

S B

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ANCHORAGE, ALASKA 99501

testimony

I am Dr. Maynard Falconer, Anchorage optometrist and member of the Board of Examiners in Optometry. S.B. 136 authorizing the use of ophthalmic drugs by optometrists is proposed jointly by the Board of Examiners in Optometry and the Alaska Optometric Association. This legislation will allow the Board to license optometrists for procedures currently being taught in optometry schools but not permitted under the present Alaska law.

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.

PUBLIC BENEFITS OF THE LEGISLATION

1. Availability of Services.

Ophthalmologists are located in only five Alaska cities: Anchorage, Fairbanks, Juneau, Ketchikan, and Soldotna. Optometrists are located at the following cities not served by ophthalmologist: Sitka, Kodiak, Valdez, Bethel, North Pole, Wasilla, Palmer, and 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 six to twenty-four 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 optometrists 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 M.D.s 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).

We expect this legislation to be opposed by ophthalmologists who, for economic reasons, wish to see the optometry law retain its present restrictions.

Let me review ophthalmologists' major criticism with answers to the criticism.

1. Ophthalmologists claim optometrists are not competent and 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 M.D.s and Ph.D.s 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.

2. 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 and if more competent authority is reasonably available.

3. 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.

4. Given drugs for diagnosis and some treatment, optometrists would go in over their heads and 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.

5. Defining procedures "as taught by schools and colleges of optometry" is too general and 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.

6. 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 optometry. In the last fifteen 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.

I have gone over the benefits to the public of the legislation and criticism by ophthalmology and our answers. An additional area of great concern to the optometrist and

to the Board of Examiners in Optometry is the optometrists' legal liability.

A most recent court settlement involving an Alaska optometrist demonstrated how the Alaska optometrist is legally liable to detect and diagnose ocular disease even though state law prohibits him from the use of ophthalmic drugs, which aid in that detection process. In this case, a retinal detachment was present which, by testimony from Dr. Richardson (ophthalmologist), would have been next to impossible to detect without the use of ophthalmic drugs. A recent newspaper article by Dr. Harrison, ophthalmologist practicing in Anchorage, stated when asked about diagnosing a retinal detachment that "Only a special examination through a dilated pupil can make the diagnosis".

This bill permits optometrists to use those essential procedures being taught in optometry schools yet not permitted under present Alaska law. I hope you will support S.B. 136 vigorously for it benefits the Alaska public.

TESTIMONY FOR SENATE BILL 136

February 27, 1981

P.W. Bach

Gentlemen of the Committee, I'm Phillip Bach, an optometrist in private practice in Anchorage, and a member of the Board of Examiners in Optometry. I don't stand on ceremony, so my background and degrees are listed on the VITA attached to the end of this testimony.

Since I have been a professor at various times, it is my assignment to describe to you, briefly, the nature of optometric education. I'll also touch on the similarities and differences between the training of an O.D. and that of an M.D.

Professional education can be broken down into three general phases. In graduate school these phases are usually called theory courses, methods courses, and practicum. In optometry they are called didactic courses, clinic preparation or pre-clinic, and clinical experience. In Exhibit 1 of your handout, I have placed in these three categories, the courses of the Pennsylvania College of Optometry, a school I recently visited.

Didactic courses are taught in the classrooms and laboratories. They are designed to provide a fund of background knowledge which serves as a basis for exercising professional judgment. You will note that these courses are taught chiefly by professors whose doctorates are in the basic science areas, like physiology, pharmacology, pathology, clinical medicine and clinical optometry. Thus ODs, MDs and PhDs teach in this phase.

In the pre-clinic phase, students are taught to apply this knowledge to general and special areas of optometry. Instruction takes place in special clinic-like facilities designed for the purpose. The instructors in this phase are primarily ODs, who teach the clinical procedures and relate theory to practice. Students develop proficiency in individual procedures by practicing the procedures on each other.

In the clinic phase, students examine and care for real patients under the teaching and supervision of a clinic staff consisting of 37 optometrists, 5 ophthalmologists and several miscellaneous professionals in related fields. In the regular clinic, there is one supervising doctor for every 2 student clinicians. In this role, clinicians treat minor eye diseases, and refer major diseases to an ophthalmological care module located in the clinic. Cases having particular teaching value are seen in pathology clinics conducted by an ophthalmologist and attended by clinicians from the primary care module in which the case originated. (There are 4 primary care modules).

Clinicians later undergo an externship, where they spend time in field settings, such as Veterans Administration hospitals, Public Health Service clinics and private practices. At the end of this training, they receive the O.D. degree and are eligible to take state and national board examinations for licensure.

To explore another foundation of professional judgment, it is instructive to look at the type of students who enter the four year optometry program. I have long held the belief that a school is only as good as its students. It is one thing to be exposed to knowledge;

it is another thing to retain and apply it. Optometry schools require a minimum of two to three years of pre-optometric college study, with specific course requirements to be completed during that time. In practice, only exceptionally qualified students are admitted with less than four years of college and a completed major. This is shown in Exhibit 2. For each school, the number of entrants having two, three or four years of college are shown in the first three columns. For all the schools collectively, the percentage of entrants who have four or more years of college is 72%. Broad college experience is desirable because it demonstrates the student's ability to sustain a program of study, particularly in upper division college courses; and it helps to develop the so-called well rounded person, which all professions seek.

An even more direct indication of the quality of the students is their grade point average, shown in column 4. Again, for the schools as a whole, these GPAs average out to 3.3 on a 4.0 scale, which is a high B average. Thus the schools draw their students from the top third of the college class. While grade point average does not correlate particularly well with success in practice, it does show a student's ability to get through difficult courses in the professional curriculum. And since most schools require in pre-optometry, courses like organic chemistry and differential calculus, these high grade point averages were not earned in basket weaving courses.

What sort of practitioner is produced by this educational system? An ophthalmologist? No. A general practitioner in medicine? No. A person capable only of determining a spectacle prescription and fitting contact lenses? Certainly not! The system produces a doctor in the field of health care, a professional whose training has been carefully focused and tailored to produce a generalist of the eye and visual system, a provider of primary care in the eye field. In terms of disease, primary care means diagnosis and treatment of some eye diseases, preliminary diagnosis and referral of other diseases to a specialist for further evaluation and treatment. The specialist is usually an ophthalmologist, but since the eye is a window to the body as a whole, referral may also be made to a neurologist, internist or other health care practitioner.

Exhibit 3 shows schematically where the optometrist fits in between the general practitioner and the ophthalmologist in terms of his knowledge of eye diseases. His knowledge is intermediate between the two but closer to that of the ophthalmologist. For primary care, his knowledge, office instrumentation and continuing education is far superior to the general practitioner, who must spread himself across the entire body. While the O.D. program is not short, doctors of optometry feel their educational model is more efficient and cost effective for primary eye care than that of the ophthalmologist, who first goes through four years of general medical school and receives much training that he will never use, then undergoes a three year residency heavily oriented toward surgical procedures which also are not invoked in primary eye care.

Such a system produces an expensively trained specialist, who in order to earn a specialist's level of income, must charge higher fees for rendering primary care or see more patients in the same period of time. Moreover, they are less accessible due to their smaller numbers and uneven geographic distribution. The optometric model is very similar to that of dentistry. While dentists do not seem cheap, their services would almost certainly be more expensive were they performed by medical specialists having 11 years of higher education instead of 8.

It has been suggested by opponents of the bill that ODs are narrowly trained in drug usage, without the background of the MD to handle adverse reactions that might occur. Nothing could be further from the truth. Like physicians, dentists and podiatrists, optometrists are medically trained, in ways that meet the unique requirements of their field. It is one of the hallmarks of training in a profession, that the practitioner is trained well beyond the level at which he must function in routine practice. The extra training gives him the depth with which to make proper decisions in unusual cases that come along. This is particularly true in the drug area, where the optometrist is grounded in general pharmacology as a preparation for ocular pharmacology. Moreover, the OD, by using relatively few drugs, is highly expert not only in their usage, but in knowing what symptoms to look for and in the proper use of remedial procedures. For the drugs we are talking about, remedial procedures are

relatively few. For instance, it is not uncommon for mild allergic reactions to occur with antibiotic drops or ointments. When this happens, the remedial procedure is to discontinue use of the drug. If these drugs were inherently dangerous they would not be prescribed for use at home. As a matter of common sense, no school is going to teach its students to do something that could be dangerous to the public without also teaching them the proper remedy.

In summary, an established and respected profession, optometry, offers your constituents a health care capability that is not being utilized in Alaska due to an antiquated optometry law. Authorizing Alaskan optometrists to provide their profession's primary eye health services will allow faster and more available routine treatment, better referral, save patients' time, money and travel, and not cost a dime of taxpayers' money.

VITA

Phillip W. Bach

Education

- 1961 Graduated, West Anchorage High School
- 1961-4 Attended Alaska Methodist University
- 1965-7 Attended Illinois College of Optometry, Chicago
- 1969-9 Attended Pacific University College of Optometry and Pacific University, Forest Grove, Oregon
- 1969 Bachelor of Science (psychology), Pacific University
- 1969 Doctor of Optometry, Pacific University College of Optometry
- 1970-5 Attended Graduate School, Purdue University, LaFayette, Indiana
- 1975 PhD (special education and physiological psychology), Purdue University

Experience

- 1970 Graduate Assistant, Purdue University
- 1971-4 Graduate Instructor, Purdue University
- 1974 Assistant Professor of Education, Western Illinois University, Macomb, Illinois (summer session)
- 1975 to Present Private practice in optometry, Anchorage, Alaska
- 1975 (Sept. - Oct.) Consultant to Alaska Unorganized Borough School District
- 1972 to Present Contributing Editor, "Growing Child", a monthly child development newsletter, circulation 125,000
- 1978 Part Time Instructor, Department of Education, University of Alaska, Anchorage (spring semester)

Activities and Affiliations

- 1978 to Present Member, Board of Directors, Anchorage Community Mental Health

Center (Secretary, 1979, 1980; Vice-President, 1981)

1975 to
Present Member, Polaris Squadron, Civil Air Patrol (Mission Pilot,
Safety Officer)

1980,
1981 Member, Anchorage Symphony (some concerts)

1975 to
Present Member, American Optometric Association

1975 to
Present Member, Alaska Optometric Association (Vice-President, 1980)

Exhibit #1

Phases of Professional Study,
Pennsylvania College of Optometry

A. Theory (years 1 through 4)

| Course | Type of Instructor |
|---|--|
| Gross Anatomy | O.D., M.S., Anatomy |
| Microanatomy | M.S., Anatomy |
| General Biochemistry | Ph.D., Physiology |
| General Physiology | Ph.D., Physiology |
| Endocrinology | Ph.D., Physiology |
| General Pathology | M.D. |
| General Pharmacology | Ph.D., Pharmacology |
| Medical Urgencies and Emergencies | M.D. |
| Clinical Medicine | M.D. |
| Theoretical Optics I & II | Ph.D., Optics |
| Physiological Optics I, II, III & IV | Ph.D.s Physiological Optics and Ph.D., Psychology |
| Ophthalmic Optics I & II | O.D. |
| Neuroscience | O.D., M.S., Anatomy |
| Electrodiagnostic Methods | Ph.D., Physiological Optics |
| Ocular Biology I & II | O.D., and Ph.D., Anatomy |
| Ocular Pharmacology and Therapeutics | Ph.D., Pharmacology |
| Diseases of the Eye I & II | M.D., Ophthalmology |
| Ophthalmic Pathology | M.D., Ophthalmology |
| Primary Care, Optometric Procedures I, II, III | O.D. |
| Contact Lens Practice | O.D. |
| Strabismus/Amblyopia | O.D. |

Theory (cont.)

| | |
|--|--------------|
| Pediatric Optometry | O.D. |
| Vision Rehabilitation | O.D. |
| Neuro-Optometry | O.D. |
| Health Care I (Public Health) | O.D., M.P.H. |
| Health Care II (Epidemiology) | O.D., M.P.H. |
| Health Care III (Health Care Policy and Organisation) | O.D., M.P.H. |
| Environmental Optometry | O.D. |
| Practice Management and Development | O.D. |

B. Clinic Preparation (years 1 and 2)

| | | |
|---|---|---|
| Primary Care, Optometric Procedures I, II & III Laboratory | } | 14 O.D.s 1 Ophthalmologist 1 Ph.D.s |
| Contact Lens Practice Laboratory | | |
| Strabismus/Amblyopia Laboratory | | |
| Pediatric Optometry Laboratory | | |
| Vision Rehabilitation Laboratory | | |
| Professional Practice I, II & III | | |

C. Clinical Experience - at Eye Institute (years 3 and 4)

| | | |
|---|---|---|
| Professional Practice IV & V (general clinics) | } | 37 O.D.s 5 Ophthalmologists 1 Ph.D.s 5 Other |
| Advanced Professional Practice (specialty clinics) | | |
| External Education Patient Care (Home examinations and screenings) | | |

Clinical Experience (cont.)

Externship I, II
(experience in settings and institutions
away from Eye Institute)

Electives:

Biological Science Research

Visual Science Research

Health Care Research

Human Interpersonal Relations

Advanced Professional Practice

Clerkship I, II
(observing in various practices)

Externship III

Selected Topics in Optometry

Theory and Clinical Practice of
Low Vision Rehabilitation :



Appropriate faculty & staff

Exhibit #1a

Pennsylvania College of Optometry Faculty

| OD | MD | PhD | Other |
|------------------------|--------------------|------------------|-----------------|
| Alexander* | Borska | Barker, P. | Brookes (MBA) |
| Barker, F.* | Toland* (& OD) | Carroll (& OD) | Clugh (BS) |
| Berman | | Feinbloom | Davis (BS) |
| Blaustein* | | Levy | Lewis, D. (BA) |
| Bressler | | Lewis, T. (& OD) | Lombardi (MS) |
| Brilliant* | | Myers (& OD) | Lynch (MB, DPH) |
| Brown | | Siegfried | Redmond (BA) |
| Byer* (& MS) | | Singh (& OD) | |
| Cohen, J. | | Smith | |
| Cohen, M. | | | |
| Cook | | | |
| Crosier, C.M.* | | | |
| Crosier, C.C. | | | |
| Cummings* | | | |
| DiStefano (& MED, MPH) | | | |
| Feinblum (& MED) | | | |
| Fink | | | |
| Freeman | | | |
| Friedman | | | |
| Friedner | | | |
| Furer | | | |
| Gottshalk | | | |
| Granatt | | | |
| Gray* | <u>OD (cont.)</u> | | |
| Curwood | Fress* | | |
| Hirsch | Ragone | | |
| Hooten | Rinehart* (& MA) | | |
| Kaplan, W. | Robinson* | | |
| Kash, K. | Ruskiewica (& MPH) | | |
| Kash, M. (& MED) | Seiderman (& MA) | | |
| Kaplan, W. (& MA) | Silbert* | | |
| Koib | Simon | | |
| Lacey | Skolnick* | | |
| Lobow | Solen | | |
| Lothovits (& MED, MPH) | Spinell* | | |
| Lothhardt* | Udvari | | |
| Margaretten | Verma | | |
| Norre | Volinsky* (& MS) | | |
| Miller | Walker* | | |
| Morrison | Walton | | |
| Nees* | Ward (& MPH) | | |
| Nrva | Weidig | | |
| *Allen* | White* | | |
| Syman* | Whiteaker (& MPH) | | |
| Oleszewski* (& MS) | Williams* | | |
| Pitto (& MS) | Yamanoto | | |
| Poguis | | | |

