

HB

291

HOUSE COMMITTEE REPORT

(7)

Date referred: 4/23/87

FURTHER REFERRALS: Finance

The Health, Education and Social Services Committee has considered DATE: 4/30/87
HB 291

"An Act relating to the practice of optometry."

RECOMMENDS:

- replace with CS HB 291 (HESS) 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 same as previous zero fiscal note published _____
- zero with analysis

SIGNING DO PASS:

SIGNING OTHER RECOMMENDATIONS:

Roll E Bell

George Wesley

W. E. Hines

Walter Korman

Mark Anderson

Bill Harts

David L. Bailey

Walter Korman

Chairman's signature

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

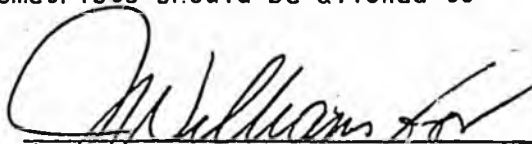
SB 226 grants authority to the Board of Examiners in Optometry to authorize licensed optometrists to administer certain drugs, defined in section 3 of the bill. Basically, the bill creates a new category of regulation - optometrists qualified to administer drugs. The department can support the provision 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

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

Bill Version: SB 226
Publish Date: 4/1/87

REQUEST: _____

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

Agency Affected: Commerce & Economic Dev.
BRU: Occupational Licensing

Components: All

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
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						
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REVENUE	0	0	0	0	0	0
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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 examination required by the board. A national exam is available and applicants will be held responsible to cover the cost of the exam. The exams can also be administered in conjunction with existing exams and therefore, new funds are not needed to implement this bill.

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

Phone: 465-2144
Date: 4/9/87

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

Date: _____

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impact Agency(ies)
- Senate Secretary

State of Alaska
Department of Commerce &
Economic Development
Division of Occupational Licensing

AS 08.72.160 is amended to read:

Sec. 08.72.160 EXAMINATION. (a) The examination shall be written, practical, and oral in nature. The [THE NATIONAL BOARD OF EXAMINERS IN OPTOMETRY EXAMINATION, PARTS 1 AND 2 SHALL COMPRISE THE] written portion of the Alaska examination shall be comprised of all or part of a national or international examination as designated by the board in regulations. 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 one [THE WRITTEN] portion of the examination may take a reexamination in the portion failed [THE WRITTEN PORTION] upon payment of a re-examination [AN ADDITIONAL EXAMINATION] fee established under AS 08.01.065.

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

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

REQUEST: _____

Bill Version: HB 291
Publish Date: 4/23/87

Revision Date: _____
Title: An Act relating to the practice of optometry.

Agency Affected: Commerce & Economic Dev.
BRU: Occupational Licensing

Sponsor: House HESS Committee
Requestor: _____

Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
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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
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REVENUE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
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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) HB 291 establishes a new category of regulation for optometrists who wish to administer drugs. The bill requires applicants to complete an examination required by the board. A national exam is available and applicants will be held responsible to cover the cost of the exam. The exams can also be administered in conjunction with existing exams and therefore, new funds are not required to implement this bill.

Prepared by: Jennifer Strickler, Management Analyst Phone: 465-2144
Division: Occupational Licensing Date: 4/27/87

Approved by Commissioner: J. Anthony Smith Date: 4/29/87
Agency: Commerce and Economic Development

Distribution (by preparer):

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

HB 291: An Act relating to the practice of optometry.

HB 291 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.

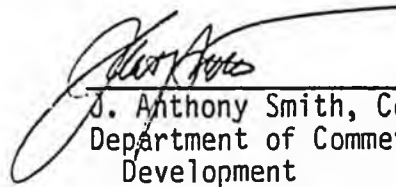
The national examining board has offered to administer a pharmacology examination in Alaska in conjunction with the National optometry examinations. However, at present, the board requires the national exam as a prerequisite to licensure but does not offer the exam because the existing statute limits the national exam only to Parts I and II and the exam has changed, now consisting of three parts.

Therefore, to provide the availability of both the national and pharmacology exams in Alaska, the department offers the attached amendment regarding examinations on behalf of the Alaska Board of Examiners in Optometry, which will benefit optometry applicants while still maintaining the intent of the bill.

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 and requests that the examination amendment be added to the bill. However, since it does not have the expertise to comment on the type of drugs optometrists should be allowed to administer, the department will remain neutral.


