

SB

226

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

REQUEST: _____

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

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
TEMPORARY	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

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

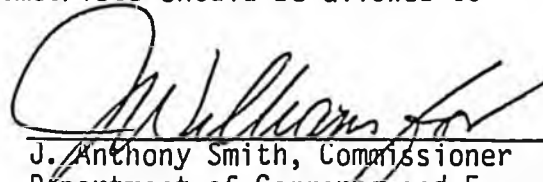
SB 226 grants authority to the Board of Examiners in Optometry to authorize licensed optometrists to administer certain drugs, defined in section 3 of the bill. Basically, the bill creates a new category of regulation - optometrists qualified to administer drugs. The department can support the provision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

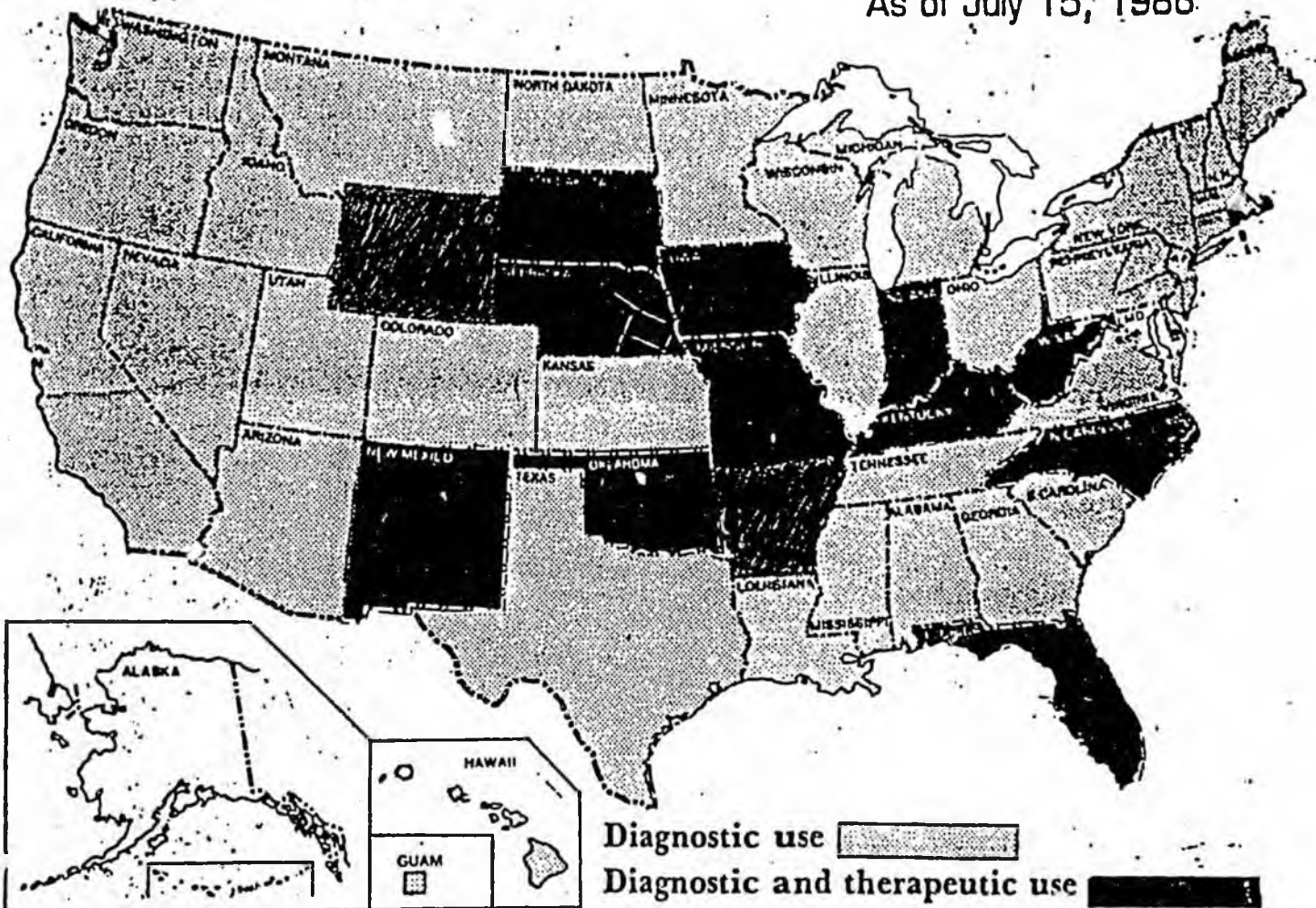
Date: 4/10/87

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



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.

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.

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,

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

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.

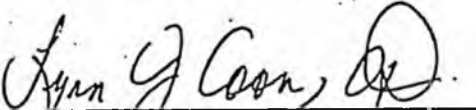
Alaska is one of the two remaining states without a law that allows optometrists to utilize pharmaceutical agents. Yet Alaskan optometrists are among the best trained in the nation. The majority of optometrists in Alaska have successfully completed a competency based 104 hour university course on management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

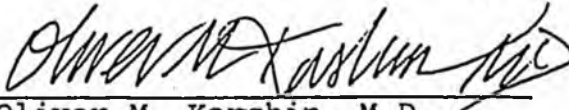
The people of Alaska would greatly benefit from expansion of the scope of optometry. Please take a few minutes to study the next few pages. The expansion of optometric services would allow Alaskans to enjoy better eye care at a lower cost.

