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HOUSE COMMITTEE REPORT

(7)

Date Referred: March 15, 1989

FURTHER REFERRALS:

Date of Committee Action: 4/5/90

The HEALTH, EDUCATION, & SOCIAL SERVICES Committee considered: HB 222

HOUSE BILL NO. 222 [OPTOMETRISTS & PHARMACEUTICALS]
 "An Act relating to optometrists and opticians."

RECOMMENDATIONS:

- [] be replaced with 5 HB 222 (HESS) [] the same title
- [] have attached amendment(s) [] a new title
- [X] do pass
- [] do not pass
- [] no recommendation
- [] individual recommendations
- [] additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):
 (Dept)

APPROVES PREVIOUS:
 (Date/Dept)

- [] fiscal impact _____ [] fiscal note(s) _____
- [X] zero fiscal note DCED [] zero fiscal note(s) _____
- [] zero with analysis _____ [] zero fn/analysis _____

SIGNING DO PASS:

[Signature]

[Signature]

[Signature]

SIGNING:
 (Check approp. column)

	Do Not Pass	No Rec	Amend

<u>[Signature]</u>		X	

[Signature]

Chairman's signature

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: An Act relating to optometrists and opticians.
 Sponsor: House HESS Committee
 Requestor: House HESS Committee

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

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL						
---------	--	--	--	--	--	--

REVENUE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Jennifer Strickler, Admin. Officer Phone: 465-2144
 Division: Occupational Licensing Date: 2/5/90

Approved by Commissioner: Larry Merculieff Date: 5 Feb 90
 Agency: Commerce and Economic Development

Distribution (by preparer):

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

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

2-16-90

HOUSE HESS COMMITTEE:

Enclosed is a draft of a CS for HB 222.

The revised bill is shorter and deletes the 2 sections mentioned as possibly questionable by the position paper from the Dept. of Commerce & Economic Development.

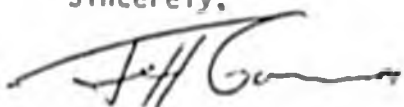
This bill is a very limited therapeutic authorization. It allows

- (1) the use of 2 more categories of topical drugs,
- (2) the removal of superficial foreign bodies, which is already performed, but clarifies that this is not a restricted surgery,
- (3) removes restrictions on certain drugs listed under cycloplegics and mydriatics from our original pharmaceutical authorization.
(pupil dilating agents)

This bill is a small but important step in providing much more accessible and affordable primary eye care for all Alaskans, and in moving toward the goal of ending discrimination against optometry in Alaska. This will bring us more in line with the federal government position and the other states.

Thank you for your support.

Sincerely,



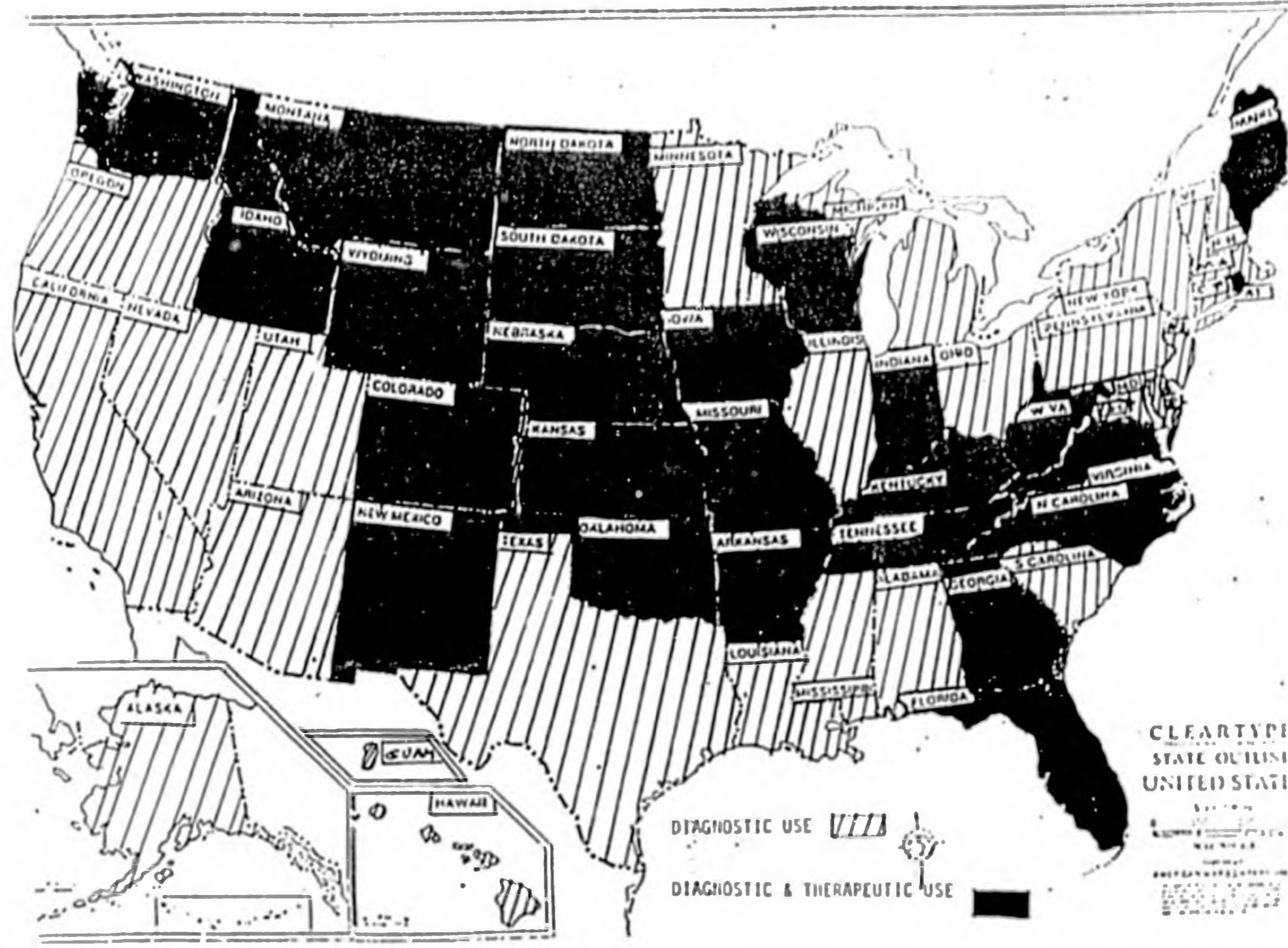
Jeffrey A. Gonnason, O.D.



