College
of Optometry
1245 Madison Ave.
Memphis, TN 38104

Non-Profit
Organization
U.S. Postage
PAID
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Permit No. 151

40 OPTOMETRY PROGRAM

FOURTH PROFESSIONAL YEAR (CONTINUED)

SPRING QUARTER			HOURS CREDIT
Optometry	430	Optometry Seminar: Current Problems (3 HRS. LEC.)	3
Optometry	431	Clinical Case Analysis III (2 HRS. LEC.)	2
Biomedical	432	Vision Science Seminar: Current Problems (2 HRS. LEC.)	2
Clinic	430	General Clinic Practice VII (1 HR. LEC., 1 ¹ HRS. LAB)	5*
Clinic	431	**Specialty Clinics (Two required, each for 1 Qtr. Hr. of credit) (8 HRS. LAB)	2
TOTAL			14

COURSE DESCRIPTIONS

Courses numbered in the 100 series are for first professional year students, 200 for second professional year students, 300 for third professional year students, and 400 for fourth professional year students. The letter E following a course number indicates that the course is offered for college credit through the Continuing Education Program. The four-year program provides more than 4000 clock hours of instruction in optometric science and clinical optometry and carries a minimum of 232 quarter hours of credit.

The curriculum is organized for administrative purposes into three departments: Biomedical Sciences, Optometry and Clinic. The Biomedical Sciences Department is inter-disciplinary, offering sequences in anatomy and physiology, chemistry, physics, physiological optics and psychology. The Optometry Department offers diversified instruction in all phases of optometric theory and practice. The Clinic Department offers extensive experience in out-patient vision care.

*Credit will be reduced by 1 quarter hour after 1979-80.

**A minimum of two quarter hours of credit each must be completed in Contact Lenses and in Orthoptics & Vision Training, during the fourth year, as well as a minimum of one quarter hour of credit in Pathology. Additional clinic rotations may be selected from Geriatrics, Low Vision, Dermatology, Neurology, Pediatrics, Neurophysiology, or any other approved clinical area.

BIOMEDICAL SCIENCES DEPARTMENT

110 HUMAN ANATOMY & PHYSIOLOGY I: STRUCTURE & FUNCTION

(6 quarter hours)

Five hours of lecture and one two-hour laboratory per week. A course covering basic cell biology, general human embryology, ocular embryology and histology, with detailed emphasis on the tissue structure of the eye and ocular adnexa. The gross anatomy of the human body is studied, particularly the skull, circulatory system of the orbit, orbital contents, and ocular adnexa. The course also includes general physiology of the organ systems.

111 VISUAL OPTICS I; PHYSICAL AND GEOMETRICAL OPTICS (5 quarter hours)

Three hours of lecture and one two-hour laboratory. A detailed study of the variations in light rays between different optical media. Includes the theory of rectilinear propagation, reflection and refraction at plane, spherical, and cylindrical surfaces, and thin lenses.

120 HUMAN ANATOMY AND PHYSIOLOGY II; STRUCTURE AND FUNCTION (6 quarter hours)

Five hours of lecture and one two-hour laboratory per week. Continuation of 110.

121 VISUAL OPTICS II; PHYSICAL AND GEOMETRICAL OPTICS (4 quarter hours)

Three hours of lecture and one two-hour laboratory. A continuation of Bio 111. Includes the Gaussian system, the schematic eye and its applications, selected optical instruments, common aberrations, and the effect of apertures. Prerequisite: Bio. 111.

42 BIOMEDICAL SCIENCES**BIOMEDICAL SCIENCES**

- 122 VISUAL PERCEPTION: PSYCHOPHYSIOLOGICAL OPTICS** (5 quarter hours)
Four hours of lecture and one two-hour laboratory per week. An introduction to Vision Science, which involves the behavior-scientific approach to understanding vision and visual perception. Special emphasis is placed on monocular visual function and on the theories and data relevant to visual perceptions.
- 130 HUMAN ANATOMY AND PHYSIOLOGY III: STRUCTURE AND FUNCTION** (6 quarter hours)
Five hours of lecture and one two-hour laboratory per week. Continuation of 120.
- 131 VISUAL OPTICS III: PHYSICAL AND GEOMETRICAL OPTICS** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Physical Optics comprises those phenomena bearing on the nature of light, including processes which involve the interaction of light with matter. Some topics considered are nature and propagation of light, photometry, dispersion, interference, diffraction, polarization, and spectra.
- 133 VEGETATIVE PHYSIOLOGY: OCULAR BIOCHEMISTRY** (3 quarter hours)
Three hours of lecture per week.
Analysis of the intraocular fluids, aqueous chemistry and flow; secretory mechanism, intraocular pressure; vitreous structure and protein; lens and its function related to its composition. Lens proteins, metabolism cataract. The cornea and sclera; metabolism, nutrition and growth processes; retinal metabolism, glycolysis.
- 210 PRINCIPLES OF MEDICINE I: GENERAL PATHOLOGY** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. An introduction to reaction of the body as a whole to disease. Injuries including genetic, metabolic, infectious, immunologic degenerative, hemorrhagic and neoplastic processes are reviewed.
- 211 PHYSIOLOGICAL OPTICS I** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A study of the eye as an optical system including the dioptric and physiological components, and the functioning of the visual system.
- 212 NEUROANATOMY AND NEUROPHYSIOLOGY I** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Embryological development, structure, and function of the nervous system are studied. Functional components of the nervous system with special reference to modifications are studied.
- * **213 PRINCIPLES OF PHARMACOLOGY AND THERAPEUTICS** (2 quarter hours)
Two hours of lecture per week. The course covers basic principles of pharmacology, including drug absorption, distribution, metabolism, and excretion. The autonomic nervous system will be covered and an introduction to drug dosage forms and drug dosage regimens.
- * **220 PRINCIPLES OF MEDICINE II: CLINICAL PATHOLOGY AND PHARMACOLOGY** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. The study of the etiology, pathophysiology, treatment and ocular complications of

- systemic diseases. An organ system modular approach will be adopted.
- * **221 PHYSIOLOGICAL OPTICS II** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A study of monocular sensory aspects of vision and the physiology of ocular muscles.
- 224 OPHTHALMIC PATHOLOGY I** (6 quarter hours)
Five hours of lecture and one two-hour laboratory per week. A thorough consideration of diseases of the eye, its adnexa, and the visual pathway and of pathologically induced changes in the visual fields. Technique of instrumentation for detection, measurement, and diagnosis of eye disorders are studied intensively.
- * **230 PRINCIPLES OF MEDICINE III: CLINICAL PATHOLOGY AND PHARMACOLOGY** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A continuation of Bio. 220.
- 231 PHYSIOLOGICAL OPTICS III: MONOCULAR SENSORY AND BINOCULAR VISION** (3 quarter hours)
Two hours of lecture and one two-hour laboratory per week. A continuation of monocular sensory aspects of vision, color vision and binocular vision.
- 234 OPHTHALMIC PATHOLOGY II** (6 quarter hours)
Five hours of lecture and one two-hour laboratory per week. Continuation of Bio. 224.
- 235 APPLIED PSYCHOLOGY: PATIENT BEHAVIOR** (1 quarter hour)
One hour of lecture per week. The psychology of patient handling, with respect to refractive error and numerous ocular and visual anomalies. Patient management with respect to age (infancy to the elderly), counseling, generally. Special attention is given to how the doctor explains and informs the patient of clinical entities, particularly "referral type" cases. Emphasis will be given to the commonest conditions met with in practice, including cataract, glaucoma, retinal separation, multiple sclerosis, strabismus, and refractive error.
- * **310 PRINCIPLES OF MEDICINE IV: PEDIATRICS AND PEDIATRIC OPTOMETRY** (3 quarter hours)
Three hours of lecture per week. The course will be concerned with growth and development of the young; childhood diseases; hereditary and genetic disorders of the eye and adnexa in pediatric ophthalmic medicine; emotional components in pediatrics; disease processes and therapeutic approaches of the eye and adnexa. The ophthalmic examination of infants and children; ophthalmic optics and dispensing for refractive errors and the correction of refractive errors, the correction of low vision problems in children.
- 312 NEUROANATOMY & NEUROPHYSIOLOGY II** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A laboratory course dealing with the electrical properties of the body and the means of measuring and interpreting electrical activity of the nervous system and the muscular system: EEG, EMG, ERG, EOG.
- * **313 ADVANCED PRINCIPLES OF PHARMACOLOGY & THERAPEUTICS** (2 quarter hours)
Two hours of lecture per week. The course covers principles of pharmacology