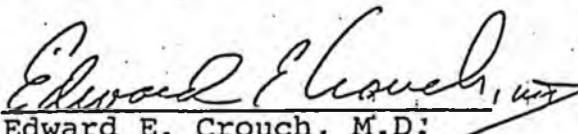
I. Need

- A. OD's are the best distributed trained eye care professionals in rural Alaska. Alaska currently has 5/ ~~35~~ 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

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.


Oliver M. Korshin, M.D.


Edward E. Crouch, M.D.

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.

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

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

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

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

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

TESTIMONY

IN SUPPORT OF SB 226

APRIL 22, 1987

Senators Kelly, Eliason, Uehling, Fahrenkamp and Szymanski: 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."

Tanana Valley Clinic

Family Medical Care

Since 1959

March 25, 1987

Alaska State Legislature
Pouch 5
Juneau, Alaska 99811

OBSTETRICS & GYNECOLOGY

Lawrence I. Dunlap, M.D.
Michael C. Hess, M.D.
Ralph A. Wolf, M.D.
Nigel G. Wappett, M.D.
Jan E. Johnson, ChP

SURGERY

Arvid Ege, M.D.

ORTHOPEDIC SURGERY

Robert Dingemans, M.D.
Randall L. Lippman, PA C

INTERNAL MEDICINE

Michael J. Harbo, M.D.
Rocco E. Maguire, M.D.
Jameson R. Star, M.D.

PEDIATRICS

Marion E. Bergeson, M.D.
J. Timothy Feltz, M.D.
Richard C. Reem, M.D.
Nancy J. Schultz, M.D.
Mark H. St. Jifal, M.D.
Joanna M. Clark, RN, PA C

FAMILY PRACTICE

Harold Julline, M.D.
James A. Lundquist, M.D.
Donald E. Thomson, M.D.
Ivan M. W. Tolgoner, M.D.
Charles Steiner, M.D.
David L. Lewis, PA C
Thomas H. Wilson, PA C

DERMATOLOGY

Thomas P. Sevier, M.D.

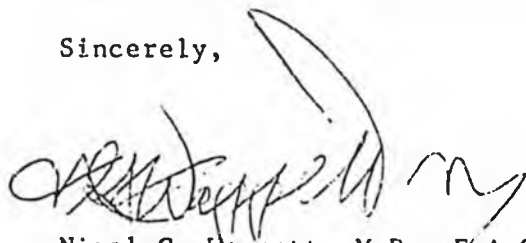
ADMINISTRATION

Ron Davis, Administrator
Jan Wiese, Asst. Mgr.
Sandra J. Farmer, Controller

Dear Sirs:

I am writing in favor of proposed legislation to allow doctors of optometry within the state to dispense diagnostic and therapeutic drugs commensurate with their level of training. It has been my observation that the doctors of optometry with whom I have been associated are extremely well skilled and qualified to provide the highest level of care in the preservation and improvement of sight. Of necessity, this includes a definitive level of skill in diagnosis and appropriate therapy. Unfortunately, health professionals skilled in the highly specialized area of eye medicine are few and far between in this state, and I feel our doctors of optometry have risen to the challenge of providing a more comprehensive level of care. Instead of tying their hands by not allowing them to use drugs with which they have been trained at the specialty level, we may be denying them the ability to treat adequately a large percentage of our population. I sincerely hope our state laws can reflect the degree of support that the medical profession feels in supporting other health professionals in their quest for excellence.

Sincerely,



Nigel G. Wappett, M.D., F.A.C.O.G.

NGW/clr

cc: Randall W. Christiansen, O.D.



STEVEN S. DOBSON, O.D.

April 16, 1987

Sen. Dick Eliason
Pouch V
Juneau, AK

Dear Sen. Eliason:

Please support Senate Bill 226.

The people of Alaska deserve access to quality affordable eye care. Optometry is that vehicle. Many optometrists throughout the state provide evening and Saturday appointments and also live as well as travel to Alaskan communities where ophthalmologists are not present.

In addition to my Anchorage practice I travel to McGrath and am currently the only private practicing eye doctor providing eye care to that community and surrounding villages. Needless to say referrals to Anchorage for further evaluation is expensive for these people. I am not only qualified but also hold a license in the state of California to practice optometry utilizing ophthalmic drugs.

With today's technology and knowledge, ophthalmic drugs are necessary to provide quality primary optometric eye care to Alaskans. The resident of 48 other states have this privilege.

Thank you for your support.

Sincerely,

A handwritten signature in cursive script that reads "Steven S. Dobson".

Steven S. Dobson, O.D.

Southcentral Foundation



March 27, 1987

Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Legislator:

Southcentral Foundation a non-profit health agency under Cook Inlet Region Incorporated would like to take this time to encourage your support for proposed legislation allowing the use of diagnostic and therapeutic drugs by our optometrist within the State of Alaska.

We feel that these professionals that have been trained to utilize this type of care should be able to offer the same services that is currently legislated in 48 other states and should not be limited by the State position.

We encourage that you take this opportunity to put Alaska's eye care in present standards.

Respectfully,

SOUTHCENTRAL FOUNDATION

P.J. Overholtzer
Health Department Manager

PJO/nl

Lynn J. Coon, O.D.
Larry D. Coon, O.D.
Doctors of Optometry
418 North Main/P.O. Box 872167
Wasilla, Alaska 99687

Telephone: (907) 376-7488

January 27, 1987

Alaskan State Legislature
Pouch V
Juneau, Ak 99811

Dear Legislator,

I am an optometrist currently practicing in Wasilla, Alaska. I fully support the efforts of optometry in Alaska to enlarge the scope of optometric practice.

