HB

225

(FILE)

April 17, 1984

MEMORANDUM

TO: MEMBERS OF THE SENATE HESS COMMITTEE
FROM: NANCY DEITRICK, COMMITTEE AIDE
RE: OPTOMETRY LEGISLATION

ATTACHED, PLEASE FIND A COPY OF THE CS FOR SB 189 WHICH THIS COMMITTEE PREPARED IN 1983 FOR THE SENATE OPTOMETRY BILL.

PROVISIONS OF THE CS INCLUDE:

1. Inclusion of a licensed physician in the membership of the board of optometry.

2. Development of a list of diagnostic drugs to be used by optometrists with the advice and guidance of the state medical board.

3. Referral to medical specialists are required if a pathological condition is found in examining a patient.

4. The use of DR. or Doctor is required to connected with the word optometrist under this chapter.

5. An applicant applying to use diagnostic drugs must pass a board administered examination.

6. The definitions of "optometry" and "practicing optometry" are amended by including the use of diagnostic drugs.

SECTIONAL ANALYSIS OD CSHB 225 (HESS)am - RELATING TO THE PRACTICE OF OPTOMETRY AND AUTHORIZING THE USE OF CERTAIN DRUGS BY OPTOMETRISTS.

SECTION 1 Amends 08.64.170. LICENSE TO PRACTICE MEDICINE. to include the use and prescription of legend drugs by optometrists with a licens endorsement by the optometry board.

SECTION 2 Adds optometrist to 08.64.360, exempting them from penalties for practicing medicine without a license.

SECTION 3 Adds to grounds for imposition of disciplinary sanctions new language relating to:

Failure to refer a patient to a medical practitioner for a treatment beyond the scope of the optometrist's license; and

Use, dispensation or prescription of a legend drug in violation of the statute.

SECTION 4 Adds a new section to the optometrist statute relating to the use, dispensation and prescription of drugs. this section provides:

That a licensee may not use drugs without a license endorsement by the board

That a licensee may not use any controlled substance.

That drug use is limited to drugs prepared for topical application to the human eye or eyelid, limited to:

1) Cyclopegics

2) Mydriatics

That to obtain a license endorsement an applicant must prove: 1) 200 hours of didactic instruction, training or supervised experience, 2) given at an accredited school or college of optometry or medicine, and 3) has passed written and practical examinations in the subject

That required subjects are specified as general and ocular pharmacology, ocular pathology and differential diagnosis, and treatment of pathology of the eye and its adnexa including the use of legend drugs.

That a license endorsement expires with the license and may be renewed upon evidence of continuing education as specified by the board by regulation.

SECTION 5 DEFINITIONS. Provides a new definition of "legend drugs" and expands the definitions of optometry and practicing optometry to include diagnosis and treatment with the use of drugs but excluding surgery.

	HESS CS SB 189	OPTOMETRIST CS SB 189
Board of Optometrists	Adds one board member who is a physician licensed in the state (Sec.1-2) Defines the public member as having no interest in the practice of optometry or medicine. (Sec. 2)	no change
Regulations	Gives the Board power to adopt regulations for the use of diagnostic drugs. (Sec. 3)	Gives the Board power to adopt regulations for the use of prescription drugs. (Sec.2 (d))
Powers and Duties	In conjunction with the State Medical Board, shall develop a list of specific diagnostic drugs and dosages to be used. (Sec.4(c)(3))	The Board shall furnish the Board of Pharmacy the names of licensed holders of endorsements. (Sec.2(e)).
Continuing Education	The Board shall provide for C.E. for optometrists desiring to use drugs.	Drug use endorsement may be renewed upon evidence of completion of Continuing Education program specified and approved by Board. (Sec.2 (c))
Use of Drugs	A licensee must submit to the Board evidence of satisfactory completion of Educational requirements. (Sec. 8 (1)) Provides that the Board will develop and administer a test to licensees desiring to use diagnostic drugs. (Sec. 8)	A licensee must submit for the Board proof of a minimum of 100 transcript hours of Education, training, and clinical experience and passed a written examination. Training must be from an institution accredited by the Council in Postsecondary Accreditation or the US Department of Education or by an affiliated Institution. (Sec.2(a)) NOTE: Sec. 2 refers to endorsements issued under (b) but this subsection is missing from draft.

Definitions	Includes use of diagnostic drugs in the defintions of "optometry" and "practicing optometry". defines "diagnostic drug".	"legend drugs" drugs whose labels prohibit dispensation without a prescription. Deletes in "optometry" and "practicing optometry" other than by the use of drugs, and limits diagnosis and treatment to the anterior segment of the eyes and the eyelid. "anterior segment" is the portion extending from the anterior surface of the cornea to the posterior end of the ciliary process.
Grounds for Imposition of Disciplinary Sanctions	Use of "Dr." or "Doctor" with name without the word "optometry" (Sec. 7) Failure to fulfill educational requirements is cause for revocation of license validation (Sec. 8 (d))	Board may revoke or suspend a license endorsement for violations of regulations. (Sec. 2 (d))
Registration	Unlawful to practice optometry in the State beyond the scope of the license issued. (Sec. 5)	
Other	Requires referral to medical specialist on discovery of a pathological condition. (Sec. 6)	Establishes a classification list of legend drugs that optometrist may employ or prescribe (new Sec. 6)

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 225 (HESS)

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

This draft Committee Substitute differs from the original Bill in several significant ways:

1. It permits the board of optometry to impose disciplinary sanctions on optometrists who fail to refer a patient to an appropriate health care practitioner for treatment of conditions beyond the scope of the licensee's training.

2. It forbids use of controlled substances.

3. It permits use of topical ophthalmic drugs only in contrast to the original Bill which would have permitted use of systemic drugs.

4. It defines the types of topical drugs which can be used and eliminates a role for the board in determining what drugs can be used.

5. It defines the type of training which must be obtained before a license endorsement can be issued in contrast to the original Bill which required the board to issue regulations prescribing training.

6. It prohibits the practice of surgery by optometrists.

This draft Committee Substitute, in the view of the Department, is a definite improvement over the original Bill. The Department would still prefer to restrict the types of topical drugs which are authorized to diagnostic drugs.

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

Date: Feb. 22, 1984

Approved by: Robert London Smith, Ph.D.
Commissioner
Department of Health and Social Services

Date: 2/28/84

STATE OF ALASKA
FISCAL NOTE Revision Date , 1983

I. REQUEST
Bill/Resolution No.: CSHB 225
Title: Practice of Optometry
Sponsor: Hurlbert and Martin
Requestor:

II. FISCAL DETAIL
Agency Affected: Health & Social Services
Program Category Affected: Public Health
BRU, Program of Subprogram(s) Affected:

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LANDS & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

III. SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: Dean F. Tirador, M.D. Phone: 465-3090
Division: Public Health Date: 5/13/83

Approved by Commissioner: Date:
Department: Health and Social Services

Distribution:
Original to Legislative Finance
Copy to Office of Management and Budget (for Legislature introduced bills)
Copy to Department (for Governor introduced bills)
Copy to Sponsor
Copy to Requestor (if different from Sponsor)

3/8/83

POSITION PAPER / Department of Health and Social Services

Rep Fischer

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 225 (HESS)

14 1983

"An Act relating to the practice of optometry and authorizing the use of certain drug by optometrists."

The Committee Substitute makes several changes to existing statute and to the original bill: (a) membership in the Board of Examiners in Optometry is expanded to six to include a physician licensed in the state; (b) duties of the board are broadened to include development, with the advice and guidance of the state medical board, of a list of prescription and non-prescription drugsand dosages which may be used in the practice of optometry in the state and requirements for continuing education of optometrists desiring to use drugs; (c) registration or licensure of an optometrist to practice beyond the scope of the individual's training is prohibited; and (d) language is added to require an optometrist to clarify the nature of his or her practice when using the prefix "Dr." or "Doctor".

The Department recommends that the board size remain an odd number by reducing the number of optometrist members to three while retaining the public member and the physician member.

There is a minor difference in the language of the original and committee substitute bills with regard to the types of drugs which would be permitted. The original version uses the adjective "legend" while the substitute refers to "legend", "prescription" and "non-prescription" drugs. It is assumed that "non-prescription" refers to commonly available over-the-counter preparations.

Both versions include in the definition of optometry the "diagnosis and treatment, including the use of drugs, of inflammations, infections, and injuries of the eyes and eyelids". This provision remains the most controversial element of the Bill although the provision for approval of the types of drugs by the optometric board with the advice and guidance of the medical board may reassure, to some extent, those concerned with the apparently unrestricted access to drugs permitted in the original version.

While the committee substitute is an improvement over the original version of the bill, the Department still considers the definition of optometry to be too broad, e.g., it would not prohibit the use of surgery nor the use of systemic drugs. [redacted].

Question — [illegible] in the bill [illegible] legal [illegible] surgery.

POSITION PAPER/Department of Health and Social Services

While the vast majority of health care practitioners are prudent and sincere, the Department does not believe that individual practitioners should be left entirely free to define the scope of their practices. The Department does not believe a user of health services should have to rely solely on the professioal integrity of the provider for assurance of quality of care. This is one of the functions of the licensing statutes of the state.

The Department is opposed to the use of therapeutic drugs by optometrists. [redacted]

Recommended by: E. S. Rabeau

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

Date: May 13, 1983

Approved by: _____

Robert London Smith, Ph.D.
Commissioner
Department of Health and Social Services

Date: _____

STATE OF ALASKA
FISCAL NOTE

Revision Date 1983

I. REQUEST

Bill/Resolution No.: CSHB 225
Title: Practice of Optometry
Sponsor: Hurlbert and Martin
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FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

III. SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: Dean F. Tirador, M.D. Phone: 465-3090
Division: Public Health Date: 5/13/83

Approved by Commissioner: Date:
Department: Health and Social Services

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3/8/83

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

In the Matter of:

PHILLIP W. BACH, O.D.
Optometrist

Respondent

File: BO 82-049

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

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

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

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

2. This constitutes the practice of Optometry within the meaning of AS 08.72.110 and AS 08.72.300. Further investigation reveals that you are practicing without a license. This is in violation of AS 08.72.110 and AS 08.72.280. Further, failing to renew is a violation of AS 08.72.181 which requires payment of the fee and proof of continuing education.

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-2536

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

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

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

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

This order is effective on receipt by you.

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

BY ORDER OF

COMMISSIONER
DEPARTMENT OF COMMERCE AND
ECONOMIC DEVELOPMENT

BY: Harry W. Teague, Director
Name and Title

Division of Occupational Licensing
Agency Address

Pouch D, Juneau, Alaska 99811

CERTIFICATE OF SERVICE

I, _____, do hereby certify that I served a copy of the above order and a Request for Hearing form by (personally delivering/mailing) a copy to/with _____ _____ at _____ _____ on the ____ day of _____, 19__.

_____
Name

_____
Title

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-2530

3-2430(Rev. 1/79)

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

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

File: BO 82-049

DECISION AND ORDER OF WITHDRAWAL

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

STATEMENTS OF FACT

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

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

3. On January 15, 1982, the division received a letter dated December 1, 1981 from Jeffrey G. Keene, Secretary-Treasurer of the Alaska Optometric Association, attempting to certify 70 hours of continuing education. This submission was rejected as it did not comply with the requirements written under AS 08.72.181 and 12 AAC 48.020. His fees required to renew, including delinquent charges, totalling $270.00 were received this date.

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-2536

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

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

CONCLUSIONS OF LAW

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

ORDER

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

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

BY ORDER OF

COMMISSIONER
DEPARTMENT OF COMMERCE AND
ECONOMIC DEVELOPMENT

BY: Harry D. Treager
HARRY D. TREAGER, Director
Division of Occupational Licensing

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-2536

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

In the Matter of:

PHILLIP W. BACH, O.D.
Optometrist

Respondent

TEMPORARY CEASE AND DESIST ORDER
(AS 08.01.087)

File 80 82-049

REQUEST FOR HEARING

Respondent, pursuant to AS 08.01.087(b)(1), hereby gives Notice of Defense in this proceeding.

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

DATED this 12th day of January, 1982.

Phillip W Bach
Respondent's Signature

Address: 3101 Denali St.

Anchorage Alaska
City State

276-8126 99503
Telephone Zip

NOTICE

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

STATE OF ALASKA
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-2534

08-2434 (Rev. 1/79)

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

In the matter of:

PHILLIP BACH

Respondent

CASE NO. OE 82-049

AFFIDAVIT OF NOTICE PURSUANT TO AS 08.01.087(b)

I hereby certify that all members of the: Optometry Board

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

(over)

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

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

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

Phillip Bach/Anchorage			Not notified

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

Kevin J. Messing
NAME KEVIN J. MESSING

ADMINISTRATIVE SUPPORT TECHNICIAN II
TITLE

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

Angela I Parker
NOTARY

8-8-84

1978. This is issued in the public interest.

MSG 84-0003684[illegible] PRTY 1 [illegible] TO: TOM/JUNEAU
FROM: KETCHIKAN/JUNE G.
TARGET: LJHV SUBJ: OPTOMITRISTS HB 225

****
LEGISLATIVE TELECONFERENCE NETWORK FINAL STATS
****
FINAL STATS: KETCHIKAN

APRIL 18, 1984- ---:DATE
KETCHIKAN----------:SITE/LOCATION
SENATE HESS-PH CB 225----------:SPONSOR/SUBJECT

1------TESTIFED
0------OBSERVED
1------TOTAL

*****T/C STARTED:----3:00PM-----
*****T/C ENDED:-------5:00PM------

TESTIFIED:
1. ED CRAIG, O.D., 348 MAIN ST., KETCHIKAN, ALASKA 99901. 225-3975.

MSG 84-00036839 PRTY 1 04/18/84 17:13:27 ORIG: LR00 IN= 0020 OUT= 0071
FROM: JOHN IN BARROW TO: JNUTC STATS (TOM)
TARGET: LJHV SUBJ: 4/18 (S)HESS HB-225 T/C.

FINAL STATS**********FINAL STATS**********FINAL STATS**********FINAL STATS
**********FINAL STATS**********FINAL STATS**********FINAL STATS**********
****
LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET
****

APRIL 18, 1984_____:DATE
BARROW LIO_____:SITE/LOCATION
(S)HESS - HB225_____:SPONSOR/SUBJECT

NAME/REPRESENTING ADDRESS/PHONE TESTIFY OBSERVE
****
1. BARROW DID NOT HAVE ANY PARTICIPANTS.

STATS

__-0-_TESTIFY/ED
__-0-_OBSERVE/ED
__-0-_TOTAL

*****T/C STARTED:__3:00_
*****T/C ENDED:____5:00_

MSG 84-00036825 PRTY 1 04/18/84 16:58:20 ORIG: LD00 IN= 0008 OUT= 0067
FROM: LIZ IN DELTA TO: TOM IN JUNEAU
TARGET: LJHV SUBJ: FINAL STATS

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: APRIL 18, 1984
SITE/LOCATION: DELTA JUNCTION
SPONSOR/SUBJECT: SENATE H.E.S.S.
CSHB 225 - PRACTICE OF OPTOMITRY

DELTA STATS:
TESTIFIED: 0
OBSERVED: 0
TOTAL: 0

NAME/REPRESENTING ADDRESS/PHONE TESTIFY OBSERVE

MSG 84-00036832 PRTY 1 04/18/84 17:03:13 ORIG: LV00 IN= 0008 OUT= 0068
FROM: ANNI/VALDEZ TO: TOM/JUNEAU
TARGET: LJHV SUBJ: SENATE H.E.S.S./ CS HB 225 AMENDED

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: APRIL 18, 1984
SITE/LOCATION: VALDEZ
SPONSOR/SUBJECT: AN ACT RELATING TO THE PRACTICE OF OPTOMITRY AND AUTH. USE OF CERTAIN DRUGS BY OPTOMITRISTS.
VALDEZ STATS:

LOCAL MODERATOR: ANNI
****T/C STARTED: 3:05 P.M.
****T/C ENDED: 5:00 P.M.

TESTIFY: 0
OBSERVE: 0
TOTAL: 0

NAME/REPRESENTING ADDRESS/PHONE

MSG 84-00036959 PRTY 1 04/19/84 09:29:25 ORIG: SOL$ IN= 0003 OUT= 0008
FROM: SOLDOTNA/BECKY TO: JUNEAU T/C / TOM
TARGET: LJHV SUBJ: F. STATS/SENATE HESS HB 225/OPTOMITRY

****

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

****

4/19/84_____:DATE
SOLDOTNA_____:SITE/LOCATION
SENATE HESS/HB225:OPTOMITRY_____:SPONSOR/SUBJECT
3:15_____:T/C START
5:00_____:T/C ENDED

3___TESTIFY/ED
0___OBSERVE/ED
3___TOTAL

NAME/REPRESENTING	ADDRESS/PHONE	TESTIFY	OBSERVE
1.ROBERT O'CONNELL	BOX 4187, KENAI	T	
2.PETER CANNAVA	BOX 1629,SOLDOTNA	T	
3.JOHN DEMSKE	RT. 2 BOX 368,SOLDOTNA	T	
4.			