- macology, including drug absorption, distribution, metabolism, and excretion. The autonomic nervous system will be covered and an introduction to drug dosage forms and drug dosage regimens.
- * 320 PRINCIPLES OF MEDICINE V: GERONTOLOGY & GERIATRICS (3 quarter hours)
Three hours of lecture per week. The processes of aging; diseases of the elderly. Disease processes and therapeutics of the aging eye and adnexa. Ophthalmic optics and correction of refractive errors in the geriatric patients, aphakia, correction of low vision problems in the elderly.
- 321 PRINCIPLES OF MEDICINE VI: NEUROLOGY (2 quarter hours)
Two hours of lecture per week. Introduction to neurology, including the peripheral nervous system, diseases of the spinal cord and brain; clinical examination of the nervous system; special senses; neurological symptoms; diseases of the cranial nerves; common psychiatric disorders, neurosis, psychosis, alcoholism, anxiety, etc.
- * 323 PHARMACOLOGY: OCULAR & SYSTEMIC PHARMACOLOGY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A course covering basic concepts of current ocular pathological problems. Included are consideration of local and systemic treatment of ocular pathologies, use of diagnostic agents, and ocular side effects of non-ocular drugs.
- 330 PRINCIPLES OF MEDICINE VII: DERMATOLOGY (2 quarter hours)
Two hours of lecture per week. Appreciation of skin disorders with emphasis on ocular or adnexa implications. Topics will include collagen diseases, pre-cataract skin changes, psoriasis, facial tumors, tumors of eyelid, eyelashes, eyebrows, eczemas; Seborrhic atropic and allergic dermatitis; Steven-Johnson and dry eye syndrome; Xeroderma, Lipoid Storage Diseases, Xanthlasma; Seborrhic exfoliation. Viral diseases of skin with ocular manifestation, including Vaccinia, Herpes Simplex, Herpes Zoster, Chickenpox, measles, Verrucae; Bullous Dermatoses, disturbances of pigmentation, nutritional disturbances and drug reactions.
- * 333 PHARMACOLOGY: CLINICAL PHARMACOLOGY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. An advanced course designed to integrate the student's knowledge of pathology and pharmacology. Special emphasis will be placed on further developing differential diagnostic skills, the skills necessary to manage and/or monitor patients who manifest diagnosed ocular conditions and/or systemic conditions with ocular and visual complications, and in addition, to develop further screening techniques for detecting high incidence general health problems.
- 432 VISION SCIENCE SEMINAR: CURRENT PROBLEMS (2 quarter hours)
Two hours of lecture per week. Various topics concerning aspects of vision science are discussed in terms of current problems.

OPTOMETRY DEPARTMENT

- 110 BASIC OPTOMETRY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Introduction to the use of the trial frame, trial case, retinoscope, ophthalmoscope, ophthalmometer and other instruments used in the visual analysis. Normal refractive states and deviations are studied along with common visual anomalies. Techniques of taking the principal optometric data and the case history are introduced, followed by the evaluation of single findings and the inference of deviant processes from patterns of findings.
- 111 PREVENTATIVE AND COMMUNITY OPTOMETRY; EPIDEMIOLOGY AND RESEARCH METHODOLOGY (4 quarter hours)
Four hours of lecture per week. Statistical methods as applied to data obtained in optometric examinations and visual science. Measures of central tendency, variability, correlation, standard errors, and tests of significance of commonly used statistics including introduction to the analysis of variance. Experimental design and logic of controlled experimentation, reliability of observations, statistical versus experimental means of controlled experimentation, analysis, interpretation and communication of experimental results.
- 120 INTERMEDIATE OPTOMETRY I (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A continuation of 110.
- 121 PREVENTATIVE AND COMMUNITY OPTOMETRY; JURISPRUDENCE (2 quarter hours)
Two hours of lecture per week. Prevailing statutory and common laws relevant to rights and responsibilities of the optometrist are presented and the legal principles with which an optometrist should be familiar are discussed.
- 130 INTERMEDIATE OPTOMETRY II (5 quarter hours)
Four hours of lecture and one two-hour laboratory per week. A continuation of 120.
- 131 HISTORY OF OPTOMETRY (1 quarter hour)
One hour of lecture per week. The development of the profession of optometry from antiquity to the present is surveyed. The role of certain optometric organizations, as well as noted figures in the history of vision science and optometry are studied for perspective.
- 210 ADVANCED OPTOMETRY I (4 quarter hours)
Three hours of lecture and one two-hour laboratory. The procedures and rationales of graphical, normative and functional visual analysis are studied and compared. Selected optometrics are compared in relation to the diagnosis and treatment of various visual problems.
- 220 ADVANCED OPTOMETRY II (4 quarter hours)
Three hours of lecture and one two-hour laboratory. A continuation of 210.
- 222 OPHTHALMIC OPTICS I (2 quarter hours)
Two hours of lecture per week. Fundamentals of ophthalmic mechanics, pertinent mathematics, practical training in the fabrication of common types of ophthalmic lenses and spectacles. Dispensing procedures of fit-