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

Date: 4-29-87

State of Alaska
Department of Commerce & Economic
Development
Division of Occupational Licensing

AMENDMENT TO HB 291:

AS 08.72.160 is amended to read:

Sec. 08.72.160 EXAMINATION. (a) The examination shall be written, practical, and oral in nature. The [THE NATIONAL BOARD OF EXAMINERS IN OPTOMETRY EXAMINATION, PARTS 1 AND 2 SHALL COMPRISE THE] written portion of the Alaska examination shall be comprised of all or part of a national or international examination as designated by the board in regulations. 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 one [THE WRITTEN] portion of the examination may take a reexamination in the portion failed [THE WRITTEN PORTION] upon payment of a re-examination [AN ADDITIONAL EXAMINATION] fee established under AS 08.01.065.

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

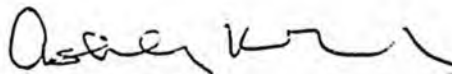
Honorable Richard Eliason
Chairman, Senate Rules Committee
Pouch V
Juneau, AK 99811

Dear Senator Eliason:

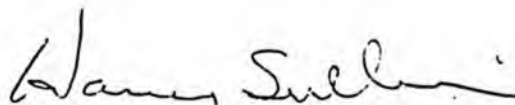
We the undersigned, representing our respective organizations, support the Senate Rules Committee Substitute for Senate Bill No. 226. This amendment and title change are technical in nature and do not adversely impact the intent of the legislation.

We respectfully request your favorable consideration of this legislation.

Sincerely,



Ashley Reed, Lobbyist
Alaska Opticians Association



Harvey Sullivan, Lobbyist
Alaska Optometry Association



Rick Urion, Lobbyist
Alaska Medical Association
(representing Ophthalmologists)

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 international
13 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 reexamination [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.
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SECTION I: INTRODUCTION

A. PROPOSED LEGISLATION

SECTION I: INTRODUCTION

B. LETTER OF ENDORSEMENT FROM THE
ALASKA OPTOMETRIC ASSOCIATION AND
THE ALASKA ASSOCIATION OF OPHTHALMOLOGY

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. 3/29/87

Oliver M. Korshin, M.D.

Edward E. Crouch, M.D.

SECTION I: INTRODUCTION

C. GENERAL POSITION STATEMENT

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 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.
- 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

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.

SECTION I: INTRODUCTION

D. ONE PAGE SUMMARY WITH NATIONAL LEGISLATIVE MAP

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.