Additional degrees at Masters or higher noted

* Also on Eye Institute faculty

Exhibit #1b

Eye Institute Faculty and Staff

| OD | MD | PhD | Other |
|-------------------|----------------|--------------|-------------------|
| Alexander | Toland (& OD) | Feinbloom | Cope (BA) |
| Barker, F. | Deglin (& MSc) | Lewis (& OD) | Gerushat (MA) |
| Bennett (& MS) | Katzman | Singh (& OD) | Smith (MEd) |
| Blaustein | Kay | | Terwilliger (MSW) |
| Brilliant | Rodis (& PhD) | | Watson (MA) |
| Byer (& MS) | | | |
| Cole | | | |
| Crosier, G.M. | | | |
| Cummings | | | |
| Freeman | | | |
| Gottshalk | | | |
| Gray | | | |
| Jordan | | | |
| Jose | | | |
| Klopper | | | |
| Lockhart | | | |
| McCulloch | | | |
| Moss | | | |
| Mullen | | | |
| Nyman | | | |
| Oleszewski (& MS) | | | |
| Pearlman-Storch | | | |
| Press | | | |
| Rinchart (& MA) | | | |
| Robinson | | | |
| Ruggiero | | | |
| Silbert | | | |
| Sholnich | | | |
| Spinell | | | |
| Volinsky (& MS) | | | |
| Valner | | | |
| White | | | |
| Williams | | | |
| Wilson | | | |
| Yerkittis | | | |
| Zaba (& MA) | | | |
| Zlotnick | | | |

Additional degrees at Masters level or higher noted

Exhibit #2

Characteristics of Students Entering
Optometry Schools in 1979

| Optometry School | Years of Pre-Optometric College Study | | | Mean Grade Point Average (4.0 Scale) | % Applicants Accepted |
|--|---------------------------------------|--------|--------|--------------------------------------|-----------------------|
| | 2 yrs. | 3 yrs. | 4 yrs. | | |
| University of Alabama at Birmingham, School of Optometry | 0 | 5 | 35 | 3.36 | 27 |
| University of California at Berkeley, School of Optometry | 0 | 3 | 38 | 3.35 | 18 |
| Ferris State College of Optometry (Big Rapids, Michigan) | 0 | 0 | 27 | 3.45 | 23 |
| University of Houston College of Optometry | 0 | 13 | 91 | 3.36 | 19 |
| Illinois College of Optometry (Chicago) | 2 | 35 | 118 | 3.30 | 19 |
| Indiana University, School of Optometry (Bloomington) | 18 | 21 | 30 | 3.58 | 14 |
| New England College of Optometry (Boston) | 0 | 7 | 80 | 3.19 | 15 |
| Ohio State University College of Optometry (Columbus) | 11 | 26 | 23 | 3.46 | 24 |
| Pacific University College of Optometry (Forest Grove, Oregon) | 20 | 30 | 35 | 3.36 | 17 |
| Pennsylvania College of Optometry (Philadelphia) | 2 | 19 | 129 | 3.18 | 22 |
| Southern California College of Optometry (Fullerton) | 9 | 15 | 72 | 3.32 | 16 |
| Southern College of Optometry (Memphis) | 21 | 25 | 104 | 2.90 | 18 |
| State University of New York College of Optometry (New York) | 0 | 5 | 63 | 3.27 | 18 |

Percent of all entrants having
4 or more years of college

72

Grand mean grade point average
(weighted by class size)

3.27

Exhibit #3

Schematic Comparison: Relative
Knowledge of the Eye, Eye
Diseases and Eye Medicine

Ophthalmologist

Optometrist

General Practitioner

*Memory
copies from 6*

Dr. Jeffrey A. Gonnason

Doctor of Optometry
Medical - Dental Bldg.
140 East 5th
Anchorage, Alaska 99501

Telephone (907) 276-2080

February 20, 1981

Senator Charles H. Parr
Senate HESS Committee
Pouch V
Juneau, Alaska 99811

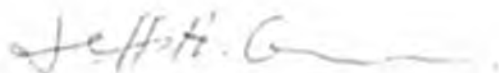
Dear Sen. Parr:

Please convey to your committee my strong support for Senate Bill #136, allowing optometrists to use those drugs and drug related procedures for which they are trained.

It is more than a little disconcerting to be recently trained in Oregon to use drugs, but not be able to use them in Alaska. It is hard to see how the patient does not come out the loser from this restriction in the range and quality of services I am qualified to perform. Furthermore, Alaska will not be able to attract a high calibre of practitioner in the future if this policy continues for long.

Please allow the Board of Examiners in Optometry to function like other health care boards in determining the appropriate activities of the professionals it oversees.

Respectfully yours,



Jeffrey A. Gonnason, O.D.

JAG:rms



Member
American Optometric Association

SITKA VISION CLINIC
T. E. MCLAUGHLIN, O.D., P.C.
BOX 488
SITKA, ALASKA 99838
—
TELEPHONE 747-6644

Senator Charles Parr, Chairman
Senate Health, Education and
Social Services Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Sen. Parr:

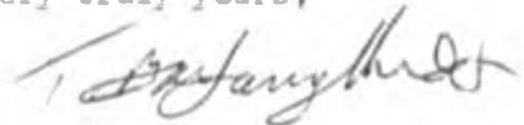
I urge your favorable consideration of SB 136, relating to ophthalmic drugs in optometry.

There are several needs together under that heading. Besides diagnostic aids, such as pupil dilating drugs, optometrists need to have the use of certain other drugs, such as antibiotic drops and ointments for eye inflammations that are not serious enough to require the services of a specialist.

For instance, painful corneal abrasions from contact lens overwear are common occurrences. Proper treatment includes instillation of a corneal anesthetic to break the pain response, followed by aspirin to hold the pain down after the anesthetic wears off (prolonged anesthetic is undesirable because it retards healing). At the same time, an antibiotic is used to guard against infection until the corneal epithelium is restored.

The optometrist has a biomicroscope with which he can monitor the progress of the healing, which usually takes 1 to 3 days. This microscope is not normal equipment for a general practitioner, and I am the only person in Sitka who has such an instrument.

Very truly yours,



Timothy E. McLaughlin, O.D.

DR. ED CRAIG
OPTOMETRIST
34B MAIN STREET
KETCHIKAN, ALASKA 99901
DIAL 228-3978

February 25, 1981

Senator Charles Parr
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

I urge your support of Senate Bill 136 which will legislate use of ophthalmic drugs by optometrists during the course of a visual examination.

While ophthalmology deals with diseases of the eye and performs surgery upon the eye, optometry is the only profession specifically licensed in the United States to deal with human vision and related problems.

The average optometrist has spent 6 years or more training for his profession. All thirteen optometry colleges now include a comprehensive study of pharmacology. The pharmacological curriculum is accepted by The Association of Schools and Colleges and is similar to that taught to medical students.

Modern technology has made sophisticated diagnostic equipment available, but their value to the patient diminishes when the law disallows them to be used in conjunction with ocular drugs. The optometrists' ability to view a larger portion of the eye with use of these drugs will result in the earlier detection of eye diseases. Of course, early detection will result in the early referral to an ophthalmologist.

Recent graduates from optometry colleges are now specifically tested in the use of ophthalmic drugs by the state boards. Having passed this examination, they should not require policing from another profession.

Respectfully,


Ed Craig, O.D.

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT

George Hall O.D.

SEC-TREAS

Dennis Beaker O.D.

LEGISLATIVE COMM.

Maynard Falconer O.D.

Phillip Bach O.D. Ph.D.

In December, 1980, a malpractice suit against Dr. George Hall, an Anchorage optometrist, was settled out of court for \$240,000.

The suit alleged that Dr. Hall failed to make an emergency referral to an eye surgeon (ophthalmologist) when symptoms reported by his patient suggested the possibility of a detaching retina. The patient had been seen by Dr. Hall in Wasilla on a Friday afternoon, and he was seen by an ophthalmologist the following Monday as the result of Dr. Hall's non-emergency referral for further evaluation. Between the Friday referral and retinal surgery the following Wednesday, vision deteriorated steadily from 20/20 to 20/400. After surgery, vision was limited to light perception, where it remains.

In reviewing the records and testimony in the case, the attorney for the defendant concluded, in the attached summary letter, that the symptoms reported to Dr. Hall did not support the possibility of an impending retinal detachment and that signs of a detachment could only have been seen through a dilated pupil. The dilation procedure cannot be performed by Dr. Hall under present law.

This case is an illustration of the need for passage of S.B. 136 and H.B. 111, currently before the legislature. They would allow the use of ophthalmic drugs by optometrists in accordance with their education and training.

HUGHES THORSNESS GANTZ POWELL & BRUNDIN

Attorneys at Law

| | | |
|--------------------|--------------------|-----------------------|
| JOHN C. HUGHES | CARL J. D. BAUMAN | TIMOTHY R. BYRNES |
| DAVID H. THORSNESS | FRED B. ARVIDSON | JAMES M. SEEDORF |
| RICHARD G. GANTZ | ROBERT T. PRICE | BONNIE L. THIE |
| JAMES M. POWELL | DENNIS M. BUMP | PAUL J. ERICSON |
| BRIAN J. BRUNDIN | MARY R. HUGHES | GARY G. FOSTER |
| MARCUS R. CLAPP | FRANK A. PFIFFNER | FREDERICK J. DOSEN |
| KENNETH R. JACOBUS | RALPH R. BEISTLINE | MICHAEL L. LESSMEIER |
| GARY W. GANTZ | GORDON J. YANS | STEVEN S. TERVOOREN |
| JERRY E. MELCHER | R. CRAIG NESSER | GARY L. MARSHALL |
| JOE M. MUDDLESTON | ROBERT L. MANLEY | MATTHEW R. PETERSON |
| SIGURD E. MURPHY | DOORIS R. EHRENS | JOSEPH R. D. LOESCHER |
| RICHARD D. THALER | JAMES M. GORSKI | RONALD E. NOEL |
| | | JAMES F. HLABEN |

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3550 AIRPORT WAY
FAIRBANKS, ALASKA 99701
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• Fairbanks Office

February 9, 1981

Please reply to ANCHORAGE

Dr. M. C. Falconer
Anchorage Eye & Contact Lens Center
1345 West 9th Avenue
Anchorage, AK 99501

Re: Robinson Suit

Dear Dr. Falconer:

Now that this litigation has concluded, I wanted to take this opportunity to briefly summarize a few thoughts I had with regard to the suit.

Even though it might have been extremely hard to prove, in my opinion, the plaintiff's allegations as to what facts occurred when he met with Doctor Hall were not true. His recollection of what he told Doctor Hall is not supported by the medical records, is not supported by Doctor Hall's testimony and is not supported by the employees of Doctor Hall's office in the Matanuska-Susitna Valley. However, if the plaintiff's allegations as to what he said to Doctor Hall and the signs he exhibited were taken as total truth then there was a good possibility that a jury could determine that a reasonable person in Doctor Hall's position would have at least considered the possibility of an impending retinal detachment. However, when looking at Doctor Hall's statements, the medical records and other facts as applicable to this action it appears that the plaintiff in fact complained of a problem of long duration and that when taken together in a light most favorable to Mr. Robinson, without the ability to dilate the eye, a reasonable person in Doctor Hall's position would not have come to the conclusion that there was a possibility of a retinal detachment.

This gets to the main issue of the case which concerns the ability of an optometrist to dilate a pupil. In the workmen's compensation claim by Mr. Robinson the deposition of Doctor Kenneth Richardson was taken. On page nine of the same he states:

Dr. M. C. Falconer
February 9, 1981
Page Two

HUGHES THORSNESS GANTZ POWELL & BRUNDIN
Attorneys at Law

"I looked at both eyes. I dilated both pupils, it's worth commenting on, you have to dilate both pupils . . . "

The pertinent issue therefore is the inability of Doctor Hall as an optometrist to dilate Mr. Robinson's eye. If you were to take Mr. Robinson's testimony as being truthful then it would appear that when he visited Doctor Hall his medical condition of the eye had progressed to the extent where two things were evident. First, if the eye had been dilated the impending retinal detachment would have been readily discernible by Doctor Hall. Second, following a normal medical progressive state the detachment was already beginning and therefore harm was already done to his eye. There is no showing that the delay between the visit to Doctor Hall and the actual operation on the eye a few days later caused any additional problems to Mr. Robinson or that the end result would have differed. However, if one were to argue that the damage was increased by the delay and that the end result would have differed then it seems quite logical that one must also agree that if Doctor Hall had the ability to dilate the eye that procedure would have allowed him to determine the existence of the problem and to take immediate measures for the benefit of Mr. Robinson.

I do not purport to be cognizant of all the medical arguments pro and con having optometrists given the ability to dilate patients' eyes. It, however, appears to me that the major argument against it by ophthalmologists is the fear of a shock syndrome in some cases during the dilation process where immediate medical aid is necessary. If this is in actuality a real concern it would appear to me that a compromise could be worked out wherein every optometrist that wishes to dilate eyes would have to be accredited for the same with knowledge of the shock syndrome and how to react to it medically or alternatively will have to have on his staff for immediate access a nurse or other qualified individual to deal with the potential problem.

In conclusion I would note that the case was settled, it is my understanding, based upon the large claims of yearly earnings by Mr. Robinson that he alleges were diminished or reduced entirely because of his physical visual problem and the potential that the jury might believe his story rather than that of Doctor Hall's out of sympathy. I only wish the insurance company had contacted me or my office or Doctor Hall or the other members of his office before settling the case with plaintiff's counsel.

Very truly yours,

HUGHES, THORSNESS, GANTZ, POWELL & BRUNDIN

By


Sigurd E. Murphy

SEM:skc

Retinal detachment curable — but hurry

Thomas J. Harrison received his medical degree from the University of Oregon Medical School and did a residency in ophthalmology at Los Angeles County Hospital. He studied under a retinal diseases and surgery fellowship at the University of Iowa Medical School and is board certified in ophthalmology. He worked for the U.S. Public Health Service in Koebeue from 1952 to 1964 and has been in the private practice of ophthalmology in Anchorage since 1967. He is medical director of the Lions District Eye Foundation.

HEALTHLINE



DR. THOMAS J. HARRISON

Q. What is the retina of the eye?

A. The retina is a thin membranous layer of tissue that coats the inner back half of the eye; corresponding to the film in a camera, the retina takes the picture that you see. Without the correct function of this structure, vision is not possible.

Q. What is a retinal detachment?

A. In this disease of the retina, a tear develops in the thin membrane causing the membrane to float away from the back wall of the eye and to detach. When this happens you lose vision according to the size and position of the detachment. For example, if the detachment is small and off to one side, you lose a small portion of vision in one corner of your vision. If the detachment is more severe and the central part of the retina detaches, you will lose your central vision.

Once the retina has detached, it begins to deteriorate rapidly, separated from its chemicals and nutrients. Thus, medical evaluation is needed immediately. If surgical reattachment is done within 24 hours, most visual function will be restored. However, if surgery is delayed 8 days or more, very little vision will be returned. The optimal time for surgery is before the central part of the retina detaches. In nearly all cases good vision will return if surgery is done before a central detachment occurs.

Q. What are the symptoms of a retinal detachment?

A. The three most important signs of a retinal detachment are flashing lights, new floaters (cobwebs floating through your vision), and a veil or cloud coming down or up over the vision. Rarely are both eyes involved simultaneously with a retinal detachment; thus, the symptoms will occur in one eye only.