- ting and adjusting of spectacles to various facial contours are included. Tool kits are required.
- 230 ADVANCED OPTOMETRY III (5 quarter hours)**
Four hours of lecture and one two-hour laboratory. A continuation of 220.
- 232 OPHTHALMIC OPTICS II (2 quarter hours)**
One hour of lecture and one two-hour laboratory per week. A continuation of Opt. 222. Tool kits are required.
- 310 CONTACT LENS PRACTICE I (4 quarter hours)**
Three hours of lecture and one two-hour laboratory per week. The history and development of contact lenses, lectures on the anatomy and physiology of the cornea and eyelids, optics, instrumentation, and lens design. Symptomatology with emphasis on differential diagnosis is presented. Fluorescein analysis of diagnostic lens/cornea relationships is emphasized. Material concerning lens modification procedures, verification of lenses, and fitting techniques is presented in the laboratory.
- 311 ORTHOPTICS & VISION TRAINING I (4 quarter hours)**
Three hours of lecture and one two-hour laboratory per week. A study of the influence of vision on human potential, performance, and behavior at various levels of development.
- 320 CONTACT LENS PRACTICE II (4 quarter hours)**
Three hours of lecture and one two-hour laboratory per week. Advanced optics, bifocal lenses, scleral lenses, and contact lens telescopic systems are presented. Prerequisite: Optometry 310.
- 321 ORTHOPTICS & VISION TRAINING II (4 quarter hours)**
Three hours of lecture and one two-hour laboratory per week. Fundamental principles and modern concepts of vision training and orthoptic procedures are presented as they apply to improvement of vision function, reestablishment of efficient binocular vision, and modification of behavior through performance and achievement gains in the individual.
- 331 PREVENTATIVE & COMMUNITY OPTOMETRY; ENVIRONMENTAL VISION (3 quarter hours)**
Three hours of lecture per week. An analysis of the role of the optometrist and the practice of optometry in industry and other public, military, and educational settings where large groups of individuals are sharing a common environment.
- 332 VISION SCIENCE LABORATORY (2 quarter hours)**
A group of courses from which the student elects one. Each course includes two hours of lecture or one hour of lecture and one two-hour laboratory per week and is research oriented, with classroom activity devoted to clarifying and discussing laboratory techniques. Offered to appeal to student interests in pursuing special research topics in greater depth in areas such as Physical Optics, Geometrical Optics, Physiological Optics, Psychological Optics, and Experimental Optometry.
- 333 LIMITED VISION (PARTIAL SIGHT) (4 quarter hours)**
Three hours of lecture and one two-hour laboratory per week. Differential procedures of evaluation of patients with severe and intractable visual deficits. Anatomical, physiological, and psychological aspects are integrated in considering the most suitable optic compensation.
- 401 PREVENTATIVE & COMMUNITY OPTOMETRY; ECONOMICS & PRACTICE MANAGEMENT (4 quarter hours)**
Four hours of lecture per week. Professional and economic aspects of the ethical practice of optometry are studied in detail. Special attention is given to selection of a practice location, planning and equipping the office, fee structures, office and personnel management, records systems, and effective communications at the professional level. The basic concepts of ethical professional conduct and their application to standards of practice are considered from the points of view of the individual optometrist, the patient, the profession, and the public.
- 402 PREVENTATIVE & COMMUNITY OPTOMETRY; PUBLIC HEALTH (2 quarter hours)**
Two hours of lecture per week. A general introduction to the principles of public health, the concepts of epidemiology, and the structure and functioning of local, state, and federal health departments and agencies.
- 410 OPTOMETRY SEMINAR: CURRENT PROBLEMS (3 quarter hours)**
Three hours of lecture per week. Modern techniques used in various aspects of optometry, including contact lenses, general refraction, pathology, etc.
- 411 CLINICAL CASE ANALYSIS I (2 quarter hours)**
Two hours of lecture per week. Analysis of patient cases, including general, and various specialty areas.
- 420 OPTOMETRY SEMINAR (2 quarter hours)**
Two hours of lecture per week. A continuation of 410.
- 421 CLINICAL CASE ANALYSIS II (2 quarter hours)**
Two hours of lecture per week. A continuation of 411.
- 430 OPTOMETRY SEMINAR: CURRENT PROBLEMS (3 quarter hours)**
Three hours of lecture per week. A continuation of 420.
- 431 CLINICAL CASE ANALYSIS III (2 quarter hours)**
Two hours of lecture per week. A continuation of 421.
- CLINIC DEPARTMENT.** Satisfactory completion of all course work in the Optometry Department (excluding History of Optometry) and Clinic Department in the First and Second Professional Years is prerequisite to the Third Professional Year Clinic Department work. Additionally, the three-quarter, Second Professional Year general and ocular pathology series; the Second Professional Year course in Pharmacology and Therapeutics; and the Second Professional Year course in Applied Psychology, all in the Biomedical Department, are prerequisites for Third Professional Year clinic assignments.
- 110 CLINIC ORIENTATION (1 quarter hour)**
One two-hour laboratory per week. An orientation to the clinic by means of participation in school screenings and external clinics, to the extent of recording and assisting upper classmen in performance of clinical routines. This one-hour course is extended over the first three quarters of the optometry program and is designed to afford the beginner an appreciation of the social aspects of vision care.

- 210 CLINICAL PROCEDURES (1 quarter hour)**
One two hour clinic laboratory per week. This course is an introduction to clinical procedures, emphasizing patient handling, case histories, record keeping, preliminary testing, and instrumentation. This one-hour course is extended over the Fall, Winter and Spring quarters of the Second Professional Year.
- * **310 CLINICAL PRACTICE I (3 quarter hours)**
↓ One hour of lecture and two four-hour laboratories per week. Extensive familiarization with clinical facilities and procedures and individually supervised experience in the coordination and application of various theories and techniques of optometry in the out-patient clinic. The taking of case histories, measurement of visual skills, refractive status, status of accommodation and convergence and their coordination, pathology and visual fields examination, subnormal vision, eikonometry, prescribing and dispensing.
- 320 CLINICAL PRACTICE II (4 quarter hours)**
One hour of lecture and three four-hour laboratories per week. A continuation of 310.
- 330 CLINICAL PRACTICE III (4 quarter hours)**
One hour of lecture and three four-hour laboratories per week. A continuation of 320.
- 331 SPECIALTY CLINICS (2 quarter hours)**
Two four-hour laboratories per week. Introduction to clinical procedures in Contact Lenses and in Orthoptics and Vision Training.
- 400 CLINICAL PRACTICE IV (5 quarter hours)**
One hour of lecture and four four-hour laboratories per week. A continuation of 330.
- 401 SPECIALTY CLINIC (2 quarter hours)**
A topic selected from a wide variety of subjects. A minimum of two quarter hours of credit each must be completed in Contact Lenses and in Orthoptics and Vision Training, during the fourth year, as well as a minimum of one quarter hour of credit in Pathology. Additional clinic rotations may be selected from Geriatrics, Low Vision, Dermatology, Neurology, Pediatrics, Neurophysiology, or any other approved clinical area.
- 410 GENERAL CLINIC PRACTICE V (5 quarter hours)**
One hour of lecture and four four-hour laboratories per week. A continuation of 400.
- 411 SPECIALTY CLINICS (2 quarter hours)**
Two four-hour laboratories per week. A continuation of 401.
- 420 GENERAL CLINIC PRACTICE VI (6 quarter hours)**
One hour of lecture and five four-hour laboratories per week. A continuation of 410.
- 421 SPECIALTY CLINICS (3 quarter hours)**
Three four-hour laboratories per week. A continuation of 411.
- 430 GENERAL CLINIC PRACTICE VII (5 quarter hours)**
One hour of lecture and four four-hour laboratories per week. A continuation of 420.
- †
* **431 SPECIALTY CLINICS (2 quarter hours)**
Two four-hour laboratories per week. A continuation of 421.

FOURTH-YEAR EXTERNSHIPS. The externship program is designed for fourth-year clinicians in optometry to broaden and supplement their experience in evaluating, diagnosing, and treating conditions of the eye and visual system. Externships are five weeks in duration, and they may be scheduled during any of the four quarters of the fourth professional year. Fourth-year students are required to take at least one externship prior to graduation. A student who is unable to participate in an assigned externship for exceptional reasons must consult with the Dean of Faculty.

It is permissible for a fourth-year student to participate in more than one externship, or in an externship of longer than five weeks in duration. No more than one quarter may be spent in any one location.

The externship program provides a wide range of geographical locations in hospital, private clinic, and private practice settings. In all cases the extern serves under the direct supervision of optometric, osteopathic, or medical physicians who hold at least temporary appointments to the adjunct faculty of the College.

Eligibility requirements for externship participation are as follows:

1. The student must be in good standing (i.e., not subject to termination for disciplinary reasons); and
2. Not on probation (either academic or disciplinary); and
3. Be a regular student (i.e., pursuing a course of study leading to certification or to a degree offered by the College); and
4. Must have satisfactorily completed all courses in the O.D. degree curriculum through the spring quarter of the third year; and
5. Must have passed clinical competency evaluation.

EXTERNAL STUDIES PROGRAM COURSES

133E VEGETATIVE PHYSIOLOGY; OCULAR BIOCHEMISTRY (3 quarter hours)

Three hours of lecture per week. Analysis of the intraocular fluids, aqueous chemistry and flow; secretory mechanism, intraocular pressure; vitreous structure and protein; lens and its function related to its composition. Lens proteins, metabolism cataract. The cornea and sclera; neurological aspects of sensation; metabolism, nutrition and growth processes; retinal metabolism, glycolysis.

316E GENERAL PHARMACOLOGY (3 quarter hours)

Three hours of lecture per week. A comprehensive course covering contemporary therapeutic principles and agents. Included are origins, chemical nature, mechanism of actions and interactions, major effects, and absorption and fate of the most commonly used drugs.

326E OCULAR PHARMACOLOGY (3 quarter hours)

Three hours of lecture per week. A course covering basic concepts of current ocular pathological problems. Included are consideration of local and systemic treatment of ocular pathologies, use of diagnostic agents, and ocular side effects of non-ocular drugs.