MSG 84-00036848 PRTY 1 04/18/84 17:27:40 ORIG: LA08 IN= 0024 OUT= 0073
FROM: ANCHORAGE/JACKI TO: TOM/FINAL STATS
TARGET: LJHV SUBJ: (S)HESS, CSHB 225, PRACTICE OF OPTOMETRY

****

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

****

DATE: 4/18/84
SITE: ANCHORAGE
SPONSOR/SUBJECT: (S)HESS, CSHB 225, PRACTICE OF OPTOMETRY

..4...TESTIFIED
..2...OBSERVED
..6...TOTAL

******T/C STARTED: 3:05
******T/C ENDED: 5:00

TESTIFIED
****

1. JAMES H PATTERSON, M.D., 3500 LATOUCHE ST., ANCHORAGE, 345-3215
2. MORRIS R HORNING, M.D., 3710 E. 20TH ST., ANCHORAGE, 279-8437
3. JEFFREY GONNASON, O.D., 2211 E. NORTHERN LIGHTS #202, 276-2080
4. BOYD SKILLE, 3746 LAKE OTIS, ANCHORAGE, 562-2618

99508

OBSERVED
****

1. BRUCE NAHORNEY, 429 BARROW ST., ANCHORAGE 99501, 272-7073
2. MARION L. HARDY, 3601 C ST., ANCHORAGE, 561-2978

****

MSG 84-00036954 PRTY 1 04/19/84 09:25:37 ORIG: LI00 IN= 0004 OUT= 0006
FROM: DOROTHY IN DILLINGHAM TO: JNUTC/ANCTC
TARGET: LJHV SUBJ: SIGN IN SHEET

****

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

****

APRIL 18, 1984 _____DATE __MODERATOR - TOM__
DILLINGHAM_____SITE/LOCATION
SENATE H.E.S.S. CS HB 225 (HESS) OPTOMITRY AND AUTH.CERTAIN DRUGS

NAME/REPRESENTING	ADDRESS/PHONE	TESTIFY	OBSERVE
1. DR. JAMES PICKARD,	BOX 10235, DILLINGHAM, AK. 99576 842-2232	X	
2.			
3.			

MSG 84-00036908 PRTY 1 04/19/84 08:38:35 ORIG: LD00 IN= 0002 001= 0005
FROM: KODIAK TO: ~~PER~~/JNU
TARGET: LJHV SUBJ: KODIAK "FINAL STATS" SENATE HESS CSHB225

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: APRIL 18, 1984
SITE/LOCATION: KODIAK / L.I.O.
SPONSOR/SUBJECT: SENATE H.E.S.S. CSHB 225 OPTOMITRISTS
LOCAL MODERATOR: MARY JO

____0____TESTIFY/ED
____0____OBSERVE/ED
____0____TOTAL

*****T/C STARTED: 3:00 P.M.__
******T/C ENDED: 5:00 P.M.__

NAME/REPRESENTING	ADDRESS/PHONE	TESTIFY	OBSERVE
1.	NO PARTICIPANTS		
2.			
3.			
4.			

EOM/

MSG 84-00036836 PRTY 1 04/18/84 17:07:43 ORIG: LF02 IN= 0004 OUT= 0069
FROM: PAULA/FBKS TO: TOM/JNU T/C
TARGET: LJHV SUBJ: FINAL STATS 4-18-84/SEN HESS, HB 225 OP

****

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

****

4-18-84_____:DATE
FAIRBANKS_____:SITE/LOCATION
SEN HESS/PRACTICE OF OPTOMETRY HB225_:SPONSOR/SUBJECT

TESTIFIED/PARTICIPATED:
1. RICHARD PARRY, AK ST MED ASCN, 4107 LAUREL,SUITE 1, ANC 99508 562-2662
2. CHRISTY NIELSEN, BD OF PHARM, SR 20124-A, FKS 99701- - - - - 455-6621
3. SAM A. MCCONKEY, SR 40739, FKS, 99508 - - - - - - - - - - - 456-7840
4. MARGARET D. SODEN, BD OF PHARM, SP 10346.5, FKS, 99701 - - - 479-6793

OBSERVED:

_____STATS_____

4_____TESTIFY/ED *****T/C STARTED:_3:00 P.M.
0_____OBSERVE/ED *****T/C ENDED:_5:00 P.M.
4_____TOTAL

==========EOM

MSG 84-00036689 PRTY 1 04/18/84 15:08:28 ORIG: SOL$ IN= 0007 OUT= 0007
FROM: BECKY/SOLDOTNA TO: TOM/JNU
TARGET: LJH& SUBJ: S HESS OPTOMITRY HB 225

OMNI$2

2. PETER CANNAVA ----- TESTIFY

MSG 84-00036674 PRTY 1 04/18/84 15:00:17 ORIG: SOL$ IN= 0006 OUT= 0002
FROM: LORI SOLDOTNA TO: TOM,JNUTC
TARGET: LJH6 SUBJ: S HESS OPTOMITRYHB 225

OMNI #1

1. ROBERT O'CONNELL---TESTIFY

MSG 84-00036696 PRTY 1 04/10/84 15:13:57 ORIG: LA08 IN= 0020 OUT= 0008
FROM: BARBARA FOR DON IN ANCHORAGE TO: TOM IN JNUTC
TARGET: LJH6 SUBJ: (S) HESS HB 255

OMNI #1

ANC

TO TESTIFY

1. JAMES H. PATTERSON, MD
2. MORRIS R. HORNING, MD
3. JEFFREY GONNASON, OD

TO OBSERVE:

1. BRUCE NAHORNEY
2. MARIAN HARDY

==========

MSG 84-00036682 PRTY 1 04/18/84 15:05:14 ORIG: LF20 IN= 0008 OUT= 0005
FROM: LYNDA/FBX TO: TOM/JNO
TARGET: LJH6 SUBJ: SEN HESS T/C - OPTOMETRY

IN FBX TO TESTIFY:

1. MARGARET SODEN, RPH, BD OF PHARMACY(MAY OR MAY NOT WISH TO TESTIFY)
2. DR. SAM MCCONKEY
3. RICHARD PARRY, AK STATE MED ASSN. — by 4 PM
4. CHRISTY NIELSEN, BD OF PHARMACY(MAY OR MAY NOT WISH TO TESTIFY) - by 4 P.M.

---EOM

MSG 84-00036698 PRTY 1 04/18/84 15:14:52 ORIG: LB00 IN= 0007 OUT= 0009
FROM: HELEN BETHEL TO: JUNEAU MODERATOR
TARGET: LJH6 SUBJ: CSHB225 (HESS) T/C 4/18/84

OMNI #1

BETHEL HAS ONE PARTICIPANT

1. JAMES R. TAYLOR OPTOMITRIST, P.O. BOX 1018, BETHEL, ALASKA 99559
907-543-3711

HE IS GOING TO LISTEN AT THIS TIME BUT WOULD LIKE TO PARTICIPATE OR TESTIFY LATER TOWARD THE END OF THIS T/C. THANK YOU.

ISG 84-00036724 PRTY 1 04/18/84 15:28:30 ORIG: SOL$ IN= 0009 OUT= 0012
FROM: LORI,SOLDOTNA TO: TOM,JNUTC
TARGET: LJH6 SUBJ: OPTOMITRYTC

OMNI # 3

TO TESTIFY
3.JOHN DEMSKE

EOM

==========

MSG 84-00036788 PRTY 1 04/18/84 16:19:32 ORIG: LF01 IN= 0018 OUT= 0017
FROM: LYNDA/FBX TO: TOM/JNO
TARGET: LJH6 SUBJ: SEN HESS - OPTOMETRY

DR. MCCONKEY WOULD VERY MUCH LIKE TO TESTIFY BEFORE THE CHAIRMAN HAS TO LEAVE.

ALSO, JUNEAU PEOPLE ARE STILL COMING IN AT VERY LOW VOLUMES.

THANKS.

MSG 84-00036775 PRTY 1 04/18/84 16:09:53 ORIG: LA08 IN= 0022 OUT= 0015
FROM: DON/ANCHORAGE TO: TOM/JNUTC
TARGET: LJH6 SUBJ: OPTOMETRY TC

OMNI #2 FROM ANCHORAGE:
TO TESTIFY:
BOYD SKILLE

MSG 84-00036749 PRTY 1 04/18/84 15:55:29 ORIG: LK00 IN= 0007 OUT= 0014
FROM: JUNE G/KETCHIKAN TO: TOM/JNUTC
TARGET: LJH6 SUBJ: CSHB 225 OPTOMISTRISTS

OMNI #1
PARTICIPANTS:
1. ED CRAIG, 348 MAIN ST., KETCHIKAN, ALASKA 99901. 225-3975.

EOM/JG

MSG 84-00036679 PRIY 1 04/18/84 15:01:57 ORIG: LI00 IN= 0004 OUT= 0004
FROM: ANNA MAY, DILLINGHAM TO: TOM, JUNEAU
TARGET: LJH6 SUBJ: 3:00 T/C SENATE HESS,HB 225 OPTOMITRY

OMNI#1
DILLINGHAM HAS ONE PARTICIPANT
1. DR. JAMES PICKARD, BOX 10235, DILLINGHAM, ALASKA 99576 PHONE 842-2232

SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

WITNESS REGISTER

BILL NUMBER CSHB 225 (FIN) - OPTOMETRY DATE APRIL 18, 1984

NAME	REPRESENTING	ADDRESS	PHONE NUMBER
✓ MILO FRITZ	LEGIS.	POUCH V	465-4833
✓ Denise Thanepohn	Alaska Optometric Assn	1345 W. 9th Anch. AK 99501	272-2557
STEVE DOBSON	"	8301 Brayton #203 Anch. 99502	349-6952
✓ STUART BALL, M.D.	self	3268 Hospital Dr, Juneau AK	789-2479

April 18, 1984

Joe, Paul, Rick, Vic.

CSHB 225 - OPTOMETRY

Milo Fritz -

oppose

extending right to unqualified people to practice medicine.

Send to Judiciary Committee

opposed to any use of prescription drug.

Vic any diagnostic drugs optom. can use?

No one who does not have a licence/medicine

And Dr James Patterson - M.D.

oppose

but has no wide support - organized and financed by Optom.

Needs checks and balances.

deficiencies:

1. legend drugs - broad name, combination, drug sch.
2. only Optom. Bd makes decisions on drug use (Pharmacy/medicine Bd)
3. Sec 5 - paragraph 5 & 6 do not apply.

Linda Dr Morris Harvey M.D. - Orth. Med. Society

comprehensive diagnostic drugs

has some merit

- optom. training and ed. not sufficient to warrant drug use.

many body disorders exhibit through eye disfunction → need understanding of whole body.

other professions have altered training re practice. therapeutics not approp.

~~[illegible]~~
FBKS Dr. RICHARD PARRY - pres. Ak State Med. Assoc
- legis. should address pressing needs. self serving bill
- in malpractice - ophtham. are required to be able to do open - heart massage.
- medical training not sufficient even for drugs listed in bill.
- 1980 Colletta Compromise:
1. optom. - proparacaine .5%

2. change in list by Optom/Med. Bds.
3. training course prior to validation
4. written exam (test Committee 2 optom/2 ophtham.)
optom. Soc - Brech/Med Svc
Cannava / McCorkey

FBKS Christy Neilson - Pharmacist/on Pharm Bd.
opposed.
glad the list of drugs has been limited.

Bethel Dr James taylor - Optometrist
administers drugs now. Works at PHS hosp. but emp. by YK Health Corp.

Dill Dr. James Pickard - Optom.
works IHS, B.B. Health Corp. in isolated areas IHS optom. have access to diagnostic and therapeutic drugs.
Works under standing orders. (define med.

to be admin. at his discretion).

Sold. Dr. Peter Canava - M.D.
If optom. were interested in diagnostic legs. there would have been no problem yrs. ago. But they want therapeutics, hosp. priviledges and minor surgery.
Foot in the door legislation

Anch Jeffery Connason - optometrist
Snow job from doctors. (smokescreen/scare tactics)
average eye training for M.D. is 15 hours
have been practicing for 8 yrs - can not use drug training.
42 states allow drug use in some form.

Denise Thanepohn - optomotrist.
Anch - Mat Valley.

Joe risk of misdiagnosis?
risk there with anyone.
2 yrs. of ocular pathology + diagnosis.

Rock Can you get malpractice Insurance?
American Optom. Insurance plan.

Rick Should check rates for changes.

Juno Stuart Bree - M.D. (ophthamologist)

curriculum - didactic lecture now is same in med/otom. school. Clinical Ed. is what is important.

41 states - dignostic
5 states - theraputic
N.Y. just repealed some of the drugs in their law.

tried to find out malpractice rate - is going up in states allowing drugs but there is a lag reflecting court decision.

FBKS Dr McConkey - ophthamologist.

no training w/ drugs
G.A.O. - number of optom. graduating exceeds demands.

FBKS Margaret Sodon - Bd. of Pharm.

oppose

pharmacists would have no way of knowing who could prescribe.

no difference in price between optm. and ophthamologist. Have had no prob. getting an appt.

Sold Robert O'Carroll - optm.

support.

optometry gives most of eye care in state.

request parity.

restore bill to original intent.

Anch Boyd Kelley - M.D.

-protect uninformed public.

80% of patients don't know difference

between optom and ophthalm.
These drugs can cause death and blindness from reactions.

6 patients in last month who have been treated by optom. medically were through against their statute.

(poor medical judgement - lack of honesty).

No. of these people in Wasilla.

Ketch. Ed Craig - optm. (160 hr. training)
Ketch. has an itinerant ophthamol.

State of Wash. requires 100 hrs. training.

1983 - Oregon (North Penn State) did 100 hr. course in therapeutic drugs.

Can go to V.A. hosp. in Vancouver to get hands on training.

Sold. John Demske - optm. - n. Bd.

W. Virginia & N. Carol. legis. passed 7 and 8 years ago. No complaints ever filed in W. Virginia.

Internat'l Board writing an exam for therapeutic drugs for optom.

5 yrs. in Bethel using therapeutic drugs under standing orders.

AMERICAN ACADEMY OF OPHTHALMOLOGY

April 12, 1984

Ms. Nancy Dietrick
c/o Senator Josephson
Pouch V
Juneau, AK 99811

Dear Nancy:

It was a pleasure to speak with you yesterday. I appreciate the time you took to tell me about the status of HB 225.

Attached are two Policy Statements prepared by the Academy that pertain to your efforts: one on the subject of Optometric Use of Drugs for Diagnostic and Therapeutic Purposes, and the other on Appropriate Referral.

The president of the Alaska State Ophthalmological Society is Dr. Peter Cannava, MD, Box 1629, Soldotna, AK 99669. He can be reached at (907) 262-4462, should you be seeking experts to testify on HB 225 on April 18, 1984. I am sure he would welcome an invitation.

I hope this information is of some help.

Sincerely,

Henry L.D. Ebert
Assistant Director
State and Subspecialty Relations

HE:mlp

Enclosures

1833 Fillmore / P.O. Box 7424 / San Francisco / California 94120-7424 / (415) 921-4700

POLICY STATEMENT

AMERICAN ACADEMY OF OPHTHALMOLOGY

APPROPRIATE REFERRAL

Policy:

The American Academy of Ophthalmology supports the concept of appropriate referral of patients by non-medical practitioners to licensed physicians and surgeons when certain signs are observed and/or certain symptoms reported of possible eye disease or injury.

Background:

Many eye diseases, and systemic diseases that affect the eyes, have subtle signs and minimal or no symptoms. Optometrists and other non-medical practitioners are not qualified by education, training or experience to diagnose or treat these diseases. Failure to refer individuals with such diseases or to refer them promptly to a physician may result in unnecessary blindness or significantly impaired vision.

Evaluation:

Patients usually seek the advice of ophthalmologists or optometrists for evaluation of eye complaints (although on occasion pediatricians, internists, generalists and other physicians are consulted and treat certain eye conditions). Only ophthalmologists are qualified by education, training and experience to provide total eye care which includes a medical eye examination as well as a vision examination (refraction).

A mechanism must be provided to protect the large number of patients who initially select a non-medical practitioner for evaluation of what turns out to be a medical problem.

Guidelines:

To insure that these patients are referred promptly for definitive diagnosis and treatment when indicated, the following guidelines are recommended:

A non-medical practitioner providing service to any person should refer such a person to a licensed physician and surgeon for definitive diagnosis and treatment at any time a patient requests, when any eye disease or central nervous system disorder is suspected, or when the non-physician notes:

(a) failure to achieve correctable 20/40 visual acuity in either eye unless the cause of the impairment has been medically confirmed earlier;

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(b) complaints of flashes of light, recent onset of floaters, halos, transient dimming or distortion of vision, obscured vision, loss of vision or pain in the eye, lids, or orbits, double vision or excessive tearing of the eye;

(c) reports of permanent or temporary loss of any part of the visual field or clinical suspicion or documentation of such field loss;

(d) presence of detected opacities or abnormalities in the normally transparent media of the eye, the ocular fundus, or the optic nerve head;

(e) presence of a tumor or swelling of the eyelids or orbit or protrusion of one or both eyes;

(f) presence of inflammation of the lids, conjunctiva or globe, with or without discharge;

(g) strabismus or crossed eyes.