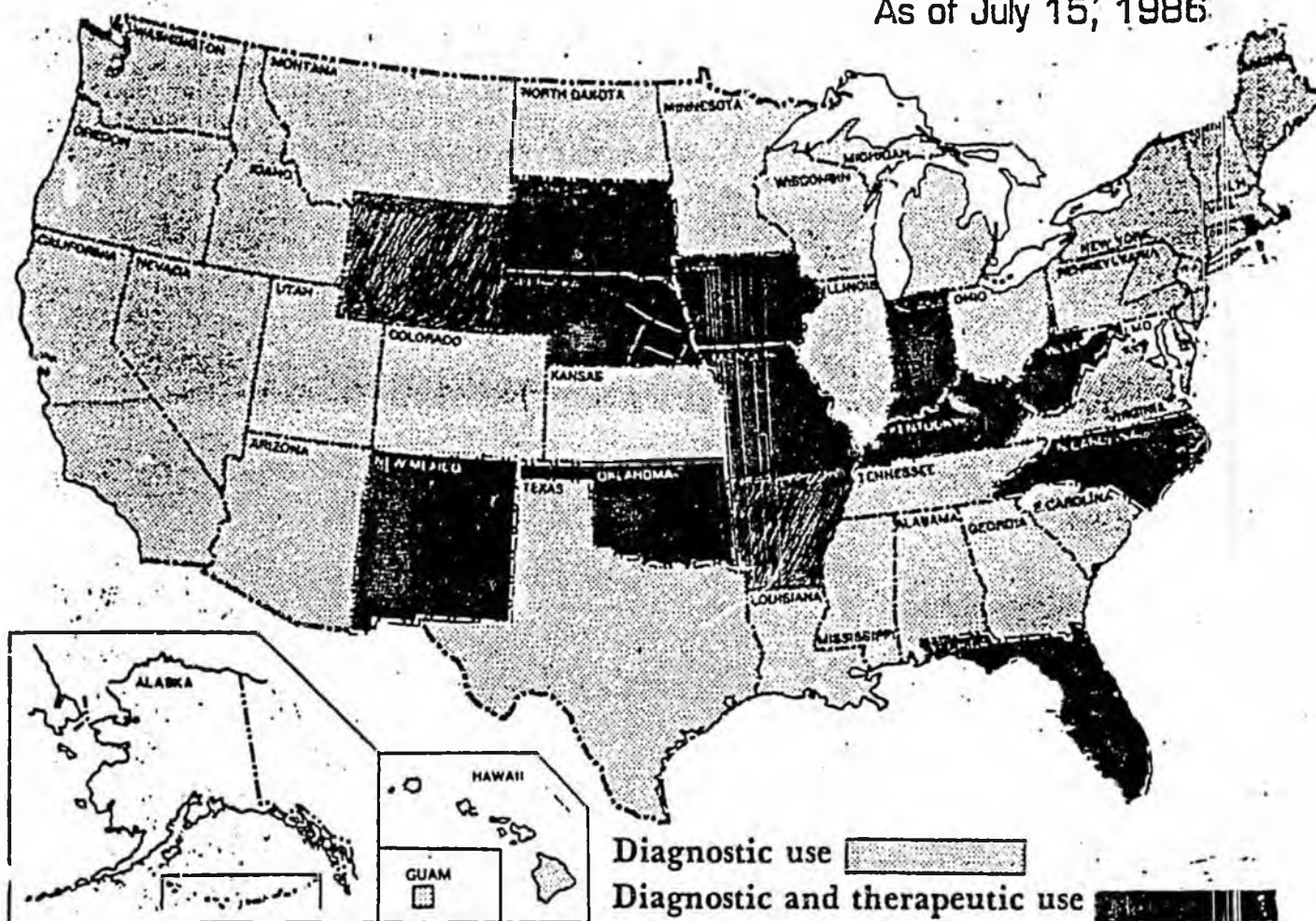
- A. Education: The modern optometrist has attended an accredited school or college of optometry for four years with 80% of all optometry students having four years of pre-optometric college education and a bachelor's degree. The intensive education that the optometric student receives includes 156 hours 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 14 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 14 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.

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.



TESTIMONY
IN SUPPORT OF HB 291
APRIL 30, 1987
HOUSE HEALTH, EDUCATION, AND SOCIAL SERVICES

TESTIMONY
IN SUPPORT OF SB 226
APRIL 30, 1987

Representatives Koponen, Ellis, Gruenberg, Donley, Hudson, Phillips and Hanley: My name is Dr. Lynn Coon. Since 1984 I have been a practicing optometrist in Wasilla, Alaska. I earned a Doctor of Optometry degree from Pacific University in 1972. Initially, I practiced optometry as an officer in the United States Air Force for over four years at several military hospitals. Next, I taught a broad spectrum of optometry courses as a full time Assistant Professor of Optometry at Pacific University in Oregon. In addition, I have taught hundreds of hours of continuing education to optometrists and ophthalmologists in many parts of our country. My areas of teaching expertise include examination procedures, contact lenses and specific topics in diagnosis and management of eye disease. I was also chief investigator in several University based longitudinal research projects in orthokeratology, extended wear contact lenses and the corneal endothelium. I currently serve on the Board of Advisors for Pacific University College of Optometry and the Association Board of Valley Hospital in Palmer.

I want to thank each of you for allowing me to testify today in support of House Bill No. 291, "An Act relating to the practice of optometry."

In the past fifteen or so years optometrists in Alaska, as well as every other state, have sought passage of legislation that would allow optometrists to practice at the full level of their training. This practice expansion would include the use of certain pharmaceutical agents. I am currently chairman of the Legislative Committee of the Alaska Optometric Association. Our Legislative Committee was appointed by the President of the Alaska Optometric Association and empowered to seek passage of legislation that would allow properly trained, qualified and licensed optometrists to employ certain drugs and techniques used in the diagnosis and management of eye conditions, including eye diseases.

House Bill No. 291 represents a carefully negotiated, constructive compromise between the Alaska Optometric Association and the Alaska Association of Ophthalmology.

These two organizations have literally been at war for years over the right of optometrists to expand their scope of practice to include the use of pharmaceutical agents. After hours of negotiating a chosen group of optometrists and ophthalmologists, chosen by their professional organizations to make binding decisions for their respective organizations, was able to compromise and produce a document, House Bill No. 291. Ophthalmologists, Dr. Oliver Korshin and Dr. Ed Crouch, members of the Alaska Association of Ophthalmology, and I signed a joint resolution of support for House Bill No. 291. That milestone resolution is included in your information packet.

