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(FILE 3)

Alaska State Legislature

REP. MAE TISCHER
CHAIRMAN



POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99801
(907) 465-3777

House of Representatives
HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

February 22, 1984

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- 12) HESS Committee Minutes, January 21, 1984

Because these are
available on STAIRS
these were deleted from
this file.

James Henry
8/28/84

Alaska State Legislature

REP. MAE TISCHER
CHAIRMAN



POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99811
(907) 465-3777

House of Representatives
HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

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AS 08.72.220 - 08.72.310 (Optometry)
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STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

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.

Representative Mae Tischer
Page 3
February 17, 1984

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

POSITION PAPER

DRAFT 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: _____

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

Date: _____

MAR 5 1963

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

This Bill would permit the use of legend drugs by certain optometrists and would delete from the definition of optometry the restriction against the use of drugs. Legend drugs as defined in Section 5 of the Bill "means drugs whose containers must bear a label prohibiting dispensing without a prescription". The Bill also specifically permits optometrists to engage in the "diagnosis and treatment, including the use of drugs, of inflammations, infections and injuries of the eyes and eyelids".

A majority of states now allow optometrists to use diagnostic topical drugs, either through specific enabling legislation or through the lack of specific prohibitions. Few, if any, permit the use of therapeutic drugs. This Bill, as now written, would apparently permit the use of any drug, whether topical or systemic, in the diagnosis and treatment by an optometrist of inflammations, infections and injuries of the eyes and eyelids. Arguably, the proposed legislation may be construed to permit the practice of ophthalmologic surgery by optometrists since surgery is not specifically prohibited.

Even the use of diagnostic topical drugs by optometrists, i.e., drugs which cause the pupil to open or to close down or which paralyze the muscles which control the shape of the lens, has been controversial. Those in favor of the use of drugs by optometrists argue that optometric services are more widely distributed than ophthalmologic services and that the optometrist serves as an entry point for primary eye care. The use of diagnostic drugs is said to expand the ability of the optometrist to recognize eye abnormalities and to increase medical referral for diagnosis and treatment. The optometric group also states that the use of diagnostic drugs rarely causes adverse effects.

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

Limitations are placed on the use of certain diagnostic drugs by legislation in some states. In Oregon, for example, the Board of Optometry is empowered to designate the diagnostic pharmaceutical agents for topical use, but provides that the designation shall be with the advice and guidance of the Board of Medical Examiners.

Some states define the type of training in pharmacology which would be required before an optometrist would be permitted to use even diagnostic drugs. HB 225 contains no such provisions.

The Department of Health and Social Services does not support HB 225 in its present form because of the overly broad definition of the types of drugs which would be authorized, vagueness with regard to the limits of optometric practice and lack of provisions with regard to the educational qualifications required for use of drugs. If the Legislature chooses to authorize use of certain drugs by optometrists, the Department suggests that definitions and restrictions similar to those in use in other states may be advisable and that the professional opinion of the medical and optometric communities should be sought to insure the health and safety of the general public.

Recommended by:

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

Date:

2/25/83

Approved by:

Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Dept. of Health & Social Services

Date:

3/1/83

STATE OF ALASKA
PRELIMINARY STATEMENT OF FISCAL IMPACT

Bill No: House Bill No. 225 Date on Bill: February 23, 1983
 Title: "An Act relating to the practice of optometry and authorizing the use of prescription
 Sponsor: Hurlbert drugs by optometrists."
 Requestor: _____

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

			FY 83	FY 84	FY 85	FY 86		
Capital			0	0	0	0		
Operating			0	0	0	0		
Total			0	0	0	0		

B. Revenues:

Revenue								
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2. Source of funds to offset fiscal impact of bill:

3. Assumptions:

4. Disclaimer:

This statement has not been reviewed by OMB in the Office of the Governor. It does not represent the policy of the Sheffield Administration or the final estimate of fiscal impact.

Prepared by: Dean F. Tirador, M.D. *DAFA* Phone: 465-2113
 Division: Public Health Date: February 25, 1983
 Approved by Commissioner: Robert London Smith, Ph.D. Date: 3/1/83
 Department: Health & Social Services

5. Distribution:

- Original to Legislative Finance
- Copy to OMB
- Copy to Sponsor
- Copy to Requestor

2/8/83

STATE OF ALASKA
FISCAL NOTE

Revision Date 4/12, 1983

I. REQUEST

Bill/Resolution No.: HB 225
 Title: "Optometrist - Use of Drugs"
 Sponsor: Hurlbert
 Requestor: HESS Committee

II. FISCAL DETAIL

Agency Affected: Commerce & Econ. Devp.
 Program Category Affected: PUBLIC PROT.
 BRU, Program of Subprogram(s) Affected: Occupational Licensing

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
OPERATING						
100 PERSONAL SERVICES		31.6	33.1	34.6	36.2	37.9
200 TRAVEL		2.0	2.1	2.2	2.4	2.5
300 CONTRACTUAL		1.5	1.6	1.7	1.7	1.8
400 COMMODITIES		0.5	0.5	0.6	0.6	0.6
500 EQUIPMENT		2.7	-0-	-0-	-0-	-0-
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL OPERATING		38.3	37.3	39.1	40.9	42.8
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		38.3	37.3	39.1	40.9	42.8
FEDERAL FUNDS						
OTHER (Specify Source)						

POSITIONS:

FULL-TIME		1	1	1	1	1
PART-TIME						
TEMPORARY						

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

Not identified by sponsor.

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: Darrell Miller Phone: 465-2535
 Division: Occupational Licensing Date: 4/12/83
 Approved by Commissioner: Richard A. Lyon Date: 4/13/83
 Department: Commerce & Economic Development

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

HB 225 FISCAL IMPACT

(Note: 5% inflation factor projected for FY '84 through
FY '88 for operating cost)

100 PERSONAL SERVICES - (FY '83 salary schedule plus 5% inflation factor)

1 Licensing Examiner, Range 12A,
General Government, 12 months,
to be located in Juneau \$31,602.00

200 TRAVEL

4 board meetings annually (2 days each
@ \$80.00/day per diem = \$160.00 x 4) \$ 640.00
Transportation - board meetings annually
(\$350.00 each x 4) 1,400.00
\$ 2,040.00

300 CONTRACTUAL

Postage, telephone, printing, publications
and operating costs \$ 1,500.00

400 COMMODITIES

Stationery, typewriter ribbons, pens,
pencils, and other miscellaneous desk
top supplies \$ 500.00