Optometrists are trained to be primary eye care providers that utilize diagnostic and therapeutic drugs. This expertise is recognized by 48 of the states which allow optometrist to utilize some form of pharmaceutical agents. In Alaska optometrists are geographically distributed to permit the majority of Alaskans access to specialized optometric care.

The people of Alaska would benefit by allowing all health care providers, including optometrists, to practice at the full level of their training. These benefits would include faster access to optometrists capable of managing eye pathology and reduced costs in terms of reduced travel, unnecessary office visits and increased competition in the health care field.

As a practicing optometrist in Alaska I ask for your support in allowing optometrists to provide eye care at the full level of their training. Thank you for your attention and consideration.

Respectfully,



Lynn J. Coon, O.D.

LJC/1m



Member
American Optometric Association

M.C. FALCONER O.D.
J.C. FALCONER O.D.
T.F. HARBOUR O.D.
D.L. THANEPC' N O.D.
D.R. BRINKERH JF O.D.

Alaska EYE CARE CENTERS

1345 W. 9th Ave.
Anchorage, Alaska 99501
(907) 272-2557

DOWNTOWN ANCHORAGE

EAST ANCHORAGE

SOUTH ANCHORAGE

WASILLA

EAGLE RIVER

February 5, 1987

Alaska State legislature
Pouch V
Juneau, AK 99811

Dear Legislature:

Alaska is one of only two states that does not allow optometrists to utilize their full training in practising optometry. The use of diagnostic and therapeutic drugs is a large part of the curriculum in all optometry schools and is included as a section in the National Boards; a written test required for licensure in the State of Alaska. The remoteness of many Alaska communities make it difficult to supply continued quality medical care. Optometrists are more numerous and travel more frequently than the other eye-care practitioner (ophthomologist). Given the opportunity, Alaska's optometrist could easily fill the gap that now exists in proper eye-health care in many areas of Alaska.

In Alaska's major cities, health care costs are increased, both to the state and individuals because referrals are required to be made for eye treatments by an ophthomologist which could be made by optometrists on the initial visit if the State statues were updated. Alaska has always been a modern and progressive state. Please support the optometrist's effort in newly proposed legislation to permit the Alaskan Optomtrists to practice optometry to its fullest.

Sincerely,



Maynard Falconer, O.D.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

HEALTH CENTER DIRECTOR
PMS INDIAN HEALTH CENTER
WHITE EARTH, MINNESOTA 56591

February 11, 1987

IN REPLY REFER TO:

John Katzer O.D.

Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Legislator,

I would like to take this opportunity to voice my support for upcoming legislation that would give optometrists the right to practice their profession as they were trained; I'm speaking, of course, of the impending law concerning the use of diagnostic and therapeutic drugs by optometrists. This law is long overdue in Alaska.

It is clear that optometrists receive extensive education and training in pharmacology, pathology and the related sciences. To restrict their ability to practice the profession for which they were so rigorously and thoroughly trained is not only a grave injustice to the optometrists of Alaska, but also a disservice to the patients who trust in them for care. It is time for Alaska to include itself on the growing list of states who have recognized the value of such legislation freeing optometrists to utilize their skills to their fullest potential.

From January, 1984 to December, 1985, I was stationed at the Indian Health Service hospital in Bethel, AK., providing optometric care for the Eskimo people of the Yukon-Kuskokwim Delta. Because I.H.S. optometrists are governed by federal, not state, law, diagnostic and therapeutic agents could be routinely used as indicated in the practice. This is true at most I.H.S. facilities in Alaska and the rest of the United States as well. The ability to utilize these pharmacological agents added immeasurably to the level of care our patients received-- in some cases critical diagnoses that otherwise might have been missed were revealed because of the ability to utilize the proper medicines.

In the course of debates over this legislation, I am quite sure that you will hear fantastic "horror stories" from special interest groups who would like to cloud your reason about passage of this bill. But, let me assure you that optometrists are more than adequately educated and trained to utilize those pharmaceuticals covered in this bill, and, indeed, they are presently doing so in Alaska and many other states.

Sincerely,

JOHN KATZER O.D.

John Katzer

Jerimiah Myers, O.D.

The Vision Clinic - P.O. Box 1948
Kodiak, AK 99615
907-486-6117



February 4, 1987

Alaska State Legislature
Pouch V
Juneau, Alaska 99811

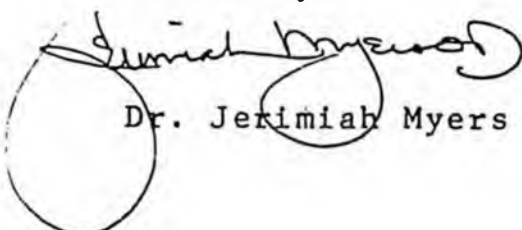
Dear Legislator:

As current legislation turns attention once again to the issue of optometric drug legalization, I would like to re-inforce the position for both diagnostic and therapeutic drugs.

With considerations of the two points of rational sense that; a) Alaska is the only state in the Union that does not have this privilege, b) with the rural layout of Kodiak Island in particular, my hands are tied for detection and treatment of many Alaskans in the bush that I screen for both Elks and Lions Club health fairs. Many inhabitants rarely get to the civilized communities, where treatment for minor infection to blinding glaucoma is available.

