HB

336

January 10, 1991

American Public Health Association

1015 Fifteenth Street, NW
Washington, DC 20005
202/789-5600

Hal V. Marsell
Chairman, Utah State Optometry Board
Utah State Legislature
190 South Fort Lane, #1
Layton, UT 84041

Dear Chairman Marsell:

I am very pleased to write in support of the legislation soon to be introduced which would update your state's laws concerning optometric care.

As you may know, at its 118th Annual Meeting, the American Public Health Association (APHA), which represents a combined national and affiliate membership of over 52,000 public health professionals and community health leaders, adopted a resolution entitled "Access to Treatment for Eye Care by Optometrists." A copy is enclosed for your immediate reference.

This resolution acknowledges that the expansion of clinical privileges of optometrists has increased the availability, accessibility, and cost effectiveness of eye care to the American public. The resolution recommends that States update their optometric practice acts to allow for optometric use of those diagnostic and therapeutic pharmaceuticals which have been determined by the State Board of Examiners in Optometry as being within the scope of competency of pharmaceutically certified optometrists. We further recommend that dispensing of such pharmaceuticals be regulated by state pharmacy laws.

Currently, 30 states allow optometrists to use therapeutic drugs for the benefit of their patients. APHA urges your support for legislation which encompasses the principles endorsed in the APHA resolution, and would result in better access to comprehensive eye care of the American citizens.

I am confident that the citizens of Utah will be well served and will benefit greatly if comparable legislation is adopted by your state. As an MD. a Dean of a School of Public Health. and President-elect of APHA, I strongly endorse its passage.

Sincerely,

Joyce C. Lashof, MD
President-elect, APHA and
Dean, School of Public Health
University of California at Berkeley

JCL:mam/APHA

enclosure

Pacific
CATARACT AND LASER INSTITUTE

TO: *Members of the Alaska Legislature*

FROM: *Robert O. Ford, MD*

DATE: *May 21, 1991*

Over the last ten years of working as an ophthalmologist closely with the optometric profession to provide eye care to the people of Washington, I have made some observations that I would like to share with you.

Relations between ophthalmology and optometry in general are unfortunately frequently dominated by competition and turf issues. Once I was able to get past that in my own thinking about eight years ago, I began to see things in a different light.

Individual and professional advancement is part of the American way. Optometry as a profession has grown progressively more sophisticated and capable. Unfortunately each step of the way, their efforts at self-improvement have been resisted by organized ophthalmology. The most frequent argument used has been that patients will suffer when practitioners practice beyond their training. It is true that patients will suffer if any practitioner overextends himself whether he be MD, OD, attorney, politician or anything else. The real issue of public safety lies with the morality, honesty, and faithfulness of each person using their own judgement to manage only things for which they are qualified, and to get consultation or make referrals when necessary.

My experience with optometry is that they are as a whole, above average in their commitment to providing quality care to their patients and requesting assistance or making referrals whenever a particular case is beyond their knowledge or training.

As I have observed the changes in Washington, first with an extension of optometry's freedom to use diagnostic drugs and then later with their freedom to use therapeutic drugs, I have not seen patients harmed. In fact the availability of eye care has improved, and I can recommend this course of action to the state of Alaska.

Sincerely,

Robert O. Ford

Robert O. Ford, MD
/de

2517 N.E. Kresky
Chehalis, WA 98532
206 748-8632
1 800 888-9903

2302 Union Ave
Suite B-16
Tacoma, WA 98405
206 756-9440
1 800 888-9905

8203 W. Quinault Ave.
Suite 200
Kennewick, WA 99336
509 736-0826
1 800 888-9904

April 5, 1991

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

Dear Legislator:

I am writing in support of Senate Bill 157 (Optometry Pharmaceuticals). I am glad to hear Alaska is currently addressing the issue of optometrists being allowed to prescribe a variety of therapeutic agents.

This action is long overdue and has already been approved in 26 other states.

I am a Colonel in the Air Force, a board certified Family Physician and Chief of the Emergency Room, Family Practice, and Primary Care Department at Elmendorf Air Force Base Regional Hospital. I have thus had frequent professional exposure to optometrists and thus feel I can speak quite objectively.

I feel optometrists are fully qualified to expand their prescribing service to their patients.

I would hope an objective review of this issue be undertaken and passage of the bill be the outcome.