500 EQUIPMENT (One time cost, FY '84 only)

1 desk, double pedestal, 60" x 30" \$ 427.00
1 chair, swivel w/arms 202.00
1 typewriter, IBM Selectric II 1,129.00
1 typewriter table 94.00
1 chair, side, without arms 104.00
1 desk calculator 332.00
1 book case 138.00
1 file cabinet, 4 drawer, legal with lock 306.00
\$ 2,732.00

One position total: \$38,374.00

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:

<u>STATE</u>	<u>DATE OF ENACTMENT</u>
Rhode Island	July 16, 1971
Pennsylvania	March 1, 1974
Tennessee	May 8, 1975
Oregon	May 20, 1975
Maine	June 24, 1975
Louisiana	July 6, 1975
Delaware	July 10, 1975
West Virginia*	March 4, 1976
California	July 9, 1976
Wyoming	February 17, 1977
New Mexico	March 4, 1977
Montana	April 12, 1977 (at 10:10 a.m.)
Kansas	April 12, 1977 (at 2:00 p.m.)
North Caroli: a*	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.

Note: Section 39, chapter 842, Oregon Laws 1977, is operative July 1, 1986, and provides:

Sec. 39. ORS 683.010, 683.020, 683.030, 683.035, 683.040, 683.050, 683.060, 683.070, 683.080, 683.100, 683.110, 683.120, 683.130, 683.140, 683.155, 683.170, 683.180, 683.190, 683.210, 683.250, 683.260, 683.270, 683.275, 683.280, 683.290 and 683.990 relating to optometrists are repealed.

GENERAL PROVISIONS

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

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

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

(3) "Trial frames" or "test lenses" means any frame or lens used in testing the eye which is not sold and not for sale. [Amended by 1971 c.102 §1; 1975 c.175 §1]

683.020 Certificate of registration required to practice optometry. No person shall engage in the practice of optometry or display a sign or in any other way advertise or hold himself out as an optometrist without having first obtained a certificate of registration from the board as provided for in this chapter. In any prosecution for the violation of this section, the use of test cards, test lenses or of trial frames is prima facie evidence of the practice of optometry. [Amended by 1971 c.102 §2]

683.030 Persons and practices not affected. This chapter shall not be construed to prevent any person duly licensed to practice medicine and surgery from treating or fitting glasses to the human eye, nor to prohibit the sale of complete ready-to-wear eye glasses as merchandise from a permanent place of business in good faith and not in evasion of this chapter by any person not holding himself out as competent to examine and prescribe for the human eye.

683.035 Discrimination against optometrists prohibited. No official, board, commission or other agency of the state or of any of its political subdivisions or municipalities shall discriminate between duly licensed optometrists and any other person authorized by law to render professional services which a duly licensed optometrist may render, when such services are required. Such services shall be paid for in the same manner and under the same standards as similar professional services. [1963 c.121 §1]

LICENSING

683.040 Qualifications of applicants.

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

(2) Every person desiring to commence the practice of optometry after January 1, 1976, or employ the use of diagnostic agents shall in addition to the requirements of subsection (1) of this section have satisfactorily completed a course in pharmacology, as it applies to optometry, by an institution accredited by a regional or professional accreditation organization which is recognized or approved by the National Commission on Accrediting or the United States Commissioner of Education, with particular emphasis on the topical application of diagnostic agents to the eye for the purpose of examination of the human eye and the analysis of ocular functions, approved by the Oregon Board of Optometry. [Amended by 1971 c.102 §3; 1975 c.175 §2]

683.050 Persons licensed in another state. In lieu of the educational requirements of ORS 683.040, it shall be deemed equivalent if an applicant submits satisfactory proof to the board that he:

(1) Has passed an examination in optometry before a state board of examiners in another state of the United States and that the certificate granted in token thereof is then in force; and

(2) Was actually engaged in the practice of optometry in such state for the full period of three years subsequent thereto.

Alaska State Legislature

REP. MAE TISCHER
CHAIRMAN



POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99811
(907) 465-3777

House of Representatives
HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

MEMORANDUM

TO: Chairman, House Rules Committee
FROM: Representative Mae Tischer, Chairman, House HESS *MT*
DATE: March 26, 1984
RE: Back-up materials for HB 225

Attached please find back-up materials obtained by the House HESS Committee staff on the bill described above.

I hope this material is valuable to your committee.
If my staff or I may be of additional assistance, please feel free to contact my office at 3777.

Attachment

* 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 (Senate Bill 169) is enacted.

Anesthetics	Benoxinate	Fluress	0.4%
	Proparacaine	Ophthaine	0.5%
Antiglaucoma	Acetazolamide	Diamox	250 mg.
	Glycerin	Osmoglyn	50%
	Pilocarpine	Isoptocarpine	1, 2, & 4%
	Timolol	Tinoptic	0.25 & 0.50%
Antihistamines	Antazoline	Vasocon	1%
Anti-infectives	Sulfacetamide	Isoptocetamide	15%
	Gentamicin	Garamycin	0.3%
	Chloramphenicol	Chloroptic	1%
	Tobramycin	Tobrex	0.3%
	Tetracycline	Achromycin	1%
	Erythromycin	Ilotycin	5 mg/3.5g
	Zinc sulfate	Zincfrin	0.25%
-(Combinations)	Sulfacetamide/Prednisolone	Blephamide	10%/0.2%
	Polymyxin B/Bacitracin	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%
	Phenylephrine	Preffin	0.12%
-Combination	Naphazoline/Zinc Sulfate	Vasoclear-A	0.02%/0.25%
Dyes	Sodium Fluorescein	Barnes Hind Sterile Strips	0.6 mg.
	Rose Bengal	" " "	1%
Hyperosmotics	Sodium Chloride	Adsorbonac	2, 5%
	" " Oint.	Muro #128	5%
Irrigations	Buffered Solution	Dacriose	0.9%
	" Saline	Eye Stream	0.9%
Mydriatic/Cycloplegias	Cyclopentolate	Cyclogyl	0.5, 1 & 2%
	Homatropine	Isoptohomatropine	2 & 5%
	Tropicamide	Mydriacyl	0.5 & 1%
	Phenylephrine	Neosynephrine	2.5%
	Hydroxyamphetamine	Paradrine	1%



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 categories 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 categories of pharmaceutical agents commonly utilized in the patient care setting of the College. Examples are given of different drugs in each category. This is not to be interpreted that other drugs within these categories are not utilized when specifically needed, based on the professional judgments 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. Antibiotics
 - 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-glaucoma
 - 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

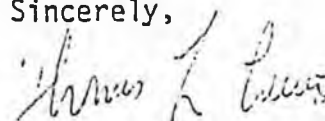
Example: Hyperosmotic Agents

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

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT

Alaska's doctors of optometry (O.D.) are preparing to introduce legislation that will allow qualified Alaskan ODs to use prescription drugs in the treatment of infections, allergic inflammations and minor injuries of the eyes and lids not requiring the services of a specialist. Many such conditions are treated by general practitioners, who have minimal training in this area. However the optometrist, who is considerably better qualified by training, experience and instrumentation than a general practitioner, must refer his patient to an MD (usually an ophthalmologist), at additional expense to the patient. We have estimated, based on the experience of West Virginia, that the elimination of extra visits would save Alaskans \$235,000. in the first 3 year not counting travel and lost time.

