

CSSB

226

**HOUSE COMMITTEE REPORT**

(11).

Date referred: 5/6/87

FURTHER REFERRALS:

DATE: 4/26/88

The Finance Committee has considered CSSB 226(R1s)

"An Act relating to the regulation of optometry."

**RECOMMENDS:**

replace with HCS CSSB 226(Fin)  the same title  
 attached amendment(s)  a new title

do pass

do not pass

no recommendation

individual recommendations

additional referral to the \_\_\_\_\_ Committee

**ADOPTS:**  \_\_\_\_\_ letter of intent

**ATTACHES NEW FISCAL NOTE(s):**

fiscal impact

same as previous fiscal note published \_\_\_\_\_

zero fiscal note

zero with analysis

same as previous zero fiscal note published \_\_\_\_\_

**SIGNING DO PASS:**

**SIGNING OTHER RECOMMENDATIONS:**

RODMAN Al Adams  
POURCHOT Kat Pourchot  
GOLL Peter Goll  
BOYER Mark Boyer  
FRANK John Frank  
BROWN Lay Brown  
DAVIS Mike Davis  
WALLIS Kay Wallis  
SWACK John Swack  
LARSON Bob Larson

RIEGER Steve Rieger  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Al Adams  
Chairman's signature

FISCAL NOTE

REQUEST:

Revision Date: \_\_\_\_\_  
Title: An Act relating to the regulation of optometry.  
Sponsor: House Finance  
Requestor: \_\_\_\_\_

Agency Affected: Commerce & Economic Dev.  
BRU: Occupational Licensing  
Components: \_\_\_\_\_

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
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	0	0	0	0	0	0
TOTAL	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

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Jennifer Strickler, Management Analyst  
Division: Occupational Licensing

Phone: 465-2144  
Date: 4/26/88

Approved by Commissioner: J. Anthony Smith  
Agency: Commerce and Economic Development

Date: 4-26-88

Distribution (by preparer):  
Legislative Finance  
Legislative Sponsor  
Requestor  
Office of Management and Budget  
Impacted Agency(ies)

Original sponsor: Health, Education and  
Social Services Committee

1 IN THE SENATE BY THE FINANCE COMMITTEE

2 HOUSE CS FOR CS FOR SENATE BILL NO. 226 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

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

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

8 \* Section 1. FINDINGS AND INTENT. (a) The legislature finds that

9 (1) the scope of practice of optometry is a matter affecting the  
10 public health, safety, and welfare;

11 (2) expansion of the scope of practice of optometry to include  
12 the use of certain pharmaceutical agents will enhance the breadth and  
13 quality of professional optometric services available in the state; and

14 (3) a high degree of public trust is bestowed upon licensed  
15 optometrists who qualify to use pharmaceutical agents and that these op-  
16 tometrists should reward this trust by exercising great care in the use of  
17 pharmaceutical agents.

18 (b) It is the intent of the legislature that optometrists

19 (1) abide by the scope of practice of optometry as provided by  
20 law;

21 (2) not treat ocular diseases or disorders except as provided by  
22 law; and

23 (3) refer patients with ocular diseases or disorders to appro-  
24 priate health care providers.

25 \* Sec. 2. AS 08.72.160(a) is amended to read:

26 (a) The examination shall be written, practical, and oral in  
27 nature. The [NATIONAL BOARD OF EXAMINERS IN OPTOMETRY EXAMINATION,  
28 PARTS 1 AND 2, SHALL COMPRISE THE] written portion of the Alaska  
29 examination shall consist of all or part of a national or inter-

1 national examination designated by regulation by the board. The oral  
2 portion of the examination shall be recorded and retained for two  
3 years.

4 \* Sec. 3. AS 08.72.160(c) is amended to read:

5 (c) An applicant who fails a [THE WRITTEN] portion of the exam-  
6 ination may take a reexamination in the portion failed [WRITTEN POR-  
7 TION] upon payment of a reexamination [AN ADDITIONAL EXAMINATION] fee  
8 established under AS 08.01.065.

9 \* Sec. 4. AS 08.72.160(d) is amended to read:

10 (d) An applicant who fails more than one portion of the examina-  
11 tion must retake the entire examination and pay the [FULL] examination  
12 fee.

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

14 Sec. 08.72.175. LICENSE ENDORSEMENT. (a) The board may issue a  
15 license endorsement authorizing a licensee to use the pharmaceutical  
16 agents described in AS 08.72.272, if the licensee or applicant for a  
17 license passes the written and practical portions of an examination on  
18 ocular pharmacology, approved by the board, that tests the licensee's  
19 or the applicant's knowledge of the characteristics, pharmacological  
20 effects, indications, contraindications, and emergency care associated  
21 with the use of pharmaceutical agents. The endorsement expires at the  
22 same time as the license to which it attaches. The endorsement may be  
23 renewed upon satisfactory completion of continuing education require-  
24 ments established by the board by regulation.

25 (b) A pharmacist or pharmaceutical supplier may supply a li-  
26 censee with pharmaceutical agents as provided under AS 08.72.272 upon  
27 presentation of evidence that the licensee holds a license endorsement  
28 under this section.