Member
American Optometric Association

August 3, 1989

STATUS OF PHARMACEUTICAL LEGISLATION



WHAT IS THE PURPOSE OF THIS LEGISLATION?

1. The purpose of this legislation is to license Doctors of Optometry to administer, dispense, and prescribe drugs for the treatment of common eye diseases.
2. Optometrists would also be allowed to remove superficial (non-intraocular) foreign bodies from the eye and adnexa.
3. Optometrists would not be allowed to perform eye surgery.

WHY THIS LEGISLATION IS NEEDED

1. Health care practitioners have an obligation to provide their patients with the highest level of care consistent with their education and training.
2. Changes in Montana statutes have lagged behind the advances and expansion of optometric training and education. The present law denies optometrists the full exercise of their training and responsibility.
3. Optometry is a primary care profession.
4. The level of today's optometric education provides the necessary skills to treat simple and common eye diseases. General practitioners now routinely treat these conditions with much less training in eye disease than optometrists. In addition, optometrists' offices have better instrumentation to manage these problems than the general practitioners' offices.
5. It is more cost effective for the patient to receive treatment from the primary care doctor. Studies are available showing that utilizing the optometrist to provide basic diagnosis and treatment can lower the cost of eye care significantly.
6. It has been shown by other states that the use of drugs by qualified optometrists to the consumer is safe and beneficial.
7. Presently, optometrists are legally required to diagnose eye disease. Treatment is a logical extension of this requirement.
8. In many locations the only health professional specifically trained and appropriately equipped to diagnose and treat eye disease is the optometrist. Optometrists are well distributed throughout the state of Montana, whereas eye surgeons are concentrated in the larger cities. There are approximately 130 optometrists and 40 eye surgeons practicing in Montana.



Employee Benefits Division
Medicare Claim Administration
P. O. Box 1998
Portland, Oregon 97207-1998
Telephone No. (503) 222-6831

Form Approved
OMB No. 0938-0222

Medicare

10/14/87

FOO 511

SS05

JEFFREY A GONNASON OD
2211 E. -NORTHERN LGHT
ANCHORAGE, AK 99504

CORRESPONDENCE NO. 807264800C3000

WE RECEIVED YOUR LETTER ABOUT A RECENT MEDICARE NEWSLETTER ARTICLE
PERTAINING TO OPTOMETRISTS .

THE NEWSLETTER ARTICLE WAS IN ERROR REGARDING THERAPEUTIC TREATMENT
OF EYE DISEASES OR DISORDERS BY OPTOMETRISTS.