Please assist us in using the full scope of our training.

Sincerely,


Dr. Jerimiah Myers

jm/jie

cc: Lynn J. Coon, O.D.
418 N. Main
Wasilla, Ak. 99687

Dennis A. Swarner, O.D.
Robert D. O'Connell, O.D.

Doctors of Optometry
Drawer 4370
Kenai, Alaska 99611

Telephone (907) 283-7575

February 5, 1987

Mike Navarre
Pouch V
Juneau, Alaska 99811

Dear Mr. Navarre;


As a ten year Alaskan resident and a practicing Optometrist I urge you to support the proposed legislation allowing optometrists to employ the use of drugs for diagnostic and therapeutic purposes. That this state is one of only two states restricting the use of drugs by optometrists is ludicrous. Alaskan military as well as public health optometrists have used these agents for years, to the benefit of the population. Alaskans in the private sector deserve the best medical care available, at least as good as that enjoyed by military and public health recipients.

Also as the Secretary of the Alaskan State Board of Optometry. I feel it is absolutely absurd that a Doctor of Optometry licensed to use these drugs in one of the lower Forty Eight States, should choose to practice in Alaska and leave his abilities negated by our antiquated optometry law.

In conclusion, this legislation has a chance to improve Alaska's medical coverage, at no cost to the state and at the same time remove the onerous distinction of being one of the two remaining states that exclude their citizens from the best medical care available.

Thank you.

Sincerely;



Robert D. O'Connell, O.D.



Member

American Optometric Association

April 2, 1987

Alaska State Legislature
Ranch 1
Juneau, Ak. 99811

Dear Legislature,

I am in favor of the proposed legislation allowing optometrists in the State of Alaska to include in their practice the use of diagnostic and therapeutic medications.

The people of Alaska would benefit by providing these health care providers the ability to practice at the full level of their training. Please do your share by supporting & voting for this legislation.

Sincerely,
Haily Anne Cook RN
BSN

R. THOMAS ROSELIUS, O. D.
2600 DENALI SUITE 603
ANCHORAGE, AK. 99503
TELEPHONE 907 274-7825

Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Legislator:

As a member of the Alaska Optometric Association and the American Optometric Association I am writing to offer my support of the proposed legislation allowing Optometrists in Alaska to practice their profession at the level their education and training permits, including the use of diagnostic and therapeutic drugs.

In my practice I see an almost daily need for the use of diagnostic or therapeutic drugs. It not only is a cause of frustration to me, but incurs an added expense for my patients when they have to be referred to a medical Doctor for a procedure that I am qualified to perform, but cannot because Alaska does not have a diagnostic or therapeutic drug law.

My feeling is that a diagnostic and therapeutic drug law would benefit not only the Optometric community but the community as a whole, by allowing Optometrists to provide complete vision care for their patients.

Sincerely:

Thomas Roselius, O.D.
Thomas Roselius, O.D.

TR/bjr

Dennis A. Swarner, O.D.
Robert D. O'Connell, O.D.

Doctors of Optometry
Drawer 4370
Kenai, Alaska 99611

Telephone (907) 283-7575

February 5, 1987

Paul Fischer
Pouch V
Juneau, Alaska 99811

Dear Mr. Fischer;

As a ten year Alaskan resident and a practicing Optometrist I urge you to support the proposed legislation allowing optometrists to employ the use of drugs for diagnostic and therapeutic purposes. That this state is one of only two states restricting the use of drugs by optometrists is ludicrous. Alaskan military as well as public health optometrists have used these agents for years, to the benefit of the population. Alaskans in the private sector deserve the best medical care available, at least as good as that enjoyed by military and public health recipients.

Also as the Secretary of the Alaskan State Board of Optometry. I feel it is absolutely absurd that a Doctor of Optometry licensed to use these drugs in one of the lower Forty Eight States, should choose to practice in Alaska and leave his abilities negated by our antiquated optometry law.

In conclusion, this legislation has a chance to improve Alaska's medical coverage, at no cost to the state and at the same time remove the onerous distinction being one of the two remaining states that exclude their citizens from the best medical care available.

Thank you.

Sincerely;



Robert D. O'Connell, O.D.

M.C. FALCONER O.D.
J.C. FALCONER O.D.
T.F. HARBOUR O.D.
D.L. THANEPHOHN O.D.
DR. BRINKERHOFF O.D.

Alaska EYE CARE CENTERS

1345 W. 9th Ave.
Anchorage, Alaska 99501
(907) 272-2557

DOWNTOWN ANCHORAGE

EAST ANCHORAGE

SOUTH ANCHORAGE

WASILLA

EAGLE RIVER

February 26, 1986

Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Legislator:

This letter is in support of the bill allowing optometrists to use diagnostic and therapeutic agents. Presently 48 of 50 states have some form of this legislation. Our state is falling far behind and we need to update our laws and implement these changes. Top notch clinicians will decide not to practice here because of our restrictive laws.

This legislation would also benefit patients. Rather than referring them to another eye care provider for dilation, or antibiotic, optometrists would be able to save the patient both time and money by doing it in their offices.

If you have any questions regarding this legislation, please don't hesitate to contact me at your convenience.

Sincerely,



D.L. Thanepohn O.D.

EAGLE RIVER VISION CLINIC

Erik D. Christianson, O.D.