29 \* Sec. 6. AS 08.72.240 is amended to read:

1           Sec. 08.72.240.    GROUNDS FOR IMPOSITION OF DISCIPLINARY SANC-  
2           TIONS.   The board may impose disciplinary sanctions when the board  
3           finds after a hearing that a licensee

4                   (1)   secured a license through deceit, fraud, or intentional  
5           misrepresentation;

6                   (2)   engaged in deceit, fraud, or intentional misrepresenta-  
7           tion in the course of providing professional services or engaging in  
8           professional activities;

9                   (3)   advertised professional services in a false or mislead-  
10          ing manner;

11                   (4)   has been convicted of a felony or other crime which  
12          affects the licensee's ability to continue to practice competently and  
13          safely;

14                   (5)   intentionally or negligently engaged in or permitted  
15          the performance of patient care by persons under the licensee's super-  
16          vision which does not conform to minimum professional standards re-  
17          gardless of whether actual injury to the patient occurred;

18                   (6)   failed to comply with this chapter, with a regulation  
19          adopted under this chapter, or with an order of the board;

20                   (7)   continued to practice after becoming unfit due to

21                           (A)   professional incompetence;

22                           (B)   failure to keep informed of or use current profes-  
23          sional theories or practices;

24                           (C)   addiction or severe dependency on alcohol or other  
25          drugs which impairs the licensee's ability to practice safely;

26                           (D)   physical or mental disability;

27                   (8)   engaged in lewd or immoral conduct in connection with  
28          the delivery of professional service to patients;

29                   (9)   failed to refer a patient to a physician [THE

1 APPROPRIATE HEALTH CARE PRACTITIONER] after ascertaining the [POSSI-  
2 BLE] presence of ocular or systemic conditions requiring management by  
3 a physician [DISEASE].

4 \* Sec. 7. AS 08.72 is amended by adding new sections to article 3 to  
5 read:

6 Sec. 08.72.272. USE OF PHARMACEUTICAL AGENTS. (a) A licensee  
7 may use a pharmaceutical agent in the practice of optometry if

8 (1) the pharmaceutical agent is

9 (A) a drug, used for examination purposes only, within  
10 the categories of

11 (i) topically applied ocular anesthetics, but not  
12 including cocaine;

13 (ii) cycloplegics or mydriatics, but not including  
14 atropine, homatropine, scopolamine, epinephrine, and 10  
15 percent phenylephrine; or

16 (B) a drug, within the category of miotics used, after  
17 consultation with an ophthalmologist, for the treatment of an  
18 inadvertently induced angle closure; and

19 (2) the person holds a license endorsement issued by the  
20 board authorizing the use of pharmaceutical agents.

21 (b) Except as provided in (a) of this section, a licensee may  
22 not use pharmaceutical agents for treatment of an eye disease or  
23 disorder or for any other therapeutic purpose.

24 (c) A licensee may not purchase, possess, or administer a phar-  
25 maceutical agent unless the licensee has obtained a license endorse-  
26 ment under AS 08.72.175.

27 Sec. 08.72.274. EXEMPTION. This chapter and regulations adopted  
28 under this chapter do not limit the practice of an optician licensed  
29 under AS 08.71.

1 \* Sec. 8. AS 08.72.300 is repealed and reenacted to read:

2 Sec. 08.72.300. DEFINITIONS. In this chapter:

3 (1) "board" means the Board of Examiners in Optometry;

4 (2) "department" means the Department of Commerce and  
5 Economic Development;

6 (3) "optometry" means the examination, diagnosis, and  
7 treatment of conditions of the human eyes and visual system, other  
8 than by use of laser, x-rays, surgery, or pharmaceutical agents, other  
9 than those permitted under AS 08.72.272; "optometry" includes the  
10 employment of methods that a person licensed under this chapter is  
11 educationally qualified to use, as established by the board;

12 (4) "practicing optometry" means the performance of, or  
13 offer to perform, optometry for compensation;

14 (5) "recognized school or college of optometry" means a  
15 school or college approved by the American Optometric Association or a  
16 committee of the American Optometric Association.

17 \* Sec. 9. AS 08.72.160(b) is repealed.

FISCAL NOTE

REQUEST:

Revision Date: -  
Title: An Act relating to the practice of optometry.  
Sponsor: Senate HESS  
Requestor: House Finance

Agency Affected: Commerce & Econ. Dev.  
BRU: Occupational Licensing  
Components:

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
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	0	0	0	0	0	0
TOTAL	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

ANALYSIS : (Attach a separate page if necessary)

SB 226 establishes a new category of regulation for optometrists who wish to administer drugs. The bill requires applicants to complete an exam required by the board. A national exam is available and applicants are expected to cover costs of the exams. The exam can also be administered in conjunction with the existing exams and therefore, new funds are not needed to implement this bill.

Prepared by: Jennifer Strickler, Management Analyst Phone: 465-2144  
Division: Occupational Licensing Date: 2/8/88

Approved by Commissioner: J. Anthony Smith Date: 2/8/88  
Agency: Commerce and Economic Development

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)



# Alaska State Legislature

*math*

Representative Mike Davis

District 19

P.O. Box V  
Juneau, Alaska 99811  
(907) 465-4930/4941

Interim Office  
P.O. Box 81435  
Fairbanks, Alaska 99708  
(907) 456-8161

## MEMORANDUM

TO: Rep. Al Adams *al*  
FROM: Rep. Mike Davis *-mike*  
DATE: April 26, 1988  
RE: HCS CSSB 226

The following are the changes made in the CS:

1. Section 1. Findings and intent: This is a new section that makes findings on the subject and states the intent of the Legislature that optometrists not treat diseases or disorders except as specified by law and that they refer patients to appropriate health providers.