EFFECTIVE 4/1/87, A DOCTOR OF OPTOMETRY IS CONSIDERED A PHYSICIAN WITH
RESPECT TO ALL SERVICES THAT THE OPTOMETRIST IS AUTHORIZED TO PERFORM
UNDER STATE LAW. IF STATE LAW AUTHORIZES THERAPEUTIC TREATMENT BY AN
OPTOMETRIST, MEDICARE CAN CONSIDER THE CHARGE FOR PAYMENT.

SINCERELY,

J. Risner
MEDICARE CLAIMS ADMINISTRATION
AETNA LIFE INSURANCE COMPANY

YOU WILL HEAR

You have heard or will hear a number of reasons why the use of therapeutic drugs by optometrists is dangerous. Let me consider some of these.

YOU WILL HEAR that optometrists are not properly trained to use pharmaceuticals for therapy. This is simply not true. The course of study in this area is the same as that of medicine and more extensive than that of dentistry. Not only are the hours of pharmacology the same for medicine and optometry, but it should be noted that the medical student must study all organs equally, whereas, the optometry student can specialize in the eye once general pharmacology is completed. The drug interactions and systemic effects of the drugs administered for ocular conditions are studied in great detail. Students see numerous patients with pathology which requires pharmaceutical therapy. These students are supervised by ophthalmologists. So when other ophthalmologists say our students do not receive appropriate clinical instruction they are providing misinformation, by reacting emotionally not rationally.

YOU WILL HEAR that a profession which is non-medical should not be allowed to use drugs. Yet dentistry and podiatry are non-medical and use therapeutic drugs, and surgery in the course of their professional practice and no harm has come to the public. The real issue here is not whether optometrists are medical or non-medical; the fact is that optometrists are well trained health-care professionals.

YOU WILL HEAR that these therapeutic pharmaceutical agents can have systemic effects, effects on other parts of the body, and that there could be interactions with other drugs a patient may be taking. These are true statements and optometrists along with physicians, dentists, podiatrists and pharmacists study these areas and responsibly incorporate it into their practice. The information necessary for responsible use of these agents is in the public domain and accessible to all health professionals, not just to physicians. It was the result of scientific investigations and is not exclusively "medical"

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

February 27, 1987

Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Legislator:

Recently I have become aware of proposed legislation allowing optometrists in the state of Alaska to increase the scope of their practice to include the use of therapeutic and diagnostic medications. I am strongly in favor of such legislation.

Being a health professional trained in the diagnosis and treatment of eye diseases, the optometrist is an asset in the medical community that the Alaskan public cannot fully utilize.

The optometrists of Alaska are efficiently trained and skilled professionals. Their education in the treatment and diagnosis of eye disorders exceeds that of most physicians. However, unlike physicians, they are not authorized to use therapeutic or diagnostic medications in their practice. This inequity makes the optometrist an under-utilized medical asset.

The passing of such legislation will increase the availability and help control the cost of optical care without affecting its quality. Again, I am strongly in favor of the passing of this legislation.



JOHN E. COTTER, R.Ph.

Tacoma, WA
(Pierce Co.)
Tacoma News Tribune
(Cir. D. 108,436)
(Cir. S. 120,490)

APR 19 1989

Allen's P. C. B. 1.4. 1111

Governor signs bill allowing optometrists to apply drugs

The Associated Press

OLYMPIA — Gov. Booth Gardner signed into law Tuesday one of the most controversial bills of this legislative session, one that pitted optometrists against the medical profession.

The governor's health adviser, Bob Crittenden, a physician, said he had told his boss that he had contacted all 23 states that have similar laws on the books and found there had been no problems.

The measure, Senate Bill 5193, will allow optometrists to treat eye problems with drugs. Currently they can use drugs only for diagnostic purposes.

During debate on the bill, Rep. Art Sprenkle (D-Snohomish), a physician, said that provision was "like letting the fox design the hen house."

The governor also signed into law a bill boosting the penalty for disturbing an Indian grave or cairn to an maximum of five years in jail and a \$10,000 fine. The measure, SB 5807, sponsored by Sen. Kent Pullen (R-Kent), takes effect July 1.

The penalty was sought by Washington tribes, whose leaders said grave robbing and vandalism are on the rise.

Gardner vetoed a bill that would have permitted manufacturers, im-

porters and wholesalers of alcoholic beverages to wine and dine retailers and their employees.

The bill would have repealed sections of the state's "Tied House" law that prohibits any connection between distillers and distributors of alcoholic beverages and retail establishments.

Several other bills were sent to the governor Tuesday for his signature. Those included:

■ A proposal that would have the state hold developmentally disabled offenders in special facilities and more carefully monitor their furloughs.