A majority of Alaska's ODs have recently completed a 120 hour course of postgraduate education and training in ocular therapy. While 120 hours (and an equal amount of home study) is extensive for working practitioners, it should be considered only against a background of 4000 hours of professional training, much of it in the background medical sciences. The combination provides a medical background comparable to dentistry and podiatry. Dentists and podiatrists, like physicians, have unrestricted drug prescribing authority, though in practice they limit themselves to drugs appropriate to their field.

Drug legislation in more restricted form was originally introduced in 1978, when it passed the House. However ophthalmologists, who oppose the bill, have been able to tie it up in one committee or another since that time, despite a two thirds favorable majority in each house. If passage is further delayed, the skills gained or sharpened in this training will begin to deteriorate and problems of "grandfathering" may arise. The bill provides that prescribing authority will be limited to those ODs who have been trained and certified in primary care therapeutics.

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



ALASKA STATE MEDICAL ASSOCIATION

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



April 28, 1983

Representative Milo Koponen
House Committee on HESS
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Nilo:

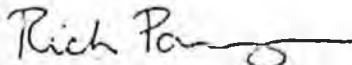
It was good to talk to you during the Teleconference of April 27. As per your request, I am including a copy of a preliminary agreement which has been supplied to me by Dr. Sam McConkey. The note at the top of the paper states that this agreement was arrived at in Juneau during the 1980 session. Unfortunately, this notation did not copy too well, but apparently this agreement was reached between the Alaska Association of Optometry and the Alaska Association of Ophthalmology. As I understand, both parties agreed to the subject material presented in this draft. It apparently set up guidelines as to when referral should take place and also defined the drugs which both sides felt were safe for Optometrists to use. On the surface, it appears to be a reasonable compromise.

A great deal of work apparently went into this compromise and a solution was felt to have been found. However, this did not prove to be the case as the optometrists withdrew their support. Dr. McConkey indicates that a similar version of this draft was to be resubmitted in the 1981 session as a compromise, but this did not materialize.

I hope this will be of use to you and the members of the HESS committee. Perhaps this will be the basis for an agreement between the Optometrists and Ophthalmologists which will produce a fair and equitable settlement of this problem. It is disheartening to have this problem arise again year after year without a solution, especially as there are so many critical problems regarding the health care of the citizens of Alaska which should be addressed by both the Medical Association and the Legislature.

Please feel free to contact me either at the office or at home should you have any further questions.

Sincerely,


Richard G. Parry, M.D., F.A.C.S.
President-Elect
Alaska State Medical Association

Preliminary Agreement between the Alaskan Association of Optometry represented by Roy Box, O.D. and James N. Matson, O.D. with the Alaska Association of Ophthalmology represented by Peter Canava, M.D., Samuel A. McConkey, M.D., Robert Page, M.D., Ron Tokar, M.D.

Others attending the meeting were: Rick Urion, lobbyist for the State Optometric Association; Jeff Landry, lobbyist for the Alaska State Medical Association.

RE: House Bill 79 and Senate Bill 75 - concerning the use of medications in the eye by Optometry

It is agreed by both parties that if a solution in this endeavor is to be reached that a compromise position has to be made. That compromise is as follows:

1. Optometry would be allowed to use proparacaine 0.5% as a topical anesthetic for diagnostic purposes, 1% tropicamide or phenylephrine hydrochloride 2.5% - 5% for dilatation of the pupil for diagnostic purposes.
2. Any changes in this list of medications will be by the combined concurrence of the State Board of Optometry and the State Board of Medical Examiners.
3. A training course will be completed by each optometrist desiring to use drugs prior to any ~~license~~ examination. The course shall consist of the following minimum subject matter:
 - A. Clinical pharmacology and drug organ interactions.
 - B. Cardiopulmonary resuscitation and emergency training.
 - C. Techniques of clinical examination.
 - D. Thorough review of clinical signs of fundus, anterior segment, and external disease as well as referral guidelines.
4. Optometrists will take a written exam on the above given by a special test committee comprised of two Optometrists and two Ophthalmologists chosen by each respective professional organization to prove competence in the above subjects. *The point of a clinical proficiency demonstration is unsettled by both parties at this time. Any course taken by an Optometrist desiring to use medications in the eye for diagnostic purposes will have to be approved by a committee of two Optometrists and two Ophthalmologists chosen by each respective professional organization.
5. In the current State Statutes regarding Optometry, the word "diagnosis" wherever it appears will be changed to "detection".
6. Mandatory referral guidelines will be followed by all Optometrists. Referral guidelines will be clearly delineated in the Bill and adhered to by all Optometrists whether or not they wish to use drugs in the exam. Those referral guidelines are as follows:

When an Optometrist examines any person, he shall inform that person, parent, guardian, or other responsible party, prior to prescribing

or providing eyeglasses or other services that examination by a licensed physician specializing in diseases of the eye (or if no such licensed physician is available then by a duly licensed physician) is indicated whenever one or more of the following conditions is present. These conditions fall generally into four categories where there is:

1. An abnormality of vision.
2. An abnormality of tissue.
3. An abnormality of motor function.
4. Other.

1. Abnormality of Vision:

- A. Failure on the part of an individual to obtain 20/30 vision in each eye, 20/30 in children under 8 years of age by refractive correction by lenses, unless the cause has been medically determined by a physician and is stable or unless there is improvement within two weeks with visual therapy.
- B. A complaint by the individual of a sudden appearance of spots or flashing lights, scintillating images, transient dimming or loss of vision, or distortion in the shape of objects.
- C. A complaint by the individual of temporary or permanent loss of any part of the visual field.
- D. A history of rainbow halos around lights in the absence of contact lens causes.
- E. Diplopia (double vision) of sudden onset.