2. Section 5 of the bill contains a rewritten section on the license endorsement examination that better reflects the examination that the optometry board now gives. This section also designates areas the examination should cover.

Language was also added to allow pharmacists to supply a licensed optometrist.

3. Section 7 contains changes to state the use of pharmaceuticals in positive language and to remove nonprescription drugs from the list. Except as provided, licensees may not use pharmaceuticals for treatment of eye disease or disorder and may not possess them without a license endorsement.

4. Section 8 contains changes to the definition section to bring it in to line with the changes in the rest of the bill.

SB 226: An Act relating to the practice of optometry.

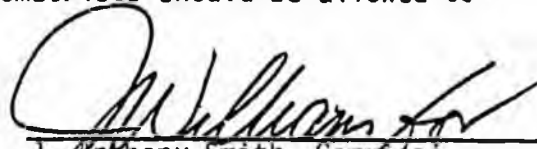
SB 226 grants authority to the Board of Examiners in Optometry to authorize licensed optometrists to administer certain drugs, defined in section 3 of the bill. Basically, the bill creates a new category of regulation - optometrists qualified to administer drugs. The department can support the provision of granting special authorization to qualified individuals rather than providing an overall authorization for all licensees as proposed in previous legislation.

Information obtained by the department indicates that a national pharmacology examination is available for use through contract with the national optometry testing services. In addition, the national exams administered to optometry graduates in 1975 and subsequent years contained a section relating to pharmacology. Therefore, some of the 72 licensed optometrists in Alaska may already be qualified to administer certain drugs.

There are 35 states which presently allow optometrists to administer diagnostic drugs, and 13 states which allow optometrists to use both diagnostic and therapeutic drugs. Alaska is one of two remaining states which do not allow optometrists to administer drugs.

The department does not have the expertise to provide input on the type of drugs optometrists should be permitted to administer. Therefore, the department will defer comment on section 3 of the bill to other health professions (i.e., medical, pharmacy, etc.) or to the Department of Health and Social Services.

In summary, the department does not oppose the establishment of a separate category for optometrists to administer drugs. However, the department will remain neutral since it does not have the expertise to comment on the type of drugs optometrists should be allowed to administer.

  
\_\_\_\_\_  
J. Anthony Smith, Commissioner  
Department of Commerce and Economic  
Development

Date: 4/10/87

We, the undersigned authorized representatives of the Legislative Committee of the Alaska Optometric Association and the Legislative Affairs Committee of the Alaska Association of Ophthalmology, assign the support of our respective organizations to the attached negotiated bill that amends the current Alaska optometry statute. By our signatures below and on the attached bill we attest that support. We will, if called upon, testify before the Alaska State Legislature in favor of the bill as written. This agreement expires at the end of the 1987 session of the 15th Alaska Legislature.

Lynn J. Coon, O.D. 3/24/87

Oliver M. Korshin, M.D.

Edward E. Crouch, M.D.

WHY ALASKA SHOULD SUPPORT LEGISLATION ALLOWING OPTOMETRISTS  
TO FULLY UTILIZE THEIR TRAINING INCLUDING USING  
PHARMACEUTICAL AGENTS

Optometry is an independent health care profession that specializes in comprehensive vision care.

- A. Education: The modern optometrist has attended an accredited school or college of optometry for four years with 80% of all optometry students having four years of pre-optometric college education and a bachelor's degree. The intensive education that the optometric student receives includes 156 hours of pharmacology, which is equal to or greater than all other health care professions using therapeutic pharmaceuticals. Systemic disease and eye disease education are comprehensive and cover complete diagnosis of all eye disease (primary and complicated).
- B. Distribution: Alaska currently has 51 optometrists distributed in 13 towns and cities across the state. Several optometrists provide services to remote villages and towns such that optometric care is accessible and available to all Alaskans. Several optometrists in Alaska are employed by the Federal government and serve large segments of the armed forces and native populations.
- C. Continuing education: Alaskan optometrists are required to attend a minimum of 48 hours of certified continuing education every 4 years. This education is oriented towards primary care with diagnosis, therapy, and management of eye disease a major component. It has been competency based and has included a 104 hour university course on management of eye disease that a majority of the Alaska optometrists attended.
- D. National trends: In 48 states optometrists presently utilize diagnostic drugs. In 12 states optometrists use both diagnostic and therapeutic drugs. Alaska is one of the two remaining states without a drug law allowing optometrists to utilize pharmaceutical agents.
- E. Safety: Optometrists in 12 states are utilizing therapeutic agents with the same success enjoyed by patients of physicians, dentists, osteopaths, bush health aids and others who now use these agents. Most public health authorities agree on substantial benefits from optometric use of pharmaceutical agents. Optometrists have employed therapeutic drugs in West Virginia for 10 years without reported incidence of abuse or negligence. Optometrists have proved convincingly that the public is treated in a safe and effective manner.

December 1, 1986

Dear State Legislator,

The profession of optometry is undergoing a significant expansion in the scope of services that it can offer to patients. On the national level forty-eight states now have laws that allow optometrists to utilize diagnostic pharmaceutical agents to evaluate the eye, and twelve of these states allow optometrists to treat eye conditions with therapeutic drugs.