The two conditions which give symptoms that are most often confused with the symptoms of a retinal detachment are the visual flashes that precede a migraine headache and common floaters. Migraine flashing lights are jagged, shimmer and usually precede a headache by 10 to 15 minutes. In contrast, the retinal detachment flashing lights are similar to a flashbulb light, and there is no accompanying headache. Common floaters are the small "hairs" or "squiggles" that float in the line of vision. These are very common and are usually seen against a bright background like blue sky or snow. However, retinal detachment floaters are multiple small dots which occur suddenly in one eye in the shape of cobwebs. These spots are blood cells from the blood vessels that have been torn during the retinal tear.

Q. What do I do if retinal detachment symptoms occur?

A. Most importantly, do not delay. You should contact an ophthalmologist immediately. Only a special examination through a dilated pupil can make the diagnosis. The emergency rooms at both Alaska and Providence hospitals can help you reach an ophthalmologist on a weekend or holiday.

Healthline offers readers the chance to question local doctors about health care and medical problems of general interest. It appears twice monthly in the Alaska Life section of Sunday's edition of The Times, in cooperation with the Anchorage Medical Society. Letters should be addressed to Healthline, Providence Hospital, Pouch 6104, Anchorage 99502.

Copies memo

Roy A. Box, O.D.
Doctor of Optometry
Professional Plaza A, Suite A-102
9309 Glacier Highway
Juneau, AK 99803

— — —
Telephone (907) 789-3175

Senator Charlie Parr
Chairman Senate H & SS
Pouch V Juneau, Ak.
99811

February 25, 1981

Dear Senator Parr,

I am sure you realize SB 136 has my wholehearted and enthusiastic support. The overwhelming evidence is in favor of this legislation, and to my knowledge all of the medical opposition is based on emotional rhetoric and nothing else.

I am a member of the Alaska board of examiners in Optometry and get reams of information from all over the nation. No Board is having problems with this legislation in the states that have enacted it.

Thank you for your past support and I would urge you and your committee to give SB 136 a do pass recommendation.

Sincerely,

Roy A. Box
Roy A. Box, O.D.



Member
American Optometric Association



February 19, 1981

Senator Tim Kelly and
Senate HESS Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Gentlemen:

I know that you've been bombarded by both sides concerning drug use by doctors of optometry. I have talked to many of my Eagle River-Chugiak patients in regard to this legislation. They cannot understand that if these ophthalmic drugs are a potential help to them, why the law wasn't passed many years ago.

Since I am the only vision care doctor in this area, I am the primary entry point into the health care system for many people. I don't want to practice general medicine --- I do want to help my patients within the scope of my education, with minor eye infections, and I do want to recognize an eye health problem or a general health problem that is visible with the help of ophthalmic drugs, so I can refer the patient to the proper health care practitioner.

Ophthalmic drug use by doctors of optometry has an overwhelming benefit-to-risk ratio, as evidenced that all three military services, the Veterans Administration hospital system, and thirty two states allow their use. I have administered ophthalmic drugs extensively while serving in the Navy, using them for minor eye infections and contact lens overwear reactions, and for detecting eye tumors, diabetes, hypertension, retinal tears, vascular disruptions, brain tumors and other health problems. Also I might add that in my travels to Bush communities in Alaska, I have been asked to evaluate various eye infections and disorders and help in planning the best therapy. Since our training in this area is about one hundred times more in depth than any community health aide, this only makes sense.

I have taken several pharmacology and physiology courses that deal with ophthalmic drugs and I am licensed to use them in Oregon. Optometrists aren't going to lose if this legislation doesn't pass; it will be my patients and your constituents who will be the losers.

Sincerely,

Jeffrey G. Keene, O.D.

JGK/ml

cc: Other members of HESS Committee
Sen. Brad Bradley

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
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ORIGINAL.

February 23, 1981

The Honorable Charles H. Parr
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Parr,

I am writing to you in regard to Senate Bill No. 136, "an act relating to the practice of optometry, and authorizing the use of ophthalmic drugs by optometrists."

I am an optometrist employed by the Yukon-Kuskokwim Health Corporation for the past three years. I am based in Bethel and travel to villages throughout the Yukon-Kuskokwim Delta. Inasmuch as I use ophthalmic drugs routinely on all of my patients, I feel that I have a unique and positive perspective on the above mentioned Bill. I have had standing orders from the medical staff for over two years authorizing my use of ophthalmic drugs. My colleagues in private practice are denied the use of drugs by statute. They are prevented from practicing optometry as is currently taught in the colleges of optometry.

The real benefactors of this bill are the recipients of our services, the people of Alaska. This is especially true in rural Alaska where optometry is often the sole provider of vision care. I strongly feel that a thorough eye examination requires the use of ophthalmic drugs. I could cite many cases where I was able to detect ocular pathologies only because I had used drugs. These pathologies include potentially sight-destroying diseases such as narrow angle glaucoma and retinal detachments. I have also detected ocular pathology significant of systemic diseases such as diabetes and hypertension. Prompt referrals confirmed my diagnoses and proper therapy was initiated by the consulting specialist. The key point is that these pathologies would have gone undetected if I had not been able to use ophthalmic drugs. The diseases may well have progressed and caused irreversible damage.

It is a common occurrence that many ocular pathologies are detected and diagnosed by optometrists and referred to the appropriate specialist for confirmation of diagnosis and proper therapy. However, in rural Alaska, many minor eye problems are treated by community health aides, yet optometrists in private practice are not allowed the use of ophthalmic drugs. A note of irony is that while I am involved in health aide training in the village and classroom for diagnosis and treatment and/or course of action for common eye problems, I could not be able to use the drugs if I entered private practice but the health aides that I've trained could and do use the drugs.

An argument against this bill by the ophthalmologists is that optometrists will practice ophthalmology and that their practices will suffer financially. I can not understand their reasoning. First of all, no one is going to practice beyond their own capabilities. There is a natural overlapping of care provided by either

profession. The number of my referrals has increased since I have used drugs routinely on all of my patients. These referrals were based on my own professional judgement and not influenced by statute or standing orders.

In summary, my personal opinion is that all people involved would benefit by passage of Senate Bill No. 136. The patient, whose health and welfare is of primary concern, would receive optimal quality care. The optometrist would be able to practice to the full scope of his abilities and fulfill his role as a primary provider of vision care. The medical profession would receive an increase in their referrals. Both the optometric and medical profession could maintain their independence yet work together harmoniously for the common goal of quality vision care. I feel the quality of care is the bottom line and that it can only improve with passage of this bill.

I would greatly appreciate your support of Senate Bill No. 136. If you have any questions in regard to this, feel free to contact me. Thankyou for your time.

Sincerely,

John A. Drake
John A. Drake, O.D.
Tukon-Kushukwin Delta Regional Hospital
Bethel, Alaska 99559

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



DR. ROBERT W. MILLER
OPTOMETRIST
2806 C STREET
ANCHORAGE, ALASKA 99503
PHONE (907) 278-0041
February 23, 1981

The Honorable Mike Colletta
Health, Education and Social
Services Committee
Alaska State Senate
Pouch V
Juneau, Alaska, 99811

Dear Senator Colletta:

Enjoyed having you and all the others at the P.A.S.I.T. party at my home last year. I was really saddened by Jack Turinsky's death. He helped a lot on P.A.S.I.T.

I'd like to urge your support for SB 136. I realize the pressure from the ophthalmologists is great since they are trying to protect, in the eyes of the public, their last remaining or difference from Optometry. Senator, no one today has a career on knowledge and training. Optometrists today are every bit as well and in many cases better trained than ophthalmologists in the use of drugs.

Congresses with ophthalmology appears to be impossible. We've tried, but they refuse. I think they're scared. General medicine as a whole seems to have no objection.

Sure this is a turf bill but one that benefits the public and that's the whole point. Public benefit v.s. one professional protection.

Thanks for your time Senator. I do hope you'll help on this. Thanks again.

Best regards,

Robert W. Miller, O.D.

RW/m

cc: Senators
Charlie Parr
Terry Blinn
Vic Plonker
Tim Kelly

DR. CURTIS M. JOHNSON
OPTOMETRIST
521 SEVENTH AVENUE
FAIRBANKS, ALASKA 99701
Telephone 434-4512

February 24, 1981

Senator Charlie Parr
Pouch V
Juneau, Alaska 99801

Dear Senator Parr:

I would like to encourage the support of your HESS
committee for SB 176.

I am sure you understand the politics of this issue
and I understand the desire of some to the "HOT SEAT"
to seek a compromise when strong feelings are expressed
on two sides of an issue.

We sat down with ophthalmology last year to see if some-
thing could be worked out. Their idea of a compromise
was to allow us two drugs, in return for which we would
be required to refer to them every little deviation from
normal, whether or not, in our judgement, a referral was
necessary. Such a provision in the law would result in
many, many needless referrals, be more costly to patients
in both time and money and seriously undercut professional
judgments that optometry has worked years to attain.

In the absence of an acceptable compromise, which is very
unlikely, I think it is time for this legislation to come
to the floor in its present form. We feel that the votes
are there for passage in its present form.

Sincerely,


Curtis M. Johnson, O.D.

CU:hab

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

ANCHORAGE EYE AND CONTACT LENS CENTER

1345 W. NINTH AVE. PHONE: 273-2557

ANCHORAGE, ALASKA 99501

February 20, 1981

William D. Faulkner, O.D.
1345 W. Ninth Ave.
Anchorage, Alaska 99501

Senator Charlie Parr
SR Box 50599
Fairbanks, Alaska 99701

Dear Charlie,

With regard to S.B. 116, I wanted to point out one of the anomalies involved in practicing Optometry in the State of Alaska.

This is my license to practice Optometry in Oregon (1979-you may keep it). Each year the certification to use ophthalmic drugs is stamped onto the license.

Because I practice in Alaska, why should the hundreds of patients I see each year be penalized by my not being able to practice Optometry to my fullest capacity?

I would appreciate your help and guidance in securing the passage of S.B. 116. Thank you.

Sincerely,


William D. Faulkner, O.D.

WDF:ls:

ALASKA VISION CLINIC

DENNIS L. ALBERT, O.D.

THE PROFESSIONAL CENTER
2221 E. NORTHERN LIGHTS - SUITE 206
ANCHORAGE, ALASKA 99504 275-7211

February 20, 1981

Senator Charlie Parr
Chairman, Senate Health, Education
and Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

This is to request that your committee approve Senate Bill 136, which you will be considering February 27.

We have a situation where recent graduates have skills that are being allowed to get rusty because they cannot use drugs in Alaska. For the same reason, some of us "older" graduates are reluctant to take the necessary post graduate training until a drug law is actually on the books and we can begin to put it to use.

Drug laws were passed to protect the public. But in recent years certain medical groups have subverted the intent of the law, through the political process, to protect themselves from competition by qualified others. When we explain this fact to our patients, they are indignant, and only too willing to write their representatives.

Thank you for your consideration of this matter.

Very truly yours,


Dennis L. Albert, O.D.

DLA:kp

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

ANCHORAGE EYE AND CONTACT LENS CENTER

1345 W. NINTH AVE. PHONE: 272-2557

ANCHORAGE, ALASKA 99501

February 23, 1981

The Honorable Charlie Parr
Health, Education and Social
Services Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Parr,

This letter is to urge your support of S.B. 136. As an Optometrist in this state, practicing in Anchorage for 15 years, I feel somewhat frustrated. I have been trained to use diagnostic drugs, I am required to find pathology of the eye, for which I was trained, yet the state of Alaska does not permit me the use of diagnostic agents, a tool which is often necessary to detect pathology.

This is a dangerous situation for me, as I can be sued for not detecting pathology. This is a dangerous situation for the patients as he ultimately suffers if pathology of the eye is not detected.

Most states allow Optometrists to use diagnostic pharmaceutical agents, which they were trained to use. Alaska needs to consider the patients welfare. Support S.B. 136.

Respectfully,

Jim Falconer
Jim Falconer, O.D.

cc: Senators

Terry Stinson
Vic Fischer
Tim Kelly
Mike Coletta

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

ANCHORAGE EYE AND CONTACT LENS CENTER

1345 W. NINTH AVE. PHONE: 272-2557

ANCHORAGE, ALASKA 99501

February 19, 1981

Senator Charlie Parr
Pouch V
Juneau, Alaska 99811

Dear Senator Parr,

I am writing to ask your support for Senate Bill 136.

You may be aware that Optometrists provide the majority of vision care in Alaska. You may not be aware that current laws prevent us from providing the best possible care. The use of diagnostic agents would enable us to provide such care.

Many Alaskans are subjected to needless and costly referrals because Optometrists are prevented from using the proper tools such as diagnostic agents to provide service.

A majority of the states recognize this fact and allow Optometrists to use diagnostic agents.

Alaska should certainly be such a state, due to its vastly dispersed population. Optometrists traveling in the bush areas, are faced with situations where the use of diagnostic agents would prevent a patient having to travel hundreds of miles for a simple condition.

There is no logical reason for Alaska to remain in the dark ages of vision care. The Alaska citizen deserves the best possible vision care, and you are in a position to assure them that they receive it. They can only receive the best care by passage of Senate Bill 136.

Sincerely,



Thomas F. Harbour, O.D.

cc: .. Stinson
Vic Fischer
Mike Colletta
Tim Kelly

February 13, 1981

Peninsula Eye Clinic

PETER E. CANNAVA, M.D.
OPHTHALMOLOGY
BOX 1628
SOLDOTNA, ALASKA 99688
TELEPHONE 262-4462

Dear Don,

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 "ascertenes" 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 "delegere", to uncover, would be more appropriate.

Section 1 (2): 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 as long as it has been identified as an ophthalmic drug by the optometry board. This is almost incredible! They want carte blanche to use 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 with-in 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 is with-stand the test of time! There are no physicians on the optometry board so this would be legislating the blind to lead the blind. (pun intended)

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

Sincerely,

Peter
Peter E. Cannava, M.D.

PEC:ccw

JAMES H. PATTERSON, M.D.
Diseases and Surgery of the Eye
Subspecialty Pediatric Ophthalmology
2508 LATOUCHE
ANCHORAGE, ALASKA 99504
Telephone 807 274-2231

February 24, 1961

Charles H. Parr
Senator
Pouch V
Juneau, Alaska 99811

Dear Charlie:

During this legislative session you will be asked to vote on SB 111 or SB 136 giving the optometrists the right to use "ophthalmic drugs". It is 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 or users of 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 consideration 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

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill 136

Title An Act relating to the practice of optometry, and authorizing the use of ophthalmic
Requested by drugs by optometrists, Senate HESS Date 2-9-81

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 | -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)

| | FY 81 | FY 82 | FY 83 | FY 84 | FY 85 | FY 86 |
|-----------------------------|-------|-------|-------|-------|-------|-------|
| GENERAL FUND | -0- | -0- | -0- | -0- | -0- | -0- |
| FEDERAL FUNDS | | | | | | |
| OTHER (Specify Fund Source) | | | | | | |

POSITIONS

| | FY 81 | FY 82 | FY 83 | FY 84 | FY 85 | FY 86 |
|-----------|-------|-------|-------|-------|-------|-------|
| FULL TIME | 0 | 0 | 0 | 0 | 0 | 0 |
| PART TIME | | | | | | |
| TEMPORARY | | | | | | |

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

IV. DATE 2-9-81

PREPARED BY Marjorie Olland, Regulations Specialist

AGENCY Division of Occupational Licensing

PHONE 455-2525

Original Legislative Print
at Budget and Management
Press System (For Legislative Needs)

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 possibly 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

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, 1981

Approved by: Helen D. Belrne
Helen D. Belrne, 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 Debra Bruce
 AGENCY Division of Public Health
 PHONE 465-3000
 Original: Legislative Finance
 Budget and Management
 Print System (For Legislative Records)

SENATE HESS WORK DRAFT FOR SENATE BILL 136

* Section 1. AS 08.72.020 is amended to read:

Sec. 08.72.020. Membership of board and terms of office. The board consists of six (FIVE) persons, appointed by the governor. Members serve staggered terms of four years.