2. Tissue Abnormalities:

- A. Presence of redness, swelling, mass or ulceration of the eye or its surrounding tissues in the absence of contact lens causes.
- B. Opacities of the cornea, lens or vitreous.
- C. Changes in the appearance of the optic discs.
 1. Cupping greater than 0.5 cup-disc ratio (C-D).
 2. Difference greater than 0.2 C-D ratio between the two eyes, that is .2 C-D one eye and .5 C-D the other eye.
 3. Difference in appearance between the optic discs of each eye.
 4. Change in appearance of the optic discs from a previous exam.
 5. Suspicion of elevation of the optic nerve head.
- F. Observation of a deviation from the normal appearance of the retina or its vessels.

3. Abnormalities of Motor Function:

- A. Strabismus. A deviation of the eyes from their normal parallel position in straight ahead gaze or gaze in any direction. *This needs to be further defined and refined for Optometry to accept.
- B. A difference in the size of the pupils or failure to constrict with illumination or with near vision.
- C. Ptosis or lag ophthalmus (drooping of the eyelids) with onset within one week of examination.
- D. Nystagmus (rapidly oscillating eye movements).

4. Other

- A. Continuous tearing of longer than 24 hours duration or complaints of watering eyes not associated with visual tasks.
- B. Intraocular tension of 22 or more on any occasion or a family history of glaucoma.
- C. Any other observation or deviation from the usual appearance of the eye and related tissues or any complaint which is not attributable to the refractive state or muscle balance, or which is not amenable to lenses, prisms, or visual training.

Exception to any of the preceding conditions would be previous evaluation by a physician and discharge from medical treatment and follow up for that condition.

Failure to comply with the provisions of the Act shall subject the offender to revocation or suspension of his licenses to practice Optometry and this Act shall take effect immediately.

It is completely understood at the outset that there is to be no Grandfather Clause attached to any of the above.

TO: HESS Committee Members
FROM: Heidi H. Borson
RE: HB 225, CSHB 225 Versions 1 and 2

DATE: May 10, 1983

COMPARATIVE ANALYSIS

CSHB 225 Version #2

HB 225

Sec. 1 An optometrist with an endorsed license may use and prescribe legend drugs, and may use nonprescription drugs under this chapter.

Includes the following:

Sec. 2 Adds one person to the of examiners in optometry.

Sec. 3 Stipulates that the added member will be a licensed physician in Alaska; requires that the public member on the board have no direct or indirect interest in the practice of optometry, opticianry or medicine.

Sec. 4 Under powers and duties of the board of examiners in optometry:
3) States that the board, with the guidance of the state medical board, shall develop a list of specific prescription, nonprescription, diagnostic and therapeutic drugs and their dosages that may be used by authorized optometrists.
4) Mandates the provision of continuing education for optometrists who want to use drugs.

Sec. 5 With regards to registration:
b) Adds that an optometrist may not be certified to practice optometry beyond the scope of his/her training; stated that the board of examiners in optometry is determine an optometrist's qualifications.

Sec. 6 Adds another ground for disciplinary action by the board:
10) Using the prefix 'Dr.' or 'Doctor' before the license holder's name without using the word 'optometrist' in connection with the title.

Sec. 1 An optometrist with an endorsed license may use and prescribe legend drugs.

No alteration to present board statutes.

Not included.

Not addressed in HB 225.

No alteration to present statutes.

Not addressed.

Comparison continued:

CSHB 225 - Version #2

HB 225

Sec. 7 Regarding the use or prescription of drugs:
Subsections a,b,c,d,e refer to 'drugs'.

Sec. 2 Regarding the use or prescription of drugs:
Subsections a,b,c,d,e refer to 'legend drugs'.

In addition:

Definitions for 'optometry', 'practicing optometry', and 'legend drugs' are the same in HB 225 and CSHB 225 - Version #2.

Both bills also include Section 08.64.360 regarding penalties for practicing without a license or in violation the applicable statutes.

CSHB 225 - Version #2 and CSHB 225 - Version #1 differ in one respect only, that being that CSHB 225 - Version #1 adds Section 08.72.278 , regarding approved drugs. This section names drugs which may be used in addition to the list of drugs to be developed by the board of examiners of optometry and the state medical board.



Official Business

Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Pouch V
State Capitol
Juneau, Alaska 99811

To: HESS Committee
From: Dave Palmer
Subject: HB 225, SB 189, Optometrist Diagnostic drugs
Date: April 28, 1983

Attached is a copy of a working draft of a CS for SB 189.

The bill is different from the bill before the committee in several ways:

- The Board of Examiners in Optometry is expanded by one member, who is a physician.
- The Board is authorized to adopt regulations concerning the use of diagnostic drugs.
- The state medical board shall provide "advice and guidance" to the Board of Examiners in Optometry in developing a list of diagnostic drugs and their dosages.
- provides for continuing education
- requires an optometrist to advise the patient and refer the patient to a medical specialist if a pathological condition is found.
- when using the term "Dr." or "Doctor", the word Optometrist must be used also.
- specifies requirements for an optometrist to be licensed to prescribe diagnostic drugs.
- optometry is defined to allow the use of diagnostic drugs.
- defines diagnostic drugs: cycloplegic, mydriatic or topical anesthetic...

STAFF REPORT

HB 225, Relating to Prescription of
Drugs by Optometrists
April 25, 1983
Dave Palmer

HB 225 authorizes optometrists to use and prescribe legend drugs in diagnosis and treatment of conditions of the eyes and eyelids. It also requires the Board of Examiners in Optometry to provide for continuing education.

The bill authorizes the optometrist to use legend drugs for both diagnostic and treatment purposes. A majority of states authorize the use of legend drugs for diagnosis, but not for treatment. (See Oregon law attached).

The arguments in favor and in opposition of the bill are presented well in Dr. Rabeau's position paper. In a rural setting, particularly in Alaska where referrals to other professionals are difficult, the authorization to allow optometrists to expand their capabilities may carry more credence than in more populated states.

One method, proposed this session in Oregon, is to allow the use of drugs for treatment purposes by optometrists after they have received an endorsement by the Board of Examiners of Optometry and they are authorized to prescribe or use drugs or treatments that are approved jointly by the Board of Examiners in Optometry and by the Board of Medical Examiners.

The fiscal note from Commerce and Economic Development is \$38,300 for FY 84.

The fiscal note from Department of Health and Social Services is zero.