336E CLINICAL PHARMACOLOGY (3 quarter hours)

Two hours lecture and one two-hour laboratory per week. An advanced course designed to integrate the student's knowledge of pathology and



UNIVERSITY OF MINNESOTA

Board of Regents

The Honorable Wenja Moore (Mrs. Cornell), Minneapolis, Chairman, The Honorable David C. Uitz, M.D., Rochester, Vice Chairman, The Honorable Erwin L. Goldfine, Duluth, The Honorable Laura D. Krenk, Madison Lake, The Honorable Robert Letz, Golden Valley, The Honorable David M. Lebedoff, Minneapolis, The Honorable L. J. Lee, Bagley, The Honorable Charles F. McQuiggen, Marshall, The Honorable Lloyd H. Peterson, Paysonville, The Honorable Mary T. Scherler (Mrs. Paul H.) St. Paul, The Honorable Neil C. Sherburne, Lakeland, The Honorable Michael W. Unger, St. Paul

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Medical School

Volume 1888 Number 17

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UNIVERSITY OF MINNESOTA

Medical Student Government and Student Societies

The Medical Student Council, the student governing body, is composed of representatives from each class and from several minority groups that are elected each year. Council members meet regularly and frequently to discuss problems common to the student body and to plan a variety of projects and service activities. The council represents the interests of the medical students to the administration and the faculty. The medical students, through the council, have adopted an honor code covering examination procedures. Upon admission to the Medical School, each student, after suitable briefing, signs a statement indicating that he or she is well acquainted with the provisions of this code and agrees to abide by it. The Ethics Committee of the Medical Student Council is responsible for investigating reports of any suspected violations of this code.

There are several medical fraternities available for men and one medical society available for women. These organizations play a major role in the social life of many medical students.

The national medical scholastic society, Alpha Omega Alpha, selects academically high-ranking students from the junior and senior classes for election to membership. The James Moore Society is composed of 25 students elected by the membership on the basis of research interest and achievement. The group meets monthly at the home of one of several faculty members for discussions of medical subjects and other topics of current interest. The Cyrus P. Barnum, Jr., Society, an organization of students working toward the combined M.D.-Ph.D. degree, meets regularly for scientific and informative evening discussions to which speakers are invited.

The American Medical Student Association (AMSA), an integral part of the Medical Student Council, is incorporated as one of the major activities of the council. The association's chairperson acts as local AMSA chapter president. This group sponsors certain school-wide functions through the student council. The membership fee is nominal, and members receive monthly copies of the national periodical.

The wives of many medical students are active in the Women's Auxiliary of the Student American Medical Association (WA-SAMA). This group holds monthly meetings featuring speakers who discuss topics of interest.

IV. M.D. PROGRAM

The Medical School provides the faculty and facilities for instruction of students in the course in medicine. The primary goal of medical education is to produce good physicians possessing sound training in quantitative human biology. Beyond the Medical School and the award of the M.D. degree, all graduates are obliged, by requirements for specialization and/or licensure, to undertake additional formal education or training. And beyond these formal programs are the continuing education activities that individuals in practice must demand of themselves. Much of the success of the sequence of undergraduate-graduate-continuing education, called the continuum of medical education, is dependent on individual responsibility and initiative. Therefore, to encourage such development, medical students, the concept of the student as learner is emphasized in the curriculum.

The course of study for the M.D. degree consists of a core program of 8 academic quarters and a track (option, elective) program of 5 academic quarters. Within the core program, the first 4 quarters, termed Phase A, include course work in basic medical sciences, behavioral science, and introductory experiences with patients. The next 4 academic quarters of the core program, termed Phase B, consist of integrated interdepartmental courses organized and taught along organ system and topical lines. In the Phase D portion of the curriculum, students, with the help of an adviser, plan a program of elective courses. All students must include in this program experience in both medicine and surgery that will be suitable preparation for advanced clinical responsibilities in subsequent training after completion of work for the M.D. degree. Students making satisfactory progress may, after adviser, track, and special committee review, be approved to complete Phase D in less than 5 academic quarters (minimum 3 quarters of study) providing they make arrangement for a first year of graduate study in a teaching hospital. Alternatively, students may complete Medical School in 5 quarters in Phase D with no restriction or requirement as to type of graduate program activity. Students are required to take and pass parts I and II of the National Board Examinations as a requirement for graduation and the M.D. degree.

Phase A

In the first 4 quarters of the Medical School program, studies cover the structure and function of the human organism and the emotional, social, and psychological development of the individual. In Phase A, the student begins clinical activities through tutorial assignments and clinical correlation sessions in Introduction to Clinical Medicine. The Phase A program is intended to involve the student physician in individual synthesis and correlation of the basic sciences with clinical applications and in direct, personal confrontation with human illness and patient care. The required program in Phase A consists of the following courses:

Fall Quarter and Winter Quarter (A-1 and A-2)

- Gross Anatomy (Anat 5100-5101)
- Human Histology (Anat 5103-5104)
- Embryology (Anat 5106-5107)
- Medical Biochemistry (MedBc 5100-5101)
- Introduction to Clinical Medicine (InMd 5160-5101)
- Behavioral Science (AdPy 5107-5108)

Spring Quarter and Summer Quarter (A-3 and A-4)

- Medical Physiology (Phel 5110-5111)
- Pathology (Path 5101)
- Neuroanatomy (Anat 5111)

Introduction to Clinical Medicine (InMd 5101-5103)
 Microbiology (MicB 5205-5206)
 Pharmacology (Phcl 5110-5111) *see p 56*

In both fall and winter quarters, students may elect to attend one of several weekly small group meetings at which topics of personal concern, current interest, or medical importance are brought up for discussion.

Phase B

The 4-quarter sequence of Phase B begins in the fall and consists of integrated, interdepartmental courses designed to highlight fundamental principles in clinical medicine and to emphasize pathophysiologic concepts. The courses are organized in relation to organs, systems, or topics. Two courses in the Phase B sequence, Student as Physician and Human Behavior, are designed, respectively, to increase the student's clinical skills and knowledge and to enhance the student's awareness of psychopathology and psychological factors related to illness.

Core activities in some courses consist of small group discussions, with lectures and other formal presentations optional. Extensive syllabi and reference lists are provided for each student. The student is encouraged to exercise independent and mature judgment in the learning process by arranging her or his own activities. The student may utilize this time for study in the Learning Center, participation in additional clinical experiences, or completion of elective courses available to students in Phase B. The formal Medical School activities in Phase B are divided into three categories:

1. **Core Time**—Lectures or small group discussions related to a specific organ, system, or topic, and weekly clinical tutorials. Attendance is expected.
2. **Optional Activities**—Supplementary scheduled activities, such as lectures that expand material offered in the core or, in some cases where lectures are optional, films, additional clinical experiences, laboratories, demonstrations, clinical rounds, teaching rounds, or clinical-pathological conferences. Attendance is voluntary.
3. **Electives**—Courses offered throughout the year covering various topics of interest to medical students but not necessarily related to the core program.

The required program in Phase B consists of the following courses:

REQUIRED PHASE B COURSES

InMd 5110—Medical Genetics	2 cr
InMd 5220—Cardiovascular	3 cr
InMd 5221—Respiratory	3 cr
InMd 5228—Ear, Nose, and Throat	2 cr
InMd 5212—Human Behavior	5 cr
InMd 5231—Gut	4 cr
InMd 5234—Biology and Epidemiology	1 cr
InMd 5226—Blood	3 cr
InMd 5222—Fluid and Electrolytes	3 cr
InMd 5223—Kidney and Urinary Tract	3 cr
InMd 5230—Nervous System and Muscle Disorders	5 cr
InMd 5232—Bones, Joints, and Connective Tissue	4 cr
InMd 5224—Endocrine and Metabolism	4 cr
InMd 5225—Reproduction	4 cr
InMd 5227—Skin	2 cr

- ▶ InMd 5229 Eye
- InMd 5233 Human Sexuality

Student as Physician Tutorials

Medicine Tutorial	Cr ar
Pediatrics Tutorial	Cr ar
Obstetrics-Gynecology Tutorial	Cr ar
Psychiatry Tutorial	Cr ar
Surgery Tutorial	Cr ar
Family Practice and Community Health	Cr ar
Physical Medicine and Rehabilitation	Cr ar
Laboratory Medicine	Cr ar

Phase D

Phase D is designed to extend the curriculum goals of relevance, flexibility, and the student as learner. Prior to completion of Phase B, students select a track and an adviser within that track for the balance of the Medical School program. Students are reminded not to confuse the selection of a track at this point with their eventual need to choose a practice specialty. The six broadly defined career pathways or tracks, encompassing all disciplines and providing varied options for all students, are the following:

- Track 1—Medicine, Pediatrics, Medical Specialties including Obstetrics
- Track 2—Surgical Specialties
- Track 3—Psychiatry and Behavioral Sciences
- Track 4—Neurological Sciences
- Track 5—Family Practice
- Track 6—Medical Investigation and Special Programs

The student, with the help of an adviser, develops an individualized elective program of study related to personal interests and career goals. Each student's program is approved and progress monitored by the appropriate track committee.