* Section 2. AS 08.72.040 is amended to read:

08.01.125

Sec. 08.72.040. Qualifications. Four board members shall be licensed, practicing optometrists who have been residents for at least three years. One board member shall be a public member with no interest, direct or indirect, in the practices of optometry, opticianry or medicine. One board member shall be a licensed physician pursuant to AS 08.64.170. - AS 08.64.350. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term that he served.

* Section 3. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.272. Use of "Dr." or "O.D.". When the holder uses the title of "Doctor" or "Dr." as a prefix to his name, without using the word "optometrist" as a suffix to his name or in connection with it, or, without holding a diploma from an accredited school of optometry, the letters "Opt. D." or "O.D." as a suffix to his name, it constitutes a cause to revoke or suspend his certificate of registration.

* Section 4. AS 08.72.300(2) is amended to read:

(2) "optometry" is the examination, other than by the use of drugs, except diagnostic drugs as defined in this section, 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 of application of lenses, prisms or ocular exercises for the correction or relief of the human eye;

• Section 5. AS 08.72.300(3) is amended to read:

(3) "practicing optometry" is an examination, other than by the use of drugs, except diagnostic drugs as defined in this section, 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:

• Section 6. As 08.72.300 is amended by adding a new subsection to read:

(7) "diagnostic drug" means a cycloplegic, mydriatic, or topical anesthetic which is listed in the official United States Pharmacopoeia, or official National Formulary, or any other supplement to either of them.

• Section 7. As 08.72. is amended by adding a new section to read:

Sec. 08.72.305. Use of drugs for diagnosis. No optometrist shall be registered or certified to practice optometry in the state of Alaska in any area that is beyond the scope of his educational training as determined by the board of optometry. Any optometrist presently registered in the state of Alaska and who desires to employ the use of diagnostic drugs must submit to the board of optometry evidence of satisfactory completion of all necessary educational requirements as made mandatory by the board. The board of optometry shall provide for continuing educational requirements by all optometrists desiring to employ diagnostic drugs.

Calif.

§ 3096

OPTOMETRY

Collateral References:

Cal Jur 2d Physicians, Dentists, and Other Healers of the Sick § 33.
61 Am Jur 2d Physicians, Surgeons, and Other Healers §§ 52, 55.

§ 3097. Harboring contagious diseases

When the holder is suffering from a contagious or infectious disease, it constitutes a cause to revoke or suspend his certificate of registration.

Added Stats 1937 ch 423.

Prior Law: Stats 1913 ch 598 § 11 subd 5 p 1102, as amended by Stats 1923 ch 164 § 8 p 306, Stats 1933 ch 280 § 6 p 849, Stats 1937 ch 147 § 1 p 411.

§ 3098. Use of "Dr." or "O. D."

When the holder uses the title of "Doctor" or "Dr." as a prefix to his name, without using the word "optometrist" as a suffix to his name or in connection with it, or, without holding a diploma from an accredited school of optometry, the letters "Opt. D." or "O. D." as a suffix to his name, it constitutes a cause to revoke or suspend his certificate of registration.

Added Stats 1937 ch 423.

Prior Law: Stats 1913 ch 598 § 11 subd 7 p 1102, as amended by Stats 1923 ch 164 § 8 p 306, Stats 1933 ch 280 § 6 p 849, Stats 1937 ch 147 § 1 p 411.

Cross References:

Illicit use of "Dr." generally: §§ 2142, 2296.

Collateral References:

Cal Jur 2d Physicians, Dentists, and Other Healers of the Sick § 34.

Attorney General's Opinions:

18 Ops Atty Gen 198 (optometrist may not himself, or associated with unlicensed persons either in a corporation, business or partnership, engage in selling of and distribution of eye glasses, packaged under title purporting to convey thought that he is "doctor" or licensed optometrist).

NOTES OF DECISIONS

Before this statute was amended in 1937, one who used the title "Dr." as a prefix to his name, and also used "Optometrist" as a suffix, gave cause for the revocation of his license, regardless of whether such use tended to defraud or mislead the general public. Davis v State Board of Optometry (1937) 61 CA 688, 257 P 197.

Under this section, a practitioner may use the word "doctor" or the title "Dr." as a prefix to his name so long as he includes the word "optometrist" as a suffix or the letters "Opt. D." or "O. D." if he is a duly registered optometrist. Linn v State Board of Optometry (1965) 68 CA2d 644, 146 P2d 956.

§ 3099. Claiming special knowledge

The holding out as having a special knowledge of optometry, as

Calif.

§ 3023

BUSINESS AND PROFESSIONS CODE

§ 3023. Inspection and accreditation of schools

The board may visit and examine schools, colleges and universities or their divisions or departments in this state which provide optometric education.

For the purposes of this chapter, it shall accredit schools, colleges and universities or their divisions or departments in or out of this state providing optometric education, which it finds giving a sufficient program of study for the preparation of optometrists.

Amended Stats 1978 ch 872 § 1.

Amendments:

1978 Amendment: Deleted the former second sentence in the second paragraph.

36 Cal Jur 3d Healing Arts and Institutions § 64.

§ 3027. Employment matters: Executive officer: Legal counsel

36 Cal Jur 3d Healing Arts and Institutions § 65.

§ 3028. [Repealed by Stats 1978 ch 1161 § 214.]

§ 3040. Misrepresentation of certification status

It is unlawful for any person to engage in the practice of optometry or to display a sign or in any other way to advertise or hold himself out as an optometrist without having first obtained a certificate of registration from the board under the provisions of this chapter or under the provision of any former act relating to the practice of optometry.

In any prosecution for a violation of this section, the use of test cards, test lenses, or of trial frames is prima facie evidence of the practice of optometry.

Amended Stats 1978 ch 872 § 2.

Amendments:

1978 Amendment: Deleted "optician or " after "out as an" in the first paragraph.

36 Cal Jur 3d Healing Arts and Institutions § 67.

§ 3041. Acts constituting practice of optometry

The practice of optometry is the doing of any or all of the following:

- (a) The examination of the human eye or eyes, or their appendages, and the analysis of the human vision system, either subjectively or objectively.
- (b) The determination of the powers or range of human vision and the accommodative and refractive states of the human eye or eyes, including the scope of its or their functions and general condition.
- (c) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.
- (d) The prescribing of contact and spectacle lenses for, or the fitting or adaptation of contact and spectacle lenses to, the human eye, including lenses which may be classified as drugs by any law of the United States or of this state.

BUS

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Calif.

PROFESSIONS CODE

BUSINESS AND PROFESSIONS CODE

§ 3041.2

(e) The use of topical pharmaceutical agents for the sole purpose of the examination of the human eye or eyes for any disease or pathological condition. The State Board of Optometry, with the advice and consent of the Division of Allied Health Professions of the Board of Medical Quality Assurance, to be provided within six months of the effective date of this section, shall designate the specific topical pharmaceutical agents, known generically as mydriatics, cycloplegics, and topical anesthetics, to be used.

Added Stats 1976 ch 418 § 2.

Former § 3041, similar to the present section, was repealed by Stats 1976 ch 418 § 1.

36 Cal Jur 3d Healing Arts and Institutions §§ 5, 70.

Fitting of contact lenses as practice of optometry. 77 ALR3d 817.

§ 3041.1. Qualification of practitioner permitted to use topical pharmaceutical agents

(a) The State Board of Optometry with the advice and consent of the Division of Allied Health Professions of the Board of Medical Quality Assurance, to be provided within six months of the effective date of this section, shall adopt rules and regulations, including additional education qualifications, necessary to insure professional competence by those practitioners whose activities fall within the definition of the practice of optometry in subdivision (e) of Section 3041.

(b) Only those optometrists who have satisfactorily completed such courses and successfully passed an examination prepared and given by the State Board of Optometry, with the advice and consent of the Division of Allied Health Professions of the Board of Medical Quality Assurance, to be provided within six months of the effective date of this section, shall be permitted the use of such pharmaceutical agents as specified by subdivision (e) of Section 3041.

This section shall remain in effect until December 31, 1976, and on such date is repealed.

Added Stats 1976 ch 418 § 3.

Examination fee limited: § 3153.

§ 3041.2. Educational and examination requirements for licensure and use of pharmaceutical agents

The State Board of Optometry shall by regulation, with the advice and consent of the Division of Allied Health Professions of the Board of Medical Quality Assurance establish educational and examination requirements for licensure to insure the competence of optometrists to practice pursuant to subdivision (e) of Section 3041. Satisfactory completion of the educational and examination requirements shall be a condition for the issuance of an original certificate of registration under this chapter, on and after January 1, 1980. Only those optometrists who have successfully completed educational and examination requirements as determined by the State Board of Optometry with the advice and consent of the Division of Allied Health Professions of the Board of Medical Quality Assurance shall be permitted the use of

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eye, including

March 19, 1981
U.S.P.H.S. Clinic
Juneau, Alaska 99802

Senator Charles Parr
Pouch V
Juneau, Alaska 99811


Dear Senator Parr:

Thank you for your reply to my letter of March 9 concerning S.B. 136. The letter, itself, was a statement of my personal position. However, it is not inconsistent with the policies of the U.S. Public Health Service in Alaska. Today I checked this with Arnie Alper, M.D., Ophthalmologist at A.N.M.C. in Anchorage. Dr. Alper assured me that optometrists employed by the U.S. Public Health Service are not allowed to diagnose and treat eye diseases with drugs, nor have they ever been allowed to do so. On occasion, an optometrist seeing a patient in a bush clinic situation for an eye refraction (an exam for glasses) will call the ophthalmologists in Anchorage at the Alaska Native Medical Center and describe an eye ailment. Based on the optometrist's description, the physician may make a presumptive diagnosis and prescribe a drug for the patient. The role relegated to the optometrist, in this case, is no greater than that of a local village health aide.

The only other situation in which optometrists are allowed to use drugs is in performing refractions for glasses. This privilege is allowed only with the permission of a physician.

Thus, the role that optometrists see themselves filling as described by S.B. 136 is certainly not the case in the U.S. Public Health Service. Dr. Alper invites you to call him at A.N.M.C. (Phone: 907-279-6661) to confirm this and answer any other questions that you may have.

Sincerely,


Keith A. White, M.D., A.B.F.P.
Clinical Director
U.S.P.H.S. Clinic
Juneau, Alaska 99802

PROPOSED DRAFT COMMITTEE SUBSTITUTE FOR SENATE BILL 136 - OPTOMETRY
by the Senate HESS Committee - March 28, 1981

* Section 1. AS 08.72.020 is amended to read:

Sec. 08.72.020. Membership of board and terms of office. The board consists of six (FIVE) persons, appointed by the governor. Members serve staggered terms of four years.

* Section 2. AS 08.72.040 is amended to read:

Sec. 08.72.040. Qualifications. Four board members shall be licensed, practicing optometrists who have been residents for at least three years. One board member shall be a public member with no interest, direct or indirect, in the practices of optometry, opticianry or medicine. One board member shall be a licensed physician pursuant to AS 08.64.170 - AS 08.64.350. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term that he served.

* Section 3. AS 08.72.060(c) is amended to read:

(c) The board shall

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

(2) order a licensee to submit to a reasonable physical examination if his physical capacity to practice safely is at issue.

(3) establish specific diagnostic drugs and the strengths thereof within the limits of AS 08.72.300(7), with the advice and guidance of the state medical board.

* Section 4. AS 08.72 is amended by adding a new section to read:

advertising

Sec. 08.72.272. Use of "Dr." or "Doctor". When an optometrist uses the title "Dr." or "Doctor" as a prefix to his name, without using the word "optometrist" as a suffix to his name or in connection with it, it constitutes a cause to revoke or suspend his certificate of registration.

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

Sec. 08.72.280. REFERRAL TO OTHER MEDICAL SPECIALISTS. 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~~ ^{health care practitioners} for further evaluation.

* Section 6. AS 08.72.300(2) is amended to read:

(2) "optometry" is the examination, other than by the use of drugs, except diagnostic drugs as defined in this section, 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 of application of lenses, prisms or ocular exercises for the correction or relief of the human eye;

* Section 7. AS 08.72.300(3) is amended to read:

(3) "practicing optometry" is an examination, other than by the use of drugs, except diagnostic drugs as defined in this section, 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;

* Section 8. As 08.72.300 is amended by adding a new subsection to read:

(7) "diagnostic drug" means a cycloplegic, mydriatic, or topical anesthetic which is listed in the official United States Pharmacopoeia, or official National Formulary, or ^a ~~any other~~ supplement to either of them.

* Section 9. As 08.72. is amended by adding a new section to read:

Sec. 08.72.305. Use of drugs for diagnosis. No optometrist shall be registered or certified to practice optometry in the state of Alaska in any area that is beyond the scope of his educational training as determined by the board of optometry. Any optometrist presently registered in the state of Alaska and who desires to employ the use of diagnostic drugs must submit to the board of optometry evidence of satisfactory completion of all necessary educational requirements as made mandatory by the board. *
The board of optometry shall provide for continuing educational requirements by all optometrists desiring to employ diagnostic drugs. Diagnostic drugs may ^{only} be sold, given away, bartered, exchanged, or distributed upon the written order or prescription of an optometrist who is authorized to use diagnostic drugs as provided in this chapter.

* endorsement showing auth to use drugs



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.