Sincerely,

Richard M. Stratton

Richard M. Stratton, M.D., Colonel, USAF, MC

2420 Banbury Drive
Anchorage, AK 99504

Kachemak Bay Medical Clinic
Professional Corporation
PAUL D. RAYMOND M.D.
4285 Hohe St., Suite 2
Homer, Alaska 99603
(907) 235-4050

May 2, 1991

Dear Legislator:

I am writing this letter in support of Senate Bill 157, which involves the use of pharmaceutical agents by optometrists. As a family practitioner in a rural area of Alaska, without the presence of ophthamologists we depend greatly on qualified optometrists for evaluation and treatment of superficial and anterior chamber eye disease. This would include administrating topical steroids, antibiotics and antiglaucoma agents to the human eye. Obviously, this would be inherent on the licensee having been endorased under AS 08.72.175.

The ability of appropriately trained optometrists to diagnose and treat anterior chamber and superficial eye disease would prove beneficial not only for rural physicians but also would serve in the patients' best interests concerning long term cost containment. In my experience the optometrists in the geographical area in which I practice appropriately refer ophthamologic patients to board certified ophthamologists when indicated.

I appreciate your support.

Sincerely,

Paul D Raymond MD

Paul D. Raymond, M. D.

PDR:nmc
cc: Boyd Walker

Fairbanks Clinic
Quality Care Since 1932

April 23, 1991

Alaska State Legislature
PO Box V
Juneau, Alaska 99811

Dear Sirs:

I am writing this letter in support of Senate Bill 157 concerning optometry prescribing privileges.

I was on active duty as a medical officer in the United States Air Force from 1981-1988. During the last five years of that time I was assigned to the USAF clinic at Eielson Air Force Base. Part of my duties there was to serve as direct supervisor for the optometrists. During that period of supervision, the Air Force changed its prescribing rules and began to allow optometrists with appropriate training to prescribe certain classes of medication. In order to obtain these prescribing privileges, the optometrist had to show documented proof of ocular therapeutics training during his original professional schooling or evidence of adequate education in ocular therapeutic since graduation from optometry school. With documentation of the appropriate training, these optometrists were then permitted to prescribe medications in classes similar to those mentioned in Senate Bill 157.

I have had the opportunity to work with several optometrists who have been credentialed under these rules and have found that they have been able to provide increased service to their patients. I have not seen any significant problems associated with optometrist-prescribing practices.

I feel that it would be a benefit to the residents of Alaska to permit optometrists to prescribe those medications noted in Senate Bill 157. I believe that appropriately trained optometrists are capable of effectively and safely treating relatively minor eye problems with medications, as specified in Senate Bill 157, and therefore am in favor of passage of this bill.

Sincerely,

Enlow R. Walker, M.D.
Family Practice

ERW/hlb

1867 Airport Way • Fairbanks, Alaska 99701
(907) 452-1761

Tanana Valley Clinic

Family Medical Care

Since 1959

April 18, 1991

Alaska State Legislature
Juneau
Alaska 99811

To the Legislators:

I am writing to you requesting support for the proposed Senate Bill 157 allowing optometrists in the State of Alaska to practice at a level consistent with their training which would include limited use of therapeutic drugs, i.e. anti-infectives and anti-inflammatory drugs. I worked for many years in the military which utilized optometrists and allowed them to use the drugs 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 four 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 four years after completing a Bachelor of Arts degree, and in most cases this training includes 150 hours of Pharmacology. Currently all fifty states allow optometrists to use drugs in a diagnostic area, and 25 of the states also allow them 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,

Marvin E. Bergeson, M.D.
Pediatrics

MEB:sr

1001 Noble Street • Fairbanks, Alaska 99701
(907) 452-1611 • FAX (907) 456-8770

M. Marcell Jackson, M.D.
A PROFESSIONAL CORPORATION

February 7, 1992

Donald Lehmann, M.D.
Alaska State Medical Association
Legislative Committee Chair
700 Katlian Street, Suite E
Sitka, AK 99835

Dear Dr. Lehmann:

As a family practice physician, I have become familiar with the scope of training and capability of Alaska licensed optometrists.

I support the updating of the Alaska optometry law to allow qualified optometrists to use therapeutic pharmaceutical agents limited to eye treatment.