There are electives strongly recommended for the several tracks in general, and as a logical extension of the core material and tutorial format in Phase B, each student is advised to spend 12 to 16 weeks in externship-type electives such as those offered in medicine, neurology, obstetrics, pediatrics, psychiatry, and surgery. The balance of the individual program is drawn from the extensive elective courses offered by each Medical School department. Students may consider elective work in other medical schools, in the United States or elsewhere. Up to 1 quarter of credit for such activities may be approved by the adviser and track committee. The flexibility of the elective program and the general nature of the pathways provide an opportunity for creative and interested students to avail themselves of the widest possible spectrum of educational activities to further their professional growth.

Students are eligible to begin Phase D on completion of Phases A and B and after taking part I of the national boards. Students with deficiencies in Phase A or B or who have taken but not passed part I are reviewed by the Scholastic Standing Committee for a decision as to arrangement of their continuing academic program. The content of Phase D, approved by the adviser and Phase D track committee, is determined by a review of each student's educational needs in light of his or her projected career goals. There are no restrictions on the type of internship or first-year training program for students graduating in 4 years, in the standard 3-quarter curriculum. In the case of 3-quarter programs, students must provide evidence that they will spend their first postdoctoral year (internship or first year of graduate training) in a university or other major affiliated teaching hospital.

Lydia Nerberg, M.D.
 Thomas O'Hara, M.D.
 Richard T. Olson, M.D.
 Charles Ostrov, M.D.
 Rene Palletier, M.D.
 Charles Roach, M.D.
 Robert Sigelman, M.D.
 James Standeter, M.D.
 Alfred Steidl, M.D.
 Richard Studeni, M.D.
 Bryan Teske, M.D.
 James Thompson, M.D.
 Jon Tierney, M.D.
 Elliot Traub, M.D.
 Paul Wicklund, M.D.

Clinical Instructor

Paier Army, M.D.
 Judith Bennington, M.D.
 John E. Bergstein, M.D.
 Herbert Billman, M.D.

Dorothy Bros
 Christopher Brown, M.D.
 Emmett Carpel, M.D.
 Richard Carroll, M.D.
 David Cherek, M.D.
 Raymond Croissant, M.D.
 Michle Haddad, M.D.
 David Hendrickson, M.D.
 Donald Herrick, M.D.
 George O. Hagerman, M.D.
 Herbert T. Hobday, M.D.
 Douglas Holmen, M.D.
 James Householder, M.D.
 Martin Kaplan, M.D.
 Aaron Nathanson, M.D.
 Mark Norman, M.D.
 Robert Ostrow, M.D.
 Jerome Poland, M.D.
 Thomas Purcell, M.D.
 Wesley Sandreal, M.D.
 Robert Warshawsky, M.D.

ELECTIVE COURSES

8189. EXTERNSHIP IN OPHTHALMOLOGY. (Cr or, prereq regis med)
 8190. OPHTHALMOLOGY RESEARCH PROBLEMS. (Cr or, prereq regis med)

ADVANCED CREDIT COURSES

8101. CLINICAL OPHTHALMOLOGY
 8102. EXTERNAL DISEASES
 8103. MEDICAL OPHTHALMOLOGY
 8104. RADIOLOGY OF THE EYE, ORBIT, AND HEAD
 8105. MOTILITY
 8106. STRABISMUS MANAGEMENT
 8107. OCULAR ANATOMY
 8121. REFRACTION
 8122. PHYSIOLOGIC OPTICS
 8131. PRACTICAL OCULAR SURGERY
 8132. DIDACTIC OCULAR SURGERY
 8141. OCULAR PATHOLOGY CONFERENCE
 8142. OPHTHALMIC PATHOLOGY LABORATORY
 8183. PATHOLOGY OF THE EYE
 8184. BASIC AND APPLIED OPHTHALMOLOGY
 8185. OPHTHALMOLOGY LABORATORY
 8186. RESEARCH IN OPHTHALMOLOGY
 8194. SEMINAR IN OPHTHALMOLOGY
 8195. SPECIAL TOPICS IN OPHTHALMOLOGY
 8781. NEUROOPHTHALMOLOGY

*Medical student may take
 any or none of these courses*

Orthopaedic Surgery (OrSu)

Roby C. Thompson, Jr., M.D., professor and head

Professor

David S. Bradford, M.D.
 Robert B. Winter, M.D.

Clinical Professor

Ramon R. Gustaf, M.D.
 Harry B. Hall, M.D.
 Sheldon M. Legend, M.D.

Associate Professor

Thomas H. Comford, M.D.
 James H. House, M.D., M.S.
 Robert F. Pomeroy, M.D.

Clinical Associate Professor

Robert M. Barnett, M.D.
 Lester W. Carlender, M.D.
 Frederick D. Drill, M.D.
 Arnold L. Harnal, M.D.
 Walter Indeck, M.D.
 Richard H. Jones, M.D.
 Lowell Kigvan, M.D.
 Lowell Lufier, M.D.
 Harvey E. O'Phelan, M.D.
 Wayne W. Thompson, M.D.

Assistant Professor

Alfred F. Behrens, M.D.
 John E. Lonstein, M.D.
 Jack K. Mayfield, M.D.
 Theodora R. Oegema, Jr., Ph.D.

Clinical Assistant Professor

Richard J. Aadalen, M.D.
 Gordon Asmoth, M.D.
 Paul Arneson, M.D.
 Frank S. Cobb, M.D., M.S.
 Vincent E. Ehlers, M.D.
 David W. Florence, M.D.
 Daniel Galtner, M.D.
 John A. Hartwig, M.D.
 Edward H. Kelly, M.D.
 Charles C. Lee, M.D.
 Donald R. Lennin, M.D., M.S.

Limit Leader, M.D.

Edward McElvish, M.D.
 John E. McLaughlin, M.D.
 Joseph M. Tamborino, M.D.

Instructor

Khalid B. Ahmed, M.D.
 John H. Scardino, M.D.

Clinical Instructor

John J. Beer, M.D.
 Rosina Brinck, M.D.
 Joseph Becklage, M.D.
 Charles J. Codley, M.D.
 Michael W. Davis, M.D.
 Leo DeSouza, M.D.
 Richard B. Edes, M.D.
 Philip Hale, M.D.
 James E. Johnston, M.D.
 Richard J. Johnson, M.D.
 Stephen Kuslich, M.D.
 John Larkin, M.D.
 Dick R. Lender, M.D.
 Thomas L. Linn, M.D.
 Donald L. Masten, M.D.
 James D. Packer, M.D.
 Jerry Reiss, M.D.
 George E. Reister, M.D.
 Richard Schmitt, M.D.
 Jean Schmitt, M.D.
 Peter Strang, M.D.
 Marie B. Strating, M.D.
 Francis J. Trow, M.D.
 John Wilson, M.D.

The major goals of the orthopaedic surgery courses are to provide the medical student with the foundation necessary for performing a basic neuro-musculoskeletal examination of the patient, for correlating the clinical expressions of disease with basic science knowledge, and for recognizing those patient problems that require immediate appraisal and resolution. In a number of clinical electives, the student experience has the option of participating in the diagnostic and therapeutic management of patients with orthopaedic and traumatic disabilities. This advanced experience provides an understanding of fundamental orthopaedic principles, the scope of orthopaedic surgery, and the opportunities for both clinical and basic investigation in orthopaedic surgery.