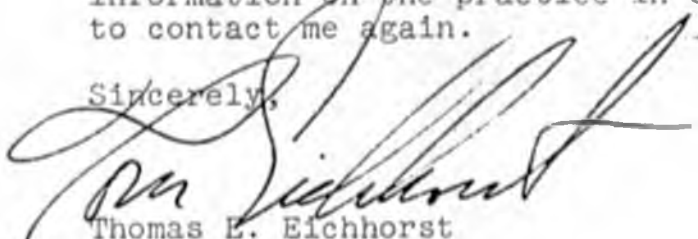
For background information, I am enclosing a listing of the 25 state laws which specifically authorize the use of pharmaceutical agents by optometrists. Another five states do not prohibit such utilization. Thus, 30 states permit such utilization. As you specifically requested, I am also enclosing a 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 |

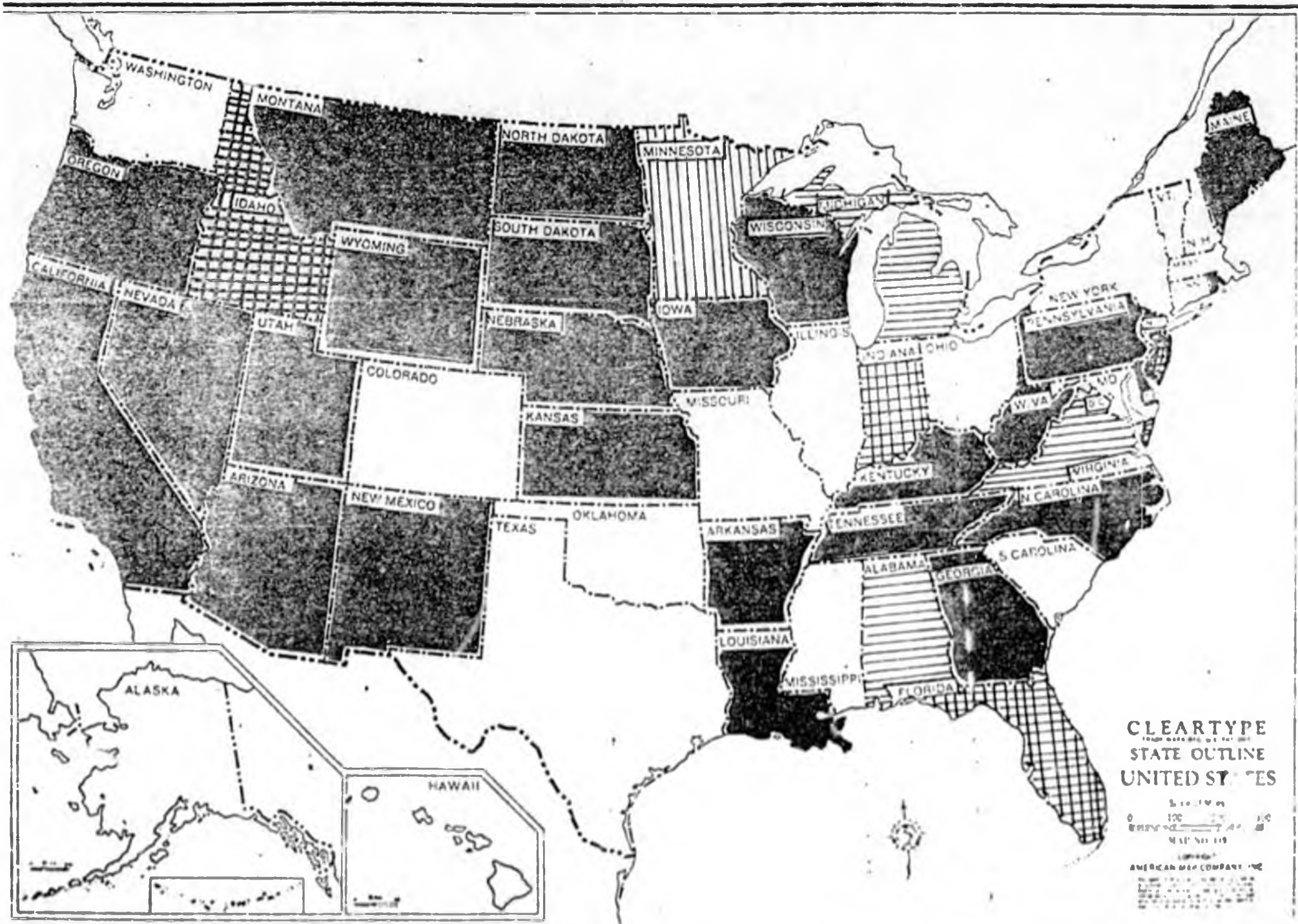
*both diagnostic and therapeutic

[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-).]

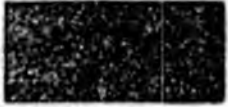
For your information we are including an updated map showing geographically the utilization of pharmaceutical agents by optometrists.

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

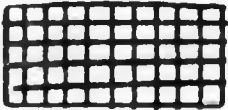
APRIL 25, 1980



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

DISTRIBUTION OF OPTOMETRISTS AND OPHTHALMOLOGISTS IN ALASKA

source: Alaska Division of Occupational Licensing and
the Alaska State Medical Association

| <u>Location</u> | <u>Optometrists</u> | <u>Ophthalmologists</u> |
|-----------------|---------------------|-------------------------|
| Anchorage | 12 | 11 |
| Fairbanks | 3 | 4 |
| Juneau | 2 | 1 |
| Kenai-Soldotna | 2 | 1 |
| Ketchikan | 3 | 1 |
| Kodiak | 1 | 0 |
| North Pole | 1 | 0 |
| Palmer | 1 | 0 |
| Sitka | 1 | 0 |
| Anchor Point | <u>0</u> | <u>1</u> |
| TOTAL | 26 | 19 |

note: Licensure is not required for those practicing with the armed services or with the United States Public Health Service (AS 8.64.370), so those persons are not reflected on this list.

copy for...

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT
George Hall O.D.

PROFESSIONAL PERSPECTIVES

No. 2

SEC. TREAS.
Dennis Swanner O.D.

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



ALASKA STATE MEDICAL ASSOCIATION

4107 Laurel Street, Suite 1 • Anchorage, Alaska 99504 • (907) 277-6891



March 17, 1981

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

Dear Senator Parr:

I am writing to follow up on my previous testimony to your committee, both in person and by teleconference, regarding SB 136. I would also like to make reference to the preliminary compromise between the optometrists and the medical doctors that was worked out last year, and to address the suggested language to amend SB 136 authored by the DHSS.

Diagnostic pharmaceutical agents that could, with proper safeguards, be considered reasonably safe for use by optometrists include a pure mydriatic, such as phenylephrine hydrochloride 2.5% or 5%; combination cycloplegics and mydriatics, to include tropicamide 1% and cyclopentolate hydrochloride 1%; and a topical anesthetic such as proparacaine 0.5%. This list of drugs would satisfy the economic wishes of those optometrists who wish to expand their practices without unduly endangering the Alaskan public.

The Alaska State Medical Association is strongly opposed to optometrists using therapeutic agents. Medications are expensive when prescribed needlessly, dangerous when prescribed inappropriately, and well outside the scope of training for most optometrists currently practicing in the state. The DHSS amendments included this limitation.


We believe it is very important that the public be given the opportunity to make an informed decision regarding their vision care when an abnormality is detected. We believe it is essential that the patient understand that they are seeing a non-physician in cases where a pathologic condition is suspected. The DHSS amendments assured this.

Since it is the optometrists who are seeking expansion of their definition of their profession, not a limitation on existing practice by the medical profession, we believe it very important that the Legislature protect the public interest. The consistent testimony by members of the public at the recent teleconference was solidly in support of the Legislature moving very slowly, if at all, regarding expansion of the definition of optometry.

We are prepared to provide further information and recommendations regarding this legislation, should you wish to have further information from us.

Thank you for the opportunity to offer testimony on this most important matter.

Yours truly,


David E. Johnson, M.D.
President

cc Rep. Don Clocksin, House HESS

*Proposed by the Dept.
of Health & Social Services*

(2)

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

depression

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:

(. "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, ~~but not less than quarterly.~~

(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~~ ^{anesthetics};

←
Advise
a
Committee
Advise
of

(2) to approve those optometrists who shall be authorized to use those diagnostic pharmaceutical agents approved by the committee, ^Nno 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 cardiopulmonary 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:

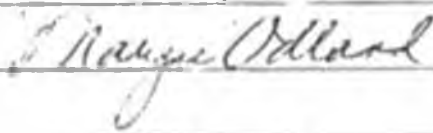
(b) Notwithstanding (a) of this section, diagnostic ophthalmic drug identified by regulation of the State Committee on Ophthalmic Drugs may be sold, given away, bartered, exchanged, or distributed upon the written order or prescription of an optometrist who is authorized to use the drug as provided in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

REPLY MEMO

State of Alaska

| MESSAGE | REPLY |
|---|---|
| TO Board of Optometry DATE 2-10-81 | TO Margie Odland DATE 2/16/81 |
| From: Margie Odland, Regulations Specialist Division of Occupational Licensing | |
| Attached for your review are copies of SB 136 and HB 111, concerning the practice of optometry and authorizing the use of ophthalmic drugs by optometrists. | I find the bills very well put together but the concept of using drugs for diagnostic purposes only should be mentioned in more detail. |
| This division would appreciate receiving any comment you have to offer concerning these bills. | John Nicko Jr. Public Member Board of Optometry |
| Thank you, | |
|  | |
| STATE OF ALASKA Department of Commerce Division of Occupational Licensing Pouch D Juneau, Alaska 99801 | |

1. KEEP YELLOW COPY. 2. SEND WHITE AND PINK COPIES WITH CARBON IN PLACE. 3. WRITE REPLY. 4. DETACH STUB, KEEP PINK COPY, RETURN WHITE COPY TO SENDER.

REPLY MEMO

State of Alaska

| MESSAGE | REPLY |
|---|--|
| TO Board of Optometry DATE 2-10-81 | TO _____ DATE _____ |
| From: Margie Odland, Regulations Specialist Division of Occupational Licensing | |
| Attached for your review are copies of SB 136 and HB 111, concerning the practice of optometry and authorizing the use of ophthalmic drugs by optometrists. | <i>The board is highly supportive of this legislation. I have been the executive spokesman for this legislation and would assist you on any specific concerns!</i> |
| This division would appreciate receiving any comment you have to offer concerning these bills. | |
| Thank you, | |
| <i>Margie Odland</i> | |
| STATE OF ALASKA | |
| Department of Commerce | |
| Division of Occupational Licensing | |
| Pouch D | |
| Juneau, Alaska 99801 | <i>Mc Johnson</i> |

1. KEEP YELLOW COPY. 2. SEND WHITE AND PINK COPIES WITH CARBON IMITACI 3. WRITE REPLY 4. DETACH STUB KEEP PINK COPY RETURN WHITE COPY TO SENDER

RECEIVED
 DIVISION OF OCCUPATIONAL LICENSING
 STATE OF ALASKA
 FEB 18 2 43 PM '81

REPLY MEMO

State of Alaska

MESSAGE

to Board of Optometry DATE 2-10-81

From: Margie Odland, Regulations Specialist
Division of Occupational Licensing

REPLY

to Margie Odland DATE 2/13/81

Attached for your review are copies of SB 136 and HB 111, concerning the practice of optometry and authorizing the use of ophthalmic drugs by optometrists.

I am in full support of SB 136 + HB 111. This needed update of our statutes will result in better, more economic eye care for the public. Passage of this bill will allow optometrists the full use of their professional skills to better care for their patients.

This division would appreciate receiving any comment you have to offer concerning these bills.

Thank you,

Margie Odland

Brigman
 President Board of
 Examiners of Optometry

STATE OF ALASKA
 Department of Commerce
 Division of Occupational Licensing
 Pouch D
 Juneau, Alaska 99811

REPLY MEMO

State of Alaska

| MESSAGE | REPLY |
|---|-----------------------------------|
| TO Board of Optometry DATE 2-10-81 From: Margie Odland, Regulations Specialist Division of Occupational Licensing | TO Margie Odland, DATE 2/17 |
| Attached for your review are copies of SB 136 and HB 111, concerning the practice of optometry and authorizing the use of ophthalmic drugs by optometrists. | <i>This Bill I am supporting.</i> |
| This division would appreciate receiving any comment you have to offer concerning these bills. | |
| Thank you, <i>Margie Odland</i> | <i>Ray A. Boon</i> <i>OD</i> |
| STATE OF ALASKA Department of Commerce Division of Occupational Licensing Pouch D Juneau, Alaska 99811 | |

1. KEEP YELLOW COPY.

2. SEND WHITE AND PINK COPIES WITH CARBON INTACT.

1. WRITE REPLY

2. DETACH STUB, KEEP PINK COPY, RETURN WHITE COPY TO SENDER

E. E. BACH, O.D.
PHILLIP W. BACH, O.D., Ph.D.
OPTOMETRY
SUITE 204 DENALI PROFESSIONAL CENTER
3401 DENALI STREET
ANCHORAGE, ALASKA 99503
February 12, 1981

Margie Odland
Regulations Specialist
State of Alaska Department of Commerce
Division of Occupational Licensing
Pouch D
Juneau, Alaska 99811

Dear Ms. Odland:

Thank you for sending me copies of HB 111 and SB 136, authorizing use of ophthalmic drugs by optometrists. The bills have been proposed jointly by the Board of Examiners in Optometry and the Alaska Optometric Association. They will allow the Board to license optometrists for procedures currently being taught in optometry schools but not permitted under the present Alaska law. The enclosed booklet contains explanatory and reference material that we have provided to legislators.

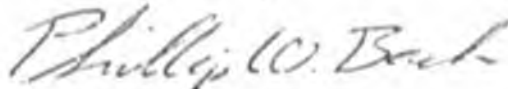
In recent years, Alaska has fallen behind in its ability to license graduates to current standards of practice. It is now in a minority of states that do not permit optometrists to use drugs.

We expect this legislation to be opposed by ophthalmologists, who for economic reasons, wish to see the optometry law retain its present restrictions.

Supportive testimony by the Division of Occupational Licensing would be of help to us in this matter. For instance, you or your people could say that the Optometry Board should have the same right to determine the areas of expertise of its profession as is accorded the Dental, Medical and other health regulatory boards. More specifically, once the legislature acknowledges optometrists' right to use drugs, "as taught by schools and colleges of optometry", the Board should be given the responsibility to determine, by regulation, which drugs may be used and how they may be used, as opposed to listing drugs in the statute. If the ophthalmologists cannot defeat drugs, per se, they may propose listing of drugs, so as to again freeze the status of a constantly changing, competing profession.

Please consider me your principal contact with respect to this legislation. I would appreciate hearing your reaction, and your thoughts as to what role the Division might play in these proceedings.

Very truly yours,



Phillip W. Bach, O.D., Ph.D.
Member, Board of Examiners in
Optometry
telephone 276-8120

PWB/pb
enclosure

REPLY MEMO

State of Alaska

MESSAGE

REPLY

to Board of Pharmacy DATE 2-10-81

to Margie Odland DATE 2/15/81

From: Margie Odland, Regulations Specialist
Division of Occupational Licensing

SINCE REF. IS

MADE TO

Attached is a copy of SB 136, pertaining to
the use of ophthalmic drugs by optometrists.

17.15.010 WHERE IT

This bill is the same as HB 111, which was
introduced in the House by Representative Terry
Martin.

HAS TO DO WITH
CONTROLLED SUBSTANCES

If you wish to comment on this legislation,
please reply on this memo and mail to my
attention.

A QUESTION OF
DEA-REGISTRATION IS
RAISED - WHAT PROVISION
HAS BEEN MADE TO OBTAIN
LEGALLY "LEGIND" DRUGS
THAT ARE NOT CONTROLLED
SUBSTANCES ??

Thank you,

BOARD OF PHARMACY
Eck
2/19/81

1. KEEP YELLOW COPY

2. SEND WHITE AND PINK COPIES WITH CARBON INTACT.

1. WRITE REPLY

2. DETACH STUB, KEEP PINK COPY, RETURN WHITE COPY TO SENDER

REPLY MEMO

State of Alaska

| MESSAGE | REPLY |
|---|---|
| TO State Medical Board DATE 2-10-81 | TO MARGIE ODLAND DATE 2/15/81 |
| From: Margie Odland, Regulations Specialist | Tom Kinsella, Member-Medical Board |
| Re: Copies of bills presented to you at 2-7-81 meeting. | |
| <p>In reference to SB 136, pertaining to the use of ophthalmic drugs by optometrists, I would appreciate receiving any comments you may wish to make concerning this legislation. The same bill has been introduced in the House as HB 111.</p> | <p>I have a problem with the bill due to the fact that no where does it state the drugs are for diagnostic use only. This along with the definition</p> |
| <p>Also, I would appreciate receiving your comments on the drug bill as soon as possible.</p> | <p>change pertaining to optometry from "(REQUIRES) to <u>may require</u> referral to other health care practitioners" is too broad language and should be</p> |
| <p>Thank you.</p> | <p>better defined towards diagnostic use of the ophthalmic drugs.</p> |
| <p><i>Margie</i></p> | <p>Thanks</p> |
| | <p><i>Tom Kinsella</i></p> |

1. KEEP YELLOW COPY.

2. SEND WHITE AND PINK COPIES WITH CARBON INTACT.

3. WRITE REPLY.

4. DETACH BLUE, KEEP PINK COPY. RETURN WHITE COPY TO SENDER.

Peninsula Eye Clinic

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

February 19, 1981

Margie Odland
Regulations Specialist
Div. of Occupational Liscensing

Dear Margie,

Thank you for giving me the opportunity to comment on the so called "optometric drug bill"! The manner in which the bill is worded is quite dangerous to the public as it would allow an O.D. (non-medical person) to use any drug classified as "ophthalmic" by the optometry board (a group of non-physicians). In addition the bill would permit them to perform any procedure "taught in optometry school". Both of the above liberties could be devastating to the public!