The measure drew impetus from the state's inability to deal with a developmentally disabled sex offender named Gary Lee Minnix. The man, described by authorities as having the intelligence of a 5-year-old, has been held since 1984 in Western State Hospital for a series of rapes in Seattle's Beacon Hill neighborhood. During a Christmas furlough, he raped a Steilacoom woman, authorities say.

■ A proposal to let voters decide next fall whether to constitutionally guarantee rights for crime victims, under a measure approved by the Senate on Tuesday.

Among other things, the amendment would provide that the victim has as much right as the defendant

to be informed of trial and all other court proceedings.

■ A measure aimed at protecting elderly, developmentally disabled, and mentally ill adults from sexual and economic predators.

The House-amended Senate measure, sponsored by Sen. Linda Smith (R-Hazel Dell), would expand a system now in place permitting businesses and government agencies to learn criminal backgrounds of people hired to work with children.

■ A proposal to allow judges the freedom to give lighter sentences to victims of abuse who injure or kill their long-time tormenters, under a bill sent to the governor on Tuesday.

The Senate measure, amended by the House before winning unanimous Senate approval, was inspired by the case of Delia Alaniz, a Sedro-Woolley woman who hired a man to kill her husband after she and her children suffered what was said to be 17 years of severe abuse.

OPTOMETRISTS

Gov. Booth Gardner has signed into law one of the most controversial bills of the legislative session, one that pitted optometrists against the medical profession.

The governor's health adviser, Bob Crittenden, a physician, said he had told his boss that he had contacted all 23 states that have similar laws on the books and found that there have been no problems.

The measure, SB5193, will allow optometrists to treat eye problems with drugs. Currently they can use drugs only for diagnostic purposes.

Under the bill signed by the governor Tuesday, the Optometry Board will determine what drugs optometrists can use.

Tanana Valley Clinic

Family Medical Care
Since 1959

February 23, 1987

ODONTOLOGY

Lawrence L. Dunbar, M.D.
Richard C. Hays, M.D.
Robert S. Wally, M.D.
Walter B. Bragg, M.D.
Jim Bragg, D.D.

PHYSICIAN

David Lee, M.D.

OPHTHALMOLOGY

Robert Chapman, M.D.
Robert L. Lippman, F.A.C.

ENTIRETY

Richard J. Hayes, M.D.
Dana S. Morgan, M.D.
Jonathan R. Scott, M.D.

PHYSICIAN

Marvin E. Bergeson, M.D.
J. Pauline Fenn, M.D.
Richard C. Hays, M.D.
Henry J. Schultz, M.D.
Mark H. Brault, M.D.
James M. Clark, R.T., F.A.C.

FAMILY PRACTICE

Harold Adams, M.D.
James K. Lundquist, M.D.
Donald E. Thomson, M.D.
John M. W. Torgerson, M.D.
Charles Bauer, M.D.
David L. Lewis, F.A.C.
Thomas H. Wilson, F.A.C.

DERMATOLOGY

Thomas F. Bauer, M.D.

ADMINISTRATION

Bob Smith, Administrator
Jan Wilson, Book Mgr.
Barbara J. Farmer, Counselor

Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

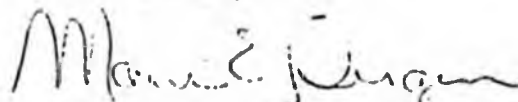
Dear Representative

I am writing to you requesting support for the proposed legislation allowing optometrists in the State of Alaska to practice at a level consistent with their training which would include the use of diagnostic and therapeutic drugs. I worked for many years in the military which utilized optometrists and allowed them to use the drug as both diagnostic and therapeutic agents. I found that the optometrists I worked with were very confident and judicious in the use of these therapeutic agents.

There are only three ophthalmologists in Fairbanks and none in the remainder of the Interior, however, there are many optometrists. Allowing optometrists to treat diseases of the eye within their spectrum of expertise would allow many more Alaskans to be adequately taken care of. Optometrists are trained for 4 years after completing a Bachelor of Arts degree and, in most cases, this training includes 150 hours of Pharmacology. Currently 50 states out of the 50 allow optometrists to use drugs in a diagnostic area and 25 of the states also allow to use drugs therapeutically.

Alaska with its vast land area and remoteness of villages and cities would certainly benefit by allowing optometrists to use their clinical expertise with the use of diagnostic and therapeutic drugs.