ELECTIVE COURSES

8109. ORTHOPEDICS I. (Cr or, prereq regis med)
 8109. ORTHOPEDICS II—EXTERNSHIP IN ORTHOPEDIC SURGERY. (Cr or, prereq regis med)
 8109. RESEARCH PROBLEMS IN ORTHOPEDIC SURGERY. (Cr or, prereq regis med)
 8107. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—St Paul Ramsey Hospital. (Cr or, prereq regis med)
 8108. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—Gileño State Hospital, St Paul. (Cr or, prereq regis med)
 8109. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—Fletcher St. Mary's Hospital. (Cr or, prereq regis med)
 8109. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—Veterans Hospital. (Cr or, prereq regis med)
 8101. ORTHOPEDIC EXTERNSHIP AT HENNEPIN COUNTY GENERAL HOSPITAL. (Cr or, prereq regis med)

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

POSITION PAPER

SENATE BILL NO. 136

"An Act relating to the practice of optometry, and authorizing the use of ophthalmic drugs by optometrists."

This bill would permit the use of selected drugs by certain optometrists and as such would delete from the definition of optometry the restriction against the use of drugs. All of these are drugs which are instilled directly into the eye.

In addition to topical anaesthetics, drugs used in examining the human eye include:

Mydriatics - cause pupil to open;

Myotics - cause pupil to close down;

Cycloplegics - cause temporary paralysis of the muscles controlling the shape of the lens.

A majority of states now allow optometrists to use diagnostic topical drugs, either through specific enabling legislation or through the lack of specific prohibitions. The issue of the use of such drugs by optometrists has been controversial. In recent years certain states have given permission while it has been denied in other states. Those in favor of the use of drugs by optometrists argue that optometric services are more widely distributed than ophthalmologic services and that the optometrist serves as an entry point for primary eye care. The use of diagnostic drugs is said to expand the ability of the optometrist to recognize eye abnormalities and to increase medical referral for diagnosis and treatment. The optometric group also states that the drugs which are proposed rarely have adverse effects.

Those opposing permissive legislation argue that the use of drugs would not materially improve the capacity of optometrists to recognize abnormalities. Optometrists are not expected to diagnose diseases of the eye, and if a departure from normal is noted, the patient is expected to be referred to a physician for diagnosis. The concern on the part of the medical community is that the optometrists would be making diagnostic judgments which the physicians do not believe them qualified to make. Moreover, the medical community notes that adverse reactions, while admittedly rare for certain of the drugs, can have extremely serious consequences when they do occur. A higher rate of predisposition to a certain type of glaucoma in Alaska Natives is cited. Use of mydriatics could possible precipitate an attack.

Limitations are placed on the use of certain drugs by the permissive legislation of some states. None are described in the proposed Alaska bill. In Oregon, for example, the Board of Optometry is empowered to designate the diagnostic pharmaceutical agents for topical use, but provides that the designation shall be with the advice and guidance of

6/25
3-9-20
[Signature]



the Board of Medical Examiners for the State of Oregon. Rhode Island permits the use of mydriatics, miotics and topical anaesthetics while Maine permits only the use of topical anaesthetics and mydriatics. A bill which has been considered in the Ohio legislature specifically prohibits use of pilocarpine (a drug which constricts the pupil), atropine and homatropine (drugs which dilate the pupil and temporarily paralyze accommodation of the lens) and 10% phenylephrine (a strong mydriatic).

Some states define the type of training in pharmacology which would be required before an optometrist would be permitted to use diagnostic drugs. SB 136 contains such provisions.

If the Legislature chooses to authorize use of certain drugs by optometrists, the Department of Health and Social Services suggests that definitions and restrictions similar to those in use in other states may be advisable, and that the professional opinion of the medical and optometric communities should be sought to insure the health and safety of the general public.

Recommended by:

David Bruce
David Bruce, Deputy Director

Date:

February 26, 81

Approved by:

Helen D. Beirne
Helen D. Beirne, Commissioner

Date:

2-26-81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill No. 136
 Title "An Act relating to the practice of optometry, and authorizing the use of drugs.."
 Requested by Commissioner's Office Date February 26, 1981

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
 Program Category Affected Health/Public Health
 BRU, Program, or Subprogram(s) Affected _____
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

IV. DATE February 26, 1981 PREPARED BY David Bruce
 AGENCY Division of Public Health
 PHONE 465-3090

POSITION PAPER

HOUSE BILL NO. 111

"An Act relating to the practice of optometry, and authorizing the use of ophthalmic drugs by optometrists."

This bill would permit the use of selected drugs by certain optometrists and as such would delete from the definition of optometry the restriction against the use of drugs. All of these are drugs which are instilled directly into the eye.

In addition to topical anaesthetics, drugs used in examining the human eye include:

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Myotics - cause pupil to close down;

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Those opposing permissive legislation argue that the use of drugs would not materially improve the capacity of optometrists to recognize abnormalities. Optometrists are not expected to diagnose diseases of the eye, and if a departure from normal is noted, the patient is expected to be referred to a physician for diagnosis. The concern on the part of the medical community is that the optometrists would be making diagnostic judgments which the physicians do not believe them qualified to make. Moreover, the medical community notes that adverse reactions, while admittedly rare for certain of the drugs, can have extremely serious consequences when they do occur. A higher rate of predisposition to a certain type of glaucoma in Alaska Natives is cited. Use of mydriatics could possibly precipitate an attack.

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designate the diagnostic pharmaceutical agents for topical use, but provides that the designation shall be with the advice and guidance of the Board of Medical Examiners for the State of Oregon. Rhode Island permits the use of mydriatics, miotics and topical anaesthetics while Maine permits only the use of topical anaesthetics and mydriatics. A bill which has been considered in the Ohio legislature specifically prohibits use of pilocarpine (a drug which constricts the pupil), atropine and homatropine (drugs which dilate the pupil and temporarily paralyze accommodation of the lens) and 10% phenylephrine (a strong mydriatic).

Some states define the type of training in pharmacology which would be required before an optometrist would be permitted to use diagnostic drugs. HB 111 contains such provisions.

If the Legislature chooses to authorize use of certain drugs by optometrists, the Department of Health and Social Services suggests that definitions and restrictions similar to those in use in other states may be advisable, and that the professional opinion of the medical and optometric communities should be sought to insure the health and safety of the general public.

Recommended by: David Bruce
David Bruce, Deputy Director

Date: February 25, 1981

Approved by: Helen D. Beirne
Helen D. Beirne
Commissioner

Date: 2-26-81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 111
 Title "An Act relating to the practice of optometry, and authorizing the use of drugs..."
 Requested by Commissioner's Office Date February 25, 1981

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
 Program Category Affected Health/Public Health

BRU, Program, or Subprogram(s) Affected: _____
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

IV. DATE February 25, 1981 PREPARED BY David Bruce
 AGENCY Division of Public Health
 PHONE 465-3090

SECTIONAL ANALYSIS FOR CS HB 111

This committee substitute is the Senate version of a bill which has been contemplated by the legislature for at least two years. There has been a controversy over the scope of drugs available for use by optometrists if licensed under this statute along with issues raised about the appropriate educational basis for this extension of their licensure. Ophthalmologists have expressed concern over the weakening of the public perception of medical services. This bill attempts to address the problem of drugs by limiting allowable drugs to topical diagnostic agents. Whether this is specific enough with regard to possible abuse of discretion is another issue.

Sec. 1: Adds a new section to Article I dealing with the Board of Examiners in Optometry which specifies educational and examination requirements for attainment of endorsement on license which authorizes use and scope of diagnostic drugs for optometrists.

Sec. 2: Adds a new section to the section on Board of Examiners in Optometry describing and limiting authorization on an optometrist's license.

Sec. 3: Adds three new sections to the chapter which deal with use of title, display of certificate in a prominent place, and obligation to refer diseased patients to appropriate health care specialist.

Sec. 4: Adds to the current definition of "optometry" the ascertainment of the status of the human visual system including refractive and functional abilities, presence of ocular disease, and other departures from normal requiring referral to health care specialists.

Sec. 5: Reflects the changes in the definition of optometry.

Sec. 6: Adds definition of "diagnostic drug".

Sec. 7: Adds new section authorizing dispensing of drugs to optometrists, if he is properly endorsed.