Last spring ophthalmologists agreed to support legislation which would allow the O.D.'s to use specific drugs for diagnostic purposes and in return the O.D.'s would have been required to refer patient's for medical treatment if certain signs of eye disease were present! We felt the public would be adequately protected under such a bill. The fact that this session the O.D.'s are "going for the whole drug pharmacopoeia" indicates their desire to in reality practice medicine not optometry! If such be the case, we have a medical board and appropriate exam to satisfy their liscensing requirements.

Please let me know if I may be of further assistance in the future. Needless to say, ophthalmologists are concerned about this bill and its effect on the public. Enclosed are two additional pieces of information which might be of interest to your office!

Sincerely,

Peter E. Cannava

Peter E. Cannava, M.D.
Ophthalmology

PEC:ccy

February 13, 1981

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

Dear

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): 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 : 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. (Nun intended)

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

Sincerely,

PEC:ccy

Peter E. Cannava, M.D.

REPLY MEMO

State of Alaska

| MESSAGE | REPLY |
|---|---|
| TO State Medical Board DATE 2-10-81 | TO Margie DATE 2/17/81 |
| From: Margie Odland, Regulations Specialist | |
| Re: Copies of bills presented to you at 2-7-81 meeting. | |
| <p>In reference to SB 136, pertaining to the use of ophthalmic drugs by optometrists, I would appreciate receiving any comments you may wish to make concerning this legislation. The same bill has been introduced in the House as HB 111.</p> | <p>This issue is such a controversial one between the ophthalmologists and optometrists. In my situation, the two disciplines work well together and have an easy flow of referral.</p> |
| Also, I would appreciate receiving your comments on the drug bill as soon as possible. | <p>I personally have no problem with the proposed changes, but private ophthalmologists will probably object. I gave a copy of this to Dr. Tom Harrison who I believe will respond.</p> |
| Thank you. | |
| <i>Margie</i> | |

1. KEEP YELLOW COPY. 2. SEND WHITE AND PINK COPIES WITH CARBON INTACT. 1. WRITE REPLY. 2. DETACH SUB. KEEP PINK COPY. RETURN WHITE COPY TO SENDER.

*Margie,
Please note
change of address
1013 W. 16th Ave.
Anchorage, AK
99501*

George

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:

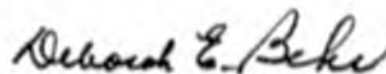
At the recent Senate HESS Committee meeting on SB 136: "An Act Relating to the Practice of Optometry," your Committee requested the following information be provided:

- (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.

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Sec. 08.72.280. REFERRAL TO OTHER MEDICAL SPECIALISTS. 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.

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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 or 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 cardiopulmonary 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.

BARTLETT MEMORIAL HOSPITAL

P. O. BOX 2-3000 • JUNEAU, ALASKA
MILE 2 — GLACIER HIGHWAY

• TELEPHONE (907) 586-2611

March 5, 1981

Honorable Charles Parr, Senator
Chairman, Senate Committee on Health, Education
and Social Services
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

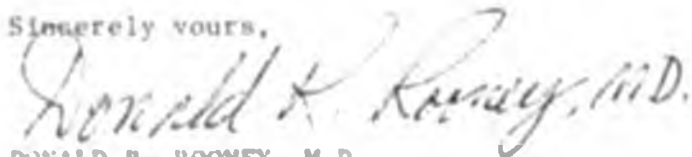
At the regular monthly meeting this week of the Juneau Medical Society, Senate Bill 136, enlarging the scope of practice of Optometry was carefully considered.

This bill expresses a clear intent by Optometry (a measuring science) to practice medicine both in diagnosis and treatment of disease. It is a well proven principle of good medical care, that a physician must treat the entire patient, not just a single part of the body such as the eye. Many serious systemic diseases, such as diabetes, are first detected by changes in the eye. Optometrists are not trained in the treatment of diabetes and other systemic illnesses.

Enactment of S.B. 136 in no way would substitute for the level of training of optometrists necessary to diagnose and treat disease. Passage of this bill, without stringent safeguards, would produce a very real risk to the welfare and safety of Alaskans.

For the above and other reasons, the Juneau Medical Society and the Medical Staff of Bartlett Memorial Hospital, unanimously agreed on a position of strong opposition to S.B. 136. We appreciate your consideration in this matter.

Sincerely yours,



DONALD R. ROONEY, M.D.
President, Juneau Medical Society
Chief of Staff, Bartlett Memorial Hospital

DRR:jld

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CSSB 136 (HESS)
 Title An Act relating to the practice of optometry.
 Requested by Senate HESS Committee Date 4-9-81

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)

| | FY 81 | FY 82 | FY 83 | FY 84 | FY 85 | FY 86 |
|-----------------------------|-------|-------|-------|-------|-------|-------|
| GENERAL FUND | 0 | 0 | 0 | 0 | 0 | 0 |
| FEDERAL FUNDS | | | | | | |
| OTHER (Specify Fund Source) | | | | | | |
| | | | | | | |

POSITIONS

| | FY 81 | FY 82 | FY 83 | FY 84 | FY 85 | FY 86 |
|-----------|-------|-------|-------|-------|-------|-------|
| FULL TIME | 0 | 0 | 0 | 0 | 0 | 0 |
| PART TIME | | | | | | |
| TEMPORARY | | | | | | |

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

No fiscal impact.

IV. DATE 4-23-81 PREPARED BY *Marjorie Odland* Marjorie Odland, Regulations Specialist
 AGENCY Division of Occupational Licensing
 PHONE 465-2535
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

includes H. O. opinions

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 | | |
| 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 | | X ^E | |
| Louisiana | X | | | | | | | X |
| Maine | X | | | X | X | | | |
| Minnesota | X | | | | | | | X |
| Montana | X | | X | X | X | X | X ^E | |
| Nebraska | X | | X | X | X | | | |
| Nevada | X | | X | X | X | | X | |
| New Jersey | X | | | | | | | X |
| New Mexico | X | | | | | | | X |
| Bill North Carolina | X | X | | | | | | X |
| North Dakota | X | | | | | | | X |
| Bill Oregon | X | | X | X | X | X | X ^E | |
| 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 | | | |
| Bill West Virginia | X ^x | X ^x | | | | | | X |
| Wisconsin | X | | X | X | X | X | X ^E | |
| Wyoming | X | | X | X | X | X | X ^E | |
| 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)



Official Business

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Charlie Parr, Chairman
Terry Stimson, Vice-Chairman
Vic Fischer
Tim Kelly
Mike Colletta

Pouch V
State Capitol
Juneau, Alaska 99811

465-4907
465-4908

NOTICE OF HEARING

The Senate Health, Education & Social Services Committee has scheduled Senate Bill 136 - An Act Relating to the Practice of Optometry. The public hearing date is Friday, February 27th, at 3:00 p.m. The hearing will be located in room 209 of the Behrends Building, which is located at the corner of Seward & Third Street in Juneau. Written comments can be sent to the Committee at the address on this letterhead.

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill 136
 Title An Act relating to the practice of optometry, and authorizing the use of ophthalmic
 Requested by drugs by optometrists. Senate HESS Date 2-9-81

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 | -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 | | | | | | |
| 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 2-9-81 PREPARED BY *Marjorie Odland* Marjorie Odland, Regulations Specialist
 AGENCY Division of Occupational Licensing
 PHONE 465-2535
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

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 Accrediting 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 and accommodative and muscular conditions and coordination of the eye, in subjective 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.

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. Rhodes, 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-).]

educational standards shall cover instruction in cardiopulmonary 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.

check this out

allows optometrist to obtain drugs

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.

JAMES H. PATTERSON, M.D.

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

Telephone 907: 274-2252

February 24, 1981

Charles H. Parr
Senator
Pouch V
Juneau, Alaska 99811

Dear Charlie:

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 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 -

DR. CURTIS M. JOHNSON
OPTOMETRIST
330 SEVENTH AVENUE
FAIRBANKS, ALASKA 99701
Telephone 456-4010

February 24, 1981

Senator Charlie Parr
Pouch V
Juneau, Alaska 99811

Dear Senator Parr;

I would like to encourage the support of your HESS
committee for SB 136.

I am sure you understand the politics of this issue
and I understand the desire of some in the "HOT SEAT"
to seek a compromise when strong feelings are expressed
on two sides of an issue.

We sat down with ophthalmology last year to see if some-
thing could be worked out. Their idea of a compromise
was to allow us two drugs, in return for which we would
be required to refer to them every little deviation from
normal, whether on not, in our judgement, a referral was
necessary. Such a provision in the law would result in
many, many needless referrals, be more costly to patients
in both time and money and seriously undercut professional
judgements that optometry has worked years to attain.

In the absence of an acceptable compromise, which is very
unlikely, I think it is time for this legislation to come
to the floor in it's present form. We feel that the votes
are there for passage in it's present form.

Sincerely,


Curtis M. Johnson, O D.

CM: bab



DR. ROBERT W. MILLER

OPTOMETRIST

2808 C STREET

ANCHORAGE, ALASKA 99503

PHONE (907) 279-3041

February 23, 1981

The Honorable Mike Colletta
Health, Education and Social
Services Committee
Alaska State Senate
Pouch V
Juneau, Alaska, 99811

Dear Senator Colletta;

Enjoyed having you and all the others at the P.A.S.I.T. party at my home last year. I was really saddened by Jack Turinsky's death. He helped a lot on P.A.S.I.T.

I'd like to urge your support for SB 136. I realize the pressure from the ophthalmologists is great since they are trying to protect, in the eyes of the public, their last remaining main difference from Optometry. Senator, no one today has a corner on knowledge and training. Optometrists today are every bit as well and in many cases better trained than ophthalmologists in the use of drugs.

Compromise with ophthalmology appears to be impossible. We've tried, but they refuse. I think they're scared. General medicine as a whole seems to have no objection.

Sure this is a turf bill but one that benefits the public and that's the whole point. Public benefit v.s. one professions protection.

Thanks for your time Senator. I do hope you'll help on this. Thanks again.

Best Regards,

A handwritten signature in cursive script, appearing to read "Robert W. Miller".

Robert W. Miller, O.D.

RWM/rna

cc: Senators

Charlie Parr
Terry Stinson
Vic Fischer
Tim Kelly

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT

George Hall O.D.

SEC-TREAS

Denris Swamer O.D.

LEGISLATIVE COMM.

Maynard Falconer O.D.

Phillip Bach O.D., Ph.D.

February 12, 1981

Honorable Charles H. Parr
Alaska State Senate
Pouch V
Juneau, AK 99811

Dear Senator Parr:

Enclosed is the optometric drug bill SB 136 as it emerged from drafting. It differs slightly from the wording of the proposed bill in the booklet we sent you. It tightens the revision language in the pharmaceuticals statute (A.S. 17.15) to relate more closely to the existing paragraphs.

Your staff can use the bill number for filing the booklet.

Very truly yours,

Maynard Falconer, O.D.
Phillip Bach, O.D., Ph.D.
Legislative Committee

TESTIMONY FOR SENATE BILL 136

February 27, 1981

P.W. Bach

Gentlemen of the Committee, I'm Phillip Bach, an optometrist in private practice in Anchorage, and a member of the Board of Examiners in Optometry. I don't stand on ceremony, so my background and degrees are listed on the VITA attached to the end of this testimony.

Since I have been a professor at various times, it is my assignment to describe to you, briefly, the nature of optometric education. I'll also touch on the similarities and differences between the training of an O.D. and that of an M.D.

Professional education can be broken down into three general phases. In graduate school these phases are usually called theory courses, methods courses, and practicum. In optometry they are called didactic courses, clinic preparation or pre-clinic, and clinical experience. In Exhibit 1 of your handout, I have placed in these three categories, the courses of the Pennsylvania College of Optometry, a school I recently visited.

Didactic courses are taught in the classrooms and laboratories. They are designed to provide a fund of background knowledge which serves as a basis for exercising professional judgment. You will note that these courses are taught chiefly by professors whose doctorates are in the basic science areas, like physiology, pharmacology, pathology, clinical medicine and clinical optometry. Thus ODs, MDs and PhDs teach in this phase.

In the pre-clinic phase, students are taught to apply this knowledge to general and special areas of optometry. Instruction takes place in special clinic-like facilities designed for the purpose. The instructors in this phase are primarily ODs, who teach the clinical procedures and relate theory to practice. Students develop proficiency in individual procedures by practicing the procedures on each other.

In the clinic phase, students examine and care for real patients under the teaching and supervision of a clinic staff consisting of 37 optometrists, 5 ophthalmologists and several miscellaneous professionals in related fields. In the regular clinic, there is one supervising doctor for every 2 student clinicians. In this role, clinicians treat minor eye diseases, and refer major diseases to an ophthalmological care module located in the clinic. Cases having particular teaching value are seen in pathology clinics conducted by an ophthalmologist and attended by clinicians from the primary care module in which the case originated. (There are 4 primary care modules).

Clinicians later undergo an externship, where they spend time in field settings, such as Veterans Administration hospitals, Public Health Service clinics and private practices. At the end of this training, they receive the O.D. degree and are eligible to take state and national board examinations for licensure.

To explore another foundation of professional judgment, it is instructive to look at the type of students who enter the four year optometry program. I have long held the belief that a school is only as good as its students. It is one thing to be

it is another thing to retain and apply it. Optometry schools require a minimum of two to three years of pre-optometric college study, with specific course requirements to be completed during that time. In practice, only exceptionally qualified students are admitted with less than four years of college and a completed major. This is shown in Exhibit 2. For each school, the number of entrants having two, three or four years of college are shown in the first three columns. For all the schools collectively, the percentage of entrants who have four or more years of college is 72%. Broad college experience is desirable because it demonstrates the student's ability to sustain a program of study, particularly in upper division college courses; and it helps to develop the so-called well rounded person, which all professions seek.

An even more direct indication of the quality of the students is their grade point average, shown in column . Again, for the schools as a whole, these GPAs average out to 3.3 on a 4.0 scale, which is a high B average. Thus the schools draw their students from the top third of the college class. While grade point average does not correlate particularly well with success in practice, it does show a student's ability to get through difficult courses in the professional curriculum. And since most schools require in pre-optometry, courses like organic chemistry and differential calculus, these high grade point averages were not earned in basket weaving courses.

What sort of practitioner is produced by this educational system? An ophthalmologist? No. A general practitioner in medicine? No. A person capable only of determining a spectacle prescription and fitting contact lenses? Certainly not! The system produces a doctor in the field of health care, a professional whose training has been carefully focused and tailored to produce a generalist of the eye and visual system, a provider of primary care in the eye field. In terms of disease, primary care means diagnosis and treatment of some eye diseases, preliminary diagnosis and referral of other diseases to a specialist for further evaluation and treatment. The specialist is usually an ophthalmologist, but since the eye is a window to the body as a whole, referral may also be made to a neurologist, internist or other health care practitioner.