Sincerely yours,



Marvin E. Bergeson, M.D.
Pediatrics

MEB/dr

1001 Noble Street • Fairbanks, Alaska 99701
(907) 452-1611



Valley Eye and Laser Center

March 13, 1989

House of Representatives
Legislative Building, Room #
Olympia, Wa. 98504

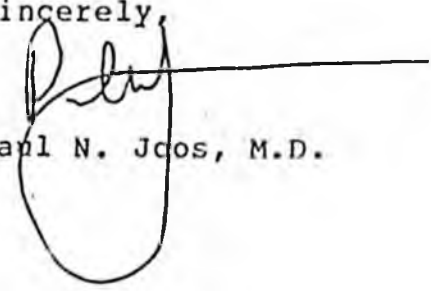
Dear Representative

I am writing to express my strong support for Senate Bill #5193. I have been practicing medicine as an ophthalmologist, specializing in eye disease and surgery for the past ten years.

I have reviewed the proposed change in Legislation carefully, and find it is a reasonable approach for expanding the scope of optometric practice. My experience with optometrists has shown me that they are very competent, careful, and ethical practitioners.

Please support this bill and move the issue out of the political arena, so all ophthalmologists and optometrists can get back to our main concern, the care of eyes.

Sincerely,



Paul N. Jacobs, M.D.

Donald R. Schieve, M.D.
5220 Neil Road Suite 110
Reno, Nevada 89502

April 24, 1989

Senator Ray Shaffer
Legislative Building
401 S. Carson Street
Carson City, NV 89710

Dear Senator Shaffer,

As an Ophthalmologist and practicing M.D. for over 25 years, I strongly support S. B. 296. The passage of this bill will *definitely benefit* the citizens of our State.

My credentials are as follows: (i) After residency, I practiced as a Board Certified Pathologist for 16 years in Reno; (ii) I then took a second residency in Ophthalmology and practiced in Morgantown, WV for 9 years, prior to my return to Reno in 1988, where my Ophthalmology practice is now located.

During my 9 years as an Ophthalmologist in West Virginia, I was able to observe first hand the *positive results* of the passage of a bill very similar to S.B. 296.

In all the cases I observed the patient was: (i) better served and treated; (ii) more efficiently referred, when needed, to the correct specialist; and (iii) enjoyed a lower medical cost.

As I am sure you are aware, West Virginia was the first of twenty-four states that have passed legislation similar to S.B. 296 during the last fourteen years.

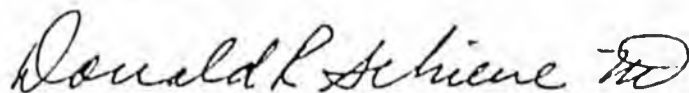
As an Ophthalmologist, I am aware of the opposition some of my fellow Ophthalmologists may place before you. These objections are generally voiced by a small group of Doctors who believe their practices are being infringed upon, "a turf battle".

Medicine, science, and technology continue to bring forth new frontiers. We cannot practice medicine as we did twenty years ago. Status quo in medicine does not benefit the patient.

We must continue to grant rights to Doctors to treat their patients in areas in which they are properly trained, even though these Doctors do not carry the title "M.D."

I urge you, and your fellow committee members, to vote in favor of S.B. 296 and continue the advancement of proper and economical medical care for the people of Nevada.

Sincerely yours,



Donald R. Schieve, M.D., Ophthalmologist



NORTHWEST EYE CENTER

State of the Art Technology
and Old Fashioned Care

February 8, 1989

State Senator Gary Nelson
106-A Inst. Building
Olympia, WA 98504


Dear Senator Nelson:

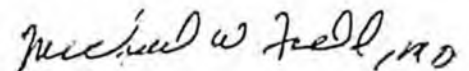
We are three ophthalmologists practicing in Seattle. We are writing in support of Senate Bill 5193, and feel that Doctors of Optometry should be allowed to use topical therapeutic drugs. We have had the opportunity and pleasure of sharing in the care of many patients with optometrists in your legislative district: Doctors Michael Medin and David Ross. These doctors provide excellent care. They have shown good judgment in their patient care decisions. We feel they will continue timely and proper care with therapeutic drug use. In the past two years we have participated in educational courses with these doctors. We have encountered a high level of interest and enthusiasm in these endeavors.

It is our hope that passage of this therapeutic bill will result in a greater unity between optometrists and ophthalmologists and ultimately our patients will be the beneficiaries.

If you have any questions or concerns, we would be happy to discuss them with you.

Yours very truly,


J. Stephen Brown, Jr., M.D.



Michael W. Field, M.D.


William E. Hancock, M.D.



RECEIVED APR 25 1989

COMMONWEALTH OF KENTUCKY
BOARD OF OPTOMETRIC EXAMINERS

1000 W. MAIN STREET
GEORGETOWN, KENTUCKY 40324

803-8810
AREA CODE 602

April 24, 1989

Sen. Robert Ney
State House
Columbus, Ohio 43266-0604

Dear Sen. Ney:

I am happy to give you the following progress report since the passage of SB 104 which went into effect in Kentucky on July 15, 1986.