Oregon Health Sciences Center - School of Dentistry

Curriculum Leading to the Degree Doctor of Dental Medicine (DMD) 1978-9

(Typed from microfiche)

Clock Hours						Credit	Clock Hours						Credit
Lec Conf Lab Clinic Total						Hours	Lec Conf Lab Clinic Total						Hours

FIRST YEAR

Fall Interval

● An	411-2	General Histology	16	32	48	-
● An	411-2	Gross Anatomy	29	40	60	-
● BCh	411	Biochemistry	40		40	4.0
BeS	411	Omniibus	17		17	1.7
CJT	411	Prevention of Dental Diseases	12	17	29	2.1
● DA	411-12	Dental Anatomy Lect	12		12	-
● DA	411-12	Dental Anatomy Lab		24	24	-
DM	410-20	Dental Materials	4	9	13	-
FP	411	Fixed Prosthodontics Technic		36	36	1.2
● Mb	411	Microbiology	12	12	24	1.7
OD	411	Oral Examination Technic	14	9	23	1.7
● Phy	411	Physiology	31	4 5	40	3.5

Spring Interval

● An	413	Neuroanatomy	12	24	36	2.4
● An	413	Oral Histology	12	24	36	2.4
● BCh	412-3	Biochemistry	17		17	4.8
● CJT	413	Biology of Inflammation	16		16	1.6
DM	410-20	Dental Materials	3	9	12	-
FP	413	Fixed Prosthodontics Technic		36	36	1.2
Op	413	Operative Technic Lect	22		22	2.2
Op	413	Operative Technic Lab		66	66	2.2
Per	613	Periodontics Clinic		15	15	0.5
● Phy	413	Physiology	35	4 3	42	3.8

First Year Total 62.8

Winter Interval

● An	411-2	General Histology	3	6	9	3.8
● An	411-2	Gross Anatomy	8	16	24	5.6
● An	412	Head and Neck Anatomy	22	32	54	3.8
● BCh	412-3	Biochemistry	31		31	-
● DA	411-2	Dental Anatomy Lect	4		4	1.6
● DA	411-2	Dental Anatomy Lab		8	8	1.6
DM	410-20	Dental Materials	4	9	13	-
FP	412	Fixed Prosthodontic Technic		63	63	2.1
Per	412	Periodontics Technic	5	21	26	1.5
● Phy	412	Physiology	36	4 4	42	3.8

SECOND YEAR

Fall Interval

BeS	421	Personal Adjustment	10		10	1.0
DM	410-20	Dental Materials	3		3	-
FP	421	Fixed Prosthodontics Technic		72	72	2.4
● Mb	421	Immunology	25		25	2.5
Op	421	Operative Technic Lecture	11		11	1.1
Op	421	Operative Technic Lab		66	66	2.2
Per	421	Periodontology	12		12	1.2
Per	620	Periodontics Clinic		33	33	-

		Clock Hours				Credit	Clock Hours					Credit	
		Lec	Conf	Lab	Clinic	Total	Hours	Lec	Conf	Lab	Clinic	Total	Hours
PH	421-2	Dentistry & The Health Care System	11			11	-						
● Phc	421-2	Pharmacodynamics	53	15		68	-						
● Pth	421-2	Disease Processes	14	31		45	-						
● RP	421	Removable Prosthodontics Technic	11		33	44	2.2						
<u>Winter Interval</u>													
BeS	422	History of Dentistry	10			10	1.0						
CJT	422	Caries	21	7		28	2.5						
DM	410-20	Dental Materials	3			3	-						
FP	422	Fixed Prosthodontics Technic			33	33	1.1						
● Mb	422	Pathogenic & Oral Microbiology	26	11		37	2.9						
● Med	422	Medical Emergency Procedures	8	4		12	1.0						
OD	420-30	Oral Diagnosis & Treatment	6			6	-						
Op	422	Operative Technic	11			11	1.1						
Op	422	Operative Technic Laboratory			33	33	1.1						
OS	422-3	Control of Pain & Anxiety	20	6		26	2.6						
OS	422	Introduction to Oral Surgery	11			11	1.1						
Pedo	422	Child Development	22			22	2.2						
Per	620	Periodontics Clinic			15	15	-						
PH	421-2	Dentistry & the Health Care System	11			11	2.2						
● Phc	421-2	Pharmacodynamics	7			7	6.5						
● Pth	421-2	Disease Processes	4			4	3.5						
● Pth	422	Inflammatory Disease	18			18	1.8						
Ro	422	Oral Radiology	11			11	1.1						
RP	422	Removable Prosthodontics Technic	8	24		32	1.6						
<u>Spring Interval</u>													
DM	410-20	Dental Materials	5			5							3.1
Endo	423	Endodontology	11	24		35							2.2
FP	423	Fixed Prosthodontics Technic			69	69							2.3
Nu	423	Nutrition	14		1	15							-
Op	623	Operatives Clinic			33	33							0
Ord	423	Orthodontics	9			9							0.9
Ord	423	Orthodontics Technic		27		27							0.9
OS	423	Oral Surgery		12		12							0.6
Pedo	423	Child Development	11			11							1.1
Pedo	423	Pedodontic Technic			44	44							1.1
Per	620	Periodontics Clinic			15	15							2.1
● Pth	423	Pathology of Systems	34	24		58							4.6
Ro	423	Oral Radiology Laboratory			15	15							0.5
RP	423	Removable Prosthodontics Technic	4	33		37							1.5
Second Year Total												68.2	
THIRD YEAR													
<u>Fall Interval</u>													
CJT	431	Oral Pathology - Oral Radiology	20	10		30							3.0
DM	431-2	Dental Materials	22			22							-
Endo	431-2	Endodontology	6			6							-
Endo	630-40	Endodontology Clinic			11	11							-
FP	431-2	Principles of Fixed Prosthodontics	6			6							-
FP	631	Fixed Prosthodontics Clinic			33	33							1.1
OD	420-30	Oral Diagnosis & Treatment	7			7							1.3