Exhibit 3 shows schematically where the optometrist fits in between the general practitioner and the ophthalmologist in terms of his knowledge of eye diseases. His knowledge is intermediate between the two but closer to that of the ophthalmologist. For primary care, his knowledge, office instrumentation and continuing education is far superior to the general practitioner, who must spread himself across the entire body. While the O.D. program is not short, doctors of optometry feel their educational model is more efficient and cost effective for primary eye care than that of the ophthalmologist, who first goes through four years of general medical school and receives much training that he will never use, then undergoes a three year residency heavily oriented toward surgical procedures which also are not invoked in primary eye care.

Such a system produces an expensively trained specialist, who in order to earn a specialist's level of income, must charge higher fees for rendering primary care or see more patients in the same period of time. Moreover, they are less accessible due to their smaller numbers and uneven geographic distribution. The optometric model is very similar to that of dentistry. While dentists do not seem cheap, their services would almost certainly be more expensive were they performed by medical specialists having 11 years of higher education instead of 8.

It has been suggested by opponents of the bill that ODs are narrowly trained in drug usage, without the background of the MD to handle adverse reactions that might occur. Nothing could be further from the truth. Like physicians, dentists and podiatrists, optometrists are medically trained, in ways that meet the unique requirements of their field. It is one of the hallmarks of training in a profession, that the practitioner is trained well beyond the level at which he must function in routine practice. The extra training gives him the depth with which to make proper decisions in unusual cases that come along. This is particularly true in the drug area, where the optometrist is grounded in general pharmacology as a preparation for ocular pharmacology. Moreover, the OD, by using relatively few drugs, is highly expert not only in their usage, but in knowing what symptoms to look for and in the proper use of remedial procedures. For the drugs we are talking about, remedial procedures are

relatively few. For instance, it is not uncommon for mild allergic reactions to occur with antibiotic drops or ointments. When this happens, the remedial procedure is to discontinue use of the drug. If these drugs were inherently dangerous they would not be prescribed for use at home. As a matter of common sense, no school is going to teach its students to do something that could be dangerous to the public without also teaching them the proper remedy.

In summary, an established and respected profession, optometry, offers your constituents a health care capability that is not being utilized in Alaska due to an antiquated optometry law. Authorizing Alaskan optometrists to provide their profession's primary eye health services will allow faster and more available routine treatment, better referral, save patients' time, money and travel, and not cost a dime of taxpayers' money.

VITA

Phillip W. Bach

Education

- 1961 Graduated, West Anchorage High School
- 1961-4 Attended Alaska Methodist University
- 1965-7 Attended Illinois College of Optometry, Chicago
- 1968-9 Attended Pacific University College of Optometry and Pacific University, Forest Grove, Oregon
- 1969 Bachelor of Science (psychology), Pacific University
- 1969 Doctor of Optometry, Pacific University College of Optometry
- 1970-5 Attended Graduate School, Purdue University, LaFayette, Indiana
- 1975 PhD (special education and physiological psychology), Purdue University

Experience

- 1970 Graduate Assistant, Purdue University
- 1971-4 Graduate Instructor, Purdue University
- 1974 Assistant Professor of Education, Western Illinois University, Macomb, Illinois (summer session)
- 1975 to
Present Private practice in optometry, Anchorage, Alaska
- 1975 (Sept. - Oct.) Consultant to Alaska Unorganized Borough School District
- 1972 to
Present Contributing Editor, "Growing Child", a monthly child development newsletter, circulation 125,000
- 1978 Part Time Instructor, Department of Education, University of Alaska, Anchorage (spring semester)

Activities and Affiliations

- 1978 to
Present Member, Board of Directors, Anchorage Community Mental Health

Center (Secretary, 1979, 1980; Vice-President, 1981)

1975 to
Present Member, Polaris Squadron, Civil Air Patrol (Mission Pilot,
Safety Officer)

1980,
1981 Member, Anchorage Symphony (some concerts)

1975 to
Present Member, American Optometric Association

1975 to
Present Member, Alaska Optometric Association (Vice-President, 1980)

Exhibit #1

Phases of Professional Study,
Pennsylvania College of Optometry

A. Theory (years 1 through 4)

| Course | Type of Instructor |
|---|--|
| Gross Anatomy | O.D., M.S., Anatomy |
| Microanatomy | M.S., Anatomy |
| General Biochemistry | Ph.D., Physiology |
| General Physiology | Ph.D., Physiology |
| Endocrinology | Ph.D., Physiology |
| General Pathology | M.D. |
| General Pharmacology | Ph.D., Pharmacology |
| Medical Urgencies and Emergencies | M.D. |
| Clinical Medicine | M.D. |
| Theoretical Optics I & II | Ph.D., Optics |
| Physiological Optics. I, II, III & IV | Ph.D.s Physiological Optics and Ph.D., Psychology |
| Ophthalmic Optics I & II | O.D. |
| Neuroscience | O.D., M.S., Anatomy |
| Electrodiagnostic Methods | Ph.D., Physiological Optics |
| Ocular Biology I & II | O.D., and Ph.D., Anatomy |
| Ocular Pharmacology and Therapeutics | Ph.D., Pharmacology |
| Diseases of the Eye I & II | M.D., Ophthalmology |
| Ophthalmic Pathology | M.D., Ophthalmology |
| Primary Care, Optometric Procedures I, II, III | O.D. |
| Contact Lens Practice | O.D. |
| Strabismus/Amblyopia | O.D. |

Theory (cont.)

| | |
|--|--------------|
| Pediatric Optometry | O.D. |
| Vision Rehabilitation | O.D. |
| Neuro-Optometry | O.D. |
| Health Care I (Public Health) | O.D., M.P.H. |
| Health Care II (Epidemiology) | O.D., M.P.H. |
| Health Care III (Health Care Policy and Organization) | O.D., M.P.H. |
| Environmental Optometry | O.D. |
| Practice Management and Development | O.D. |

B. Clinic Preparation (years 1 and 2)

| | | |
|---|---|---|
| Primary Care, Optometric Procedures I, II & III Laboratory | } | 1+ O.D.s 1 Ophthalmologist 3 Ph.D.s |
| Contact Lens Practice Laboratory | | |
| Strabismus/Amblyopia Laboratory | | |
| Pediatric Optometry Laboratory | | |
| Vision Rehabilitation Laboratory | | |
| Professional Practice I, II & III | | |

C. Clinical Experience - at Eye Institute (years 3 and 4)

| | | |
|---|---|---|
| Professional Practice IV & V (general clinics) | } | 37 O.D.s 5 Ophthalmologists 3 Ph.D.s 5 Other |
| Advanced Professional Practice (specialty clinics) | | |
| External Education Patient Care (Home examinations and screenings) | | |

Clinical Experience (cont.)

**Externship I, II
(experience in settings and institutions
away from Eye Institute)**

Electives:

Biological Science Research

Visual Science Research

Health Care Research

Human Interpersonal Relations

Advanced Professional Practice

**Clerkship I, II
(observing in various practices)**

Externship III

Selected Topics in Optometry

**Theory and Clinical Practice of
Low Vision Rehabilitation**



Appropriate faculty & staff

Exhibit #1a

Pennsylvania College of Optometry Faculty

| OD | MD | PhD | Other |
|------------------------|--------------------|------------------|-----------------|
| Alexander* | Borska | Barker, P. | Brookes (MBA) |
| Barker, F.* | Toland* (& OD) | Carroll (& OD) | Clugh (BS) |
| Berman | | Feinbloom | Davis (BS) |
| Blaustein* | | Levy | Lewis, D. (BA) |
| Bressler | | Lewis, T. (& OD) | Lombardi (MS) |
| Brilliant* | | Myers (& OD) | Lynch (MB, DFH) |
| Brown | | Siegfried | Redmond (BA) |
| Byer* (& MS) | | Singh (& OD) | |
| Cohen, J. | | Smith | |
| Cohen, M. | | | |
| Cook | | | |
| Crozier, G.H.* | | | |
| Crozier, G.C. | | | |
| Cummings* | | | |
| DiStefano (& MEd, MPH) | | | |
| Feinblum (& MEd) | | | |
| Fink | | | |
| Freeman | | | |
| Friedman | | | |
| Friedner | | | |
| Furer | | | |
| Gottshalk | | | |
| Granatt | | | |
| Gray* | <u>OD (cont.)</u> | | |
| Gurwood | Press* | | |
| Hirsch | Ragone | | |
| Hooten | Rinehart* (& MA) | | |
| Kaplan, H. | Robinson* | | |
| Kasik, K. | Ruskiewicz (& MPH) | | |
| Kasik, M. (& MEd) | Seiderman (& MA) | | |
| Kaplan, W. (& MA) | Silbert* | | |
| Kolb | Simon | | |
| Laney | Skolnick* | | |
| Lebow | Soles | | |
| Leibowitz (& MEd, MPH) | Spinell* | | |
| Lockhardt* | Udvari | | |
| Margaretten | Verma | | |
| Marrs | Volinsky* (& MS) | | |
| Miller | Walker* | | |
| Morrison | Walton | | |
| Moss* | Ward (& MPH) | | |
| Mroz | Weidig | | |
| Mullen* | White* | | |
| Nyman* | Whitener (& MPH) | | |
| Oleszewski* (& MS) | Williams* | | |
| Pitta (& MS) | Yamamoto | | |
| Poquis | | | |

Additional degrees at Masters or higher noted

* Also on Eye Institute faculty

Exhibit #1b

Eye Institute Faculty and Staff

| OD | MD | PhD | Other |
|-------------------|----------------|--------------|-------------------|
| Alexander | Toland (& OD) | Feinbloom | Cope (BA) |
| Barker, F. | Deglin (& MSc) | Lewis (& OD) | Gerushat (MA) |
| Bennett (& MS) | Katzman | Singh (& OD) | Smith (MEd) |
| Blaustein | Kay | | Terwilliger (MSW) |
| Brilliant | Rodis (& PhD) | | Watson (MA) |
| Byer (& MS) | | | |
| Cole | | | |
| Crozier, G.H. | | | |
| Cummings | | | |
| Freeman | | | |
| Gottshalk | | | |
| Gray | | | |
| Jordan | | | |
| Jose | | | |
| Klopfers | | | |
| Lockhart | | | |
| McCulloch | | | |
| Moss | | | |
| Mullen | | | |
| Nyman | | | |
| Oleszewski (& MS) | | | |
| Pearlman-Storch | | | |
| Press | | | |
| Rinehart (& MA) | | | |
| Robinson | | | |
| Ruggiero | | | |
| Silbert | | | |
| Skolnick | | | |
| Spinell | | | |
| Volinsky (& MS) | | | |
| Walker | | | |
| White | | | |
| Williams | | | |
| Wilson | | | |
| Yorkgitis | | | |
| Zaba (& MA) | | | |
| Zlotnick | | | |

Additional degrees at Masters level or higher noted

Exhibit #2

Characteristics of Students Entering
Optometry Schools in 1979

| Optometry School | Years of Pre-Optometric College Study | | | Mean Grade Point Average (4.0 Scale) | % Applicants Accepted |
|--|---------------------------------------|--------|--------|--------------------------------------|-----------------------|
| | 2 yrs. | 3 yrs. | 4 yrs. | | |
| University of Alabama at Birmingham, School of Optometry | 0 | 5 | 35 | 3.36 | 27 |
| University of California at Berkeley, School of Optometry | 0 | 33 | 38 | 3.35 | 18 |
| Ferris State College of Optometry (Big Rapids, Michigan) | 0 | 0 | 27 | 3.45 | 23 |
| University of Houston College of Optometry | 0 | 13 | 91 | 3.36 | 19 |
| Illinois College of Optometry (Chicago) | 2 | 35 | 118 | 3.30 | 19 |
| Indiana University, School of Optometry (Bloomington) | 18 | 21 | 30 | 3.58 | 14 |
| New England College of Optometry (Boston) | 0 | 7 | 80 | 3.19 | 15 |
| Ohio State University College of Optometry (Columbus) | 11 | 26 | 23 | 3.46 | 24 |
| Pacific University College of Optometry (Forest Grove, Oregon) | 20 | 30 | 35 | 3.36 | 17 |
| Pennsylvania College of Optometry (Philadelphia) | 2 | 19 | 129 | 3.18 | 22 |
| Southern California College of Optometry (Fullerton) | 9 | 15 | 72 | 3.32 | 16 |
| Southern College of Optometry (Memphis) | 21 | 25 | 104 | 2.90 | 18 |
| State University of New York College of Optometry (New York) | 0 | 5 | 63 | 3.27 | 18 |

Percent of all entrants having
4 or more years of college

72

Grand mean grade point average
(weighted by class size)

3.27

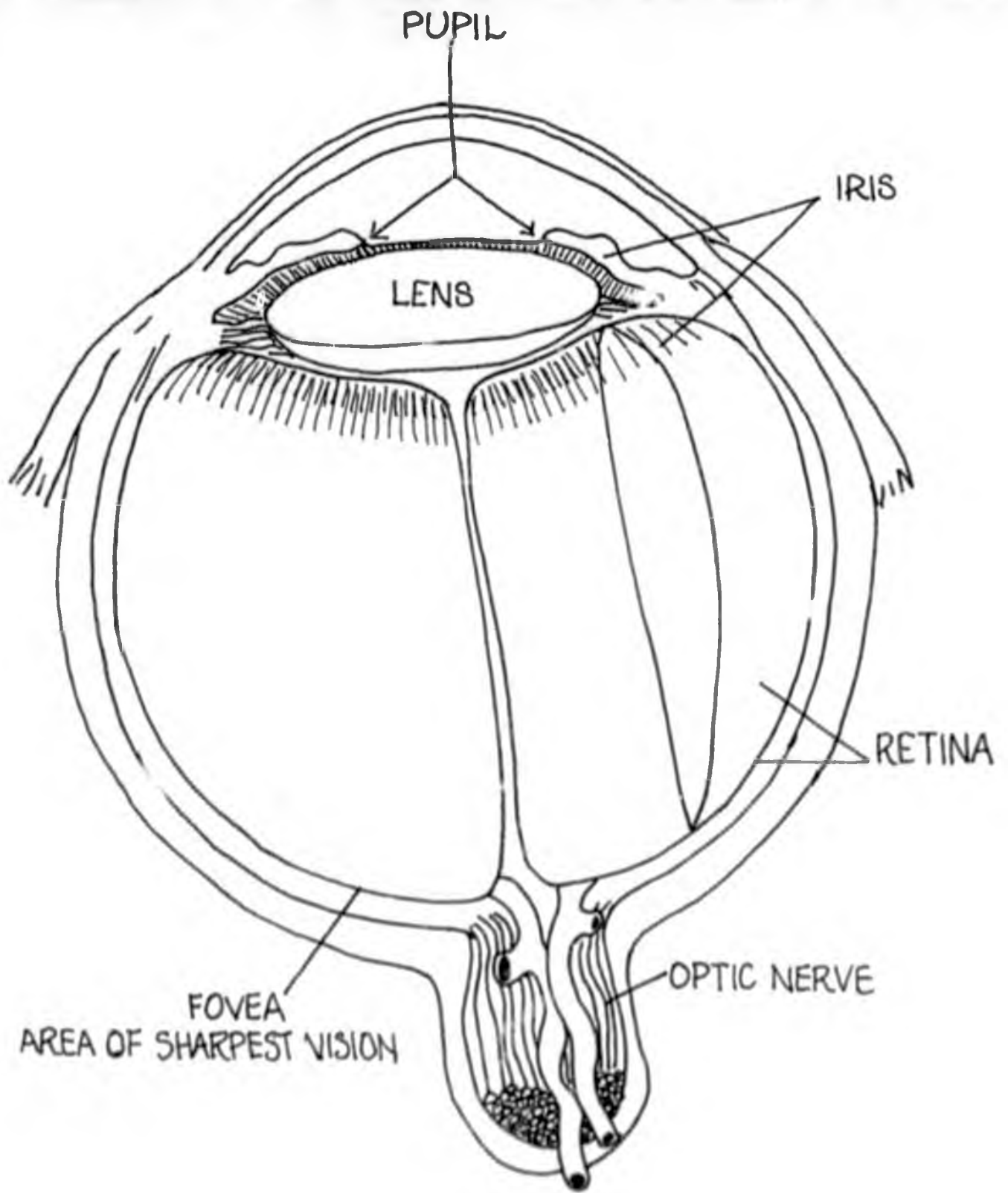
Exhibit #3

**Schematic Comparison: Relative
Knowledge of the Eye, Eye
Diseases and Eye Medicine**

Ophthalmologist

Optometrist

General Practitioner



THE HUMAN EYE

(Drawing compliments of
(Nancy Deltrick - 2/26/81
(Senate HESS Committee

SITKA VISION CLINIC
T. B. McLAUGHLIN, O.D., P.C.
BOX 498
SITKA, ALASKA 99835
—
TELEPHONE 747-6644

Senator Charles Parr, Chairman
Senate Health, Education and
Social Services Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Sen. Parr:

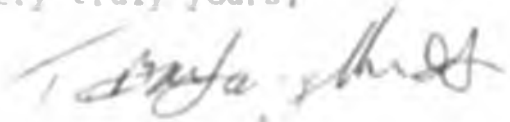
I urge your favorable consideration of SB 136, relating to ophthalmic drugs in optometry.