Developed by: Committee for State Affairs
Secretariat for Governmental Relations

Approved by: Board of Directors, 10/3/81

POLICY STATEMENT

AMERICAN ACADEMY OF OPHTHALMOLOGY

OPTOMETRIC USE OF DRUGS FOR DIAGNOSTIC AND THERAPEUTIC PURPOSES

Policy:

The American Academy of Ophthalmology believes no need exists for the use of drugs by optometrists for diagnostic and/or therapeutic purposes and therefore opposes legislation permitting such use.

Background:

Optometrists are not and need not be qualified by education, training or experience to diagnose eye disease or systemic disease. The diagnosis of eye disease and systemic disease constitutes the practice of medicine. Optometrists do examine patients with eye complaints, some of whom do not have problems entirely attributed to refractive errors (optical defects) correctable by glasses. Optometrists should be encouraged in the course of their examination to observe certain signs and question certain symptoms and refer such patients to licensed physicians and surgeons for definitive diagnosis and treatment where indicated.

Evaluation:

Drugs are not necessary to measure eye pressure. Technology is widely available for the measurement of eye pressure without the use of anesthetic eye drops. These tests are sufficiently accurate for screening purposes to identify a patient suspected of having glaucoma.

In the absence of visual symptoms, most abnormalities causing changes in the back of the eye can be detected by using examining techniques other than dilatation of the pupil. In those cases where enlargement of the pupil is required, special diagnostic equipment is also required that necessitates training and experience not possessed by optometrists.

Drugs may have very serious side effects including death. Optometrists are not trained to administer emergency medical treatment to patients suffering severe drug reactions nor are they licensed to administer emergency drugs. Some eye drugs can precipitate an attack of acute glaucoma in minutes or hours. This serious vision-threatening emergency

1833 Fillmore / P.O.Box 7424 / San Francisco / California 94120 / (415) 921-4700

must be recognized immediately and treated medically and/or surgically. Only an ophthalmologist is qualified to administer medical and/or surgical treatment to patients with acute glaucoma.

Developed by: Committee for State Affairs
Secretariat for Governmental Relations

Approved by: Board of Directors, 6/27/81

JAMES H. PATTERSON, M.D.
A Professional Corporation
Subspecialty Pediatric Ophthalmology
3500 LA TOUCHE
ANCHORAGE, ALASKA 99504

April 09, 1984

Dear Senator Josephson:

You will probably be asked to consider and to vote on ammended HB 225, the optometric drug bill which was recently passed by the House. As a medical doctor and an ophthalmologist, I feel that this legislation is not needed nor is it in the best interest of the people of the State of Alaska.

Giving nonmedical practioners the unrestricted use of "legend drugs"for diagnostic purposes would allow the use of such broad categories of drugs such as topical anesthetics (drugs which numb the eye) mydriatics (drugs which dilates the pupil), miotics (drugs which constricts the pupil and also is used to treat glaucoma). This bill would allow optometrists the use of such drugs as cocaine (a mydriatic and a topical anesthetic) and atropine (mydriatic). If atropine is given to certain members of our population it can precipitate narrow angle glaucoma which is an abrupt rise in the internal eye pressure which can cause a severe reduction in vision and eventual blindness. Acute narrow angle glaucoma is an eye emergency and recuires surgical intervention and treatment all of which is way beyond the scope of optometry.

HB 225 as written would have the Board of Optometry alone deciding what legend drugs maybe used and by whom. There would be no cross checks by the Board of Pharmacy or Medicine. This could be likened unto one branch of our government, namely the executive, legislation or judical section deciding by themselves alone what policies and laws are best for the people of the State of Alaska!

I have previously sent articles to your HESS and Financial Committee chairpersons showing the vast difference in the number of hours of training between optometrists and ophthalmologists, as well as the ease with which significant eye disorders maybe detected and appropriately referred without the use of topical eye mediciations. Please look at the articles again.

If I can furnish any additional information or clarify any of the points I have attempted to make, please do not hesitate to contact me. Please do not allow HB 225 to pass.

Sincerely,

James H. Patterson M.D.
JHP/ez

Office 562-2969
Home 345-3215

THOMAS J. HARRISON, M.D., F.A.C.S
A PROFESSIONAL CORPORATION

3500 LATOUCHE, SUITE 250
ANCHORAGE, ALASKA 99508
(907) 561-1530

DISEASE AND SURGERY
OF THE
RETINA AND VITREOUS

April 10, 1984

Joe Josephson
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Joe:

This is a letter to refresh your memory of our discussion last year concerning the Optometric Bill.

The current House Bill 225 is a treatment and diagnostic bill which I think presents many problems most of which we discussed earlier.

Most of us feel that a certain minimum amount of education is necessary to produce a professional such as a lawyer or a physician. It is also common thinking that people who choose to obtain less education can undertake many of the activities of the professions but that supervision is necessary.

To legislate people who have chose limited levels of education into positions of the professions hold some obvious dangers.

I would refer you to the literature that I gave you last year.

Thank you for your consideration.

Sincerely yours:

TOM

Thomas J. Harrison, M.D.
TJH/smh

STANLEY N. JONES, M.D.
HAINES, ALASKA 99827

REPLY BY AIR MAIL

April 10, 1984

Honorable Senator Joe Josephson
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Josephson:

I am writing to you to express my displeasure with HB 225. I am opposed because it is a hazzard to the people of Alaska to receive treatment with medications by people who are not trained in pharmaceutical and drug treatment.

Once a group is granted certain rights, the grandfather clause frequently continues those rights, even if it is discovered that a mistake in judgement was made in granting the rights. Only authorize those people to practice medicine who have been licensed to practice medicine by the State of Alaska.

Would the state license me to captain one of their ferries just because I have operated my own boat? Certainly the liability exposure would be greater then with a trained and certificated vessel captain. Even with such precautions an occasional rock gets scraped. Lets be as careful with medicine as we are with our ferries, planes, courts, schools, and many other public services.

I believe that it is the responsibility of the legislature to look after the proper protection of all of the citizens of the state.

Sincerely yours,

Stanley N. Jones, M.D.

SNJ/da

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: Feb. 24, 1984

REQUEST
Bill/Resolution No.: CSHB 225
Title: "An Act relating to optometrist & use of drugs"
Sponsor: H.E.S.S. Comm.
Requestor:
Date of Request:

FISCAL DETAIL
Agency Affected: Commerce & Economic Dev.
Program Category Affected: Public Protection
BRU, Program or Subprogram(s) Affected: Occupational Licensing

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

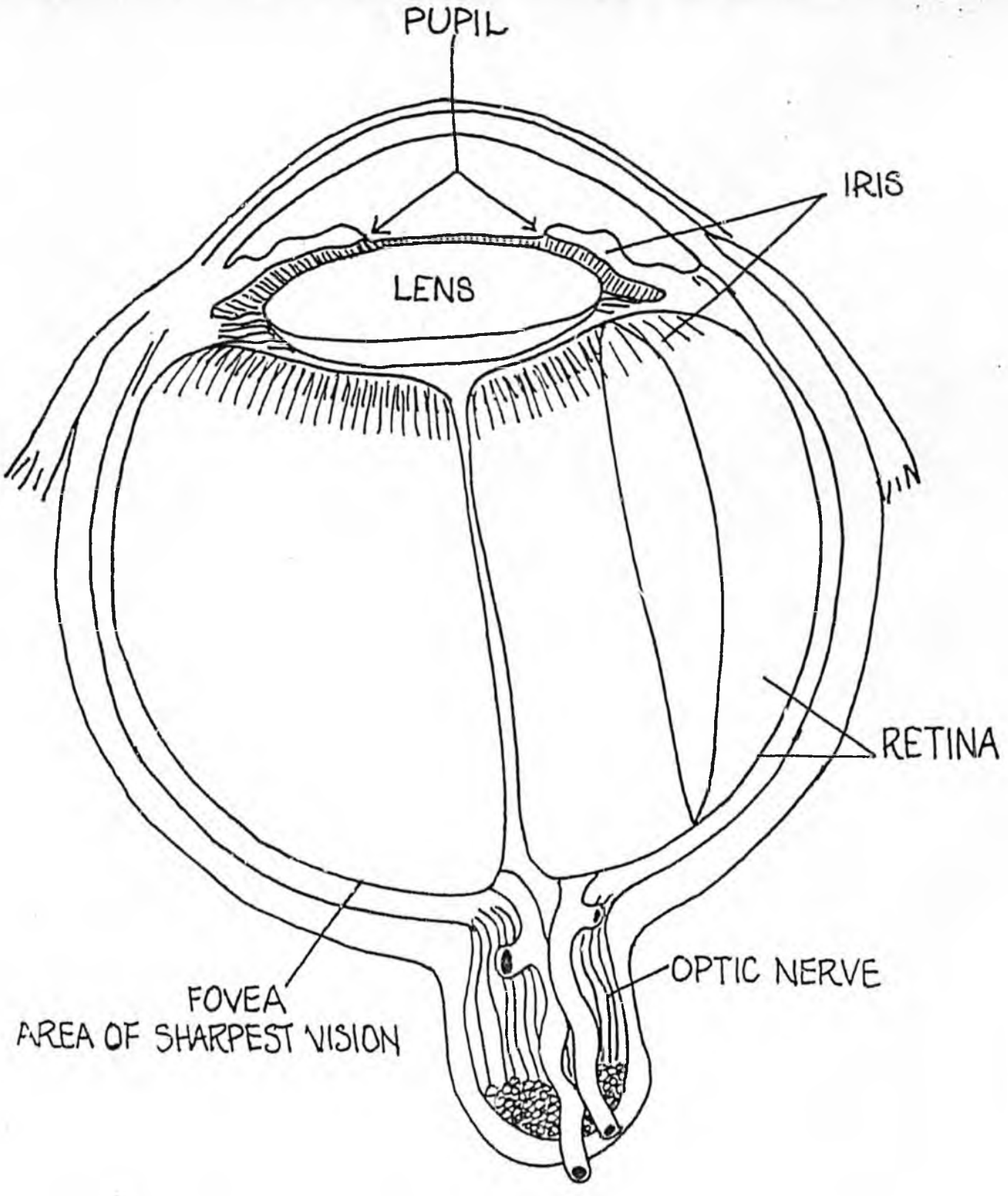
N/A

ANALYSIS: Attach a separate page for analysis

Prepared By: Darrell Miller Phone: 465-2535
Division: Occupational Licensing Date: Feb. 24, 1984
Approved by Commissioner: Richard A. Lyon Date: 2/28/84
Agency: Commerce & Economic Development

Distribution (by Agency preparing fiscal note):
- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83



THE HUMAN EYE

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

DEFINITIONS

Mydriatics - this type of pharmaceutical agent dilates the pupil to provide an improved view of the retina. This is particularly useful in patients with small pupils or those who have central cataracts (opacifications in the lens of the eye).

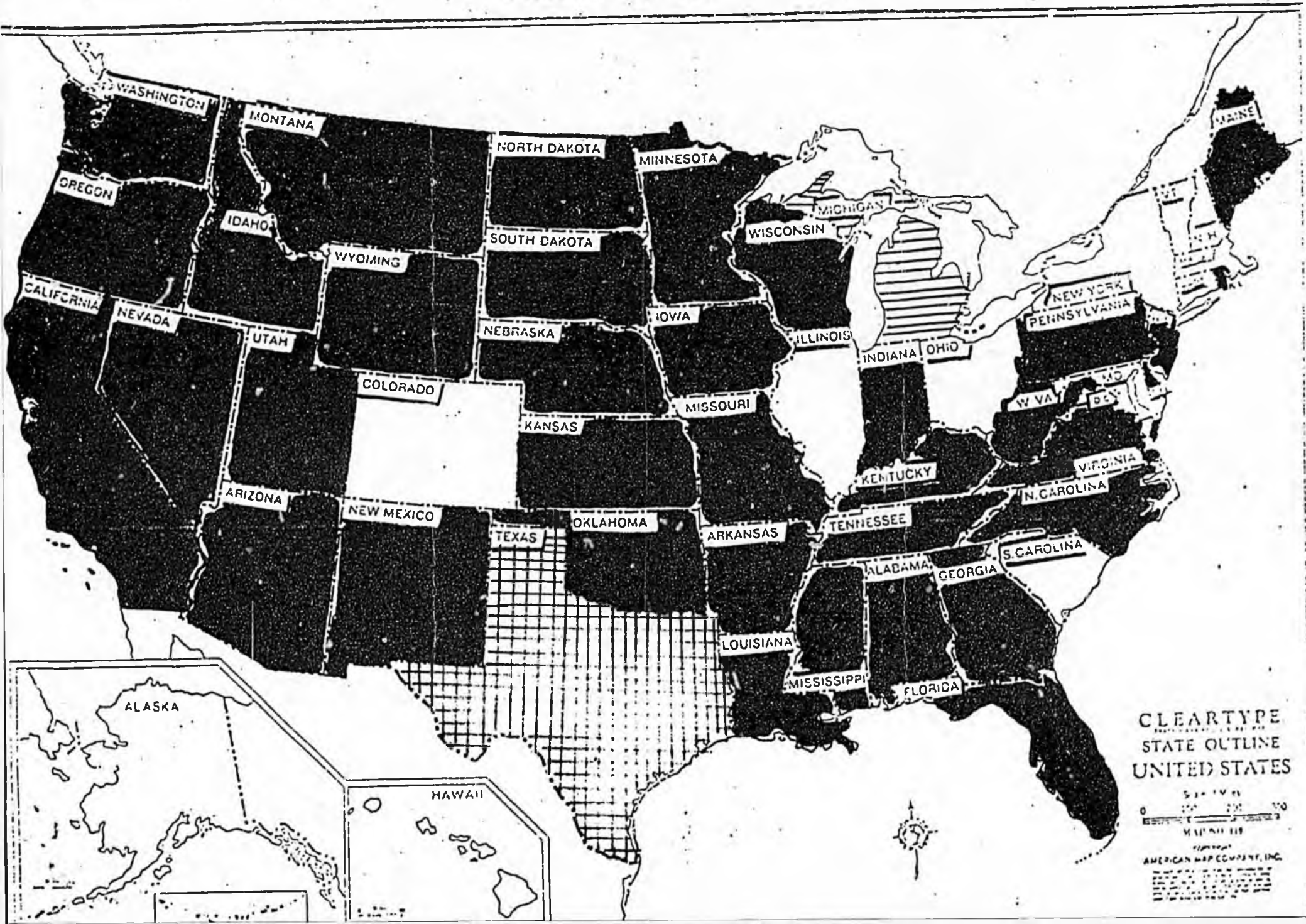
Corneal anesthetics - these temporarily remove corneal sensitivity to allow special viewing instruments to be placed in contact with the cornea.

Cycloplegics - used to inactivate the nearpoint focusing mechanism of the eye. This provides a better estimate of the required correcting lens power in certain cases, such as some farsighted individuals.

Miotics - these constrict the pupil and lower the fluid pressure in the eye in the rare cases where the pressure is raised abnormally by the mydriatic.

UTILIZATION OF PHARMACEUTICAL .ENTS BY OPTOMETRISTS

February 25, 1983



SPECIFIC LEGISLATION: 32 States

The list (and dates of enactment) of the 32 states with current legislation specifically authorizing optometrists to utilize pharmaceutical agents is as follows:

STATE	DATE OF ENACTMENT
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
Idaho	March 23, 1981
Oklahoma	April 6, 1981
Washington	April 23, 1981
Missouri	July 24, 1981
Minnesota	March 8, 1982
Mississippi	March 17, 1982
Virginia	February 25, 1983

*both diagnostic and therapeutic use

NOTE: None of these laws has ever been repealed. However, a July 30, 1982 opinion of the Texas state attorney general has rendered that state's unusual provision (an amendment to the medical practice act), which was enacted on August 5, 1981, inoperative.

GENERAL LEGISLATION: 4 states

There are four states which authorize the use of pharmaceutical agents by optometrists by extant general law or favorable attorney general opinion:

Alabama	(diagnostic use)
Florida	(diagnostic and therapeutic use)
Indiana	(diagnostic use)
New Jersey	(diagnostic use)

NOTE: In addition, in Michigan, while there is no statutory prohibition of the use of pharmaceutical agents by optometrists, there is a negative opinion of the state attorney general.

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

STATE OF ALASKA
THE LEGISLATURE

POUCH V STATE CAPITOL
JUNEAU ALASKA 9981[illegible]
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

M E M O R A N D U M February 17, 1984

SUBJECT: Optometry
(HB 225)

TO: Representative Mae Tischer
Chairman, House Health, Education,
and Social Services Committee

FROM: Russ Josephson
Legislative Counsel

You have requested a comparison of the introduced version of HB 225 and the committee substitute for your committee dated February 3, 1984. Perhaps it will be easiest to compare the two bills if I begin with a brief sectional analysis of each bill.

HB 225

Section 1 Amends the provision of law governing the practice of medicine by persons other than physicians by adding a new paragraph allowing optometrists to use certain drugs under the provisions of the remainder of the bill.

Section 2 Provides for identification and approval of (1) training programs for the use of drugs and (2) continuing education programs. Also provides for license endorsements certifying completion of required training for drug use, regulations concerning the use or prescription of legend drugs, the loss of license endorsements for violations of those regulations, and the furnishing of the names of holders of license endorsements to the board of pharmacy.

