


SB

226

MEMORANDUM

(Brief Communications)

State of Alaska

TO:	Name Ed Overt	Dept./Div./Sect. Senate HESS Committee	Mail Stop
FROM:	Name Jenny Strickler 	Dept./Div./Sect. Occupational Licensing/DCED	Telephone x 2144
SUBJ.:	Amendment to SB 226		Date April 10, 1987

Attached is the amendment I mentioned about over our telephone conversation. The optometry board requested this amendment and is currently in a draft bill that has not been introduced yet by the Governor.

The reason that I am suggesting this amendment to SB 226 is because there is a national pharmacology examination available through the National Board of Examiners in Optometry (NBEO). The Alaska board presently requires the NBEO exam as a prerequisite to licensure but does not offer the exam in this State because the statute limits the exam to Parts 1 and 2 only. Since this statute was written, the exam has changed. We have been in contact with the NBEO and they are willing to come to Alaska and administer both the NBEO and the pharmacology exams at no cost to the State. This amendment will allow the board to offer the exams in Alaska, and, will not jeopardize the compromised portions of the bill.

If you have any questions, please call me. Thank you.

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

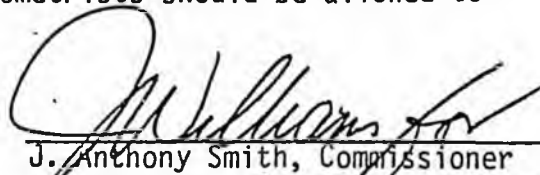
SB 226 grants authority to the Board of Examiners in Optometry to authorize licensed optometrists to administer certain drugs, defined in section 3 of the bill. Basically, the bill creates a new category of regulation - optometrists qualified to administer drugs. The department can support the provision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

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

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

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 Phone: 465-2144
 Division: Occupational Licensing Date: 4/9/87

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

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted 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.

SOLDOTNA OPTOMETRY CLINIC
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APR 22 1987

April 20, 1987

Honorable Paul Fischer
Alaska State Senate
Pouch V
Juneau, AK 99811

Dear Senator Fischer,

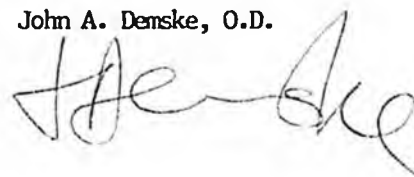
I'm writing to thank you for introducing the optometry bill and also for passing it out of your committee in a timely manner.

As we have discussed previously, this bill is long overdue and is truly in the best interests of the people of Alaska.

My colleagues and I look forward to your continued support of this important bill.

Sincerely,

John A. Demske, O.D.



JAD|ps



Member

American Optometric Association

TESTIMONY

IN SUPPORT OF SB 226

APRIL 10, 1987

Senators Fischer, Josephson, Jones, Kerttula and Halford: My name is 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.

I want to thank each of you for allowing me to testify today in support of Senate Bill No. 226, "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.

Senate Bill No. 226 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, Senate Bill No. 226. Ophthalmologists, Dr. Oliver Korshin and Dr. Ed Crouch, members of the Alaska Association of Ophthalmology, and I signed a

joint resolution of support for Senate Bill No. 226. That milestone resolution is included in your information packet.

Senate Bill No. 226 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 doctors' 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

specialists 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 Senate Bill No. 226 becomes statute.

As with optometric drug legislation in other states, Senate Bill No. 226 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 fourteen 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 percent 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 Senate bill No. 226 is a major concession on their part. After all, Senate Bill No. 226 represents the first successful attempt of our two somewhat polarized groups to negotiate on the matter of optometrists using drugs.

I congratulate Senator Fischer for recommending the negotiating process, the ophthalmologists who 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 Senate Bill No. 226, I ask and pray that you, the Senate HESS Committee, as well as your legislative colleagues in the Senate and House, 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 Senate Bill No. 226.

Respectfully,

Lynn J. Coon, O.D.

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 ~~to~~ 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.

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 164 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.