Alaska is one of the two remaining states without a law that allows optometrists to utilize pharmaceutical agents. Yet Alaskan optometrists are among the best trained in the nation. The majority of optometrists in Alaska have successfully completed a competency based 104 hour university course on management of eye disease.

The people of Alaska would greatly benefit from expansion of the scope of optometry. Please take a few minutes to study the next few pages. The expansion of optometric services would allow Alaskans to enjoy better eye care at a lower cost.

I. Need

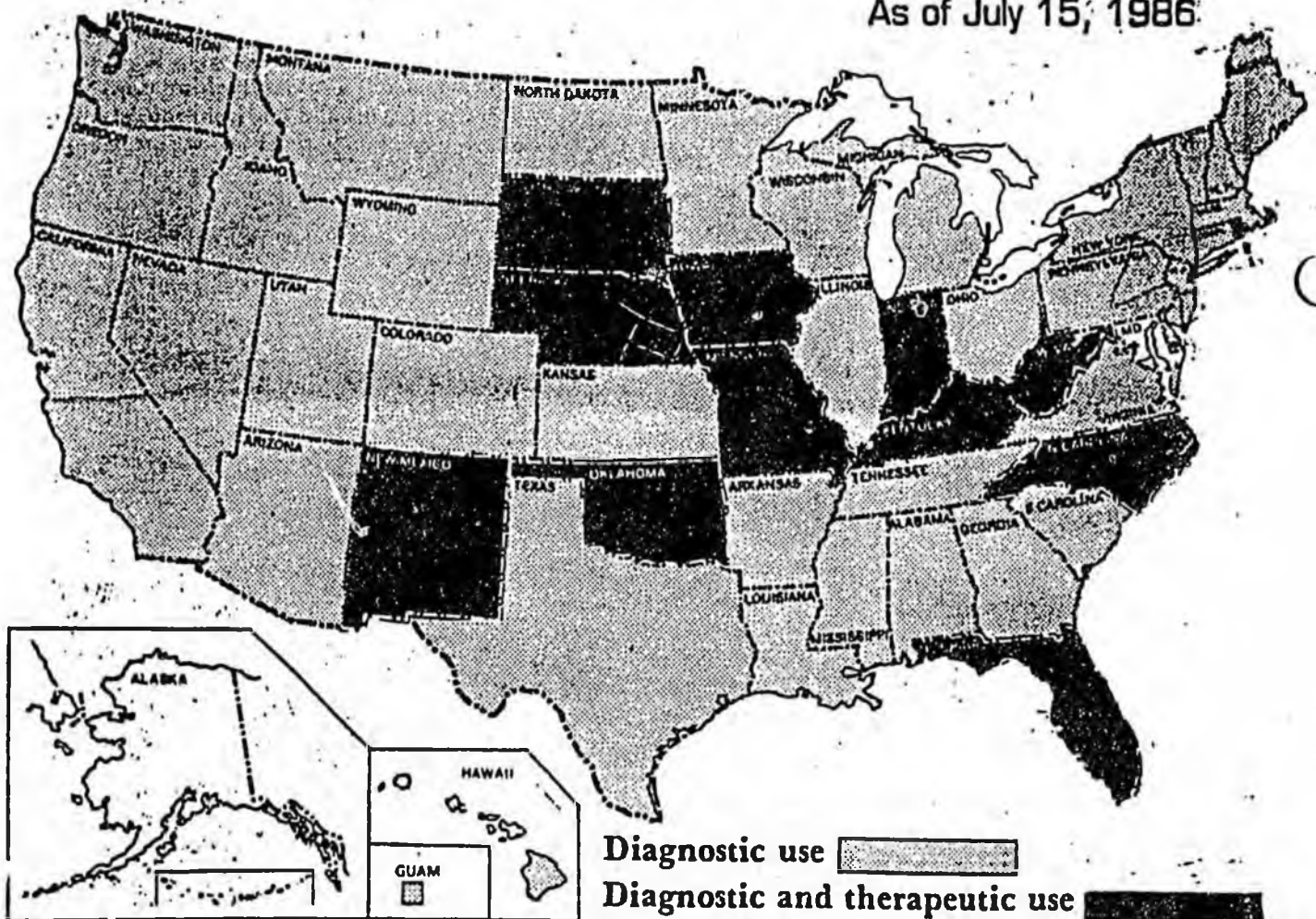
- A. OD's are the best distributed trained eye care professionals in rural Alaska. Alaska currently has 46 optometrists distributed in 13 towns and cities across the state. Several optometrists provide services to remote villages and towns such that optometric care is accessible and available to all Alaskans. Several optometrists in Alaska are employed by the Federal government and serve large segments of the armed forces and native populations.
- B. Better quality care: OD's are better trained than any of the primary health practitioners who must provide therapeutic eye care due to limited access to ophthalmological care.
- C. Increased access and availability to care is also a benefit in that the ability to get care quickly reduces discomfort and suffering, reduces extra travel time and cost, and reduces delayed care due to referrals to remote specialists.
- D. Controlling costs: therapeutic primary eye care by optometrists reduces unnecessary referral and maximizes primary level practitioner's training and skills. Optometrists entering into this area would produce competition in the eye care market - a natural way of controlling cost escalation suffered

Alaskan optometry merely wants to update the definition of optometry to reflect present day training in the area of therapeutic care of eye disease relating to eye care practiced at the primary level - the level of first contact services or the gatekeeper for the patient into the health care system.