Section 3 Amends the definition of "optometry" reflect the provisions of the bill for the use of drugs.

Section 4 Amends the definition of "practicing optometry" as in Section 3.

Section 5 Adds a definition of "legend drugs".

Section 6 Adds optometrists to those excepted from the provisions of law penalizing the practice of medicine by persons who are not physicians.

CSHB 225 (HESS)

Section 1 Provides an additional ground for the imposition of disciplinary sanctions that the board of examiners in optometry may impose under AS 08.72.240: use, dispensing, or prescription of a drug in violation of the new provision regulating drug use by optometrists (Section 2). In addition, provides a modification of the provision that requires referrals to appropriate health care practitioners.

Section 2 Adds a new section to the statutes, providing for the use of legend drugs, excluding controlled substances and other types of drugs. Lists the categories of topical legend drugs that may be used by an optometrist who has obtained a license endorsement from the board of examiners in optometry. Lists the requirements for a license endorsement, including the required training before and after receiving an endorsement.

Section 3 Contains a new definition, "legend drugs". Also amends the definitions of "optometry" and "practicing optometry" to reflect the provisions of the bill concerning the use of drugs. The definition of "legend drugs" is identical to that in the introduced version of the bill. The amendments of "optometry" and "practicing optometry" differ from those in the introduced version of HB 225 in that they have added a phrase to exclude the use of surgery in diagnosis and treatment. The definitions in the introduced version of the bill do not mention surgery.

As you can see, the two bills accomplish basically the same thing. The major differences are as follows:

HB 225 contains (in Sections 1 and 6) amendments regarding the practice of medicine and providing the necessary exemptions for optometrists using drugs. CSHB 225 (HESS) does not contain these provisions, but it should.

Both bills provide for license endorsements and for the training required before and after receiving an endorsement. HB 225 provides for regulations to handle those requirements; CSHB 225 (HESS) provide more detail in the statute.

CSHB 225 (HESS) provides a new ground for discipline by the board of examiners in optometry; violation of the provisions concerning drugs. It also amends another ground for discipline, failure to refer a patient to the appropriate health care practitioner. Neither of these provisions was in the introduced version of the bill. HB 225 did provide for regulations concerning the use or prescription of legend drugs, and it provided for the suspension or revocation of the license endorsement for violation of the regulations.

CSHB 225 (HESS) is more specific than HB 225 in its detailing of the types of drugs that may be used by optometrists.

The definitions in CSHB 225 (HESS) contain provisions concerning the prohibition of surgery in diagnosis and treatment by optometrists. Similar language does not appear in HB 225.

HB 225 provided for the names of endorsement holders to be submitted to the board of pharmacy. CSHB 225 (HESS) does not contain this provision.

I trust these sectional analyses and this comparison will be useful. If I may be of further service, please call.

RJ:ojb
J3/111

The
ALASKA OPTOMETRIC ASSOCIATION
AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT

Points in Favor of HB 225

1. Enactment will save patients time, money, travel by avoiding unnecessary referrals to ophthalmologists or other physicians for minor eye disorders. We estimate, based on the experience of West Virginia, that the elimination of extra visits would save Alaskans $235,000. in the first 3 years, not counting travel and lost time. State Medicaid costs will also be reduced.

2. ODs are better trained and equipped than general physicians to diagnose and treat eye conditions and to decide when they should be referred to a specialist, such as a neurologist or ophthalmologist.

3. Optometrists are located in many more cities and towns than are ophthalmologists. Occasional visits by ophthalmologists are insufficient when a patient has an acute condition that needs immediate treatment.

4. Restrictions against drug use were inserted when the optometry law was first enacted, and no longer reflect the training and capabilities of the doctor of optometry.

5. Dentists and podiatrists are non-physicians who have unrestricted drug prescribing privileges (any restrictions or conditions are imposed by their respective boards, as the dental board does in requiring additional training for the use of general anesthetics.) ODs have basic science and medical training comparable to that of dentists and podiatrists. In universities where optometry and dental schools are co-located, students of both professions attend the same classes in courses such as physiology and microbiology.

6. Alaskan ODs have recently completed a foundation course in therapeutics, adding to 4000 hours of background professional training. Further postgraduate educational opportunities are available at Veterans Administration hospitals and treatment clinics for those who desire them.

7. Optometry is a national profession of long standing, with the manpower and resources to provide quality primary eye care services. It is in the profession's own interest to maintain the highest standards of training and practice in this area.

UPDATING THE ALASKA OPTOMETRY LAW

Alaska Board of Examiners
in Optometry

Alaska Optometric Association

TABLE OF CONTENTS

Introduced: 2/3/81
Referred: Health, Education & Social Services and Judiciary

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO. 136

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 08.72.300(2) is amended to read:

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

* Sec. 2. AS 08.72.300(3) is amended to read:

(3) "practicing optometry" is an examination [, OTHER THAN BY THE USE OF DRUGS,] of the human eyes and visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which <u>may require</u> [REQUIRES] referral to other health care practitioners; or the diagnosis of an optical defi-

ciency or deformity, visual or muscular anomaly of the human eye; [,] or the prescription or application of lenses, prisms or ocular exercises, or other procedures taught by schools and colleges of optometry for the correction or relief of the human eye; [,] or the holding of oneself out as being able to do so;

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

Sec. 08.72.277. USE OF DRUGS. A person may not use a drug in the practice of optometry, except that a person licensed under this chapter may use an ophthalmic drug if

(1) the drug has been identified as an ophthalmic drug by regulation of the board;

(2) he has completed courses and clinical experience in the use of ophthalmic drugs approved by the board and offered by a recognized school or college of optometry, and has passed a test given by the school or college in the use of ophthalmic drugs;

(3) he has passed an examination on the pharmacology of ophthalmic drugs given by the board; and

(4) he has received an endorsement by the board to his registration certificate authorizing him to use ophthalmic drugs and specifying restrictions on their use, if any.

* Sec. 4. AS 17.15.010 is amended by adding a new subsection to read:

(b) Notwithstanding (a) of this section, an ophthalmic drug identified by regulation of the Board of Examiners in Optometry 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. 5. 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 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 ophthalmic drug identified by regulation of the Board of Examiners in Optometry by one optometrist authorized to use the ophthalmic drug to another optometrist authorized to use the drug.

Explanatory Notes to the Bill

Section 1

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

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

Section 2

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

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

Section 3

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

EXHIBIT A

Guidelines for Pharmacology Training

in Optometry

Major Points

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

(4)

ASSOCIATION of SCHOOLS and COLLEGES of OPTOMETRY

SPECIAL ISSUE OF ASCOPE

Vol. 2 Number 9 June 6, 1975

Pharmacology Curriculum Guidelines for Continuing Education Courses

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

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

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

Adopted
March 13, 1975

1730 M Street, N.W., Suite 411, Washington, D.C. 20036, (202) 833-3373

Guidelines for Pharmacology Continuing Education

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

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

III. Guidelines for the course content.

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

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

4. Drug abuse
5. Drug contraindications during pregnancy

B. Ocular Pharmacology

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

IV. Teaching/Learning Activities

1. patient history
   a. Medical history
   b. Patient's current drug regimen, and the effects of thes drugs on ocular structure and function
2. Sterile technique--proper instillation of "drops"
3. Refractive examination and fundus examination
   a. pre-medication procedures
      (1) advice to patients (effects of DPAs)
      (2) tonometry
      (3) angle evaluation
   b. Application of mydriatic/cycloplegic and related examination procedures
   c. Post-medication procedures
      (1) corneal examination
      (2) tonometry
      (3) advice to patient (i.e., return of pupil to normal, etc.)
   d. Diagnostic techniques and instrumention
      (1) tonometry, including Goldmann applanation
      (2) angle evaluation with the biomicroscope, including gonioscopy
      (3) stain analysis
      (4) monocular and binocular fundus examination, including indirect ophthalmoscopic and biomicroscopic procedures
4. Clinical competency

A. comprehensive examination procedure will be established to evaluate each student as to his skill and competency in the use of DPAs and relevant instrumentation and

B. the effect of systemic medication on ocular structur

C. the effect of ocular instillations on systemic sturcute and function.

EXHIBIT B

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

Major Points

1. Optometric training far exceeds medical school training in the eye and eye medicine.

2. Medical school graduates can prescribe over 2000 drugs, including all eye drugs, under the principle of unlimited licensure.

3. Doctors of optometry use some of the eye drugs, approximately 15-20 in number.

Southern College of Optometry

Course	Quarter Credits
Required Courses	
BIOMED 110-130 Human Anatomy & Physiology (special emphasis on eye, related structures)	18
BIOMED 133 Vegetative Physiology: Ocular Biochemistry	3
BIOMED 213 Principles of Pharmacology & Therapeutics	2
BIOMED 220 Principles of Medicine II: Clinical Pathology and Pharmacology	4
BIOMED 221 Physiological Optics II: Monocular Sensory and Motility	4
BIOMED 224 Ophthalmic Pathology I	6
BIOMED 230 Principles of Medicine III: Clinical Pathology and Pharmacology	4
BIOMED 231 Physiological Optics III: Monocular Sensory & Binocular Vision	
BIOMED 234 Ophthalmic Pathology II	6
BIOMED 310 Principles of Medicine IV: Pediatrics and Pediatric Optometry	3
BIOMED 313 Advanced Principles of Pharmacology and Therapeutics	2
BIOMED 320 Principles of Medicine V: Gerontology & Geriatrics	3
BIOMED 323 Pharmacology: Ocular and Systemic Pharmacology	4
BIOMED 330 Principles of Medicine VII: Dermatology	2
BIOMED 333 Pharmacology: Clinical Pharmacology	4
CLINIC 310-431 General and Special Clinics	43

University of Minnesota Medical School

Course	Quarter Credits
Required Courses	
Phcl 5110-5111 Pharmacology	8
InMd 5229 Eye	2
Elective Courses	
8101 Clinical Ophthalmology	not specifi
8102 External Diseases	"
8103 Medical Ophthalmology	"
8104 Radiology of the Eye, Orbit and Head	"
8105 Motility	"
8107 Ocular Anatomy	"
8122 Physiologic Optics	"
8141 Ocular Pathology Conference	"
8142 Ophthalmic Pathology Laboratory	"
8143 Pathology of the Eye	"
8151 Basic and Applied Ophthalmology	"
8152 Ophthalmology Laboratory	"
8154 Seminar in Ophthalmology	"
8155 Special Topics in Ophthalmology	"

EXHIBIT C

States Authorizing Drug Utilization

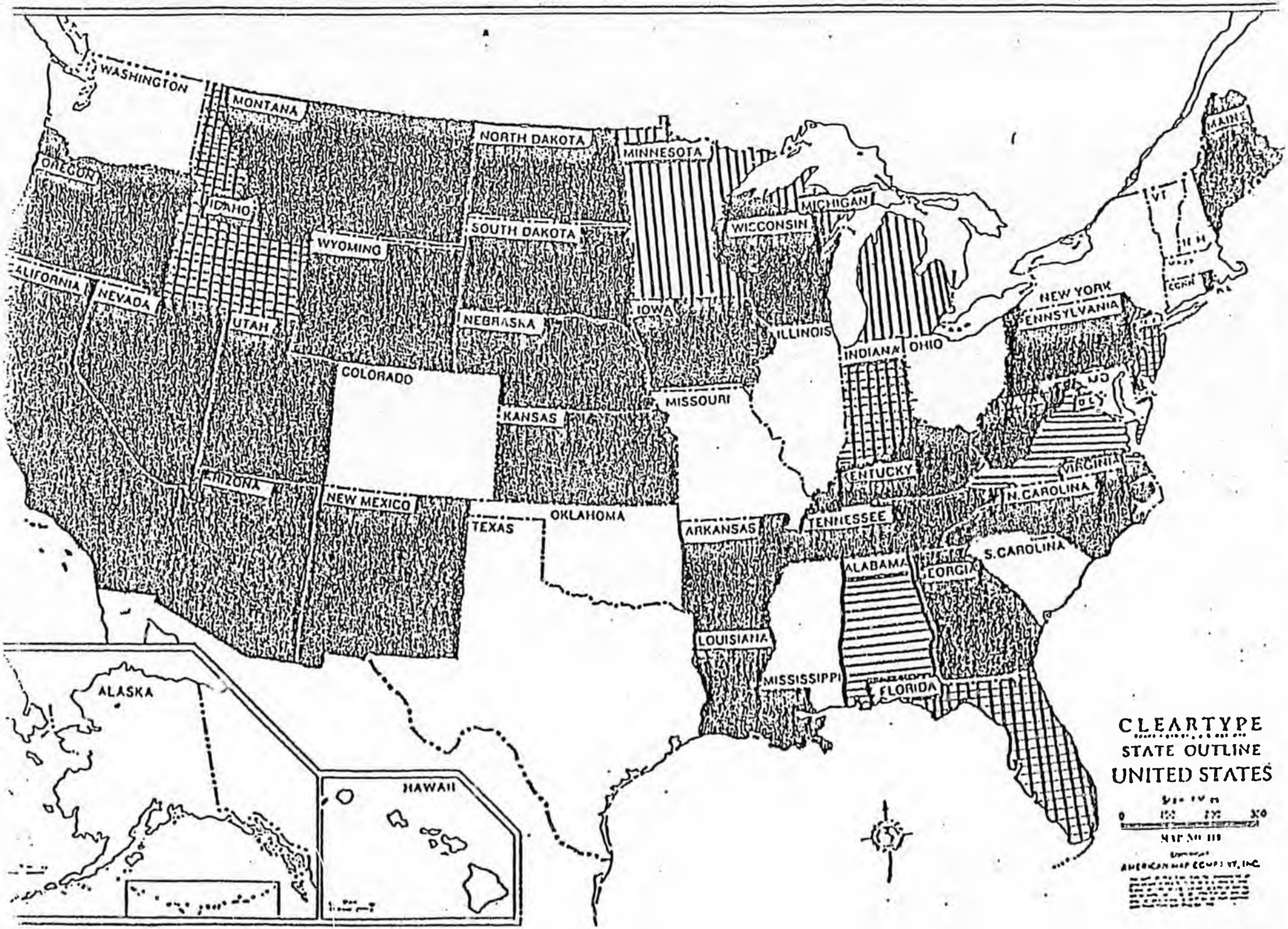
in the Practice of Optometry

Major Points

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

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

JUNE 8, 1979



UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

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

*both diagnostic and therapeutic

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

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

Public Benefits of the Legislation

1. Availability of Services

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

2. Quality of Services

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

3. Cost of Services

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

Criticism of the Legislation by Ophthalmologists,

and Answers to the Criticism

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX

Full curricula of optometry and medical schools compared in Exhibit B

Southern College of Optometry Catalog 1979-80

FOURTH PROFESSIONAL YEAR (CONTINUED) SPRING QUARTER			HOURS CREDIT
Optometry	430	Optometry Seminar: Curent Problems (3 HRS. LEC.)	3
Optometry	431	Clinical Case Analysis III (2 HRS. LEC.)	2
Biomedical	432	Vision Science Seminar: Current Problems (2 HRS. LEC.)	2
Clinic	430	General Clinic Practice VII (1 HR. LEC., 16 HRS. LAB)	5*
Clinic	431	**Specialty Clinics (Two required, each for 1 Qtr. Hr. of credit) (8 HRS. LAB)	2
		TOTAL	14

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

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

COURSE DESCRIPTIONS

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

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

BIOMEDICAL SCIENCES DEPARTMENT

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

111 VISUAL OPTICS I: PHYSICAL AND GEOMETRICAL OPTICS (5 quarter hours)
Three hours of lecture and one two-hour laboratory. A detailed study of the variations in light rays between different optical media. Includes the theory of rectilinear propagation, reflection and refraction at plane, spherical, and cylindrical surfaces, and thin lenses.

120 HUMAN ANATOMY AND PHYSIOLOGY II: STRUCTURE AND FUNCTION (6 quarter hours)
Five hours of lecture and one two-hour laboratory per week. Continuation of 110.

121 VISUAL OPTICS II: PHYSICAL AND GEOMETRICAL OPTICS (4 quarter hours)
Three hours of lecture and one two-hour laboratory. A continuation of Bio 111. Includes the Gaussian system, the schematic eye and its applications, selected optical instruments, common aberrations, and the effect of apertures. Prerequisite: Bio. 111.

122 VISUAL PERCEPTION: PSYCHOPHYSIOLOGICAL OPTICS (5 quarter hours)
Four hours of lecture and one two-hour laboratory per week. An introduction to Vision Science, which involves the behavior-scientific approach to understanding vision and visual perception. Special emphasis is placed on monocular visual function and on the theories and data relevant to visual perceptions.

130 HUMAN ANATOMY AND PHYSIOLOGY III: STRUCTURE AND FUNCTION (6 quarter hours)
Five hours of lecture and one two-hour laboratory per week. Continuation of 120.

131 VISUAL OPTICS III: PHYSICAL AND GEOMETRICAL OPTICS (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Physical Optics comprises those phenomena bearing on the nature of light, including processes which involve the interaction of light with matter. Some topics considered are nature and propagation of light, photometry, dispersion, interference, diffraction, polarization, and spectra.