		Clock Hours				Credit			Clock Hours				Credit					
		Lec	Conf	Lab	Clinic	Total	Hours			Lec	Conf	Lab	Clinic	Total	Hours			
Op	631	Operatives Clinic				66	66	2.2	RP	632	Removable Prosthodontics Clinic				60	60	2.0	
Ord	431	Facial Growth				12	12	1.2										
OS	431	Oral Surgery				12	12	1.2										
Pedo	631	Pedodontics Clinic				33	33	1.1	<u>Spring Interval</u>									
Per	431	Periodontology Lecture				12	12	1.2	Endo	630-40	Endodontology Clinic				11	11	-	
Per	631	Periodontology Clinic				33	33	1.1	FP	633	Fixed Prosthodontics Clinic				33	33	1.1	
Ro	630	Oral Radiology Clinic				10	10	-	Med	433	Principles of Medicine				12	12	1.2	
RP	431	Removable Prosthodontics Technic		9	27	36	1.8	OD	432-3	Clinical Conference				22	22	2.2		
RP	631	Removable Prosthodontics Clinic				66	66	2.2	OD	630	Oral Diagnosis Clinic				33	33	1.0	
<u>Winter Interval</u>								Op	433	Principles of Clinical Operatives				12	12	1.2		
DM	431-2	Dental Materials				13	13	3.5	Op	633	Operative Clinic				66	66	2.2	
Endo	431-2	Endodontology				6	6	1.2	OS	433	Oral Surgery and Hospital Dentistry				12	12	1.2	
Endo	630-40	Endodontology Clinic				11	11	-	OS	630	Oral Surgery Clinic				22	22	1.2	
FP	431-2	Principles of Fixed Prosthodontics				6	6	1.2	Pedo	633	Pedodontics Clinic				33	33	1.1	
FP	632	Fixed Prosthodontics Clinic				30	30	1.0	Per	633	Periodontology Clinic				33	33	1.1	
OD	432-3	Clinical Conference				2	2	-	PP	433	Dental Jurisprudence				12	12	1.2	
Op	632	Operatives Clinic				60	60	2.0	Pth	433	Comprehensive Exam				12	22	34	2.2
Ord	432	Orthodontics				11	11	1.1	Ro	630	Oral Radiology Clinic				10	10	1.0	
OS	432	Oral Surgery				11	11	1.1	RP	432-3	Principles of Removable Prosthodontics				12	12	2.3	
Pedo	632	Pedodontics Clinic				30	30	1.0	RP	633	Removable Prosthodontics Clinic				66	66	2.2	
Per	632	Periodontology Clinic				30	30	1.0	<u>Third Year Total</u>								58.2	
Pth	432	Pathology		22	22	44	3.3	<u>FOURTH Year</u>										
Ro	630	Oral Radiology Clinic				10	10	-	<u>Fall Interval</u>									
RP	432-3	Principles of Removable Prosthodontics				11	11	-	DM	441	Dental Materials				12	12	1.2	

		Clock Hours				Credit			Clock Hours				Credit				
		Lec	Conf	Lab	Clinic	Total	Hours			Lec	Conf	Lab	Clinic	Total	Hours		
Endo	630-40	Endodontology Clinic				12	12	-	Pedo	642	Pedodontics Clinic				30	30	1.0
FP	641	Fixed Prosthodontics Clinic				77	77	2.2	Per	642	Periodontology Clinic				5	5	0.2
Med	441	Principles of Medicine				12	1.2	DP	442	Dental Psychology		11		11	1.1		
Med	440	Hospital Clinic				6	6	-	Ro	640	Oral Radiology				7	7	-
OD	441	Oral Diagnosis & Treatment Planning				11	11	1.1	RP	442	Principles of Removable Prosthodontics				11	11	1.1
Op	641	Operatives Clinic				154	154	4.4	RP	642	Removable Prosthodontics				60	60	2.0
Pedo	441	Pedodontics Conference				15	15	0.6	<u>Spring Interval</u>								
Pedo	641	Pedodontics Clinic				44	44	1.1	FP	643	Fixed Prosthodontics Clinic				99	99	3.3
Per	641	Periodontology Clinic				5	5	0.2	Med	440	Hospital Clinic				6	6	0.9
PP	441	Professional Viewpoints				22	2.2	OD	640	Oral Diagnosis Clinic				66	66	2.0	
Ro	640	Oral Radiology				7	7	-	Op	643	Operatives Clinic				154	154	4.4
RP	641	Removable Prosthodontics Clinic				66	66	2.2	Ord	443	Orthodontics Conference				11	11	1.1
<u>Winter Interval</u>								OS	640	Oral Surgery Clinic				32	32	1.0	
Endo	630-40	Endodontology Clinic				10	10	1.9	Pedo	643	Pedodontics Clinic				33	33	1.1
FP	442	Principles of Fixed Prosthodontics				11	11	1.1	Per	643	Periodontology Clinic				16	16	0.3
FP	642	Fixed Prosthodontics Clinic				66	66	2.0	PH	440	Community Dentistry				30	30	1.0
Med	442	Principles of Medicine				11	1.1	PH	443	Gerodontology				11	11	1.1	
Med	440	Hospital Clinic				6	6	-	Ro	Oral	Radiology Clinic				7	7	1.1
Op	642	Operatives Clinic				143	143	4.0	RP	643	Removable Prosthodontics Clinic				66	66	2.2
														Fourth Year Total		52.4	

Total basic science clock hours = 938

STATE OF ALASKA
THE LEGISLATURE

PCUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY


MEMORANDUM

May 9, 1983

SUBJECT: Optometry
(HB 225)

TO: Representative Milo Fritz
Co-Chairman, House Health, Education
and Social Services Committee

Representative Mae Tischer
Co-Chairman, House Health, Education
and Social Services Committee

FROM:  Russ Josephson
Legislative Counsel

I would like to bring to your attention Sec. 6 of HB 225, as introduced. In this section, AS 08.64.360 is amended by adding the words "an optometrist" to those excepted from practicing medicine without an appropriate license. It is my feeling that the amendment of AS 08.64.360 in Sec. 6 would provide us with a "cleaner" statute if it read, "Except as provided under AS 08.64.170" rather than as it is amended in Sec. 6 of HB 225. You will note that in Sec. 1 of the bill we have excepted those practicing optometry by amending AS 08.64.170(a). Therefore, I would recommend that Sec. 6 of the introduced bill be amended

If you have any questions about this matter, please do not hesitate to call.

RJ:ljb
18/013

WEST VIRGINIA BOARD OF OPTOMETRY

JOHN E. CASTO, O.D.