The map below shows the status of state pharmaceutical legislation as it effects optometric practice as of July 15, 1986. It is time to update optometric law in Alaska so the public can be better served by its primary eye care practitioners. Thank you for your support!

## State pharmaceutical legislation

As of July 15, 1986



by all of health care. Non-surgical health professionals are traditionally less costly to the public due to lower training costs and therefore lower charges.

## II. Education

- A. Optometrists in Alaska are the only primary level practitioner with education equal and exceeding peers but is severely limited by medical (ophthalmology) license monopoly. For years optometrists have been statutorily required to diagnose properly and have done an effective job. Diagnosis is the most important job and responsibility in therapeutic eye care and now with our training in pharmacology and disease management, OD's are ready to serve their patients primary care needs totally!
  
- B. The modern optometrist has attended an accredited school or college of optometry for four years with 80% of all optometry students having four years of pre-optometric college education and a bachelor's degree. The intensive education that the optometric student receives includes 156 hours of pharmacology, which is equal to or greater than all other health care professions using therapeutic pharmaceuticals. Systemic disease and eye disease education are comprehensive and cover complete diagnosis of all eye disease (primary and complicated.) The courses are more concentrated on ocular pharmacology than any other health care profession including medicine. The courses do not train OD's to treat systemic disease but rather to recognize it and understand the ocular manifestations. Emergency medical care is taught relating to ocular drugs in first aid, antidotes, shock, seizure, and CPR.

Eye disease education taught at schools and colleges of optometry is the most intense comprehensive course of any health professional school teaching the difference between diseases (differential diagnosis), proper ocular disease management including disease resistance, complications, probable therapeutic response, referral and need for timely course of treatment. These subjects are taught by highly qualified experts including optometrists board certified ophthalmologists and subspecialist ophthalmologists.

- C. Continuing education: Alaskan optometrists are required to attend a minimum of 48 hours of certified continuing education every 4 years. This education is oriented towards primary care with diagnosis, therapy, and management of eye disease a major

component. It has been competency based and has included a 104 hour university course on management of eye disease that a majority of Alaskan optometrists attended.

- D. Today's optometric pharmacology education is equal to or in excess of that offered to medical, dental, osteopathic, or podiatric students and each of those professions use pharmaceuticals without statutory limitations. Remember, optometry's pharmacology education is equal or superior to all others in ocular and systemic eye related pharmacology.
- E. Optometric education and competencies are dramatically superior to many general physicians in therapeutic eye care, yet general MD's treat a lot of eye disease in Alaska due to access problems with ophthalmology. Optometrists offer a sound fundamental knowledge base, excellence in training and advanced instrumentation not found in a non-specialized medical practice.

### III. Safety

- A. Optometrists in the 47 of the "lower 48" have used diagnostic pharmaceutical agents for 15 years without serious incidence of toxic reactions, improper use or misuse. Most public health authorities agree on substantial benefits from optometric use of pharmaceutical agents.
- B. Optometrists in twelve states now use therapeutic agents without serious incidence of problems.
- C. As with all optometric diagnostic drug legislation, all therapeutic legislation passed to date (and proposed legislation) requires stiff education and training requirements before certification to begin use of therapeutic agents. The mandatory education is extensive, competency based and clinically oriented.
- D. Professional conservatism protects patients and doctors: no reasonable doctor would be such a maverick as to tackle something beyond his/her competency for the glory or the fee in today's climate of malpractice oriented patients, attorney's and risks. Furthermore, optometry's track record of safety in diagnosis and therapeutic management is as much a product of conservatism as it is a product of competency.
- E. Finally, there is no mystique about therapeutic care. It's provided daily by people with little or no training in eye care including teachers, nurses,

physicians assistants, military personnel (in some cases, non-medical) and patients themselves in self-care.

Alaskan Optometry merely wants to update the definition of optometry to reflect present day training in the area of therapeutic care of eye disease relating to eye care practiced at the primary level -- the level of first contact services or the gatekeeper for the patient into the health care system.

**Sec. 08.72.150. Application for examination and issuance of certificate.** An applicant shall apply for the examination by filing an application with the department together with the examination fee at least 15 days before the examination. Upon successful completion of the examination by the applicant and payment of the fee, the board shall issue a certificate of registration as a licensed optometrist to the applicant. After the applicant has properly filed a certificate of registration the applicant may practice optometry in the state. (§ 35-3-141 ACLA 1949; am § 6 ch 76 SLA 1969)

**Sec. 08.72.160. Examination.** (a) The examination shall be written, practical, and oral in nature. The National Board of Examiners in Optometry Examination, Parts 1 and 2, shall comprise the written portion of the Alaska examination. The oral portion of the examination shall be recorded and retained for two years.

(b) An applicant who fails the practical or the oral portion of the examination may take a re-examination in that portion without paying an additional examination fee.

(c) An applicant who fails the written portion of the examination may take a reexamination in the written portion upon payment of an additional examination fee.