There has been no increase in complaints from the general public since the passage of this Bill, and there has not been any complaints dealing with the use of therapeutic drugs. Insurance rates for our optometrists have actually decreased. One of the main advantages of this legislation is that, due to the large amount of rural areas in Kentucky, the public has been saved countless numbers of miles and dollars.

When this Bill went into effect the board required each TPA certified O.D. to keep a drug log setting out specific information on each patient prescribed for. The following information was turned in to our office in December, 1987.

Number of Rx's written - 37,817
Number of patients prescribed for - 36,493
Number of conditions treated collectively - 2,158
Number of different conditions treated - 62
Miles saved - 843,368
Dollars saved - \$1,115,086.00

I have enclosed a copy of SB 104 for your information. Please contact us if we can be of any help.

Sincerely yours,

J. C. Schertzinger, O.D.
President

cc: Darlene Eakin
Earl K. Green

JCS/at

WEST VIRGINIA BOARD OF OPTOMETRY

DALE E. PALMER, O.D.

SECRETARY-TREASURER

WEST VIRGINIA BOARD OF OPTOMETRY

POST OFFICE BOX 67
NOTTER FORT, WEST VIRGINIA 26001
1AM1874 5317



October 16, 1986

Dan J. Lex
P.O. Box 2186
Cheyenne, Wyoming 82003

Dear Mr. Lex:

This letter is in response to your inquiry of October 8, 1986, regarding the therapeutic drug experience. For the sake of brevity, I will answer each question by number:

(1) Law became effective March, 1976.

(2) Therapeutic alone would probably be in the neighborhood of 250,000 to 400,000. Combined with diagnostics, the number would be 1,300,000 based on 100 doctors using diagnostics on 1,200 patients per year. Therapeutic figure is conservative estimate of four cases per week, per doctor times 10 years. Actual numbers could double this.

(3) No cases of misuse of therapeutic drugs have been reported to our board, and no cases have come to court involving misuse of therapeutic drugs.

(4) Based on an average of \$20.00 office visit for therapeutic patient verses average of \$40.00 for ophthalmology, a savings of \$5,000,000 to \$8,000,000, and I would consider this conservative.

(5) The cost of malpractice insurance has not been adversely affected by therapeutic drug use at all.

Sincerely,

A handwritten signature in cursive script that reads "Dale E. Palmer".

Dale E. Palmer, O.D.
Secretary-Treasurer

DEP:jj

"Having been involved both with the training of optometric students and residents, as well as working closely with optometrists for quite sometime, I feel it is imperative that the optometric profession be extended the rights and responsibilities that go along with therapeutic use of medication for ocular disease. My experience has been that the optometrist is in a much better position than the general medical person to treat and manage many of the problems that are seen in the general practitioner's office related to the eye."

Jon Weston, M.D., F.A.C.S. Ophthalmologist
American Eye Institute
Marion, Illinois



Illinois Optometric Association
312-573-8012

BRITT A. BUCKLEY, M.D.

Eye Physician and Surgeon

February 5, 1988

Rep. Kathy Williams
Capitol Building
200 E. Colfax
Denver, Colorado 80203

Dear Representative Williams,

I am writing you to state my support for the optometric drug bill legislation that is currently being written. As an eye surgeon in Colorado Springs I am constantly in contact with the area optometrists in regards to patient care. I have been very impressed with the ability of the optometrists clinically in our area, and feel that with the appropriate pharmacologic background and training which they are receiving that this will enable them to proficiently treat anterior segment eye diseases.

I have been impressed in the past at how well the diagnostic drug legislation has improved patient care in this state. It has enabled the optometrist to become more clinically adept, and I have seen better working relationships between the optometrists and the ophthalmologists in overall clinical care. Although I am aware of certain optometrists who are not clinically current, these are the individuals who are electing not to update their license for either the diagnostics or the training for therapeutics. For this reason, I have not found that these certain individuals have been a problem in the clinical care of patients now that pharmacologics are available.

Once again, I would like to lend my support for the optometry therapeutics legislation, and I hope to see it enacted in the near future.

Sincerely yours,

Britt A. Buckley

Britt A. Buckley, M.D.

cc: T.W. Clyde, O.D.

BAB/pb

ARIS M. SOPHOCLES, JR., M.D.
3331 FOREST STREET
DENVER, COLORADO 80207
Telephone (303) 320-8325

FEB 17 1988

February 10, 1988

Representative Sam Williams
Colorado State Capitol
Denver, CO 80203

Dear Sam,

I hope this note finds you and Gladys well. I'm writing because Dale Lervick has told me the optometrists are running into considerable resistance over HB 1155. As a physician who has practiced in both rural and urban communities, I'd like to add my 2 cents.