SECRETARY-TREASURER

WEST VIRGINIA BOARD OF OPTOMETRY

611 SIXTH AVE.
P.O. BOX 710
ST. ALBANS, W.VA. 25177



February 27, 1981

(Updated Spring 1983,
see attached below)

The Honorable Warren R. McGraw
President., Senate of West Virginia
State Capitol Building
Charleston, West Virginia 25305

The Honorable Clyde M. See, Jr.
Speaker, West Virginia House of Delegates
State Capitol Building
Charleston, West Virginia 25305

RE: Report on Enrolled H.B. 1005 of 1976

Dear President McGraw and Speaker See:

The purpose of this letter is to report to each of you and your respective bodies on the Enrolled H.B. 1005 enacted on February 20, 1976 by the Sixty-Second Session of the West Virginia legislature. As you may recall, this law updated the statutory definition of "optometry" to include, among other things, the limited use of drugs prescribable for the human eye for both diagnosis and treatment, under carefully prescribed certification authority delegated to the West Virginia Board of Optometry. This Board has endeavored continuously and faithfully to both certify and monitor the use of drugs by optometrists practicing under the registration of this Board.

Recent information compiled from the one hundred thirty-five ¹⁵³ West Virginia registered optometrists now certified by this Board for drug usage is as follows:

1. A total of seventy-two ⁷¹ different drugs prescribable for the human eye have been employed by these West Virginia certified optometrists since the law was enacted.

2. Forty-seven thousand one hundred twenty-one ^{100,000} (47,121) individual patients have been seen by these optometrists and conditions such as infectious or allergic conjunctivitis, corneal abrasions and blepharitis (granulated eye lids) have been treated by those certified in the compilation.

3. The distance those patients, who otherwise would have had to travel to geographical locations other than those of the treating optometrists for treatment by ophthalmologists or appropriate medical specialists to whom they formerly were referred, would have had to travel would have required that over ~~620,000~~ ^{1,300,000} aggregate miles be traveled by the ~~47,121~~ ^{100,000} patients.

The Honorable Warren R. McGraw
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February 27, 1981
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4. Fifty-two ⁵³ ~~(52)~~ different pathological conditions have been diagnosed and treated by these West Virginia certified optometrists.

These ⁵³ ~~52~~ West Virginia optometrists who have been certified in every county of the state are now, faithfully and well, providing updated eye health care benefits to the people of West Virginia.

It should be additionally noted that there has been no report to this Board of any adverse reaction in the diagnosis and treatment rendered to patients involve by any West Virginia certified optometrist.

Please be advised that this Board is quite aware of the full responsibility placed upon it by the legislature in the enactment of this Law, Enrolled H.B. 1005. This data was compiled in a continuing effort to support the trust which has been reposed in it. Each of you are encouraged to call upon this Board for any additional information which may be helpful.

Sincerely yours,

John E. Casto, O.D.

John E. Casto, O.D.
Secretary-Treasurer

JEC/scp

May 5, 1983

Representative Mae Tischer
Co-chairman House HESS Committee
Pouch V
Juneau, AK 99811

Dear Ms. Tischer:

I am writing you in support of the bill which would allow optometrists to use pharmaceutical agents in their clinical practice in the State of Alaska. I know this topic is an emotional issue, however, I feel that careful review of other states, etc. will substantiate the fact that with proper education and training it is safe. As well, in the present day of astronomical health care costs I feel it would be cost efficient. I also feel it can be demonstrated that better and more appropriate referrals to physicians can be made with the use of pharmaceutical agents by optometrists.

I write to you with a personal background of graduating from both optometry school and medical school. I am very comfortable presently and have no axe to grind, rather simply wish to express my personal heart felt opinion.

Let me now address some specific aspects of optometric and medical education by my own first hand experience.

Medical school traditionally prepares the student in general medical and surgical background for post-graduate training programs. Detailed anatomy and physiology of organs such as the eye is not emphasized during medical school. As well, during surgical rotation in medical school it is uncommon to be exposed to ocular surgery. Because heart disease, cancer, and stroke are the biggest killers of the U.S. population, medical school clinical training is heavily devoted to general internal medicine, general surgery, obstetrics--gynecology and pediatrics. There are usually fourth-year electives in 4-12 week blocks where a student may increase his/her exposure to subspecialty medical and surgical areas such as: ophthalmology, ear/nose and throat, urology, pulmonary medicine, cardiology, etc. In my experience a small minority of students choose ophthalmology as a clinical rotation.

By a small personal survey in the area of Oklahoma in which I reside, most primary care physicians (general practitioners, family practice, internists, and pediatricians) state they had from one to three weeks of medical school devoted to ophthalmological care. This includes both didactic coursework and clinical experience. I do not need to remind you that these physicians treat eye diseases on an unrestricted basis.

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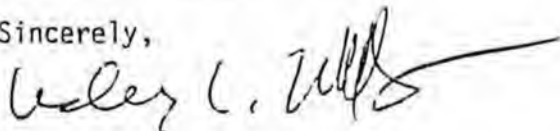
On the other hand, optometry school is mostly devoted to ocular training. There are courses in general pathology and ocular signs of systemic disease because the optometrist is responsible to detect systemic diseases with ocular manifestations and to make appropriate referrals. The detailed ocular anatomy, ocular physiology, ocular pathology, and ocular pharmacology training in optometry school is far superior to the same ocular topics in any general medical school course in the country. This is not to slight medical education, there simply is not enough medical school curriculum time to devote to the eye because of training in vital organ systems such as the heart, lung, vascular system, etc.

Secondly, I will discuss my personal experience with side effects of ocular pharmacologic therapy. This section will be very brief as I have never had a patient with anything other than a very minor side effect from ocular pharmaceutical agents. I have seen a few mild allergic reactions and none of these serious and none had any evidence of systemic reactions such as elevated blood pressure, rapid heart rate, arrhythmias of the heart, etc. None ever required hospitalization and certainly there were no deaths. I saw very few significant side effects and all which did occur were very minor in nature.

In summary I would like to point out that ophthalmologists are vitally needed. The medical profession would be in sad shape without them because of their expertise in the area of ocular trauma, cataract surgery, retinal surgery, serious ocular infections, etc. However, in a rural state the ophthalmologists are primarily in large and medium sized cities with a poor distribution in the rural communities.

I also strongly feel that optometrists are vitally needed. Optometrists are well distributed in rural communities and by definition serve as primary care professionals. In my opinion, the patient, particularly in the rural areas and small town, will be the beneficiary of modern optometric practice. With the use of pharmaceutical agents, disease detection will be facilitated thus making the referral system into medicine more efficient. As well, this will save the patient a lot of inconvenience and time. I feel optometrists should be allowed to practice modern optometry which includes pharmaceutical agents. I believe the key to utilizing these medications by health care professionals is education and training.