(d) An applicant who fails more than one portion of the examination must retake the entire examination and pay the full examination fee. (§ 35-3-141 ACLA 1949; am § 7 ch 76 SLA 1969; am § 11 ch 75 SLA 1980)

**Sec. 08.72.170. Issuance of certificate by waiver of written examination.** (a) The board may waive the written portion of the examination requirement for an applicant who:

(1) meets the qualifications of AS 08.72.140;

(2) holds a current license by examination in another state or a province of Canada and has been established in ethical optometric practice for at least three years before the application, or shows satisfactory evidence of having passed the written portion of the examination given by the National Board of Examiners in Optometry; and

(3) has not had a certificate or license revoked for cause in any state, territory or foreign country.

(b) A waiver of the practical or oral portions of the examinations may not be given. (§ 35-3-142 ACLA 1949; am § 8 ch 76 SLA 1969; am § 12 ch 75 SLA 1980)

Sec. 6  
SLA 19.

Sec. 0  
SLA 198

(b) An  
service of  
may mai  
renewal f  
dence wit

(c) An  
and post  
other info

(d) Befo  
board evid  
struction  
specify by  
ments of t

(e) Befor  
dence of cc  
regulations  
SLA 1969:

Cross refer  
tion and furth  
newal, see AS  
Effect of a

Sec. 08.7:  
SLA 1980.]

Sec. 08.7:  
08.01.065 fo

(1) examin

(2) reexan

(3) waiver

(4) certific

(5) renewa

(6) branch

am § 16 ch

Effect of am  
amendment rev  
included a fee s



Original sponsor: Health, Education and  
Social Services Committee

1 IN THE SENATE BY THE RULES COMMITTEE  
 2 CS FOR SENATE BILL NO. 226 (Rules)  
 3 IN THE LEGISLATURE OF THE STATE OF ALASKA  
 4 FIFTEENTH LEGISLATURE - FIRST SESSION  
 5 A BILL

6 For an Act entitled: "An Act relating to the regulation of optometry."  
 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 \* Section 1. AS 08.72.160(a) is amended to read:

9 (a) The examination shall be written, practical, and oral in  
 10 nature. The [NATIONAL BOARD OF EXAMINERS IN OPTOMETRY EXAMINATION,  
 11 PARTS 1 AND 2, SHALL COMPRISE THE] written portion of the Alaska  
 12 examination shall consist of all or part of a national or internation-  
 13 al examination designated by regulation by the board. The oral por-  
 14 tion of the examination shall be recorded and retained for two years.

15 \* Sec. 2. AS 08.72.160(c) is amended to read:

16 (c) An applicant who fails a [THE WRITTEN] portion of the exam-  
 17 ination may take a reexamination in the portion failed [WRITTEN POR-  
 18 TION] upon payment of a reexamir ion [AN ADDITIONAL EXAMINATION] fee  
 19 established under AS 08.01.065.

20 \* Sec. 3. AS 08.72.160(d) is amended to read:

21 (d) An applicant who fails more than one portion of the examina-  
 22 tion must retake the entire examination and pay the [FULL] examination  
 23 fee.

24 \* Sec. 4. AS 08.72 is amended by adding a new section to read:

25 Sec. 08.72.175. LICENSE ENDORSEMENT. The board may issue a  
 26 license endorsement authorizing a licensee who completes an examina-  
 27 tion and other requirements established by the board by regulation to  
 28 administer drugs, except as prohibited under AS 08.72.272. The en-  
 29 dorsement expires at the same time as the license to which it

1 attaches. The endorsement may be renewed upon satisfactory completion  
2 of continuing education requirements established by the board by  
3 regulation.

4 \* Sec. 5. AS 08.72.240 is amended to read:

5 Sec. 08.72.240. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANC-  
6 TIONS. The board may impose disciplinary sanctions when the board  
7 finds after a hearing that a licensee

8 (1) secured a license through deceit, fraud, or intentional  
9 misrepresentation;

10 (2) engaged in deceit, fraud, or intentional misrepresenta-  
11 tion in the course of providing professional services or engaging in  
12 professional activities;

13 (3) advertised professional services in a false or mislead-  
14 ing manner;

15 (4) has been convicted of a felony or other crime which  
16 affects the licensee's ability to continue to practice competently and  
17 safely;

18 (5) intentionally or negligently engaged in or permitted  
19 the performance of patient care by persons under the licensee's super-  
20 vision which does not conform to minimum professional standards re-  
21 gardless of whether actual injury to the patient occurred;

22 (6) failed to comply with this chapter, with a regulation  
23 adopted under this chapter, or with an order of the board;

24 (7) continued to practice after becoming unfit due to

25 (A) professional incompetence;

26 (B) failure to keep informed of or use current profes-  
27 sional theories or practices;

28 (C) addiction or severe dependency on alcohol or other  
29 drugs which impairs the licensee's ability to practice safely;

- 1 (D) physical or mental disability;
- 2 (8) engaged in lewd or immoral conduct in connection with  
3 the delivery of professional service to patients;
- 4 (9) failed to refer a patient to a physician [THE APPROPRI-  
5 ATE HEALTH CARE PRACTITIONER] after ascertaining the [POSSIBLE] pres-  
6 ence of ocular or systemic conditions requiring management by a physi-  
7 cian [DISEASE].