Optometrists serve a valuable function in Colorado. They practice in small communities and capably diagnose eye disorders. Their training is thorough and comprehensive, and exceeds the training most family physicians get in the study of visual disorders. For these reasons they should be granted permission to use certain pharmaceutical agents for the treatment of eye disease.

Basically, the optometrists are requesting legislation to allow the use of drops that fight bacterial and viral infections, cortisone-related drugs to use for allergic reactions or abrasions, and antiglaucoma agents, and the right to remove foreign bodies that become imbedded in the cornea. With proper training, which schools of optometry provide, these agents and procedures will be correctly employed.

ROBERT J. TELLO M.D.
GROSBOLL CLINIC
232 WEST 4TH STREET
LOVELAND, CO 80537
(303) 667-3565

Representative Kathy Williams
State Capital Building
Denver, CO 80216

Dear Representative Williams:

I am a board certified physician practicing internal medicine in Loveland, Colorado for the past years. I recently learned that the optometrists in our state are attempting to pass a law which would allow them to use certain pharmaceutical agents in the treatment of anterior segment disease and glaucoma. I have been asked to write this letter to show that I support them in their efforts, and do so for the following reasons.

First, I know optometrists are more widely distributed throughout Colorado than ophthalmologists. I was surprised to learn that optometrists maintain full time practices in 33 of Colorado's 63 counties, while ophthalmologists have full time practices in only 18. The major reason for this is that ophthalmologists specialize in ocular surgery and for them to function at their highest level of training they need a fully staffed, modern hospital. This dictates that their office be located in or very near a major city.

It is apparent that the citizens of rural Colorado would be better served if optometrists could handle their minor ocular problems through the use of therapeutic agents. This would not only save the time, and the expense involved in traveling to a major city, but possibly prevent needless, permanent vision loss due to delays in treatment.

Secondly, I know these medications to be relatively safe and effective products with few systemic side effects. They are used on a routine basis by nurse practitioners, physician's assistants, and general physicians with good success and without the aid of a slit lamp or extensive training in ocular disease. It is hard to rationalize why the optometrist, who possess the specialized equipment and have the extensive training in ocular disease, aren't already providing these services to the citizens of Colorado.

Since 1979 Colorado state law specifically states that optometrists are required to diagnose ocular disease. I strongly feel that Colorado state law should be expanded to give the optometrists the right to use the agents they need to better serve the people of Colorado.

Sincerely,

Robert J. Tello, M.D.

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

Jan. 6, 1990

Updating Alaska's Optometry Law:

As of August 1989, 25 States allow O.D.'s to use
Therapeutic Pharmaceutical Agents.

Washington and Wisconsin were the most recent, with
Washington passing one of the best laws in the country.

13 States, including Alaska, are currently working on
passage of similar TPA legislation.

Discrimination against optometry by the medical
profession, at the expense of available, quality
eyecare to the people of Alaska, must be eliminated.

The enclosed information and evidence from across the
nation and Alaska, is a sample of the material
available to support this needed legislation.

The current Alaska Bill, is very weak and restrictive,
only adding 2 drug categories to our current allowable
list. This was done in hope of swift passage with
minimum controversy. A less restrictive law like
Washington State would be better, but Alaska's O.D.'s
are willing to accept a smaller step if it will help
insure legislative passage to get our State out of
the dark ages of health care.



American
American Optometric Association

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: An Act relating to optometrists and opticians.
Sponsor: House HESS Committee
Requestor: House HESS Committee

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

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
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						
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Jennifer Strickler, Admin. Officer Phone: 465-2144
Division: Occupational Licensing Date: 2/5/90

Approved by Commissioner: Larry Mercurieff Date: 5 Feb 90
Agency: Commerce and Economic Development

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

HB 222: "An Act relating to optometrists and opticians."

HB 222 amends the optometry statutes by providing the Board of Optometry with the authority to establish additional requirements by regulations for licensees to obtain an endorsement to use pharmaceutical agents within their practice. In addition, the bill provides that patients receiving optometry services may have their prescription filled either by a pharmacist or a pharmaceutical supplier upon presenting a signed prescription request from an optometrist who holds a license endorsement for pharmaceutical agents. The bill also expands the description of pharmaceutical agent to include anti-infectives and anti-inflammatories, drugs known to be "therapeutic" in nature. Finally, it repeals the prohibition against the use of pharmaceutical agents for other than diagnostic purposes.