16331 Heritage Place, Suite 104
Eagle River, Alaska 99577

Telephone: (907) 694-2511

Dear Legislator,

Very soon during the current session of the legislature a bill will be introduced that will inevitably effect the visual welfare of almost everyone in the state of Alaska. This bill, if passed, will enable Optometrists like myself to prescribe medications for use in the diagnosis and treatment of certain ocular diseases. I feel that this is a big step in the right direction as far as patient care is concerned. Too often in rural areas of the state I have had to compromise patient time, continuity and quality of care, and expense by having to refer a patient to an Ophthalmologist for treatment of a disorder which state law does not allow me to treat. My education has prepared me to properly handle all of the more common ocular diseases not requiring surgery. After all isn't that what an Ophthalmologist does best and should do most often??

As it stands now Alaska is one of only two states in the nation with no diagnostic drug use laws. Twelve states now have therapeutic medication laws allowing Optometrists to treat diseases of the eyes, and that number is expected to grow!!!

The educational programs at most of the optometry schools throughout the country are becoming more medically orientated to meet the challenges of a changing profession. These colleges and universities have beefed up course hours in ocular pathology and pharmacology as well as adding specialized courses in the diagnosis of ocular disease with extra emphasis on the special testing and lab work involved. The young Optometrists of today and tomorrow are being educated in the areas of disease diagnosis and therapeutics at higher and higher levels. Practicing Optometrists have all kinds of quality continuing education courses available to keep them abreast of current and expected changes in medications and their use. As Optometrists we are educated in this area and the opportunities for quality continuing education will only get better.

Sincerely,


Erik D. Christianson, O.D.

 Member
American Optometric Association

MC FALCOVER O.D.
JC FALCONER O.D.
TJ HARBOUR O.D.
DL THANEPONN O.D.
DR BRINKERHOFF O.D.



Alaska EYE CARE CENTERS

1345 W. 9th Ave.
Anchorage, Alaska 99501
(907) 272-2557

DOWNTOWN ANCHORAGE

EAST ANCHORAGE

SOUTH ANCHORAGE

WASILLA

EAGLE RIVER

February 26, 1987

Representative Alyce Hanley
P.O. Box V
Juneau, AK 99811

Dear Representative Hanley,

I am writing to you concerning legislature to allow
Optometrist to use diagnostic and therapeutic drugs.

As one of the only two states that do not allow the
use of these agents by Optometrist, the State of
Alaska severely restricts the efficiency and effect-
iveness of vision care for Alaskans.

This legislation would enable all Alaskans, regardless
of economic status, to receive the quality vision care
they deserve.

As a concerned constituent and practicing Optometrist,
I strongly urge you to support this legislation.

Sincerely,

A handwritten signature in cursive script, reading "Thomas F. Harbour, O.D.".

Thomas F. Harbour, O.D.

PAS/ps

Ed Craig, O.D.
Doctor of Optometry
348 Main Street
Ketchikan, Alaska 99901

Telephone (907) 225-3975

February 20, 1987

Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Sirs:

This is to advise the legislature of the State of
Alaska of my views.

The Alaska Drs of optometry should be allowed to
practice their profession to the fullest extent of
their training to employ diagnostic and therapeutic
drugs when they deem them to be in the best interest
of the patient.

Very truly yours,

NAME	ADDRESS	PHONE NUMBER
Patricia Chanks	2335 4 th Ave Ketchikan	225-3647
Stephen B. Smeltzer	200 WILLY ST KTN	225-7103
Shirley M. Shuttles	2721 3 rd Ave Ktn.	225-3203
Widne R. Buel	Box 5332 KTN IA	225-7821
Charles H. Boyer	P.O. Box 120 KTN, AK	225-6456
Walter S. Brundage	1270 Willy St KTN	225-4578
W. H. L. Swear	1326 Portau Ave. KTN AK	225-6464
Virginia M. Berg	P.O. Box 5204 KTN AK	225-4091
L. R. M. M. M.	Box 5135	5-3225
A. J. M. M. M.	518 P. O. Box	5-4887



Member
American Optometric Association

Visual Training
Contact Lenses

Ed Craig, O.D.
Doctor of Optometry
348 Main Street
Ketchikan, Alaska 99901


Telephone (907) 225-3975

Today Alaska has 46 optometrists distributed in 13 towns and villages around the state. The Federal Government employs several optometrists to serve the Native population and a large segment of the armed forces. Several independently provide service to remote villages and towns so that optometric care is accessible to all Alaskans.

The Alaskan optometrist is required to attend a minimum of 48 hours of certified continuing education every four years. This education is oriented toward primary care with diagnosis, therapy, and management of eye disease a major component. It has been competency based and has included 160 hours of university courses on management of eye disease that a majority of optometrists attended.

Therefore, I feel that as a practicing optometrist in the state of Alaska for the past 33 years, that necessary legislation be passed to allow optometrists to practice their profession at the full level of their training which includes diagnostic and therapeutic drugs.

Very truly yours,


Ed Craig, O.D.



Member
American Optometric Association

Visual Training
Contact Lenses

Ed Craig, O.D.
Doctor of Optometry
348 Main Street
Ketchikan, Alaska 99901

Telephone (907) 225-3975

February 20, 1987

Alaska State Legislature
Pouch V
Juneau, Alaska 98111

Dear Legislators:

Optometry is an independent health care profession that specializes in comprehensive vision care. Alaskan optometrists merely want to update the definition of their profession to reflect present day training in the area of diagnostic and therapeutic care of eye disease at the primary level.