Sec. 8: Establishes mandatory public hearings on diagnostic drugs to be held by the Board of Examiners in Optometry and State Medical Board.

POSITION PAPER

HOUSE BILL NO. 111

"An Act relating to the practice of optometry and authorizing the use of ophthalmic drugs by optometrists."

WHAT THE BILL DOES

This bill would permit certain endorsed optometrists to use drugs in their practice.

DISCUSSION

This bill would allow use of a broad range of ophthalmic drugs, including therapeutic agents as long as they were identified by the board's regulation. The Department believes it would be more in the public's interest to limit the allowable classes of drugs to cycloplegics (cause temporary paralysis of the muscle controlling the shape of the lens), mydriatics (cause the pupil to open), and topical anesthetics (cause loss of pain sensation).

This bill contains no requirement for the medical community to be involved in setting clinical and classroom educational requirements, in setting examination requirements, and in selecting specific drugs. We feel this would be in the public's best interest.

Finally, the Department feels strongly that consumer awareness is needed regarding the differences in training among the various disciplines of eye care professionals and that optometrists who qualify for use of drugs will have that so noted on their license.

POSITION

The Department is opposed to passage of this bill based on the key deficiencies so outlined above. The Department will, however, support the expansion of the scope of optometric practice to use of diagnostic agents if the above criteria can be addressed.

Recommended by:

E. S. Rabeau
E. S. Rabeau, M.D., Director
Division of Public Health

Date:

Feb. 1, 1982

Approved by:

H. D. Beirne
Helen D. Beirne, Commissioner
Department of Health and
Social Services

Date:

2/1/82

STATE	YR OF ENACTMENT	TYPE AUTHORIZED?		DIAGNOSTIC AGENT FOR THOSE AUTHORIZING DIAGNOSTIC DRUGS ONLY					
		DIAGNOSTIC AGENTS	THERAPEUTIC AGENTS	TOPICAL ANESTHETICS	CYCLOPLEGICS	MYDIATRICS	DYES	MIOTICS	NON-SPECIFIC
1. Rhode Island	1971	X		X		X		X	
2. Pennsylvania	1974	X		X	X	X		X	
3. Tennessee	1975	X		X	X	X		X	
4. Oregon	1975	X		X	X	X	X	X (for emergency)	
5. Maine	1975	X		X		X			
6. Louisiana	1975	X							X
7. Delaware	1975	X		X	X	X		X	
8. West Virginia	1976	X	X						
9. California	1976	X		X	X	X			
10. Wyoming	1977	X		X	X	X	X	X (for emergency)	
11. New Mexico	1977	X							X
12. Montana	1977	X		X	X	X		X (for emergency)	
13. Kansas	1977	X		X	X	X			
14. North Carolina	1977	X	X						
15. Kentucky	1978	X		X	X	X		X (for emergency)	
16. Wisconsin	1978	X		X	X	X	X		
17. Nebraska	1979	X		X	X	X			
18. South Dakota	1979	X							X
19. Utah	1979	X		X	X	X			
20. North Dakota	1979	X							X
21. Arkansas	1979	X		X	X	X	X		
22. Nevada	1979	X		X	X	X		X	
23. Iowa	1979	X		X	X	X			
24. Georgia	1980	X							X
25. Arizona	1980	X		X	X	X			
26. Idaho	1981	X							X
27. Oklahoma	1981	X							X
28. Washington	1981	X		X	X	X	X	X	
29. Missouri	1981	X		X	X	X			
30. Texas	1981	X							X (under physician standing orders)
		<u>30</u>	<u>2</u>	<u>20</u>	<u>18</u>	<u>20</u>	<u>5</u>	<u>10</u>	<u>9</u>
By Attorney General Opinion									
31. Florida	By AG	X	X						
32. Indiana	By AG	X							X
33. Minnesota	By AG	X							X (No list)
34. New Jersey	By AG	X							X
		<u>4</u>	<u>3</u>	<u>20</u>	<u>18</u>	<u>20</u>	<u>5</u>	<u>10</u>	<u>11</u>

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill 111
Title "An Act relating to the practice of optometry and authorizing the use of drugs"
Requested by Commissioner's Office Date February 1, 1982

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
Program Category Affected Health/Public Health
BRU, Program, Or Subprogram(s) Affected _____
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Source)	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

IV. DATE February 1, 1982 PREPARED BY David A. Spence, M.D.
AGENCY PUBLIC HEALTH
Original: Legislative Finance PHONE 465-3100
cc: Budget and Management
Prime Sponsor (First Legislator Named)
33-001 (Rev. 12/81)

JCC

Date: 3/31/82

From: Barbara Wilkins, House H.E.S.S. Committee

SECTIONAL ANALYSIS FOR CS HB 111, OPTOMETRY

The purpose of this bill is to enable optometrists to receive an endorsement on their licenses which allows them to use ophthalmic (diagnostic only) drugs in their examinations of human eyes. This endorsement would be predicated on educational and examination requirements.

Sec. 1: Adds a section to existing law requiring the Board of Examiners in Optometry and the State Medical Board to adopt regulations regarding the use of drugs for optometrists. These regulations shall identify generic drugs and their strengths. An optometrist who is endorsed by the Board and has met the educational and examination requirements shall be licensed to prescribe and administer the drugs specified in this Act.

Sec. 2: Two sections are added to AS 08.72.240 regarding disciplinary actions of the Board which would make use of drugs without endorsement and drugs in strengths other than those specified by Board regulations subject to penalty.

Sec. 3: Adds a subsection to the paragraph on violations which specifies that use of drugs in optometry shall be allowed only as specified under 08.72.062.

Sec. 4: Adds new section regarding use of "Dr." or "Doctor" only in conjunction "optometrist". Optometrists are required to prominently display the appropriate certificates or have them available upon request. Referral to appropriate health care specialists is mandated for ocular injury as well as any other appropriate conditions.

Sec. 5: The definitions section is expanded by adding new language to clarify that certain drugs may be used. This reference is designed to include the new provisions for use of diagnostic drugs in the scope of practice.

Sec. 6: Reflects changes in definitions in Sec. 5.

Sec. 7: Defines diagnostic drugs: 1) cycloplegics, which paralyzes the focus and dilates the pupil or just paralyzes the focus; 2) mydriatics, which dilate the pupil; 3) topical anesthetics for use with diagnostic equipment.

Sec. 8: Under General Provisions, adds section authorizing dispensing of specified drugs to endorsed optometrists.

Sec. 9: Within six months the Boards of Examiners in Optometry and State Medical Board shall have held public hearings on regulations and if jointly promulgated regulations have not been approved within one year, the Optometry Board will adopt the regulations. These provisions start from the effective date.

Sec. 10: Immediate effective date.

Original sponsor: ~~Fin~~ *Master*

Medical Board

Offered: *3/1/82*
Referred: Judiciary

DRAFT

IN THE SENATE

BY THE ~~SENATE~~ *HESS* COMMITTEE

CS FOR ~~SENATE~~ *House* BILL NO. ~~206~~ *111-(HESS)* (FINANCE)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWELFTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the practice of optometry."

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

* Section 1. AS 08.72.050 is amended by adding a new paragraph to read:

(6) prescribing general and clinical educational and examination requirements which a person licensed under this chapter must meet to obtain an endorsement to his license authorizing him to use topical ocular diagnostic drugs; and prescribe requirements for continuing education in the use of such diagnostic drugs. The board shall prescribe such requirements with the advice and consent of the Alaska State Medical Board, within such consent to be provided within six months from the effective date of this section. Such educational and examination requirements shall emphasize the systemic effects of and reactions to pharmaceutical agents, including the treatment of any adverse reactions that may occur. The courses of study shall be offered by an institution approved by the board and an accredited by a regional or professional accrediting organization which is recognized by the council on post-secondary accreditation and the U. S. Office of Education.

(7) specifying the topical ocular diagnostic drugs which identified under AS 08.72.300(3) optometrists may utilize in this state. The board shall specify such diagnostic drugs and their

REQUIRES
Bo-14
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strengths with the advice and consent of the Alaska State Medical Board, with such consent to be provided within six months of the effective date of this section.