133 VEGETATIVE PHYSIOLOGY: OCULAR BIOCHEMISTRY (3 quarter hours)
Three hours of lecture per week.
Analysis of the intraocular fluids, aqueous chemistry and flow; secretory mechanism, intraocular pressure; vitreous structure and protein; lens and its function related to its composition. Lens proteins, metabolism cataract. The cornea and sclera; metabolism, nutrition and growth processes; retinal metabolism, glycolysis.

210 PRINCIPLES OF MEDICINE I: GENERAL PATHOLOGY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. An introduction to reaction of the body as a whole to disease. Injuries including genetic, metabolic, infectious, immunologic degenerative, hemorrheologic and neoplastic processes are reviewed.

211 PHYSIOLOGICAL OPTICS I (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A study of the eye as an optical system including the dioptric and physiological components, and the functioning of the visual system.

212 NEUROANATOMY AND NEUROPHYSIOLOGY I (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Embryological development, structure, and function of the nervous system are studied. Functional components of the nervous system with special reference to modifications are studied.

* 213 PRINCIPLES OF PHARMACOLOGY AND THERAPEUTICS (2 quarter hours)
Two hours of lecture per week. The course covers basic principles of pharmacology, including drug absorption, distribution, metabolism, and excretion. The autonomic nervous system will be covered and an introduction to drug dosage forms and drug dosage regimens.

* 220 PRINCIPLES OF MEDICINE II: CLINICAL PATHOLOGY AND PHARMACOLOGY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. The study of the etiology, pathophysiology, treatment and ocular complications of systemic diseases. An organ system modular approach will be adop

221 PHYSIOLOGICAL OPTICS II (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A stud monocular sensory aspects of vision and the physiology of ocular mot

224 OPHTHALMIC PATHOLOGY I (6 quarter hours)
Five hours of lecture and one two-hour laboratory per week. A thoro consideration of diseases of the eye, its adnexa, and the visual pathw and of pathologically induced changes in the visual fields. Techniques Instrumentation for detection, measurement, and diagnosis of eye orders are studied intensively.

* 230 PRINCIPLES OF MEDICINE III: CLINICAL PATHOLOGY AND PHARMACOLOGY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A continuation of Bio. 220.

231 PHYSIOLOGICAL OPTICS III: MONOCULAR SENSORY AND BINOCUL VISION (3 quarter hours)
Two hours of lecture and one two-hour laboratory per week. A continuat of monocular sensory aspects of vision, color vision and binocular visi

234 OPHTHALMIC PATHOLOGY II (6 quarter hours)
Five hours of lecture and one two-hour laboratory per week. Continuati of Bio. 224.

235 APPLIED PSYCHOLOGY: PATIENT BEHAVIOR (1 quarter hour)
One hour of lecture per week. The psychology of patient handling, wi respect to refractive erro and numerous ocular and visual anomalie Patient management with respect to age (infancy to the elderly) a counseling, generally. Special attention is given to how the doctor explai and informs the patient of clinical entities, particularly "referral typ cases. Emphasis will be given to the commonest conditions met with practice, including cataract, glaucoma, retinal separation, multip sclerosis, strabismus, and refractive error.

* 310 PRINCIPLES OF MEDICINE IV: PEDIATRICS AND PEDIATRIC OPTOMETR (3 quarter hours)
Three hours of lecture per week. The course will be concerned with growt and development of the young; childhood diseases; hereditary and geneti disorders of the eye and adnexa in pediatric ophthalmic medicine emotional components in pediatrics; disease processes and therapeutic of the eye and adenxa. The ophthalmic examination of infants an children; ophthalmic optics and dispensing for refractive errors and th correction of refractive errors, the correction of low vision problems i children.

312 NEUROANATOMY & NEUROPHYSIOLOGY II (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A laboratory course dealing with the electrical properties of the body and the means of measuring and interpreting electrical activity of the nervous system and the muscular system: EEG, EMG, ERG, EOG.

* 313 ADVANCED PRINCIPLES OF PHARMACOLOGY & THERAPEUTICS (2 quarter hours)
Two hours of lecture per week. The course covers principles of phar-

macology, including drug absorption, distribution, metabolism, and excretion. The autonomic nervous system will be covered and an introduction to drug dosage forms and drug dosage regimens.

* 320 PRINCIPLES OF MEDICINE V: GERONTOLOGY & GERIATRICS (3 quarter hours)
Three hours of lecture per week. The processes of aging; diseases of the elderly. Disease processes and therapeutics of the aging eye and adnexa. Ophthalmic optics and correction of refractive errors in the geriatric patients, aphakia, correction of low vision problems in the elderly.

321 PRINCIPLES OF MEDICINE VI: NEUROLOGY (2 quarter hours)
Two hours of lecture per week. Introduction to neurology, including the peripheral nervous system, diseases of the spinal cord and brain; clinical examination of the nervous system; special senses; neurological symptoms; diseases of the cranial nerves; common psychiatric disorders, neurosis, psychosis, alcoholism, anxiety, etc.

* 323 PHARMACOLOGY: OCULAR & SYSTEMIC PHARMACOLOGY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A course covering basic concepts of current ocular pathological problems. Included are consideration of local and systemic treatment of ocular pathologies, use of diagnostic agents, and ocular side effects of non-ocular drugs.

330 PRINCIPLES OF MEDICINE VII: DERMATOLOGY (2 quarter hours)
Two hours of lecture per week. Appreciation of skin disorders with emphasis on ocular or adnexa implications. Topics will include collagen diseases, pre-cataract skin changes, psoriasis, facial tumors, tumors of eyelid, eyelashes, eyebrows, eczemas; Seborrheic, atropic and allergic dermatitis; Steven-Johnson and dry eye syndrome; Xeroderma, Lipoid Storage Diseases, Xanthalasma; Seborrheic exfoliation. Viral diseases of skin with ocular manifestation, including Vaccinia, Herpes Simplex, Herpes Zoster, Chickenpox, measles, Verrucae; Bullous Dermatoses, disturbances of pigmentation, nutritional disturbances and drug reactions.

* 333 PHARMACOLOGY: CLINICAL PHARMACOLOGY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. An advanced course designed to integrate the student's knowledge of pathology and pharmacology. Special emphasis will be placed on further developing differential diagnostic skills, the skills necessary to manage and/or monitor patients who manifest diagnosed ocular conditions and/or systemic conditions with ocular and visual complications, and in addition, to develop further screening techniques for detecting high incidence general health problems.

432 VISION SCIENCE SEMINAR: CURRENT PROBLEMS (2 quarter hours)
Two hours of lecture per week. Various topics concerning aspects of vision science are discussed in terms of current problems.

OPTOMETRY DEPARTMENT

110 BASIC OPTOMETRY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Introduction to the use of the trial frame, trial case, retinoscope, ophthalmoscope, ophthalmometer and other instruments used in the visual analysis. Normal refractive states and deviations are studied along with common visual anomalies. Techniques of taking the principal optometric data and the case history are introduced, followed by the evaluation of single findings and the inference of deviant processes from patterns of findings.

111 PREVENTATIVE AND COMMUNITY OPTOMETRY: EPIDEMIOLOGY AND RESEARCH METHODOLOGY (4 quarter hours)
Four hours of lecture per week. Statistical methods as applied to data obtained in optometric examinations and visual science. Measures of central tendency, variability, correlation, standard errors, and tests of significance of commonly used statistics including introduction to the analysis of variance. Experimental design and logic of controlled experimentation, reliability of observations, statistical versus experimental means of controlled experimentation, analysis, interpretation and communication of experimental results.

120 INTERMEDIATE OPTOMETRY I (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A continuation of 110.

121 PREVENTATIVE AND COMMUNITY OPTOMETRY: JURISPRUDENCE (2 quarter hours)
Two hours of lecture per week. Prevailing statutory and common laws relevant to rights and responsibilities of the optometrist are presented and the legal principles with which an optometrist should be familiar are discussed.

130 INTERMEDIATE OPTOMETRY II (5 quarter hours)
Four hours of lecture and one two-hour laboratory per week. A continuation of 120.

131 HISTORY OF OPTOMETRY (1 quarter hour)
One hour of lecture per week. The development of the profession of optometry from antiquity to the present is surveyed. The role of certain optometric organizations, as well as noted figures in the history of vision science and optometry are studied for perspective.

210 ADVANCED OPTOMETRY I (4 quarter hours)
Three hours of lecture and one two-hour laboratory. The procedures and rationales of graphical, normative and functional visual analysis are studied and compared. Selected optometrics are compared in relation to the diagnosis and treatment of various visual problems.

220 ADVANCED OPTOMETRY II (4 quarter hours)
Three hours of lecture and one two-hour laboratory. A continuation of 210.

222 OPHTHALMIC OPTICS I (2 quarter hours)
Two hours of lecture per week. Fundamentals of ophthalmic mechanics, pertinent mathematics, practical training in the fabrication of common types of ophthalmic lenses and spectacles. Dispensing procedures of fit-

ting and adjusting of spectacles to various facial contours are included. Tool kits are required.

230 ADVANCED OPTOMETRY III (5 quarter hours)
Four hours of lecture and one two-hour laboratory. A continuation of 220.

232 OPHTHALMIC OPTICS II (2 quarter hours)
One hour of lecture and one two-hour laboratory per week. A continuation of Opt. 222. Tool kits are required.

310 CONTACT LENS PRACTICE I (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. The history and development of contact lenses, lectures on the anatomy and physiology of the cornea and eyelids, optics, instrumentation, and lens design. Symptomatology with emphasis on differential diagnosis is presented. Flurorescein analysis of diagnostic lens/cornea relationships is emphasized. Material concerning lens modification procedures, verification of lenses, and fitting techniques is presented in the laboratory.

311 ORTHOPTICS & VISION TRAINING I (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A study of the influence of vision on human potential, performance, and behavior at various levels of development.

320 CONTACT LENS PRACTICE II (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Advanced optics, bifocal lenses, scleral lenses, and contact lens telescopic systems are presented. Prerequisite: Optometry 310.

321 ORTHOPTICS & VISION TRAINING II (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Fundamental principles and modern concepts of vision training and orthoptic procedures are presented as they apply to improvement of vision function, reestablishment of efficient binocular vision, and modification of behavior through performance and achievement gains in the individual.

331 PREVENTATIVE & COMMUNITY OPTOMETRY: ENVIRONMENTAL VISION (3 quarter hours)
Three hours of lecture per week. An analysis of the role of the optometrist and the practice of optometry in industry and other public, military, and educational settings where large groups of individuals are sharing a common environment.

332 VISION SCIENCE LABORATORY (2 quarter hours)
A group of courses from which the student elects one. Each course includes two hours of lecture or one hour of lecture and one two-hour laboratory per week and is research oriented, with classroom activity devoted to clarifying and discussing laboratory techniques. Offered to appeal to student interests in pursuing special research topics in greater depth in areas such as Physical Optics, Geometrical Optics, Physiological Optics, Psychological Optics, and Experimental Optometry.

333 LIMITED VISION (PARTIAL SIGHT) (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Differential procedures of evaluation of patients with severe and intractable visual deficits. Anatomical, physiological, and psychological aspects are integrated in considering the most suitable optic compensation.

401 PREVENTATIVE & COMMUNITY OPTOMETRY: ECONOMICS & PRACTICE MANAGEMENT (4 quarter hours)
Four hours of lecture per week. Professional and economic aspects of the ethical practice of optometry are studied in detail. Special attention is given to selection of a practice location, planning and equipping the office, fee structures, office and personnel management, records systems, and effective communications at the professional level. The basic concepts of ethical professional conduct and their application to standards of practice are considered from the points of view of the individual optometrist, the patient, the profession, and the public.

402 PREVENTATIVE & COMMUNITY OPTOMETRY: PUBLIC HEALTH (2 quarter hours)
Two hours of lecture per week. A general introduction to the principles of public health, the concepts of epidemiology, and the structure and functioning of local, state, and federal health departments and agencies.

410 OPTOMETRY SEMINAR: CURRENT PROBLEMS (3 quarter hours)
Three hours of lecture per week. Modern techniques used in various aspects of optometry, including contact lenses, general refraction, pathology, etc.

411 CLINICAL CASE ANALYSIS I (2 quarter hours)
Two hours of lecture per week. Analysis of patient cases, including general, and various specialty areas.

420 OPTOMETRY SEMINAR (2 quarter hours)
Two hours of lecture per week. A continuation of 410.

421 CLINICAL CASE ANALYSIS II (2 quarter hours)
Two hours of lecture per week. A continuation of 411.

430 OPTOMETRY SEMINAR: CURRENT PROBLEMS (3 quarter hours)
Three hours of lecture per week. A continuation of 420.

431 CLINICAL CASE ANALYSIS III (2 quarter hours)
Two hours of lecture per week. A continuation of 421.

CLINIC DEPARTMENT.

Satisfactory completion of all course work in the Optometry Department (excluding History of Optometry) and Clinic Department in the First and Second Professional Years is prerequisite to the Third Professional Year Clinic Department work. Additionally, the three-quarter, Second Professional Year general and ocular pathology series; the Second Professional Year course in Pharmacology and Therapeutics; and the Second Professional Year course in Applied Psychology, all in the Biomedical Department, are prerequisites for Third Professional Year clinic assignments.

110 CLINIC ORIENTATION (1 quarter hour)
One two-hour laboratory per week. An orientation to the clinic by means of participation in school screenings and external clinics, to the extent of recording and assisting upper classmen in performance of clinical routines. This one-hour course is extended over the first three quarters of the optometry program and is designed to afford the beginner an appreciation of the social aspects of vision care.

210 CLINICAL PROCEDURES (1 quarter hour)
One two hour clinic laboratory per week. This course is an introduction to clinical procedures, emphasizing patient handling, case histories, record keeping, preliminary testing, and instrumentation. This one-hour course is extended over the Fall, Winter and Spring quarters of the Second Professional Year.

* 310 CLINICAL PRACTICE I (3 quarter hours)
One hour of lecture and two four-hour laboratories per week. Extensive familiarization with clinical facilities and procedures and individually supervised experience in the coordination and application of various theories and techniques of optometry in the out-patient clinic. The taking of case histories, measurement of visual skills, refractive status, status of accommodation and convergence and their coordination, pathology and visual fields examination, subnormal vision, eikonometry, prescribing and dispensing.

320 CLINICAL PRACTICE II (4 quarter hours)
One hour of lecture and three four-hour laboratories per week. A continuation of 310.

330 CLINICAL PRACTICE III (4 quarter hours)
One hour of lecture and three four-hour laboratories per week. A continuation of 320.

331 SPECIALTY CLINICS (2 quarter hours)
Two four-hour laboratories per week. Introduction to clinical procedures in Contact Lenses and in Orthoptics and Vision Training.

400 CLINICAL PRACTICE IV (5 quarter hours)
One hour of lecture and four four-hour laboratories per week. A continuation of 330.

401 SPECIALTY CLINIC (2 quarter hours)
A topic selected from a wide variety of subjects. A minimum of two quarter hours of credit each must be completed in Contact Lenses and in Orthoptics and Vision Training, during the fourth year, as well as a minimum of one quarter hour of credit in Pathology. Additional clinic rotations may be selected from Geriatrics, Low Vision, Dermatology, Neurology, Pediatrics, Neurophysiology, or any other approved clinical area.

410 GENERAL CLINIC PRACTICE V (5 quarter hours)
One hour of lecture and four four-hour laboratories per week. A continuation of 400.

411 SPECIALTY CLINICS (2 quarter hours)
Two four-hour laboratories per week. A continuation of 401.

420 GENERAL CLINIC PRACTICE VI (5 quarter hours)
One hour of lecture and five four-hour laboratories per week. A continuation of 410.

421 SPECIALTY CLINICS (3 quarter hours)
Three four-hour laboratories per week. A continuation of 411.

430 GENERAL CLINIC PRACTICE VII (5 quarter hours)
One hour of lecture and four four-hour laboratories per week. A continuation of 420.

* 431 SPECIALTY CLINICS (2 quarter hours)
Two four-hour laboratories per week. A continuation of 421.

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

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

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

Eligibility requirements for externship participation are as follows:

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

EXTERNAL STUDIES PROGRAM COURSES

133E VEGETATIVE PHYSIOLOGY: OCULAR BIOCHEMISTRY (3 quarter hours)
Three hours of lecture per week. Analysis of the intraocular fluids, aqueous chemistry and flow; secretory mechanism, intraocular pressure; vitreous structure and protein; lens and its function related to its composition. Lens proteins, metabolism cataract. The cornea and sclera; neurological aspects of sensation; metabolism, nutrition and growth processes; retinal metabolism, glycolysis.

316E GENERAL PHARMACOLOGY (3 quarter hours)
Three hours of lecture per week. A comprehensive course covering contemporary therapeutic principles and agents. Included are origins, chemical nature, mechanism of actions and interactions, major effects, and absorption and fate of the most commonly used drugs.

326E OCULAR PHARMACOLOGY (3 quarter hours)
Three hours of lecture per week. A course covering basic concepts of current ocular pathological problems. Included are consideration of local and systemic treatment of ocular pathologies, use of diagnostic agents, and ocular side effects of non-ocular drugs.