The optometrist has attended an accredited college of optometry for four years. A large percentage of all optometry students have four years of pre-optometry college education and a bachelor's degree. The extensive education that optometry students receive includes 156 hours of pharmacology which is equal to or greater than all other health care professionals using therapeutic pharmaceuticals. Systemic disease and eye disease education are comprehensive and cover complete diagnosis of all eye disease, primary and complicated.

Of the 50 states, currently 48 allow optometrists to utilize diagnostic drugs. The exceptions are Maryland and Alaska. There are 9 states which allows optometrists to use both diagnostic and therapeutic drugs. Of the 9 states, West Virginia's optometrists have employed therapeutic drugs for 10 years without reported incidence of abuse or negligence, and that the public is treated in a safe and effective manner.



Member
American Optometric Association



ANCHORAGE EYE ASSOCIATES
T. B. MCLAUGHLIN, O.D., P.C.

March 3, 1987

Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Legislator,

As you are deciding the merit of the use of ophthalmic pharmaceuticals by Optometry in the State of Alaska, I would like to advise you of my strong support of such legislation.

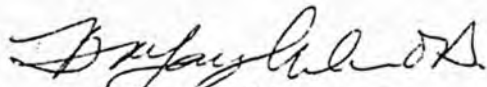
Optometry is a relatively young health profession and has progressed dramatically in the past two decades. Great strides have been achieved in education and the delivery of eye health care by Optometry. Current statutes in Alaska require Optometrists to practice without the use of pharmaceuticals. This greatly limits the efficiency of health care delivery by Optometrists, causing a doubling of the cost and travel of the patient.

Alaska is one of the few states in which these outdated statutes still remain and the time to remedy



ANCHORAGE EYE ASSOCIATES
T. B. McLAUGHLIN, O.D., P.C.

this is past due. May I please count on your support
on this important issue.


T. B. McLaughlin O.D.



STEVEN S. DOBSON, O.D.

April 16, 1987

Sen. Dick Eliason
Pouch V
Juneau, AK

Dear Sen. Eliason:

Please support Senate Bill 226.

The people of Alaska deserve access to quality affordable eye care. Optometry is that vehicle. Many optometrists throughout the state provide evening and Saturday appointments and also live as well as travel to Alaskan communities where ophthalmologists are not present.

In addition to my Anchorage practice I travel to McGrath and am currently the only private practicing eye doctor providing eye care to that community and surrounding villages. Needless to say referrals to Anchorage for further evaluation is expensive for these people. I am not only qualified but also hold a license in the state of California to practice optometry utilizing ophthalmic drugs.

With today's technology and knowledge, ophthalmic drugs are necessary to provide quality primary optometric eye care to Alaskans. The resident of 48 other states have this privilege.

Thank you for your support.

Sincerely,

A handwritten signature in cursive script, appearing to read "Steven S. Dobson".

Steven S. Dobson, O.D.

Dr. Steven S. Dobson
Dr. Gary M. Kjome
Optometry



DIMOND VISION &
CONTACT LENS CLINIC
8301 Briarwood Ave. #203
Anchorage, Alaska 99518
349-6932

April 16, 1987

Sen. Dick Eliason
Pouch V
Juneau, AK

Dear Sen. Eliason:

Please support Senate Bill 226. Forty eight other states allow their people quality optometric care. Why not Alaska?

I currently practice in Anchorage and Valdez. Unfortunately my Valdez patients incur tremendous expense to take time off from work and travel to Anchorage for care and evaluation requiring ophthalmic drug use. I am qualified to provide this care, and I am licensed in other states to use ophthalmic drugs.

Thank you for your support.

Sincerely,

Gary M. Kjome, O.D.
Gary M. Kjome, O.D.



American Optometric Association

M.C. FALCONER O.D.
J.C. FALCONER O.D.
T.F. HARBOUR O.D.
D.L. THANENPOHN O.D.
D.R. BRINKERHOFF O.D.



Alaska EYE CARE CENTERS

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(907) 272-2557

DOWNTOWN ANCHORAGE

EAST ANCHORAGE

SOUTH ANCHORAGE

WASILLA

EAGLE RIVER

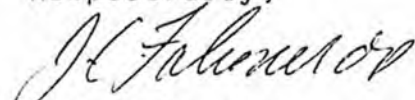
April 15, 1987

Dick Eliason
P.O. BOX V
Juneau, Alaska 99811

Dear Senator:

Please support SB 226. This bill which was worked out in consultation with Optometry and Ophthalmology will better enable the Optometrist to use his training and serve the patient.

Respectfully,


J.C. Falconer

jm

Jeffrey A. Gonnason, O.D.

Doctor of Optometry
Medical Park Eye Care
2211 E. Northern Lights - Suite 202
Anchorage, AK 99508

Telephone: (907) 276-2080

April 21, 1987

Alaska State Legislature
P.O. Box V
Juneau, AK 99811

Dear Legislator:

I am an Alaska Native optometrist, and am currently a member of the Alaska State Board of Examiners in Optometry. My family is Haida Indian from Craig, and I was born and raised in Southeast Alaska. I currently have a private practice in Anchorage.

I am writing about an issue that is very important to me, my family, my fellow Alaska Natives, and my health care colleagues. It is very important that the Alaska Optometry Law be updated to allow our Doctors of Optometry to practice at the full scope of their training, including the use of therapeutic medication. My education was financially supported by the Alaska State WICHE program and BIA funding, yet for the past 10 years I have not been able to use my training because of outdated and restrictive statutes in the Alaska Optometry Law.