House Bill No. 291 essentially expands the scope of optometric practice to include the use of specific pharmaceutical agents for examination purposes. Optometrists in 48 of the states have the right, as defined by statute, to use these agents. On July 16, 1971 Rhode Island passed the initial legislation allowing optometrists to utilize drugs. Now, the only states that do not allow some application of drugs by optometrists are Maryland and, that's right, Alaska! Because of the wide geographic distribution of Alaskan

optometrists and the sophisticated training level of the modern optometrist, the State of Alaska is seriously overdue in passing appropriate legislation.

Optometrists have conclusively proved that they are capable of judicious use of the requested drugs. Literally thousands of cases of eye disease have been detected and diagnosed by optometrists in the 15 years since the initial statute was signed into law. There are many types of eye disease and conditions that cannot be adequately detected unless the optometrist can use these drugs. Optometrists in Alaska are currently liable for not detecting conditions that may only be fully revealed after the use of certain of these drugs. And the people of Alaska deserve to have the benefit of modern examination methods in all eye doctor's offices.

By allowing the Alaskan optometrist to incorporate more eye disease detection techniques discomfort, suffering and vision loss will be reduced to many of the thousands of people in Alaska that use our services. Costs to the people of Alaska will be reduced by properly licensed optometrists

producing more competition with the ophthalmologists that are currently the major group that utilize these agents. Travel for certain diagnostic tests will also be reduced due to the wider geographic distribution of optometrists.

Optometrists are properly educated to safely and effectively use pharmaceutical agents. I personally was responsible for part of the training in this area students at Pacific University College of Optometry were exposed to between 1976 and 1983. Furthermore, I taught much of the same material to a large number of optometrists in Oregon, Washington and Idaho. The intensive education that the average modern optometry student receives includes 156 hours of pharmacology, which is equal to or greater than all other health care professionals using pharmaceutical agents. Eye disease education is similarly intense and is taught by qualified experts including optometrists, board certified ophthalmologists and other specialist and subspecialist physicians. Clinical training is broad based in school clinics, private optometric and ophthalmological offices, hospital residencies, health maintenance organizations, public health and military hospital clinics, Indian health

services, community teaching hospitals, and multidisciplinary community health clinics. Alaskan optometrists are also required to attend a minimum of 48 hours of certified continuing education every 4 years. Optometrists offer a sound knowledge base, excellence in training and advanced diagnostic skills that will benefit the people of Alaska if House Bill No. 291 becomes statute.

As with optometric drug legislation in other states, House Bill No. 291 provides for optometry board regulation and examination for certification of properly trained optometrists. The board will also require satisfactory completion of continuing education requirements for renewal of the endorsement to use pharmaceutical agents. This bill will not allow "grandfathering" of presently licensed optometrists. Each optometrist will be required to provide evidence of having received the required training and demonstrate competence in order to be certified to use diagnostic pharmaceutical agents.

The compromise that was reached between optometry and ophthalmology is a significant position change of our

Legislative Committee. We agreed to exclude the use of prescription drugs for the treatment of eye disease, even though fifteen states currently have legislation that allows optometrists to manage certain eye diseases with drugs. Because of this change in our position regarding treatment of eye disease we feel we excluded 80 per cent of our original goal which was to allow the Alaskan optometrist to practice at the full level of his or her current training. In fairness to the Alaska Association of Ophthalmology, I am certain they also feel that House Bill No. 291 is a major concession on their part. After all, House Bill No. 291 represents the first successful attempt of our two somewhat polarized two groups to negotiate on the matter of optometrists using drugs. -

I congratulate Senator Fischer for recommending the negotiating process, the ophthalmologists that were involved in the process, our Legislative Committee of optometrists and this great nation that allows for constructive negotiations as one method to settle disputes.

Because of the desire from both organized optometry and ophthalmology in the State of Alaska to pass House Bill No. 291, I ask and pray that you, the House HESS Committee, as

well as your legislator colleagues in the House and Senate, will seek immediate passage of the bill as written. Delay of this legislation past the 1987 session of the 15th Alaska Legislature may repolarize our groups and make further compromise difficult.

Thank you for listening to my statement of support for House Bill No. 291.

Respectfully,

Lynn J. Coon, O.D.