336E CLINICAL PHARMACOLOGY (3 quarter hours)
Two hours lecture and one two-hour laboratory per week. An advanced course designed to integrate the student's knowledge of pathology and

UNIVERSITY OF MINNESOTA

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Medical School

UNIVERSITY OF MINNESOTA

Medical Student Government and Student Societies

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

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

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

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

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

IV. M.D. PROGRAM

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

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

Phase A

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

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

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

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

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

Introduction to Clinical Medicine (InMd 5110-5111)
Microbiology (MicB 5205-5206)
Pharmacology (Phcl 5110-5111) 8 cr. see p 58

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

Phase B

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

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

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

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

REQUIRED PHASE B COURSES

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

InMd 5229 Eye	2 cr
InMd 5233 Human Sexuality	3 cr

Student as Physician Tutorials

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

Phase D

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

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

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

There are electives strongly recommended for the several tracks. In general, and as a logical extension of the core material and tutorial format in Phase B, each student is advised to spend 12 to 18 weeks in externship-type electives such as those offered in medicine, neurology, obstetrics, pediatrics, psychiatry, and surgery. The balance of the individual program is drawn from the extensive elective courses offered by each Medical School department. Students may consider elective work in other medical schools, in the United States or elsewhere. Up to 1 quarter of credit for such activities may be approved by the adviser and track committee. The flexibility of the elective program and the general nature of the pathways provide an opportunity for creative and interested students to avail themselves of the widest possible spectrum of educational activities to further their professional growth.

Students are eligible to begin Phase D on completion of Phases A and B and after taking part I of the national boards. Students with deficiencies in Phase A or B or who have taken but not passed part I are reviewed by the Scholastic Standing Committee for a decision as to arrangement of their continuing academic program. The content of Phase D, approved by the adviser and Phase D track committee is determined by a review of each student's educational needs in light of his or her projected career goals. There are no restrictions on the type of internship or first year training program for students graduating in 4 years. In the standard 13-quarter curriculum in the case of 3-quarter programs, students must provide evidence that they will spend their first postdoctoral year (internship or first year of graduate training) in a university or other major affiliated teaching hospital.

Lydia Neiberg, M.D.
Thomas O'Hara, M.D.
Richard T. Olson, M.D.
Charles Ostrow, M.D.
Rene Pelletier, M.D.
Charles Rosch, M.D.
Robert Sigelman, M.D.
James Standefer, M.D.
Alfred Steidl, M.D.
Richard Student, M.D.
Byron Teske, M.D.
James Thompson, M.D.
Jon Tierney, M.D.
Elliot Troup, M.D.
Paul Wicklund, M.D.

Clinical Instructor

Peter Arny, M.D.
Judith Bennington, M.D.
John E. Bergstedt, M.D.
Herbert Billman, M.D.

Dwayne Boon
Christopher Brown, M.D.
Emmett Carpel, M.D.
Richard Carroll, M.D.
David Chiesk, M.D.
Raymond Croissant, M.D.
Mickie Haddad, M.D.
David Hendrickson, M.D.
Donald Herrick, M.D.
George O. Hilgerman, M.D.
Herbert T. Hobday, M.D.
Douglas Holmen, M.D.
James Householder, M.D.
Martin Kaplan, M.D.
Aaron Nathenson, M.D.
Mark Norman, M.D.
Robert Ostrow, M.D.
Jerome Poland, M.D.
Thomas Purcell, M.D.
Wesley Sondrol, M.D.
Robert Warshawsky, M.D.

ELECTIVE COURSES

5180. EXTERNSHIP IN OPHTHALMOLOGY. (Cr ar; prereq reg'n med)

5190. OPHTHALMOLOGY RESE... PROBLEMS. (Cr ar; prereq reg'n med)

ADVANCED CREDIT COURSES

8101. CLINICAL OPHTHALMOLOGY
8102. EXTERNAL DISEASES
8103. MEDICAL OPHTHALMOLOGY
8104. RADIOLOGY OF THE EYE, ORBIT, AND HEAD
8105. MOTILITY
8106. STRABISMUS MANAGEMENT
8107. OCULAR ANATOMY
8121. REFRACTION
8122. PHYSIOLOGIC OPTICS
8131. PRACTICAL OCULAR SURGERY
8132. DIDACTIC OCULAR SURGERY
8141. OCULAR PATHOLOGY CONFERENCE
8142. OPHTHALMIC PATHOLOGY LABORATORY
8143. PATHOLOGY OF THE EYE
8151. BASIC AND APPLIED OPHTHALMOLOGY
8152. OPHTHALMOLOGY LABORATORY
8153. RESEARCH IN OPHTHALMOLOGY
8154. SEMINAR IN OPHTHALMOLOGY
8155. SPECIAL TOPICS IN OPHTHALMOLOGY
8701. NEUROOPHTHALMOLOGY

Medical student may take any or none of these courses

Orthopaedic Surgery (OrSu)

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

Professor

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

Clinical Professor

Ramon R. Gustilo, M.D.
Harry B. Hall, M.D.
Sheldon M. Legaard, M.D.

Associate Professor

Thomas H. Comfort, M.D.
James H. House, M.D., M.S.
Robert F. Premer, M.D.

Clinical Associate Professor

Robert M. Barnett, M.D.
Lester W. Carlander, M.D.
Frederick D. Dreß, M.D.
Arnold L. Hamel, M.D.
Walter Indeck, M.D.
Richard H. Jones, M.D.
Lowell Klaven, M.D.
Lowell Lutter, M.D.
Harvey E. O'Phelan, M.D.
Wayne W. Thompson, M.D.

Assistant Professor

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

Clinical Assistant Professor

Richard J. Aadalen, M.D.
Gordon Aamoth, M.D.
Paul Arneson, M.D.
Frank S. Babb, M.D., M.S.
Vincent E. Eilers, M.D.
David W. Florence, M.D.
Daniel Gaithorn, M.D.
John A. Hartwig, M.D.
Edward H. Kelly, M.D.
Charles C. Lai, M.D.
Donald R. Lennin, M.D., M.S.

Lloyd Leider, M.D.
Edward McElfresh, M.D.
John E. McMahon, M.D.
Joseph M. Tambornino, M.D.

Instructor

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

Clinical Instructor

John J. Beer, M.D.
Roland Birnbach, M.D.
Joseph Bocklage, M.D.
Charles J. Cooley, M.D.
Michael W. Davis, M.D.
Leo DeSouza, M.D.
Richard D. Edwards, M.D.
Philip Haley, M.D.
James E. Johanson, M.D.
Richard J. Johnson, M.D.
Stephen Kusiech, M.D.
John Larkin, M.D.
Dick R. Lavendar, M.D.
Thomas Lyman, M.D.
Donald Madsen, M.D.
James D. Pruett, M.D.
Jerry Reese, M.D.
George E. Resnick, M.D.
Richard Schmidt, M.D.
Ivan Schroll, M.D.
Peter Strand, M.D.
Warren S. Strohmeyer, M.D.
Francis J. Trost, M.D.
John Wilson, M.D.

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

ELECTIVE COURSES

5180. ORTHOPEDICS I. (Cr ar; prereq reg'n med)

5185. ORTHOPEDICS II—EXTERNSHIP IN ORTHOPEDIC SURGERY. (Cr ar; prereq reg'n med)

5186. RESEARCH PROBLEMS IN ORTHOPEDIC SURGERY. (Cr ar; prereq reg'n med)

5187. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—St. Paul-Ramsey Hospital. (Cr ar; prereq reg'n med)

5188. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—Gillette State Hospital, St. Paul. (Cr ar; prereq reg'n med)

5189. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—Fairview-St. Mary's Hospitals. (Cr ar; prereq reg'n med)

5190. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—Veterans Hospital. (Cr ar; prereq reg'n med)

5191. ORTHOPEDIC EXTERNSHIP AT HENNEPIN COUNTY GENERAL HOSPITAL. (Cr ar; prereq reg'n med)

FACULTY

Jimmy Bartlett, O.D.
Associate Professor, Director of Continuing Education University of Alabama in Birmingham School of Optometry/ The Medical Center

Theodore Buckner, M.D.
Board Certified Ophthalmologist, Wills Eye Hospital, Philadelphia, Attending Surgeon, Shore Memorial Hospital, Somers Point, New Jersey

Linda C. Cassar, O.D.
Assistant Professor, Pennsylvania College of Optometry, Chief, Primary Care Module No. 4, The Eye Institute, Pennsylvania College of Optometry, Philadelphia

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

Philip Gerbino, Pharm.D.
Associate Professor of Clinical Pharmacy, Philadelphia College of Pharmacy and Science; Former Director of Drug Information Center of Cornell University

Thomas L. Lewis, O.D., Ph.D.
Doctorate in Anatomy, Jefferson Medical College; Dean of Academic Affairs and Associate Professor, Pennsylvania College of Optometry

Mack Lipkin, Jr., M.D., F.A.C.P.
Graduate of Harvard Medical School; Board Certified in Internal Medicine; Assistant Professor of Medicine, University of Rochester School of Medicine, Rochester, New York

Roland W. Manthei, Ph.D.
Doctorate in Pharmacology, University of Chicago; Professor of Pharmacology, Jefferson Medical College, Philadelphia

Ronald R. Reed, M.D.
Board Certified from Wills Eye Hospital; Adjunct Assistant Clinical Professor, University of Rochester, School of Medicine Strong Memorial Hospital, Department of Ophthalmology

Diane Yolton, Ph.D.
Assistant Professor of Anatomy and Pathology, Pacific University College of Optometry.

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

Sponsored by Alaska Optometric Association

in cooperation with....

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

Pathophysiology & Pharmacology
D. Yolton, Ph.D. - J. Bartlett, O.D. - R. Manthei, Ph.D.
March 27-28-29 April 24-25-26 UAA

Applied Pharmacology & Systemic Disease
P. Gerbino, Pharm.D. - M. Lipkin, M.D.
May 1-2 UAA

CPR & Emergency Care
American Red Cross Instructors
May 3 UAA

Anterior Segment Disease: cornea, uvea, lids conjunctiva, lacrimal system
L. Catania, O.D. - L. Casser, O.D.
May 22-23-24 UAA

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

Anterior Segment: Clinical Procedures
T. Buckner, M.D. - L. Catania, O.D. - clinical staff
September 10-11-12 Selected Clinical Facilities

Final Examination
October 16 University of Alaska Campuses

Announcing

DIAGNOSIS, MANAGEMENT, AND TREATMENT OF OCULAR DISEASE

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

offered by *Pacific University*
Diana P. Yolton, Ph.D.
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May 1-2 UAA

offered by *Pennsylvania College*
Louis Catania, O.D.
Linda Casser, O.D.
May 22-23-24 UAA

offered by *Pacific University*
Tom Lewis, O.D., Ph.D.
Ronald Reed, M.D.
....and clinical staff
June 11-12-13 UAA and clinics

offered by *Pennsylvania College*
Theodore Buckner, M.D.
....and clinical staff
September 10-11-12 clinics

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

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

SYSTEMIC DISEASE: systemic disease related to ocular disease. Allergies-immunology; cardiovascular-cerebrovascular; endocrine; hematological; infectious and inflammatory; metabolic-chromosomal; musculoskelatal; mucocutaneous-dermatological; neurological nutritional-gastrointestinal

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

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

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

REGISTRATION FORM

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

Tuition: $1,550

Payments and Due Dates	
$100	February 24, 1982
400	March 17, 1982
400	April 17, 1982
400	May 17, 1982
250	September 1, 1982

NAME _____

ADDRESS _____

City _____ State/Zip _____

I will need the following required textbooks:

_____ Goodman and Gilman, The Pharmacological Basis of Therapeutics $45.00

_____ Fraunfelder & Roy, Current Ocular Therapy $43.00

_____ Deborah Pavon-Langston, Manual of Ocular Diagnosis & Therapy $15.00

notion and has emphasized to trainees that the hospital does not endorse them as being competent to engage in family practice. However, since state laws permit an M.D. licensee to do any type of practice he wishes, it is the feeling of the director that the public would be better served by potential family practitioners having some rather than no additional training. Since there are a number of physicians seeking some training to change their specialty, consideration should be given to longer hospital training periods or a return to specially designed preceptorships to accommodate them.

With respect to those family doctors in retraining, the program would be improved by a more specific set of goals and more careful monitoring of achievements than has as yet been accomplished. The author is aware of two other programs offering similar training. At Creighton University School of Medicine rural family doctors are trained in a specific area, for example, cardiology techniques such as Swan-Ganz catheter insertion. At the Medical College of Pennsylvania inactive physicians or physicians in administrative positions are being trained in primary care.

Conclusions

A pilot miniresidency in family practice has been in operation at Santa Monica Hospital Medical Center since 1979. Many of the applicants were practicing in other specialties and seeking to make a change to family practice. It is unrealistic to expect that the available two- to six-week period can accomplish this objective, and there is a need for a different kind of program to accommodate such circumstances. Training goals for family doctor residency refresher training must be more specific and evaluations more formal than is now the case in the Santa Monica experience.

Ophthalmology Teaching in Medical Schools

Robert E. Kalina, M.D., Henry J. L. Van Dyk, M.D., and George W. Weinstein, M.D.

The Association of University Professors of Ophthalmology (AUPO) was founded in 1965 and is made up of the chairmen of all departments or divisions of ophthalmology in U.S. medical schools (1). A major interest of the body, individually and collectively, is medical student education.

Some members of the AUPO believe that recent medical school graduates are less well prepared in ophthalmology than those of the more distant past. Also reduced familiarity with ophthalmology by physicians in future generations has been cited as a potential problem in the legislative and legal arenas (2).

The results of two AUPO surveys of ophthalmology teaching are reported here.

Survey Techniques

Questionnaires were mailed in 1974 and again in 1979 to the members of the AUPO. Each member was asked to complete the form or to forward it to the individual in his unit most responsible for medical student education. Confidentiality was optional and was elected by some.

The survey document used in 1979 duplicated the questions of 1974 and in addition

This survey was supported in part by a grant to the University of Washington from Research to Prevent Blindness, Inc.

Dr. Kalina is professor and chairman, Department of Ophthalmology, University of Washington School of Medicine, Seattle. Dr. Van Dyk is professor, Department of Ophthalmology, Louisiana State University School of Medicine, New Orleans. Dr. Weinstein is professor and chairman, Department of Ophthalmology, West Virginia University School of Medicine, Morgantown.

inquired about the usage and usefulness of the *Ophthalmology Study Guide for Students and Practitioners of Medicine*, a joint publication of the AUPO and the American Academy of Ophthalmology and Otolaryngology (AAOO) which first appeared in 1976 and now is in its third edition (3). This guide is based upon seven objective areas thought to represent essential knowledge requirements for all physicians. These objectives were developed as a result of a survey of 1,600 respondents representing medicine at undergraduate and graduate levels of general and specialty orientation (4, 5).

Results

Responses were received from 74 of 102 member schools in 1974 (73 percent) and from 81 of 110 schools in 1979 (74 percent) (Figure 1). There was a decline in mean required curriculum hours from 25 in 1974 to 22 in 1979, while the median declined from 18 to 15. Hours actually assigned to the department or division of ophthalmology decreased proportionately from a mean of 22 in 1974 to 20 in 1979. Assigned hours were used most frequently for lectures or demonstrations.

All responding institutions offered medical student electives in ophthalmology in 1979, but only a minority of students chose them (mean 25 percent, median 15 percent). Use of audiovisual self-instruction units rose from 66 percent in 1974 to 82 percent in 1979.

The study guide, not available in 1974, had been adopted as a syllabus by 58 percent of institutions in 1979, while 28 percent used another syllabus, usually prepared locally. In most cases the study guide was purchased by the student and used for self-instruction and as a supplement to lectures. The microfiche illustrations, newly added in the third edition (1978), had been found useful by students in 67 percent of schools using the study guide.

Discussion

The surveys reported here were prompted in part by suspicion among the AUPO members that curriculum time devoted to ophthalmology had suffered during the widespread curriculum revisions which have taken place in U.S. medical schools during recent years.

Although data are not available from the preceding era, the results of the study reported here indicate that currently assigned time for

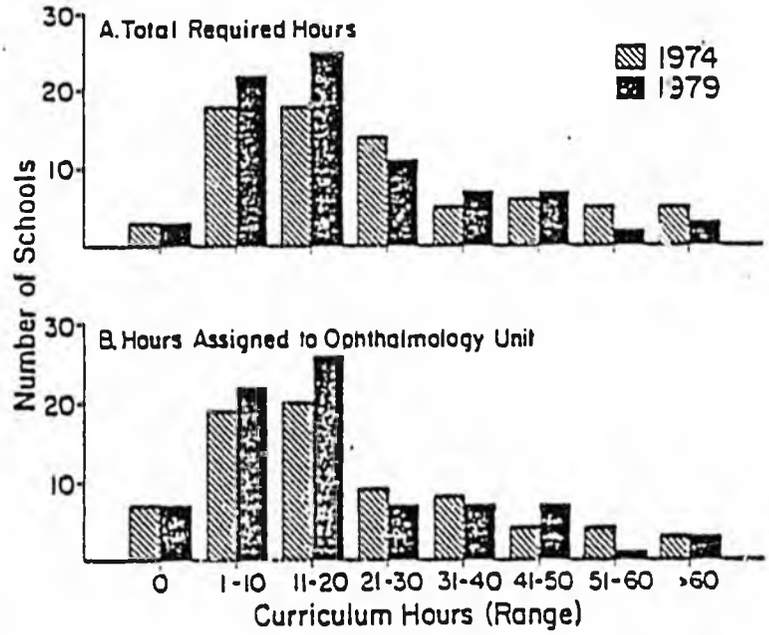

FIGURE 1
Minimum requirements for ophthalmology in U.S. medical schools.

teaching ophthalmology is limited and gradually declining. One logical extension might be a declining ability for appropriate diagnosis, management, or referral of patients with eye disorders, who form a significant segment of those seeking primary care.