Many of our Natives have become accustomed to substandard health care for various reasons, such as lack of availability of qualified providers, remote locations, funding, etc. Often the laws are "bent" to assist our special situations, such as allowing a health aide to provide all sorts of medical care, including drugs, with only minimal (a few weeks) training, supposedly under ANS supervision. This is done probably because something is better than nothing. However, you would never find it in an area with private doctors because of the "dollars for services" issue, which is the bottom line of this legislative issue. Several Native corporations have hired optometrists through the Federal Indian Self-Determination Program, and these doctors provide full scope primary eyecare including use of drugs on Federal authority. In this way, the care is provided and the archaic Alaska Law is bypassed. Alaska and Maryland are the only two states which do not currently permit any optometric use of pharmaceuticals.



Member
American Optometric Association

Jeffrey A. Gonnason, O.D.

Doctor of Optometry
Medical Park Eye Care
2211 E. Northern Lights - Suite 202
Anchorage, AK 99508

Page 2

Telephone: (907) 276-2080

Alaska State Legislature

Optometrists have a training program virtually identical to dentistry. Our academic and clinical training is from standard medical procedures. We use the same standard texts as ophthalmology, written by medical school professors. A majority of Alaska's optometrists have received pharmacology training from medical school professors and clinical training from ophthalmologists. Primary eyecare by optometrists has been well established throughout the U.S., and Congress has authorized optometrists to treat Medicare eye patients, provided it is allowed by the doctor's State.

It is a disgrace for Alaska to restrict optometrists from utilizing their skills to provide quality care for our residents at a lower cost to the public and the State, especially with our special geographic situation. Optometrists have far greater training in the use of drugs for the eye than medical doctors, with the exception of ophthalmologists, who are trained in secondary and tertiary (surgical specialty) eyecare.

If one of my family in Southeast Alaska needed eye treatment, he would have to see the village health aide with no eye training, or go to Sitka or Ketchikan and see a medical doctor with less eye training than the optometrists in town. In fact, the M.D. often will consult with the O.D. for his superior expertise and special instruments to provide the best care for the patient. Being treated by the optometrist would certainly be much better than receiving less qualified eyecare, or having to fly to Seattle or Anchorage for expensive specialist treatment for a primary care condition. There are many more optometrists located throughout various smaller communities in Alaska, whereas the few ophthalmologists tend to locate in urban population centers.

The only opposition to optometry comes from a handful of ophthalmologists and the political leaders of medicine. The ophthalmologists are opposed because of the increased competition which would lower the income of those who do not practice mainly specialty care. The majority of eye disease and surgery occurs in older patients. Because of Alaska's young population, there is not enough specialty eyecare for all the ophthalmologists, so many of them compete with optometrists for routine primary care patients not requiring specialized services. They are understandably trying to protect their "turf".



Member
American Optometric Association

Jeffrey A. Gonnason, O.D.

Doctor of Optometry
Medical Park Eye Care
2211 E. Northern Lights - Suite 202
Anchorage, AK 99508

Page 3

Telephone: (907) 276-2080

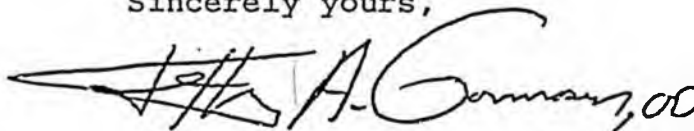
Alaska State Legislature

None of ophthalmology's arguments against optometry are valid. The safety and efficiency record of optometry nationwide has shown nothing but increased availability of lower cost eyecare for the consumer and state social service programs. Ophthalmologists continue to shoot themselves in the foot with their false "horror" stories of blindness and mountains of "cases" that never existed to try to constantly discredit optometry. The medical leadership opposes optometry as the political representative of ophthalmology. A large number of medical doctors do not oppose optometry, in fact many support us privately on merit, but do not want to stir up problems with the medical "union" by going on the record with support. Many M.D.'s are quite surprised to discover that optometrists cannot use drugs under current Alaska statutes.

I am tired of going to Yakutat and other small communities and seeing routine (primary care) eye problems requiring medication that I cannot legally dispense. It is a very real moral dilemma many optometrists face, and I assure you the care of my patient comes first with me. The silly part is that the majority of the types of eye drugs we use can be purchased over-the-counter today at the local drugstore by a ten-year-old, yet I cannot prescribe them.

Please support legislation to update Alaska's Optometry Law allowing O.D.'s to practice their full scope of training. To deny this legislation is to deny adequately available and affordable eyecare to many Alaskans.

Sincerely yours,



Jeffrey A. Gonnason, O.D.

Board of Examiners in
Optometry
State of Alaska



Member

American Optometric Association

Lynn D. Coon, O.D.
Larry D. Coon, O.D.
Doctors of Optometry
418 North Main/P.O. Box 872167
Wasilla, Alaska 99687

Telephone: (907) 376-7488

April 20, 1987

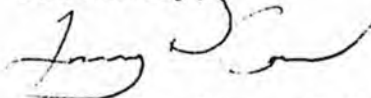
Senator Mike Szymanski
Pouch V
Juneau, AK 99811

Dear Senator Szymanski,

I respectfully request that you support SB 226 which allows optometrists to utilize pharmaceutical agents for examination purposes. This bill is an important step in bringing the Alaskan optometry statutes up to the level of national standards.

The people of Alaska will greatly benefit from the expansion of optometric services.

Sincerely,



Larry D. Coon, O.D.