Nationally, the American Public Health Association has passed a resolution supporting this legislation, and 29 states currently allow optometrists to use therapeutic drugs for the benefit of their patients.

I would request that the Alaska State Medical Association Legislative Committee support this legislation.

Sincerely,

M. Marcell Jackson, M.D.

2211 EAST NORTHERN LIGHTS BOULEVARD SUITE 207 ANCHORAGE, ALASKA 99508-4184
TELEPHONE 279-2531

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MARK NEWMAN, M.D.
ILONA JEAN HODSON, M.D.
ROBERT K. THORNQUIST, M.D.
Diplomates American Board of Family Practice

2211 EAST NORTHERN LIGHTS BLVD., ANCHORAGE, ALASKA 99508 • (907) 279-8486 • FAX (907) 278-7255

February 12, 1992

Donald Lehmann, M.D.
Alaska State Medical Association
Legislative Committee Chair
700 Katlian Street, Suite E
Sitka, AK 99835

Dear Dr. Lehmann:

As a family practitioner, I have become familiar with the capability of Alaska licensed optometrists.

I support the updating of the Alaska optometry law to allow qualified optometrists to use therapeutic pharmaceutical agents limited to eye treatment. The expansion of clinical privileges of optometrists has been shown to increase the availability, accessibility, and cost effectiveness of eye care to the public.

In 1990 the American Public Health Association passed a resolution supporting this legislation, and 30 states currently allow optometrists to use therapeutic drugs for the benefit of their patients.

I would request that the Alaska State Medical Association Legislative Committee support this legislation.

Sincerely,

R. Taylor

Richard R. Taylor, M.D.

April 4, 1991

To the Legislature.

This is a letter of support for the bill in Legislation which will permit Optometrists to prescribe and dispense medication.

The clinic where I work is located in Metlakatla and the nearest Ophthalmologist is in Juneau. Patients that have an acute eye problem and need to be evaluated by an "eye specialist" are referred to the Optometrist, Dr. E. Christiansen, in Ketchikan for evaluation and a treatment plan. After Dr. Christiansen evaluates the patient, he calls the referring physician to tell them his findings and recommendations. On occasion, Dr. Christiansen has recommended that the patient be seen by an Ophthalmologist for care we send the patient to Juneau. But, not all patients have needed to be referred to the Ophthalmologist. It has saved the clinic unnecessary travel expenses for those patients Dr. Christiansen can treat.

For the above reasons, I support the bill which will permit the Optometrist to prescribe and dispense medications.

Thank you.

Barbara Fine

Barbara Fine, RN
P. O. Box 652
Metlakatla, Alaska 99926

April 8, 1991

Alaska Legislature
Juneau, AK

Dear Legislators,

We are writing this letter to inform you that we support the bill in legislation that will allow Optometrists to prescribe medications for the treatment of eye disease.

I was previously a patient of Ed Craig, O.D. who practiced in our community for many years. In fact it was he who first detected my glaucoma in 1985 and referred me to an ophthalmologist in Seattle for treatment. My health is not as good as it once was and I find it impossible to travel to Seattle for my follow-up visits. Dr. Eric Christiansen has taken over Dr. Craig's practice and has been following the status of my the glaucoma for a year. I feel comfortable with his care and follow-up. I had a bad experience with the ophthalmologists that travel to our city periodically and do not wish to see them for care. It frustrates my husband and I when we cannot get a prescription for eye drops renewed or changed during a follow-up visit at Dr. Christiansen's office. The doctor must call the ophthalmologist in Seattle and have him call my prescription to a pharmacy in Ketchikan. Dr. Christiansen has told us the ophthalmologist in Seattle is uncomfortable with this arrangement due to my inablility to travel to Seattle for follow-up. Optometrist's are available any time because they live here. If their education trains them to understand the prescription of medications for treatment of eye disease then they should be allowed to prescribe it. It would save Alaskan's with eye problems time, money, and frustration. It would also improve our ability to obtain treatment immeadiately if we need it. Please consider passing this important legislation. Thank you.

Regards,

Ruth Terwilliger

Ruth A. and Wesley B. Terwilliger
Marine View, Apt. 509
Ketchikan, AK 99901

Doctor of Optometry
Medical Park Suite 202
2211 E. Northern Lights Blvd.
Anchorage, AK 99508
(907) 276-2080
(907) 276-2081 Fax

American Optometric Association

JEFFREY A. GONNASON, O.D.