8 \* Sec. 6. AS 08.72 is amended by adding new sections to article 3 to  
9 read:

10 Sec. 08.72.272. USE OF DRUGS. A licensee may not use a drug in  
11 the practice of optometry unless

- 12 (1) the drug is
- 13 (A) a nonprescription drug;
- 14 (B) a drug, used for examination purposes only, within  
15 the categories of
- 16 (i) topically applied ocular anesthetics, but not  
17 including cocaine;
- 18 (ii) cycloplegics or mydriatics, but not including  
19 atropine, homatropine, scopolamine, epinephrine, and 10  
20 percent phenylephrine; or
- 21 (C) a drug, within the category of miotics used, after  
22 consultation with an ophthalmologist, for the treatment of an  
23 inadvertently induced angle closure; and

24 (2) the person holds a license endorsement issued by the  
25 board authorizing the use of drugs.

26 Sec. 08.72.274. EXEMPTION. This chapter and regulations adopted  
27 under this chapter do not limit the practice of an optician licensed  
28 under AS 08.71.

29 \* Sec. 7. AS 08.72.300 is repealed and reenacted to read:

1           Sec. 08.72.300. DEFINITIONS. In this chapter

2           (1) "board" means the Board of Examiners in Optometry;

3           (2) "department" means the Department of Commerce and  
4 Economic Development;

5           (3) "optometry" means the examination, diagnosis, and  
6 treatment of conditions of the human eyes and visual system, other  
7 than by use of laser, x-rays, surgery, or drugs prohibited under  
8 AS 08.72.272; "optometry" includes the employment of methods that a  
9 person licensed under this chapter is educationally qualified to use,  
10 as established by the board;

11           (4) "practicing optometry" means the performance of, or  
12 offer to perform, optometry for compensation;

13           (5) "recognized school or college of optometry" means a  
14 school or college approved by the American Optometric Association or a  
15 committee of the American Optometric Association.

16 \* Sec. 8. AS 08.72.160(b) is repealed.

Original sponsor: Health, Education and  
Social Services Committee

1 IN THE SENATE

BY THE LABOR AND  
COMMERCE COMMITTEE

2

CS FOR SENATE BILL NO. 226 (L&C)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FIFTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

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

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

8 \* Section 1. AS 08.72.160(a) is amended to read:

9 (a) The examination shall be written, practical, and oral in  
10 nature. The [NATIONAL BOARD OF EXAMINERS IN OPTOMETRY EXAMINATION,  
11 PARTS 1 AND 2, SHALL COMPRISE THE] written portion of the Alaska  
12 examination shall consist of all or part of a national or inter-  
13 national examination designated by regulation by the board. The oral  
14 portion of the examination shall be recorded and retained for two  
15 years.

16 \* Sec. 2. AS 08.72.160(c) is amended to read:

17 (c) An applicant who fails a [THE WRITTEN] portion of the exam-  
18 ination may take a reexamination in the portion failed [WRITTEN POR-  
19 TION] upon payment of a reexamination [AN ADDITIONAL EXAMINATION] fee  
20 established under AS 08.01.065.

21 \* Sec. 3. AS 08.72.160(d) is amended to read:

22 (d) An applicant who fails more than one portion of the examina-  
23 tion must retake the entire examination and pay the [FULL] examination  
24 fee.

25 \* Sec. 4. AS 08.72 is amended by adding a new section to read:

26 Sec. 08.72.175. LICENSE ENDORSEMENT. The board may issue a  
27 license endorsement authorizing a licensee who completes an examina-  
28 tion and other requirements established by the board by regulation to  
29 administer drugs, except as prohibited under AS 08.72.272. The

1 endorsement expires at the same time as the license to which it at-  
2 taches. The endorsement may be renewed upon satisfactory completion  
3 of continuing education requirements established by the board by  
4 regulation.

5 \* Sec. 5. AS 08.72.240 is amended to read:

6 Sec. 08.72.240. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANC-  
7 TIONS. The board may impose disciplinary sanctions when the board  
8 finds after a hearing that a licensee

9 (1) secured a license through deceit, fraud, or intentional  
10 misrepresentation;

11 (2) engaged in deceit, fraud, or intentional misrepresenta-  
12 tion in the course of providing professional services or engaging in  
13 professional activities;

14 (3) advertised professional services in a false or mislead-  
15 ing manner;

16 (4) has been convicted of a felony or other crime which  
17 affects the licensee's ability to continue to practice competently and  
18 safely;

19 (5) intentionally or negligently engaged in or permitted  
20 the performance of patient care by persons under the licensee's super-  
21 vision which does not conform to minimum professional standards re-  
22 gardless of whether actual injury to the patient occurred;

23 (6) failed to comply with this chapter, with a regulation  
24 adopted under this chapter, or with an order of the board;

25 (7) continued to practice after becoming unfit due to

26 (A) professional incompetence;

27 (B) failure to keep informed of or use current profes-  
28 sional theories or practices;

29 (C) addiction or severe dependency on alcohol or other

1 drugs which impairs the licensee's ability to practice safely;  
2 (D) physical or mental disability;  
3 (8) engaged in lewd or immoral conduct in connection with  
4 the delivery of professional service to patients;  
5 (9) failed to refer a patient to a physician [THE APPROPRI-  
6 ATE HEALTH CARE PRACTITIONER] after ascertaining the [POSSIBLE] pres-  
7 ence of ocular or systemic conditions requiring management by a physi-  
8 cian [DISEASE].