ATTENTION: ALL LEGISLATORS



Member
American Optometric Association

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT

April 20, 1987

The Honorable Tim Kelly
Chairman, Labor and Commerce Committee
Alaska State Senate
P.O. Box V
Juneau, Alaska 99811

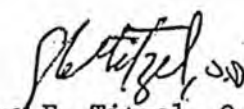
Dear Senator Kelly:

The Alaska Optometric Association supports CSSB 226.

While the bill does not exploit the full capabilities of the modern optometrist, it will allow doctors of optometry to use their diagnostic skills to the fullest, aiding in early detection of potentially sight threatening and even life threatening conditions.

Though this legislation is far overdue for Alaska, it is never too late to pass legislation that is beneficial and clearly in the public interest.

Very truly yours,


Gene E. Titzel, O.D.
President

GET:sr

CC: LABOR & COMMERCE

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

April 20, 1987

The Honorable Tim Kelly, Chairman
Labor and Commerce Committee
Alaska State Senate
P.O. Box V (MS 3100)
Juneau, Alaska 99811

Dear Sen. Kelly:

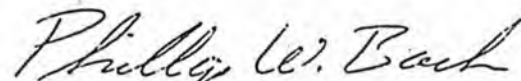
I understand that some ophthalmologists are planning to oppose Senate Bill 226, a very limited bill worked out between the legislative committees of the Alaska Optometric Association and the Alaska Association of Ophthalmologists.

It is difficult to understand how educated men can be so oblivious to the public welfare and to the oath they took to protect the lives and health of their fellow human beings.

About 1955, the Section on Ophthalmology persuaded the American Medical Association to pass a resolution declaring it unethical for any physician to teach in a school or college of optometry. While this resolution was rescinded after a lawsuit several years later, it was still in effect while I was in optometry school in the mid-1960s. My school got around the problem by using professors from the Chicago College of Osteopathy. The college had its own hospital, and the professors did not have to worry about jeopardizing their hospital staff privileges.

When legislators can "just say no" to such self serving behavior, a rationalized, cost effective health care delivery system will finally be attained. This bill is a small but positive step in that direction.

Very truly yours,


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

PWB/lr

CC: ALL COMMITTEE MEMBERS

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

April 20, 1987

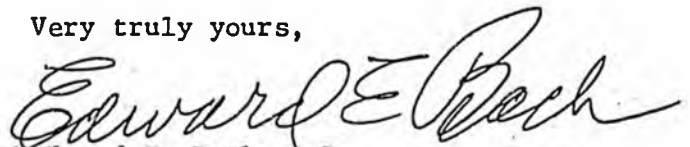
The Honorable Tim Kelly, Chairman
Labor and Commerce Committee
Alaska State Senate
P.O. Box V (MS3100)
Juneau, Alaska 99811

Dear Senator Kelly:

I would like to express my support for Senate Bill 226. Not long ago my son, Dr. Phillip Bach, and I referred for surgical treatment a case of detaching retina. While in this particular case we were able to determine the cause of the patient's symptoms without dilating the pupil, had the retinal tear started farther in the periphery, we would have been unable to see it in its earliest and easiest-to-repair stages.

Dilation of the pupil also permits use of the binocular indirect ophthalmoscope, to better assess the risk of glaucoma and detect the early stages of malignant choroidal melanoma, among other things.

Very truly yours,


Edward E. Bach, O.D.

EEB/lr

10324 Clear Falls Cir
Eagle River, AK 99577
10 April '87

Hon. Jim Kelley
Chairman of Labor Commerce Com.
Alaska State Senate
PO Box V
Juneau, AK 99811

Dear Senator Kelley,

I am writing in support of Bill # CSSB 006. This bill would directly benefit your constituents in several ways. When a person gets their eyes examined, it is often necessary to use drops either to dilate the eyes (a more extensive eye health check) or to determine the full extent of the prescription. Since optometrists are fully qualified to use the drops, patients are unnecessarily having to be referred to other doctors which double the patients

bill. The patient loses on several accounts — money, time, & most importantly poor continuity of care.

It seems in the best interest of public eye care, that bill # CSSB226 be passed.

Thank-you for your time and your consideration.

Respectfully,

Sandra Young, OD
SANDRA A. YOUNG, OD

CC: LABOR & COMMERCE COMMITTEE

21 Apr 1987

The Honorable Tim Kelly
Chairman of the Labor and Commerce Committee
Alaska State Senate
P.O. Box V
Juneau, AK 99811

Dear Senator Kelly,

As an optometrist and Alaskan resident, I am writing you to express my support for senate bill CSSB 226 which will allow optometrists in Alaska to use diagnostic drugs to examine their patients when needed. This will allow us to practice optometry as we are trained to in our four years of post-graduate school. With use of these drugs we will be better equipped to diagnose various eye problems and thus provide better care. Optometrists have a proven record of safe use of diagnostic drugs in the 48 states where optometrists can legally use them. The Alaskan community will benefit greatly from this bill. Lets not have Alaska be the last state to pass the diagnostic drug law for optometrists. I urge your support now.

Thank You,

Michael E. Young O.D.

Michael E. Young O.D.
18326 Clear Falls Circle
Eagle River, AK 99577

HESS adopted an amendment dealing
with examination. - next page

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.

amendment to SD 226
by the HESS committee

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

AS 08.72.160 is amended to read: page 1 ~~is~~ line 9 insert. ~~the~~

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 or [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.

Evidently HESS adopted this amendment in cmte.