The results of these surveys may not include ophthalmology teaching done in the primary care clinical setting. It seems likely that such on-site instruction would be effective and appear relevant to students in that the patient-problem-teacher loop is shortest there; but the authors believe that such teaching events are rare, often unscheduled, and likely to be the first to suffer from time constraints.

Knowledge that curriculum time was limited and that competition for it was keen was one of the prime motivating factors for the development of the AAOO/AUPO study guide. Standardization of objectives to be achieved was presumed then as now to be a laudatory goal. However, the availability of clearly defined objectives has coincided with apparent reduced national curricular emphasis upon ophthalmology.

Not only is the curricular time available to ophthalmology small, but also surprisingly few students (25 percent) choose ophthalmology electives. The reasons for limited elective participation may range from the influence of counselors to lack of available electives. Whatever the cause, the effect must be negative upon student appreciation for what the specialty offers. In view of the excess of candidates for the limited number of ophthalmology residency positions, a main concern is that students who will practice other specialties, especially primary care, learn proper diagnosis and treatment of some ophthalmic disorders so that they may avoid inappropriate referral to medical or nonmedical practitioners.

References

1. Cogan, D. G. Association of University Professors of Ophthalmology. *Arch. Ophthalmol.*, 74:740, 1965.
2. Winograd, L. A. What's Happening in Medical School? *Ophthalmologist*, March–April, 1978.
3. *Ophthalmology Study Guide* (Third Edition). San Francisco: American Academy of Ophthalmology, 1978.
4. Spivey, B. E. A Technique To Determine Curriculum Content for Medical Students. *J. Med. Educ.*, 46:269–274, 1971.
5. Spivey, B. E. Ophthalmology for Medical Students: Content and Comment. *Arch. Ophthalmol.*, 84:368–375, 1970.

ALASKA COURSE SCHEDULE #75082 OCULAR THERAPY FOR THE OPTOMETRIC PRACTITIONER

WEEKEND #	TIMES & DATES	LOCATION	COURSE CURRICULUM	FACULTY	HOURS LECTURE	HOURS CLINIC	COMMENTS
1	Fri.3/5/82 -9a.-4p. Sat.3/6/82 -9a.-4p. Sun.3/7/82 -9a.-4p. Mon.3/8/82 -9a.-4p.	ANCHORAGE ~~JUNEAU~~, ALASKA	Principles of Pharmacology Autonomic Drugs Ocular Diagnostic Pharmaceuticals CPR and Emergency Care	Ph.D. Pharmacologist " " " " Alaska, American Heart Ass	6 6 6	6	AHA Cert. and/or Re-certification requir-ed
2	Fri.3/26/82-7p.-9p. Sat.3/27/82-9a.-4p. Sun.3/28/82-9a.-4p.	ANCHORAGE ~~PORTLAND~~, ~~OREGON~~ ALASKA	UPA Examination The Pharmacology of Ocular Therapy (Part I) " " " " " (Part II)	PCO Proctor Ph.D. Pharmacologist " "	2 6 6		
3	Fri.4/23/82-9a.-4p. Sat.4/24/82-9a.-4p. Sun.4/25/82-9a.-4p.	ANCHORAGE ~~FAIRBANKS~~, ALASKA	Systemic Diseases (and Ocular Manifestations) Applied Pharmacology Anterior Segment Eye Disease (Part I)	M.D. (Internist) Pharm.D. O.D.	6 6 6		
4	Fri.5/21/82-8a.-9a. " " " 9a.-4p. Sat.5/22/82-8a.-9a. " " " 9a.-4p. Sun.5/23/82-9a.-5p.	ANCHORAGE, ALASKA	Midterm Examination (Part I) Anterior Segment Eye Disease (Part II) Midterm Examination (Part II) Anterior Segment Eye Disease (Part III) Anterior Segment Clinic, Day #1	PCO Proctor O.D. PCO Proctor M.D. (Ophthalmologist) M.D. (Ophthal) & O.D.	1 6 1 6	7	10-1 Ratio
5	Fri.6/25/82-9a.-4p. Sat.6/26/82-9a.-4p. Sun.6/27/72-8a.-5p.	ANCHORAGE ~~PORTLAND~~, ~~OREGON~~ ALASKA	Glaucoma (Part I) " (Parts II & III) " Clinic	O.D., Ph.D.(Anatomist) M.D., (Ophthalmologist) O.D. Staff & M.D.(Ophtl)	6 6	8	8-1 Ratio
6	Fri.9/10/82-9a.-4p. Sat.9/11/82-9a.-4p. Sun.9/12/82-8a.-5p.	ANCHORAGE, ALASKA	Diagnosis & Management of Advanced Eye Disease Anterior Segment Eye Disease (Part IV) " " " " Clinic, Day #2	M.D. (Ophthalmologist) O.D. O.D. Sta	6 6	8	10-1 Ratio
7	Sun.10/24/82-9a.-12p	ANCHORAGE, etc. JUNEAU, ALASKA	FINAL EXAMINATION	State Board Proctor	3		
7	20 DAYS	4 SITES	TOTALS	21 { 4 Ph.D.'s, 4 M.D.'s, 3 O.D.'s }	91	29	

SOUTHERN COLLEGE
OF OPTOMETRY
1245 MADISON AVENUE
MEMPHIS, TENNESSEE 38104

CORRESPONDENCE DIRECTORY

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This edition of the Southern College of Optometry catalog is effective for the academic year 1982-83. Inasmuch as changes may be necessary from time to time, this catalog should not be construed as constituting a contract between the College and any person.

SOUTHERN COLLEGE OF OPTOMETRY

Memphis, Tennessee

1982-83 CATALOG

INFORMATION CURRENT AS OF JUNE, 1982

CURRICULUM

FIRST PROFESSIONAL YEAR FALL QUARTER			HOURS CREDIT	Clock* Hours
● Biomedical	110	Human Anatomy & Physiology I: Structure & Function - 1 (5 HRS. LEC., 2 HRS. LAB)	6	70
Biomedical	111	Optics Applied To The Eye I (4 HRS. LEC., 2 HRS. LAB)	5	
Optometry	110	Introduction to Optometry (3 HRS. LEC., 3 HRS. LAB)	4	
Optometry	111	Preventive and Community Optometry Epidemiology & Research Methodology (4 HRS. LEC.)	4	
Clinic	110	Clinic Orientation (2 HRS. LAB.)	1*	
			Total 20	
WINTER QUARTER				
● Biomedical	120	Human Anatomy & Physiology II: Structure & Function - 2 (5 HRS. LEC., 2 HRS. LAB)	6	70
Biomedical	121	Optics Applied To The Eye II (3 HRS. LEC., 2 HRS. LAB)	4	
Biomedical	122	Visual Perception: Psycho-Physiological Optics (4 HRS. LEC., 2 HRS. LAB)	5	
Optometry	120	Ophthalmic Diagnostic Principles I (3 HRS. LEC., 3 HRS. LAB)	4	
Optometry	121	Preventive & Community Optometry: Jurisprudence (2 HRS. LEC.)	2	
Clinic	110	Clinic Orientation (2 HRS. LAB)	*	
			Total 21	
SPRING QUARTER				
● Biomedical	130	Human Anatomy & Physiology III: Structure & Function - 3 (5 HRS. LEC., 2 HRS. LAB)	6	70
Biomedical	131	Optics Applied To The Eye III (3 HRS. LEC., 2 HRS. LAB)	4	
● Biomedical	133	Vegetative Physiology: Ocular Biochemistry (2 HRS. LEC., 2 HRS. LAB)	3	40
Optometry	130	Ophthalmic Diagnostic Principles II (4 HRS. LEC., 3 HRS. LAB)	5	
Optometry	131	History of Optometry (1 HR. LEC.)	1	
Clinic	110	Clinic Orientation (2 HRS. LAB)	*	
			Total 19	

*Note: One quarter hour credit is awarded upon completion of this course in the Spring Quarter.

*clock hours = hrs per week x 10 wks. quarter

SECOND PROFESSIONAL YEAR

				HOURS CREDIT	clock hours
FALL QUARTER					
•	Biomedical	210	Principles of Medicine I: General Pathology (5 HRS. LEC.)	5	50
	Biomedical	211	Physiological Optics: Eye As An Optical System (3 HRS. LEC., 2 HRS. LAB)	4	
•	Biomedical	212	Neuroanatomy and Neurophysiology (3 HRS. LEC., 2 HRS. LAB)	4	50
•	Biomedical	213	Principles of Pharmacology & Therapeutics I (2 HRS. LEC.)	2	20
	Optometry	210	Advanced Optometry I (3 HRS. Lec., 2 HRS. LAB)	4	
	Clinic	210	Clinical Procedures (2 HRS. LAB)	1	
				Total 20	
WINTER QUARTER					
•	Biomedical	220	Principles of Medicine II: Ophthalmic Pathology I (5 HRS. LEC., 2 HRS. LAB)	6	70
•	Biomedical	221	Physiological Optics II: Monocular Sensory (3 HRS. LEC., 2 HRS. LAB)	4	50
•	Biomedical	223	Principles of Pharmacology & Therapeutics II (4 HRS. LEC.)	4	40
	Optometry	220	Advanced Optometry II (3 HRS. LEC., 2 HRS. LAB)	4	
	Optometry	222	Ophthalmic Optics I (2 HRS. LEC.)	2	
	Clinic	210	Clinical Procedures (2 HRS. LAB)	*	
				Total 20	
SPRING QUARTER					
•	Biomedical	230	Principles of Medicine III: Ophthalmic Pathology II (5 HRS. LEC., 2 HRS. LAB)	6	70
•	Biomedical	231	Physiological Optics III: Monocular Sensory & Binocular Vision (2 HRS. LEC., 2 HRS. LAB)	3	40
•	Biomedical	233	Principles of Pharmacology & Therapeutics III (4 HRS. LEC.)	4	40
	Optometry	230	Advanced Optometry III (4 HRS. LEC., 2 HRS. LAB)	5	
	Optometry	232	Ophthalmic Optics II (1 HR. LEC., 2 HRS. LAB)	2	
	Clinic	210	Clinical Procedures (2 HRS. LAB)	*	
				Total 20	

*Note: One quarter hour credit is awarded upon completion of this course in the Spring Quarter.

THIRD PROFESSIONAL YEAR

				HOURS CREDIT	clock hours
FALL QUARTER					
•	Biomedical	310	Principles of Medicine IV: Pediatrics and Pediatric Optometry (2 HRS. LEC., 2 HRS. LAB)	3	40
•	Biomedical	311	Principles of Medicine V: Neurology (2 HRS. LEC.)	2	20
•	Biomedical	312	Principles of Medicine VI: Neuro-ophthalmic Disorders (3 HRS. LEC., 2 HRS. LAB)	4	50
•	Biomedical	313	Principles of Pharmacology & Therapeutics IV (2 HRS. LEC.)	2	20
	Optometry	310	Contact Lens Practice: I (3 HRS. LEC., 2 HRS. LAB)	4	
	Optometry	311	Orthoptics & Vision Therapy I (3 HRS. LEC., 2 HRS. LAB)	4	
	Clinic	310	Clinical Practice I (1 HR. LEC., 6 HRS. LAB)	3	
				Total 22	
WINTER QUARTER					
	Biomedical	320	Principles of Medicine VII: Gerontology & Geriatrics (3 HRS. LEC.)	3	
•	Biomedical	322	Principles of Medicine VIII: Dermatology (2 HRS. LEC.)	2	20
•	Biomedical	323	Principles of Pharmacology & Therapeutics V (3 HRS. LEC., 2 HRS. LAB)	4	50
	Optometry	320	Contact Lens Practice II (3 HRS. LEC., 2 HRS. LAB)	4	
	Optometry	321	Orthoptics & Vision Therapy II (3 HRS. LEC., 2 HRS. LAB)	4	
	Clinic	320	Clinical Practice II (1 HR. LEC., 6 HRS. LAB)	3	
				Total 20	
•	**SPRING QUARTER**				
	Biomedical	333	Principles of Pharmacology & Therapeutics VI (3 HRS. LEC., 2 HRS. LAB)	4	50
	Optometry	331	Preventive & Community Optometry: Environmental Vision (3 HRS. LEC.)	3	
	Optometry	332	Preventive & Community Optometry: Public Health (2 HRS. LEC.)	2	
	Optometry	333	Limited Vision (Partial Sight) (3 HRS. LEC., 2 HRS. LAB)	4	
	Optometry	334	Preventive & Community Optometry: Economics and Practice Management (3 HRS. LEC.)	3	
	Clinic	330	Clinical Practice III (1 HR. LEC., 12 HRS. LAB)	4	
	Clinic	331	Contact Lens Clinic (4 HRS. LAB)	1	
	Clinic	332	Orthoptics and Vision Therapy Clinic (4 HRS. LAB)	1	
				Total 22	

FOURTH PROFESSIONAL YEAR

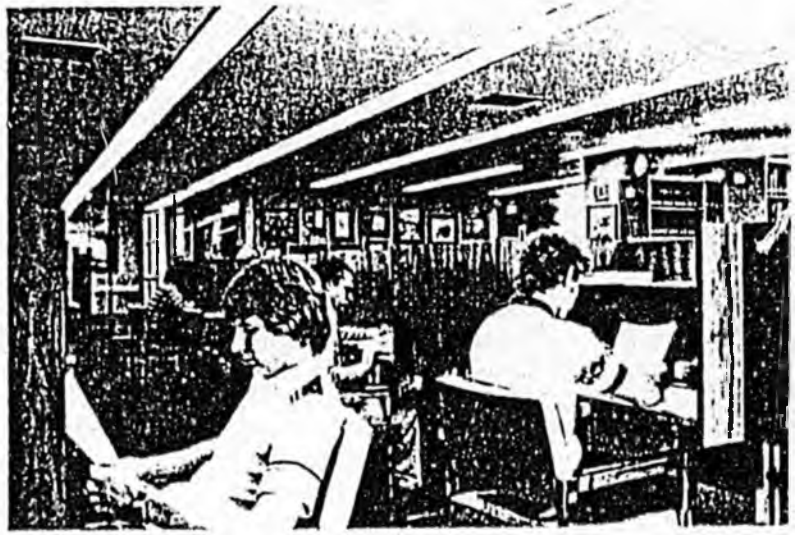
A twelve-week externship is required during the fourth year. Externship information appears under COURSE DESCRIPTIONS (Clinic Department) in this catalog.

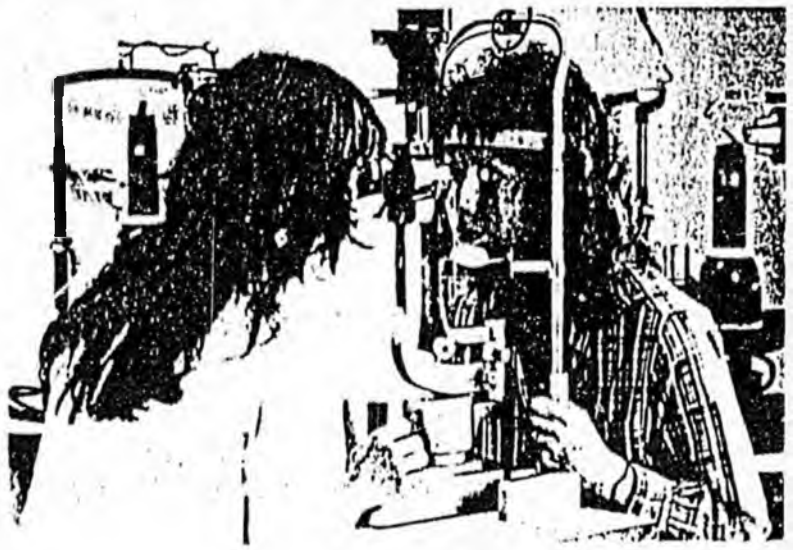
			HOURS CREDIT
SUMMER QUARTER			
Optometry	400	Optometry Seminar	2
Optometry	401	Clinical Case Analysis I (2 HRS. LEC.)	2
Clinic	400	Clinical Practice IV (1 HR. LEC., 20 HRS. LAB)	6
Clinic	401	Contact Lens Clinic (4 HRS. LAB)	1
Clinic	402	Orthoptics and Vision Therapy Clinic (4 HRS. LAB)	1
		OR	Total 12
Clinic	405	Externship	12
FALL QUARTER			
Optometry	410	Optometry Seminar (2 HRS. LEC.)	2
Optometry	411	Clinical Case Analysis II (3 HRS. LEC.)	3
Clinic	410	General Clinic Practice V (1 HR. LEC., 16 HRS. LAB)	5
Clinic	411	Contact Lens Clinic (4 HRS. LAB)	1
Clinic	412	Orthoptics and Vision Therapy Clinic (4 HRS. LAB)	1
		OR	Total 12
Clinic	415	Externship	12
WINTER QUARTER			
Optometry	420	Optometry Seminar (2 HRS. LEC.)	2
Optometry	421	Clinical Case Analysis III (2 HRS. LEC.)	2
Clinic	420	General Clinic Practice VI (1 HR. LEC., 20 HRS. LAB)	6
Clinic	421	Contact Lens Clinic (4 HRS. LAB)	1
Clinic	422	Orthoptics and Vision Therapy Clinic (4 HRS. LAB)	1
		OR	Total 12
Clinic	425	Externship	12

• Total basic science clock hours = 930

SPRING QUARTER

Optometry	430	Optometry Seminar (2 HRS. LEC.)	
Optometry	431	Clinical Case Analysis IV (3 HRS. LEC.)	
Clinic	430	General Clinic Practice VII (1 HR. LEC., 24 HRS. LAB)	
		OR	Tot
Clinic	435	Externship	





TESTIMONY IN SUPPORT OF HOUSE BILL 225

Health, Education and Social Services Committee

Alaska State House of Representatives

April 27, 1983

Steve Dobson, O.D.