* Sec. 2. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.061. BOARD ENDORSEMENT OF DRUGS. (a) A person licensed under this chapter may use a diagnostic drug of the generic name and strength permitted by regulation if

(1) he has satisfied educational requirements established by the board under AS 08.72.050(6) concerning the use of diagnostic drugs; and

(2) he has received an endorsement by the board to his license authorizing him to use diagnostic drugs.

(b) An endorsement to a license authorizing the use of diagnostic drugs by an optometrist shall lapse unless the optometrist satisfies requirements established by the board for continuing education in the use of diagnostic drugs.

* Sec. 3. AS 08.72 is amended by adding new sections to read:

Sec. 08.72.284. USE OF PROFESSIONAL TITLE. A person licensed under this chapter may not in writing use the title "Dr." or "Doctor" as a prefix to his name without using "optometrist" as a suffix to his name or in connection with the title. The board may revoke or suspend the license of a person who violates this section.

Sec. 08.72.285. DISPLAY OF CERTIFICATE. A licensee's registration and renewal certificate with any endorsement of the board regarding the licensee's use of diagnostic drugs must be displayed in a conspicuous part of the primary office in which the holder practices optometry. Every licensee, whenever requested, shall exhibit the certificate to a member of the board, an employee of the department,

TRUTH
IN
ADVERTISING
⇒

PUBLIC
DISPLAY
OF
ENDORSEMENT
TO
USE
DIAGNOSTIC
DRUGS

or a member of the consuming public. The board may revoke or suspend the license of a person who violates this section.

Sec. 08.72.286. REFERRAL TO OTHER MEDICAL SPECIALISTS. If, during an examination of a patient or following an examination of a patient, a licensed optometrist ascertains the possible existence of a pathological condition, the optometrist shall notify the patient and refer the patient to a health care practitioner for further evaluation. The board may revoke or suspend the license of a person who violates this section.

Mandatory Referral

* Sec. 4. Sec. 08.72.280 is amended by adding new subsections to read:

(b) A person may not use a drug in the practice of optometry unless authorized under AS 08.72.061.

(c) A person may not use a drug in practice of optometry unless the use of the specific drug in the practice of optometry has been authorized by the board under AS 08.72.050(7).

* Sec. 5. AS 08.72.300(2) is amended to read:

(2) "optometry" is the examination, other than by the use of drugs, except for topical ocular diagnostic drugs, of the human eyes and the visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which requires referral to other health care practitioners; or the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye; [,] or the prescription or application of lenses, prisms or ocular exercises for the correction or relief of the human eye;

MEANS TO REVOKE LICENSE

* Sec. 6. AS 08.72.300(3) is amended to read:

(3) "practicing optometry" is an examination, other than by the use of drugs, except for topical diagnostic drugs, of the human eyes and visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which requires referral to other health care practitioners; or the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye; [,] or the prescription of lenses, prisms or ocular exercises for the correction or relief of the human eye; [,] or the holding of oneself out as being able to do so;

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

(7) "diagnostic drug" means a cycloplegic, mydriatic, or ocular topical anesthetic which is listed in the official United States Pharmacopeia or supplement to it, or in the official National Formulary or a supplement to it.

* Sec. 8. AS 08.72 is amended by adding a new section to read:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

Sec. 08.72.350. DISPENSING CERTAIN DRUGS TO OPTOMETRISTS. Notwithstanding other provisions of law, a cycloplegic, mydriatic, or ocular topical anesthetic listed in the Official United States Pharmacopeia or a supplement to it, or in the official National Formulary or a supplement to it may be dispensed to an optometrist if he has an endorsement to his license in accordance with AS 08.72.061 authorizing the use of diagnostic drug.

STATE OF ALASKA

DEPARTMENT OF COMMERCE &
ECONOMIC DEVELOPMENT

OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH D
JUNEAU, ALASKA 99811
PHONE: 465-2500

February 26, 1982

Honorable Michael F. Beirne
Chairman
House Health, Education and
Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Mr. Beirne:

Re: Dr. Phillip W. Bach, O.D.

In response to your request, Dr. Phillip W. Bach was not currently licensed on February 1, 1982 when he testified before the House of Representative's Committee on Health and Social Service. Testimony was given on HB 111 Optometry/Ophthalmic Drugs by Dr. Bach. Dr. Bach testified he was currently licensed.

Because of Dr. Bach's failure to comply with AS 08.72.181, "Renewal of licenses," which requires payment of a fee and submitting evidence of post graduate education he was unlicensed. A Temporary Cease and Desist Order (authority AS 08.01.087(b)(1)) was issued on January 4, 1982 by the Director of Occupational Licensing.

On February 8, 1982 the Board of Examiners in Optometry by teleconference, discussed and evaluated the post graduate education submitted by Dr. Bach and agreed to his meeting the requirements. Dr. Bach had previously paid his fees. The board elected to allow renewal of his license.

Dr. Bach's license was issued and mailed to him. He is now currently licensed.

The Cease and Desist Order was withdrawn on February 9, 1982.

I trust this will assist you. If the department can be of any further assistance please contact us.

Sincerely,

E. W. Ebock

Charles R. Webber
Commissioner

HB 111
3/30/82
(B)

Telecopier Joint conf. -
3/7/81

- ① Grant "temporary - emergency substitute" to optometrist in bush, or under conditions where he is not available + pt. care needs immediate attention etc
Then refer to med. student. etc

② Bio microscopes for EXT. eye disease, used by O.D.
for f.b. then refers to GP who wears a hard lens - i.e. crude etc!
i.e. in small towns O.D. + GP need co. etc.

- ③ What drugs - why not just 2:
• Mydriatics - vertigo, e.g. MAINE cases.
See also opt position paper.

- Dr. Johnson - At. med Assoc Pres.

- ④ "Departures from normal" - only requirement
Now of O.D. - "there does not exist. Now call
to "diagnose" or "Rx".

- ⑤ Dr David Spence O.D. 1953
Bill of the nature seem good for public
Dr Spence only
monitor O.D.

3/7/51

Debbie Behr

reviewed Dept proposed Bill re. drug. drug

Dr. - O'Connell - Soldotna - allowed in 7. two other states
Malpractice insurance has gone down

Dr. Peter Lavach of Soldotna

How many referrals do you receive a yr. from
optometrist.

Koolikob - favors - allowed elsewhere ^{in other states} to practice

Valdez - Optometrist - Opto. seldom visits.

Referrals he makes at times most of to
Anch at times unnecessary because he is not
allowed to use ~~of~~ for observation.

From Montana where they have law that allows.

Dr. Jim Falconer -

Did the optometrist used any drugs

Only air for glaucoma, presn. neel on eye
pupils, and some eye drops.

^{high risk}
Patient 11 - 1,800 - but these are the only people ^{who are currently} receiving Rx ^{with no reported adverse}

Dr. Shelton -

Medication $\frac{1}{5}$ diagnostic tools

Bobbie Robinson.

When he went to Dr. S.

Fri. evening was referred to ophthalmologist on Monday

Next - Dr. Falconer - is allowed in Oregon to use diagnostic drugs but not allowed in Ak.

Fibs. - Mrs. - Med Board - Lay member.

Next person opposed to bills

Nurse for school system -

"need to say local & hospital drugs?"

Talked in favor of it but said do not pass

Dr. Wolfe. - Fibs. - Ophthalmologist.

Present system working well.

Bethel Health Center -

Optometrist under PHS and other services in Bethel are doing great job.

Dr. — of Bethel - using drugs currently both diagnostic & therapeutic drugs only for external usage -

Both say referral system to ophthalmologist is very good. - As a matter of fact there has been an increase in referrals

Health aids are allowed to use drugs under supervision of this Dr. because they are public rather than "private"

private patients $\frac{1}{5}$ public pts.
only FHS pts.

Dr. Richard Perry -

Arch. Floyd Walker

Dr. Demski - only allowed to work on public pts. -

Meryle Ziguan - blind in one eye.

afraid that professionals will extend
themselves too far.

Don't lessen qualifications - but stiffen them.