Sincerely,



Lesley L. Walls, O.D., M.D.
P.O. Box 78
Glenpool, OK 74033

cc Representative Adelheid Herrmann
Representative Mike Davis
Representative Peter Goll
Representative M.W. Miller
Representative Niilo Koponen

LLW/jjm

Alaska State Legislature

District 11
3305 Oregon Drive
Anchorage, Alaska 99503



While in Juneau
Pouch V
Juneau, Alaska 99811
(907) 465-3759

Representative Mae Tischer

May 10, 1983

Lesley L. Walls, O.D., M.D.
P.O. Box 78
Glenpool, OK 74033

Dear Lesley:

Thank you for your letter and comments on HB 225 relating to optometrists and authorization for their prescribing ophthalmic drugs. I agree that this authority, properly regulated, would reduce costs and increase service to Alaskan residents. I will support this bill.

Sincerely,

A handwritten signature in cursive script that reads "Mae Tischer".

Representative Mae Tischer
District 11

MT/cw

MEMBER: Rules
CO-CHAIR: Health, Education & Social Services
VICE-CHAIR: Community & Regional Affairs
FINANCE SUBCOMMITTEES: Health & Social Services • Rural Education Budget Oversight • Corrections

passed by the board and embodied in the board's certificate of order of revocation or suspension.

18.54.110 Suspension or revocation of license for unprofessional conduct—Judicial review. Any person whose license has been revoked or suspended may seek judicial review of the board's action or decision under the provisions of chapter 34.04 RCW as amended from time to time.

18.54.120 Reinstatement. Any person whose license has been revoked or suspended may apply to the board for reinstatement at any time; and the board may hold hearings on such petition, may impose such terms or conditions as are appropriate under the circumstances, and may order a reinstatement.

1.04 False advertising.

69.22 Narcotics.

18.54.150 Powers previously vested in director of licenses under RCW 18.53.100 now vested in optometry board.

70.96A Uniform alcoholism and Intoxication treatment act.

West Virginia Optometry Law

30-8-1. EVIDENCE OF QUALIFICATION TO PRACTICE AND REGISTRATION REQUIRED.—Any person practicing or offering to practice optometry in this State shall be required to submit evidence that he is qualified so to practice, and shall be registered as hereinafter provided, and it shall be unlawful for any person to practice or offer to practice optometry in this State, except under the provisions of this article.

30-8-2. PRACTICE OF OPTOMETRY DEFINED.—Any one or any combination of the following practices shall constitute the practice of optometry:

(a) The examination of the human eye, with or without the use of drugs, prescribable for the human eye, which drugs may be used for diagnostic or therapeutic purposes for topical application to the anterior segment of the human eye only, and, by any method other than surgery, to diagnose, to treat or to refer for consultation or treatment any abnormal condition of the human eye or its appendages;

(b) The employment without the use of surgery of any instrument, device, method or diagnostic or therapeutic drug for topical application to the anterior segment of the human eye intended for the purpose of investigating, examining, treating, diagnosing, improving or correcting any visual defect or abnormal condition of the human eye or its appendages;

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

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

30-8-3. BOARD OF OPTOMETRY, DUTIES.

30-8-3a. REGISTRATION OF OPTOMETRIC CORPORATIONS.

30-8-3b. PRACTICE OF OPTOMETRY BY OPTOMETRIC CORPORATIONS.

30-8-4. REGISTRATION PREREQUISITE TO PRACTICE OF OPTOMETRY; EXCEPTIONS.—No person shall practice or offer to practice optometry in this State without first applying for and obtaining a certificate of registration for such purpose from the West Virginia Board of Optometry; but the following persons, firms and corporations are exempt

from the operation of this article, except as hereinafter provided:

(a) Persons who have heretofore been registered as optometrists in this State, or who were engaged in the practice of optometry in this State before the passage of any law by this State regulating such practice, and who have heretofore received from the Board of examiners certificates of exemption from examination;

(b) Persons authorized under the laws of this State to practice medicine and surgery or osteopathy;

(c) Persons, firms and corporations who sell eye glasses or spectacles in a store, shop or other permanently established place of business on prescriptions from persons authorized under the laws of this State to practice either optometry or medicine and surgery;

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

30-8-5. QUALIFICATIONS OF APPLICANT FOR REGISTRATION, EXAMINATION.—An applicant for registration shall present satisfactory evidence that he is at least eighteen years of age, of good moral character and temperate habits, and has graduated from a high school or secondary school, or has completed an equivalent course of study approved by the West Virginia board of optometry, has satisfactorily completed all preoptometry or premedical college requirements and has graduated from a school or college of optometry approved by said board. No school or college of optometry shall be approved by the West Virginia board of optometry unless at first it has been accredited by a regional or professional accreditation organization which is recognized by the national commission on accreditation or the United States commission of education. Each applicant shall submit to and be examined in all phases of optometry as is provided by the school or college of optometry and shall include, but not be limited to, anatomy and physiology of the human eye, the use of instruments such as the ophthalmoscope, retinoscope, tonometer, slit lamp biomicroscope, the general laws of optics and refraction, general and ocular pharmacology, general and ocular pathology and other such subjects or instrumentation as the board of optometry may deem necessary.

The West Virginia board of optometry shall be responsible to determine the educational training received by the applicant from the schools and colleges of optometry, the educational qualifications of each applicant and the administering of the examination and certifications of each applicant commensurate with his education. No optometrist shall be registered or certified to practice optometry in the state of West Virginia in any area that is beyond the scope of his educational training as determined by the West Virginia board of optometry. Provided, That any optometrist presently registered in the state of West Virginia and who desires to employ the use of pharmaceutical agents must submit to the West Virginia board of optometry evidence of satisfactory completion of all necessary educational requirements as made mandatory by the West Virginia board of optometry. Provided further, That the West Virginia board of optometry shall provide for continuing educational requirements to be completed from time to time by all optometrists desiring to employ the use of pharmaceutical agents.

30-8-6. CERTIFICATE OF REGISTRATION OR EXEMPTION SHALL BE DISPLAYED; BILL OF PURCHASE. Every person practicing optometry shall display his certificate of registration or exemption in a conspicuous place in the principal office wherein he practices optometry, and, whenever required, shall exhibit such certificate to the board of examiners or its authorized representatives. And whenever practicing the profession of optometry outside of or away from said office or place of business, he shall deliver to each customer or person so fitted with glasses a bill of purchase which shall contain his signature, home post-office address, and the number of his certificate of registration or exemption, together with a specification of the lenses furnished.