Gentlemen of the Committee, my name is Steve Dobson. I am an optometrist in private practice in Anchorage. I am a 1980 graduate of the Southern California College of Optometry, and in 1981 completed a one year residency in rehabilitative optometry at an outpatient clinic of the Veterans Administration hospital in Los Angeles.

My testimony will focus on optometric education, for the most frequent charge raised by ophthalmologists in opposing this type of legislation is that optometrists do not have a physician's broad medical background, which they say is necessary in order to do competant diagnosis and treatment.

It so happens, like many propaganda arguments, that this one has a grain of truth in it. What may appear to be a local inflammation can actually be a manifestation of infection or dysfunction elsewhere in the body. Experience in administering a variety of drugs in a variety of modes makes it easier to learn new drugs and new treatment protocols.

However if the argument is carried too far, it begins to break down. One can say that it is useful to be trained as a general physician before treating specific parts of the body. But is it absolutely necessary? Ophthalmologists, who are trained on the physician-specialist model, would say that a physician's background is necessary even to be able to judge when to treat a case and when to refer it for more specialized care. However it takes no special expertize to realize that if that were the case, then dentists and podiatrists, who are not trained as physicians, would be incompetant or only marginally competant.

Let's take a closer look at the alternative model of education, on which dentists, podiatrists and optometrists are trained. For convenience, I will consider just dentistry and optometry, but podiatry follows similar principles. Dentists and optometrists have at least as many hours of training in anatomy as physicians. But that training is structured differently. Their studies in gross human anatomy give somewhat less emphasis to the body below the neck but more emphasis in the head and neck region, as compared with medical students. This is followed by intensive study of organ systems of special interest - the teeth and oral cavity for dentists, the eye and adnexa for optometrists. This is a level of detail that physicians do not encounter until they enter specialty residencies. Other courses, such as general

physiology, microbiology and general pathology, are also slightly less detailed than those given medical students. But again, when corresponding studies in the target organ systems are added in, the hours exceed those of the medical student. If we take the process one step further and add the hours of the medical student and the resident together, the total hours in any given subjedt would now be greater than those for the dentist and optometrist. For optometry and dental students, classroom and laboratory time in these subjects, called basic science, totals about a thousand hours, or 25% of the total clock hours in the curriculum. The remainder is given over to specialized theory and procedures courses, and experience in the clinic.

At this point, let me interject that in case it should be supposed or alleged that optometric courses are not of the same quality as dental courses, I would point out that where optometry and dental schools are co-located, as at the University of Alabama in Birmingham and the University of Houston, optometry and dental students not only take the same courses but sit together in the same classrooms and laboratories whenever there is enough commonality in content to make this practical. For example, general physiology and microbiology in the case of Birmingham. In both optometry and dental schools, physicians are used in their areas of greatest expertise, primarily pathology and therapeutics. Pharmacology is taught by pharmacologists and physiology is taught

by physiologists.

Courses in the whole body emphasize unifying principles, which serve as a foundation for understanding all regions. At the stage of target organ study, specific interrelationships between target organ pathology and systemic pathology are learned. It is also at this stage that the student learns what effects a drug may have on other organs of the body.

Without putting too fine a point on it, it is hopefully evident from this that someone who will be working with a portion of the body and dealing with a specific set of interrelationships between this portion and the rest of the body does not have to have the same kind of whole body training as someone who will be treating many different parts of the body. The specializing physician model of education is a good one, but is it enough better than the dental model to justify the increased costs?

With respect to drugs, however, optometry has differed from dentistry until recent years. When the optometry laws were enacted in the first quarter of the century, restrictions against drug use were inserted into nearly every statute as a compromise with the physicians and oculists of the day, who opposed enactment of the optometry laws. In the succeeding years, optometry developed strong capabilities in the detection and diagnosis of ocular

pathology, but its lack of access to prescription drugs effectively limited its therapeutic services to conditions treatable with over the counter drugs, compresses and mechanical procedures. During the same period, ophthalmology developed from a primitive extension of general medicine into a recognized specialty. In the 1970s general and ocular pharmacology were removed from their positions within other courses in the optometric curriculum, and expanded into full fledged, free standing courses. Concurrently, optometrists introduced bills that would allow them to use drugs to aid in diagnosis, on the theory that such limited legislation would be easier to pass. There began a slow, state by state process of passing legislation, against fierce ophthalmological opposition. As of now, 36 states allow some form of drug use by optometrists. In 1976, West Virginia became the first state to enact legislation allowing optometrists to use drugs for both diagnostic and therapeutic purposes. In 1977, North Carolina passed a similar measure and Florida received an attorney general opinion favorable to the use of therapeutics. In 1980, Oklahoma passed enabling legislation. In support of these states, nearby optometry schools strengthened their programs in therapeutics. At present, drug-based therapeutics is taught at an undergraduate and postgraduate level by Pennsylvania College of Optometry in Philadelphia and Southern College of Optometry in Memphis, and by the University of Alabama at Birmingham School of Optometry on a postgraduate basis. Other schools are planning similar programs. Pennsylvania's therapeutics course was taken by a

majority of Alaska's ODs last year. Opportunities for additional clinical experiences in therapeutics developed quickly and dramatically. Federal law in 1976 formally established Optometry Services within the Veterans Administration hospital system. These Optometry Services provide primary eye care therapeutics, usually under the prescription signing arrangement noted by Dr. Demske. A number of the Services have developed 1 year residency programs for optometrists, such as the one I went through. Opportunities are also available for ODs and undergraduate optometry students to study at these hospitals for shorter periods of time. In Atlanta, there is a three year old optometric clinic that does nothing but treat ocular pathology on referral from physicians and optometrists in the area. Students from four optometry schools do semester rotations there, and similar centers are being planned in other cities. There is thus developing a spectrum of training opportunities, both basic and advanced, for optometrists in therapeutics.

It appears that at long last the quirks of the original optometry laws are being removed and optometry will be allowed to undergo a more natural evolution. Optometry will continue to compete with ophthalmology, as podiatry competes with orthopedic surgery, though in the case of optometry, surgical training is not on the horizon. While the medical branches may not like it, such competition is good for the public. Optometry, like podiatry, can now offer quality, cost effective services in areas where specialists are overtrained

and general practitioners are undertrained. Dentistry has no competition from medicine, but its training is also based on the more cost effective model.

One more thing needs to be said. Ophthalmologists have criticized other aspects of optometric education, saying that there are too few MDs teaching in optometry schools and that clinical experiences are not adequate. In point of fact, ophthalmologists have actively tried to hinder the education of optometrists. There is a great deal of peer pressure on ophthalmologists, and through them, on their colleagues in other branches, not to teach in optometry schools. In 1955, the American Medical Association, at the request of the Section on Ophthalmology, adopted a resolution declaring it unethical for a doctor of medicine to teach in a school or college of optometry. Such resolutions have more than nominal influence upon physicians, for unethical behavior can serve as the basis for denial of hospital privileges by individual hospital medical staffs. Some physicians ignored the directive and continued to teach, and schools filled in the gaps by using osteopaths, who were not affected. The resolution was rescinded 11 years later, in 1966.

Ophthalmology has also opposed virtually every piece of legislation that would facilitate the professional development

of optometry, including funds for construction of optometry school buildings and clinics, Health Professions Student Loans, and capitation grants. Fortunately, most Congressmen and legislators saw the value of optometry to society, and the efforts of ophthalmology to block funding were largely unsuccessful. From 1964 to 1980, ophthalmologists were able to prevent reimbursement to optometric patients for services covered under Medicare. As a result, optometry lost 30% of its patient population over age 65. It also deprived optometry school clinics of a prime source of pathology for teaching purposes. It is not fair to criticize something when you are actively trying to bring about that which you criticize.

In conclusion, I would ask that you allow optometry in Alaska to take full advantage of the educational opportunities that are unfolding, so as to maximally benefit the public which it serves. Overly restrictive compromises will simply result in further legislative battles down the road. The bill in its present form conforms to the framework for decision making that has stood the test of time in other professions. It makes no legislative sense to take a responsible profession out of one box and place it in a slightly larger box. Given the opportunity, optometry will exercize the same good judgment as the other professions. And the public will be the beneficiary.

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

May 1, 1983

The Honorable Mae Tischer
Chairman, Health, Education and
Social Services Committee
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Tischer: re: HB 225

The attached materials are being given to you and Rep. Goll:

1. Proposed list of drugs, in bill form. This is designed to replace section 6 on the original bill and on the proposed committee substitute we previously submitted to you.

2. Drug formulary prepared by Dr. Louis J. Catania, of the faculty of Pennsylvania College of Optometry, and one of the instructors in the therapeutics course taken by most Alaskan ODs last year. It served as the basis for the list in bill form.

3. Letter to me dated March 3, 1981 from Dr. Thomas L. Lewis, Academic Dean of Pennsylvania College of Optometry. This may give you some additional insights into the nature of training in ocular therapeutics.

4. Copy of the West Virginia Optometry Law, upon which the excellent track record of West Virginia is based. This statute limits drugs to those which are topically applied (drops or ointments, as opposed to oral or injectible drugs), but allows the board of examiners in optometry to approve or disallow specific drugs within that category. An advantage of this approach is that new legislation is not required every time a new drug comes out.

Very truly yours,

Phillip W. Bach

Phillip W. Bach, O.D., Ph.D.
Legislative Committee
Alaska Optometric Association

4 Attachments

* Sec. 6. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.305. Legend drugs permitted. A licensee holding a certificate issued under AS 08.72.277 may employ or prescribe only those legend drugs specified under the following classifications:

(a) Topical anesthetics

(1) Benoxinate

(2) Proparacaine

(b) Anti-infectives

(1) Bacitracin

(2) Chloramphenicol

(3) Erythromycin

(4) Gentamycin

(5) Polymixin B

(6) Sulfacetamide

(7) Tetracycline

(8) Tobramycin

(c) Anti-glaucoma agents

(1) Acetazolamide

(2) Epinephrine

(3) Pilocarpine

(4) Timolol

(d) Antihistamines

(1) Antazoline

(2) Pyrilamine

(e) Anti-inflammatory agents

(1) Dexamethasone

(2) Fluromethalone

(3) Hydrocortisone

(4) Prednisolone

(f) Antivirals

(1) Idoxuridine

(2) Trifluridine

(3) Vidarabine

(g) Decongestants

(1) Naphazoline

(h) Hyperosmotics

(1) Sodium Chloride 2%, 5%

(2) Glycerin

(i) Mydriatic/Cycloplegics

(1) Cyclopentolate

(2) Homatropine

(3) Phenylephrine 2.5%

(4) Tropicamide

Note: This replaces section 6 in the proposed committee substitute previously submitted and in the original bill. The original section 6 will not be needed if the new medical practice act (CS for Senate Bill 161) is enacted.

SUGGESTED FORMULARY OF IN-OFFICE OPHTHALMIC PHARMACEUTICALS

Prepared by - Louis J. Catania, O.D.

CATEGORY	GENERIC NAME	BRAND NAME	CONCENTRATION(S)
Anesthetics	Benoxinate	Fluress	0.4%
	Proparacaine	Ophthaine	0.5%
Antiglaucoma	Acetazolamide	Diamox	250 mg.
	Glycerin	Osmoglyn	50%
	Pilocarpine	Isoptocarpine	1,2,& 4%
	Timolol	Timoptic	0.25 & 0.50%
Antihistamines	Antazoline	Vasocon	1%
Anti-infectives	Sulfacetamide	Isoptocetamide	15%
	Gentamicin	Garamycin	0.3%
	Chloramphenicol	Chloroptic	1%
	Tobramycin	Tobrex	0.3%
	Tetracyline	Achromycin	1%
	Erythromycin	Ilotycin	5 mg/3.5g
	Zinc sulfate	Zincfrin	0.25%
-(Combinations)	Sulfacetamide/Prednisolone	Blephamide	10%/0.2%
	Polymyxin B/Bacatracin	Polysporin	10000/500 units
- Antivirals	IDU	Stoxil	0.5%
	Vidarabine	Vira A	3%
	Trifluridine	Viroptic	1%
- Antifungals	Natamycin	Natacyn	5%
Artificial Tears	Mucomimetics	Hypotears	
	Ointments	Lacrilube	
Corticosteroids	Prednisolone	Pred Forte	1%
	Fluoromethalone	FML	0.1%
	Dexamethasone	Decadron	0.1%
	Hydrocortisone	Hytone	0.5%, 1%
Decongestants	Naphazoline	Vasoclear	0.02%

1200 West Godfrey Avenue
Philadelphia, Pa. 19141
215 424 5900
Office of Academic Affairs

Pennsylvania College of Optometry

March 3, 1981

The Eye Institute
1201 West Spencer Street
Philadelphia, Pa. 19141
215 276 6000

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

Dear Doctor Bach:

In response to your request I have formulated a list of pharmaceutical agents which may be helpful in preparing your legislation. The current graduating class from the Pennsylvania College of Optometry has developed competency in utilizing pharmaceutical agents in the various catagories and classifications listed below.

Currently the students at the College develop a theoretical knowledge of these pharmaceutical agents through various didactic courses, and expertise in the clinical utilization of these drugs through a variety of clinical experiences. These clinical experiences occur in various settings such as The Eye Institute of the Pennsylvania College of Optometry, Veterans Administration Medical Centers, Health Maintenance Organizations, Armed Forces Hospitals, and private practice settings.

A major emphasis of the curriculum at the College is the differential diagnosis of ocular diseases and systemic diseases with ocular complications. We feel the critical step in the management of ocular and visual disorders is the specific differential diagnosis. The application of pharmaceutical agents is simply one of the competencies necessary in the continuum of the diagnosis and management of ocular diseases.

Listed below are the major classifications and catagories of pharmaceutical agents commonly utilized in the patient care setting of the College. Examples are given of different drugs in each catagory. This is not to be interpreted that other drugs within these catagories are not utilized when specifically needed, based on the professional judgements of the clinician.

I. Topical Anesthetics
   Example: Proparacaine
   Benoxinate

II. Mydriatics
   A. Sympathomimetics
      Example: Phenylephrine
   B. Parasympatholytics
      Example: Atropine group

III. Cycloplegics
   A. Parasympatholytics
      Examples: Atropine group
      Cyclopentolate

IV. Miotics
   A. Examples: Pilocarpine
      Anticholinesterases

V. Antimicrobials
   A. Antibioltics
      Examples: Tetracycline
      Erythromycin
      Gentamicin
      Chloramphenicol
      Bacitracin
      Cephalosporins
   B. Antibacterial
      Example: Sulfonamides
   C. Antiviral
      Example: Idoxuridine
   D. Antifungal
      Example: Natamycin

VI. Anti-inflammatory
   Example: Corticosteroids

VII. Anti-glaucomma
   A. Sympathomimetics
      Example: Epinephrine
   B. Sympatholytic
      Example: Timolol Maleate
   C. Parasympathomimetics
      Examples: Pilocarpine
      Anticholinesterases
   D. Carbonic Anhydrase Inhibitors
      Example: Acetazolamide

VIII. Antihistamines
Examples: Diphenhydramine
Antazoline

IX. Miscellaneous Legend Drugs
Example: Hyperosmotic Agents

X. Over-the-counter Drugs
Example: Dyes
Ocular Lubricants
Decongestants

I hope this list is of some help to you in constructing your new legislation. The Pennsylvania College of Optometry stands prepared to assist you educationally in meeting the visual care needs of the people of Alaska.

Sincerely,

Thomas L. Lewis, O.D., Ph.D.
Dean of Academic Affairs

TLL:dmf

SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

WITNESS REGISTER

BILL NUMBER CSHB 225 - Optometry DATE May 11, 1984

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