There are several needs together under that heading. Besides diagnostic aids, such as pupil dilating drugs, optometrists need to have the use of certain other drugs, such as antibiotic drops and ointments for eye inflammations that are not serious enough to require the services of a specialist.

For instance, painful corneal abrasions from contact lens overwear are common occurrences. Proper treatment includes instillation of a corneal anesthetic to break the pain response, followed by aspirin to hold the pain down after the anesthetic wears off (prolonged anesthetic is undesirable because it retards healing). At the same time, an antibiotic is used to guard against infection until the corneal epithelium is restored.

The optometrist has a biomicroscope with which he can monitor the progress of the healing, which usually takes 1 to 7 days. This microscope is not normal equipment for a general practitioner, and I am the only person in Sitka who has such an instrument.

Very truly yours,



Timothy B. McLaughlin, O.D.

DR. ED CRAIG
OPTOMETRIST
348 MAIN STREET
KETCHIKAN, ALASKA 99901
DIAL 228-3078

February 25, 1981

Senator Charles Parr
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

I urge your support of Senate Bill 136 which will legislate use of ophthalmic drugs by optometrists during the course of a visual examination.

While ophthalmology deals with diseases of the eye and performs surgery upon the eye, optometry is the only profession specifically licensed in the United States to deal with human vision and related problems.

The average optometrist has spent 6 years or more training for his profession. All thirteen optometry colleges now include a comprehensive study of pharmacology. The pharmacological curriculum is accepted by The Association of Schools and Colleges and is similar to that taught to medical students.

Modern technology has made sophisticated diagnostic equipment available, but their value to the patient diminishes when the law disallows them to be used in conjunction with ocular drugs. The optometrist's ability to view a larger portion of the eye with use of these drugs will result in the earlier detection of eye diseases. Of course, early detection will result in the early referral to an ophthalmologist.

Recent graduates from optometry colleges are now specifically tested in the use of ophthalmic drugs by the state boards. Having passed this examination, they should not require policing from another profession.

Respectfully,


Ed Craig, O.D.

February 13, 1981

Peninsula Ey. Clinic

PETER E. CANNAVA, MD
OPHTHALMOLOGY
BOX 1829
SOLDOTNA, ALASKA 99669
TELEPHONE 262-4462

Dear Don,

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 "delegere", to uncover, would be more appropriate.

Section 1 (1):
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 a 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 with-in 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 with-stood the test of time! There are no physicians on the optometry board so this would be legislating the blind to lead the blind. ! (pun intended)

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

Sincerely,

Peter
Peter E. Cannava, M.D.

PEC;ccy

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 SB 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 recommended 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. Rohr
Special Assistant

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 hydr bromide (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

IOWA: 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 myotics 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)-570020.

40-3.70(6)-570020 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. AD. RULES §852-8-010:

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 Na 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 4%; 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 .35%)

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%)
Psclopentolate 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) Phenylephrine 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.

Date: January 28, 1981

File Ref:

To:

Sen. Thompson

From: Ann J. Nancy, 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)



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.

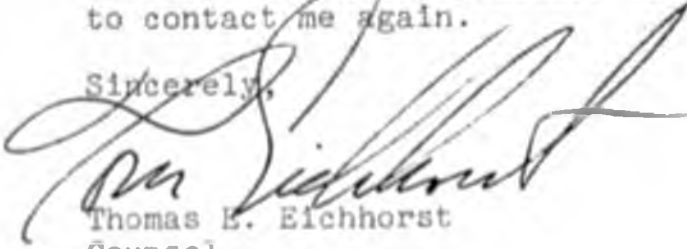
For background information, I am enclosing a listing of the 25 state laws which specifically authorize the use of pharmaceutical agents by optometrists. Another five states do not prohibit such utilization. Thus, 30 states permit such utilization. As you specifically requested, I am also enclosing a 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

PROFESSIONS AND VOCATIONS § 463.02

462. Repealed by Laws 1976, c. 76-168, § 3, eff. July 1, 1976 [See § 11.01]

Laws 1969, c. 69-100, §§ 19, 26, provided for change in division of health of the department of health and rehabilitative services for state board of health. Change in Fla.St. 1975. "[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 1975, c. 75-48, § 3.

462.21 Omitted in Fla.St. 1967

Repeal by Laws 1967, c. 67-696, § 1. Part 1, chapter 66 was repealed. Section 2 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 463.111 Optometric services for certain public agencies (New)

Repeal of Chapter

Laws 1976, c. 76-168, the Regulatory Reform Act of 1976, 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, 1976. For the provisions directing the regulatory review and a listing of all statutes affected by Laws 1976, c. 76-168, see § 11.01 and notes thereunder.

463.01 "Optometry" and "optometrist" defined [Repealed by Laws 1976, c. 76-168, § 3, eff. July 1, 1976. See § 11.01]

The practice 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 anatomical anomalies of the human eye and their appendages, and the prescribing and employment of lenses, prisms, frames, mountings, orthoptic exercises, light frequencies, and any other means or methods for the correction, remedy, or relief of any "near" or abnormal conditions 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 1975, c. 75-230, § 3, eff. June 27, 1975.

Laws 1976, c. 76-168, amended this section without change.

Cross References: Optometric services, regulations, see § 463.011 et seq.

1. Constitutionality: Where the 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 described and delineated in detail activities prohibited, remedy sought to be rendered was 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. State v. Yates, 211 So.2d 212 (1970).

463.02 Florida state board of optometry [Repealed by Laws 1976, c. 76-168, § 3, eff. July 1, 1976. See § 11.01]

(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 to be 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 providing 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 his successor is ap-

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e circuit court in
a certificate, un-
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process: Florida's
tive Procedure Act,
145 (Feb 1968).

478 (See § 11.01)
partment of Profes-
sional Regulation.

[Repealed by Laws

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, license, record, or
issued unlawfully

r than his own or

different name;

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c. 76-168, § 3, eff.

and program shall

075. See § 20.00(1)
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Bureau of Records
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sional Regulation.

1976 (See § 11.01)

partment of Profes-
sional Regulation.

27-8

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT
George Hall O.D.

PROFESSIONAL PERSPECTIVES

No. 2

SEC-TREAS
Dennis Beamer O.D.

LEGISLATIVE COMM.
Maynard Falconer O.D.
Philip Bush O.D., Ph.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.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

**DIVISION OF PUBLIC HEALTH
SECTION OF FAMILY HEALTH**

JAY S. HAMMOND, GOVERNOR

**POUCH H 06B
JUNEAU, ALASKA 99811
PHONE: (907) 465-3100**

Document# 73-81

March 20, 1981

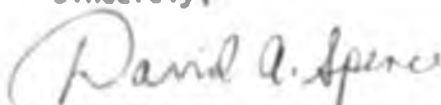
Senator Charlie Parr
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

I have reviewed the compromise substitute for Senate Bill 136. I believe the suggestions for an amended bill submitted by Debra Behr on March 9th to the committee is preferable to the committee substitute you sent me. This is particularly true with regard to the drugs and the training required. It is the Department's belief these would be better left to individual committee discretion.

I am looking forward to testifying again today.

Sincerely,



David A. Spence, M.D.
Chief, Section of Family Health

PROPOSED DRAFT COMMITTEE SUBSTITUTE FOR SENATE BILL 136 - OPTOMETRY
by the Senate HESS Committee - March 28, 1981

* Section 1. AS 08.72.020 is amended to read:

Sec. 08.72.020. Membership of board and terms of office. The board consists of six (FIVE) persons, appointed by the governor. Members serve staggered terms of four years.

* Section 2. AS 08.72.040 is amended to read:

Sec. 08.72.040. Qualifications. Four board members shall be licensed, practicing optometrists who have been residents for at least three years. One board member shall be a public member with no interest, direct or indirect, in the practice of optometry, opticianry or medicine. One board member shall be a licensed physician pursuant to AS 08.64.170. - AS 08.64.350. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term that he served.

* Section 3. AS 08.72.060(c) is amended to read:

(c) The board shall

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

(2) order a licensee to submit to a reasonable physical examination if his physical capacity to practice safely is at issue.

(3) establish specific diagnostic drugs and the strengths thereof within the limits of AS 08.72.300(7), with the advice and guidance of the state medical board.

* Section 4. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.272. Use of "Dr." or "Doctor". When an optometrist uses the title "Dr." or "Doctor" as a prefix to his name, without using the word "optometrist" as a suffix to his name or in connection with it, it constitutes a cause to revoke or suspend his certificate of registration.

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

Sec. 08.72.280. REFERRAL TO OTHER MEDICAL SPECIALISTS. 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.

* Section 6. AS 08.72.300(2) is amended to read:

(2) "optometry" is the examination, other than by the use of drugs, except diagnostic drugs as defined in this section, 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 of application of lenses, prisms or ocular exercises for the correction or relief of the human eye;

* Section 7. AS 08.72.300(3) is amended to read:

(3) "practicing optometry" is an examination, other than by the use of drugs, except diagnostic drugs as defined in this section, 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;

* Section 8. As 08.72.300 is amended by adding a new subsection to read:

(7) "diagnostic drug" means a cycloplegic, mydriatic, or topical anesthetic which is listed in the official United States Pharmacopoeia, or official National Formulary, or any other supplement to either of them.

* Section 9. As 08.72. is amended by adding a new section to read:

Sec. 08.72.305. Use of drugs for diagnosis. No optometrist shall be registered or certified to practice optometry in the state of Alaska in any area that is beyond the scope of his educational training as determined by the board of optometry. Any optometrist presently registered in the state of Alaska and who desires to employ the use of diagnostic drugs must submit to the board of optometry evidence of satisfactory completion of all necessary educational requirements as made mandatory by the board. The board of optometry shall provide for continuing educational requirements by all optometrists desiring to employ diagnostic drugs. Diagnostic drugs may be sold, given away, bartered, exchanged, or distributed upon the written order or prescription of an optometrist who is authorized to use diagnostic drugs as provided in this chapter.

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

ANCHORAGE EYE AND CONTACT LENS CENTER

1945 W. NINTH AVE. PHONE: 272-2557

ANCHORAGE, ALASKA 99501

February 23, 1981

The Honorable Charlie Parr
Health, Education and Social
Services Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Parr,

This letter is to urge your support of S.B. 136. As an Optometrist in this state, practicing in Anchorage for 15 years, I feel somewhat frustrated. I have been trained to use diagnostic drugs, I am required to find pathology of the eye, for which I was trained, yet the state of Alaska does not permit me the use of diagnostic agents, a tool which is often necessary to detect pathology.

This is a dangerous situation for me, as I can be sued for not detecting pathology. This is a dangerous situation for the patients as he ultimately suffers if pathology of the eye is not detected.

Most states allow Optometrists to use diagnostic pharmaceutical agents, which they were trained to use. Alaska needs to consider the patients welfare. Support S.B. 136.

Respectfully,

Jim Falconer
Jim Falconer, O.D.

cc: Senators
Terry Stimson
Vic Fischer
Tim Kelly
Mike Colletta

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

ANCHORAGE EYE AND CONTACT LENS CENTER

1345 W. NINTH AVE. PHONE: 272-2557

ANCHORAGE, ALASKA 99501

February 19, 1981

Senator Charlie Parr
Pouch V
Juneau, Alaska 99811

Dear Senator Parr,

I am writing to ask your support for Senate Bill 136.

You may be aware that Optometrists provide the majority of vision care in Alaska. You may not be aware that current laws prevent us from providing the best possible care. The use of diagnostic agents would enable us to provide such care.

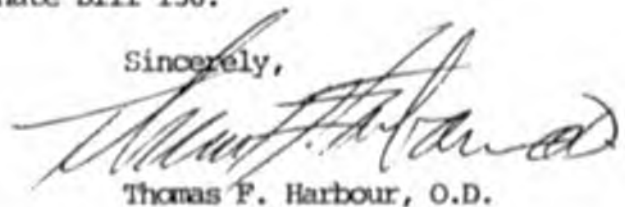
Many Alaskans are subjected to needless and costly referrals because Optometrists are prevented from using the proper tools such as diagnostic agents to provide service.

A majority of the states recognize this fact and allow Optometrists to use diagnostic agents.

Alaska should certainly be such a state, due to its vastly dispersed population. Optometrists traveling in the bush areas, are faced with situations where the use of diagnostic agents would prevent a patient having to travel hundreds of miles for a simple condition.

There is no logical reason for Alaska to remain in the dark ages of vision care. The Alaska citizen deserves the best possible vision care, and you are in a position to assure them that they receive it. They can only receive the best care by passage of Senate Bill 136.

Sincerely,



Thomas F. Harbour, O.D.

cc: Terry Stimson
Vic Fischer
Mike Colletta
Tim Kelly

Selby - HB 223 likes

- raises revenue sharing for hosp (\$225,000 or 750,000)
- Rural Health Initiative funds to be converted to block ~~to~~ grants thru state (Natl Health for Coops lib)

Dept - maybe jointly promulgate -

- McConkey -
- Spence - Dept wants drugs by name rather than defined by regulatory process
- McConkey: Board difficult to judge qual in sec 7. Standards not up to medical standards in Ark.

Dr Bach - would not allow optometrists to use therapeutic drugs -

Spence - control on list -

- exam prior to permission to use -
- specify clinical use

Tim - req diag drugs by dept

- ~~the~~ exam should be given by Dept -

McConkey -

Margie Odell - Med Bd agreeable to joint promulgation

Dr Bach - advice & guidance from Med Bd - Oregon

Harry Trager - fiscal note if add member

Dr Page - not water down power of med in