9 \* Sec. 6. AS 08.72 is amended by adding a new section to article 3 to  
10 read:

11 Sec. 08.72.272. USE OF DRUGS. A licensee may not use a drug in  
12 the practice of optometry unless

13 (1) the drug is  
14 (A) a nonprescription drug;  
15 (B) a drug, used for examination purposes only, within  
16 the categories of

17 (i) topically applied ocular anesthetics, but not  
18 including cocaine;

19 (ii) cycloplegics or mydriatics, but not including  
20 atropine, homatropine, scopolamine, epinephrine, and 10  
21 percent phenylephrine; or

22 (C) a drug, within the category of miotics used, after  
23 consultation with an ophthalmologist, for the treatment of an  
24 inadvertently induced angle closure; and

25 (2) the person holds a license endorsement issued by the  
26 board authorizing the use of drugs.

27 \* Sec. 7. AS 08.72.300 is repealed and reenacted to read:

28 Sec. 08.72.300. DEFINITIONS. In this chapter

29 (1) "board" means the Board of Examiners in Optometry;

1 (2) "department" means the Department of Commerce and  
2 Economic Development;

3 (3) "optometry" means the examination, diagnosis, and  
4 treatment of conditions of the human eyes and visual system, other  
5 than by use of laser, x-rays, surgery, or drugs prohibited under  
6 AS 08.72.272; "optometry" includes the employment of methods that a  
7 person licensed under this chapter is educationally qualified to use,  
8 as established by the board;

9 (4) "practicing optometry" means the performance of, or  
10 offer to perform, optometry for compensation;

11 (5) "recognized school or college of optometry" means a  
12 school or college approved by the American Optometric Association or a  
13 committee of the American Optometric Association.

14 \* Sec. 8. AS 08.72.160(b) is repealed.

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2

SENATE BILL NO. 226

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FIFTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

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

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

8 \* Section 1. AS 08.72 is amended by adding a new section to read:

9       Sec. 08.72.175. LICENSE ENDORSEMENT. The board may issue a  
10 license endorsement authorizing a licensee who completes an examina-  
11 tion and other requirements established by the board by regulation to  
12 administer drugs, except as prohibited under AS 08.72.272. The  
13 endorsement expires at the same time as the license to which it  
14 attaches. The endorsement may be renewed upon satisfactory completion  
15 of continuing education requirements established by the board by  
16 regulation.

17 \* Sec. 2. AS 08.72.240 is amended to read:

18       Sec. 08.72.240. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANC-  
19 TIONS. The board may impose disciplinary sanctions when the board  
20 finds after a hearing that a licensee

21               (1) secured a license through deceit, fraud, or intentional  
22 misrepresentation;

23               (2) engaged in deceit, fraud, or intentional misrepresenta-  
24 tion in the course of providing professional services or engaging in  
25 professional activities;

26               (3) advertised professional services in a false or mislead-  
27 ing manner;

28               (4) has been convicted of a felony or other crime which  
29 affects the licensee's ability to continue to practice competently and

1 safely;

2 (5) intentionally or negligently engaged in or permitted  
3 the performance of patient care by persons under the licensee's super-  
4 vision which does not conform to minimum professional standards re-  
5 gardless of whether actual injury to the patient occurred;

6 (6) failed to comply with this chapter, with a regulation  
7 adopted under this chapter, or with an order of the board;

8 (7) continued to practice after becoming unfit due to

9 (A) professional incompetence;

10 (B) failure to keep informed of or use current profes-  
11 sional theories or practices;

12 (C) addiction or severe dependency on alcohol or other  
13 drugs which impairs the licensee's ability to practice safely;

14 (D) physical or mental disability;

15 (8) engaged in lewd or immoral conduct in connection with  
16 the delivery of professional service to patients;

17 (9) failed to refer a patient to a physician [THE APPROPRI-  
18 ATE HEALTH CARE PRACTITIONER] after ascertaining the [POSSIBLE] pres-  
19 ence of ocular or systemic conditions requiring management by a physi-  
20 cian [DISEASE].

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

23 Sec. 08.72.272. USE OF DRUGS. A licensee may not use a drug in  
24 the practice of optometry unless

25 (1) the drug is

26 (A) a nonprescription drug;

27 (B) a drug, used for examination purposes only, within  
28 the categories of

29 (i) topically applied ocular anesthetics, but not

1 including cocaine;  
2 (ii) cycloplegics or mydriatics, but not including  
3 atropine, homatropine, scopolamine, epinephrine, and 10  
4 percent phenylephrine; or  
5 (C) a drug, within the category of miotics used, after  
6 consultation with an ophthalmologist, for the treatment of an  
7 inadvertently induced angle closure; and

8 (2) the person holds a license endorsement issued by the  
9 board authorizing the use of drugs.

10 \* Sec. 4. AS 08.72.300 is repealed and reenacted to read:

11 Sec. 08.72.300. DEFINITIONS. In this chapter

12 (1) "board" means the Board of Examiners in Optometry;

13 (2) "department" means the Department of Commerce and  
14 Economic Development;

15 (3) "optometry" means the examination, diagnosis, and  
16 treatment of conditions of the human eyes and visual system, other  
17 than by use of laser, x-rays, surgery, or drugs prohibited under  
18 AS 08.72.272; "optometry" includes the employment of methods that a  
19 person licensed under this chapter is educationally qualified to use,  
20 as established by the board;

21 (4) "practicing optometry" means the performance of, or  
22 offer to perform, optometry for compensation;

23 (5) "recognized school or college of optometry" means a  
24 school or college approved by the American Optometric Association or a  
25 committee of the American Optometric Association.