In 1988, optometrists in Alaska obtained statutory authority to use certain pharmaceutical agents within their practice. The new law provides for a license endorsement allowing optometrists to use drugs for diagnostic purposes only. HB 222 expands on the scope of the license endorsement by including permission to use therapeutic drugs as well.

The department is not overly concerned with the limited use of therapeutic drugs allowed by this bill because optometrists must first prove their competency prior to being granted an endorsement on their license. Other professions, however, such as pharmacists and ophthalmologists, may express greater concerns.

Section 3 appears to attempt to make clear that a dispensing optician may not practice optometry. The department is somewhat unclear, however, as to the exact intent of this amendment. A licensed dispensing optician is authorized to practice only within the definition of the practice of opticianry defined in AS 08.71. To practice otherwise would be a violation of the dispensing optician licensing statutes and subject the licensee to disciplinary proceedings under AS 08.71 by the Board of Dispensing Opticians. This seems only another salvo in the continuing dispute between these two professions. We see no need for this amendment.

We are also very concerned that this bill allows pharmaceutical suppliers to provide drugs directly to patients, instead of through a pharmacist. We would appreciate clarification of the intent of Section 1, page 1, lines 22-28, as well.

In summary, the department does not generally oppose the bill but raises the concerns in Sections 1 and 3, as discussed above. We are, however, opposed to allowing a patient to fill a prescription directly from a pharmaceutical supplier instead of a pharmacist.



Larry Mercurieff, Commissioner

Date: 2/7/90

STATE OF ALASKA
THE LEGISLATURE

POUCHY STATE CAPITOL
JUNEAU ALASKA 99811
307 465 1800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

March 9, 1989

SUBJECT: Sectional Analysis
(Work Order No. 6-0893)

TO: Representative Johnny Ellis, Chair
Health, Education, and Social Services
Committee

FROM: Terri Lauterbach *TL*
Legislative Counsel

Following is a sectional analysis of Work Order No. 6-0893A, a bill relating to optometrists and opticians:

Section 1 amends AS 08.72.175(a) to allow the Board of Examiners in Optometry to set additional requirements by regulation for an endorsement that authorizes an optometrist to use pharmaceutical agents. The section also amends AS 08.72.175(b) to allow pharmacists or pharmaceutical suppliers to supply an optometrist's patient with pharmaceutical agents upon presentation of a signed prescription request from an optometrist who holds a license endorsement authorizing the use of pharmaceutical agents in the optometrist's practice.

Section 2 affects the types of pharmaceutical agents that can be used by an optometrist by amending the description of pharmaceutical agent in AS 08.72.272.

Section 3 clarifies that AS 08.72 does not affect the practice of an optician licensed under AS 08.71 except to the extent that the optician practices optometry.

Section 4 amends the definition of optometry.

Section 5 repeals AS 08.72.272(b), which reads:

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

TL:lmb
L7/027

STATE OF ALASKA THE LEGISLATURE

POUCH V - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY LEGISLATIVE REFERENCE LIBRARY

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

H. HESS

2-8-90

H. HESS

3-21-90

H. HESS

4-5-90

Original sponsor(s): HESS Committee by Request

1 IN THE HOUSE

BY THE HESS COMMITTEE

2 CS FOR HOUSE BILL NO. 222 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SIXTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to optometrists."

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

8 * Section 1. AS 08.72.272(a) is amended to read:

9 (a) A licensee may use a pharmaceutical agent in the practice of
10 optometry if

11 (1) the pharmaceutical agent is

12 (A) a drug approved by the federal Food and Drug
13 Administration for topical application to the human eye [, USED
14 FOR EXAMINATION PURPOSES ONLY,] within the categories of

15 (i) topically applied ocular anesthetics, but not
16 including cocaine;

17 (ii) cycloplegics or mydriatics; [, BUT NOT IN-
18 CLUDING ATROPINE, HOMATROPINE, SCOPOLAMINE, EPINEPHRINE, AND
19 10 PERCENT PHENYLEPHRINE; OR]

20 (iii) anti-infectives;

21 (iv) anti-inflammatories; or

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

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

27 * Sec. 2. AS 08.72.300(3) is amended to read:

28 (3) "optometry" means the examination, diagnosis, and
29 treatment of conditions of the human eyes and visual system, other

1 than by use of laser, x-rays, surgery except removal of superficially
2 embedded foreign bodies, or pharmaceutical agents, other than those
3 permitted under AS 08.72.272; "optometry" includes the employment of
4 methods that a person licensed under this chapter is educationally
5 qualified to use, as established by the board;

6 * Sec. 3. AS 08.72.272(b) is repealed.
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