My name is Jeffrey A. Gonnason, O.D., a doctor of optometry. I am a life-long Alaskan, president of the Alaska Optometric Association, and past president of the Alaska State Board of Examiners in Optometry. I have been in private practice in Alaska for over 15 years. On behalf of the Alaska Optometric Association representing over 60 of Alaska's Doctors of Optometry, I wish to thank the committee for hearing this issue in the public interest. Documents of support are available from Alaska and across the nation relating the 16 years of experience by other states that allow optometrists the use of therapeutic medications.

The purpose of this legislation is to update the Alaska optometry statutes with regard to the use of pharmaceutical agents. Currently, only diagnostic drugs are used for examining the eye. Passage of this legislation would allow qualified Alaska optometrists to treat the conditions they currently diagnose in a manner consistent with their education and training. Alaska statutes currently require optometrists to "keep informed of and use current professional theories and practices" (AS 08.72.240). In the 30 states where optometrists routinely use drugs to treat eye disease, problems have virtually been non-existent over a 16 year track record. Alaska's O.D.'s do not have this earned and justified privilege.

Optometry as a profession has grown progressively more sophisticated and capable. Most doctors of optometry complete 8 to 9 years of college: 4 years undergraduate and 4 years of graduate training in optometry school, as well as a residency program. Admission requirements and tests are similar to those for medical and dental schools. The biomedical sciences presented in other health professional programs are taught in optometry school with the same quality of instruction. Course work in diagnosis and treatment of eye disease and ocular pharmacology is much more extensive than that presented in medical school. Clinical training occurs in various clinics, HMO's, Public Health, Indian Health, and VA Hospitals. Optometry schools are accredited by the same national agencies that accredit medical schools.

Alaska state education funds would be better spent if these doctors could practice their healing arts in their own native state. It is difficult to get new graduates to come to Alaska because they cannot currently utilize the full extent of their training.

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JEFFREY A. GONNASON, O.D.

Optometrists possess an education similar to dentists, podiatrists, and medical doctors. None of these other practitioners, including general medicine, have the extensive training and education specific to eye disease and ocular pharmacology. Yet of these practitioners, only optometry is limited in its use of pharmaceutical agents. We have far more extensive education, as well as training in the use of highly specialized eye instrumentation, than the general medical doctors, nurses, and health aides that are currently allowed to treat eye disease in Alaska.

Last year the American Public Health Association, which represents over 52,000 health professionals, passed a resolution entitled "Access to Treatment for Eye Care". This resolution recommends that legislators update their state optometry practice acts to allow optometrists to use therapeutic pharmaceuticals.

This bill will not allow "grandfathering" of present practitioners. Current statutes already require each Alaska optometrist to pass additional examinations determined by the State Board to receive a license endorsement for pharmaceutical agents. Current regulations for a license already require passing "TREATMENT AND MANAGEMENT OF OCULAR DISEASE", a nationally recognized and standardized examination offered by the International Association of Boards of Examiners in Optometry (IAB), of which Alaska is a member. I can assure you that the Board would exercise the utmost caution in stringent requirements for pharmaceutical endorsement.

The malpractice insurance rate paid by optometrists are the same in states that do allow as those that do not yet allow treatment of eye disease. This is an unbiased reflection of quality, cost-effective care. Malpractice rates have actually been reduced recently. My rate went from $356 last year down to $250 this year. This is positive proof of the public safety of optometry, with 16 years of therapeutic experience and one of the lowest litigation rates of the health professions. The courts hold optometrists to the same standards of care applicable to medical doctors and dentists.

Optometrists are classified as physicians under federal Medicare Law, with respect to all services authorized by state law. Medicare patients are denied access to therapeutic eye care from optometrists in Alaska. U.S. Public Health, Indian Health, and military optometrists in Alaska have used medications for many years. If they enter private practice as many have done, they are then restricted by outdated Alaska statutes.

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American Optometric Association

JEFFREY A. GONNASON, O.D.

The only reason for this legislation is to provide much better access to quality, affordable, and cost-effective eye care for Alaskans. This is especially true in our smaller towns and villages. In Alaska, optometrists outnumber ophthalmologists 3 to 1 and are widely distributed throughout the state, while the ophthalmologists are only in the Juneau, Fairbanks, and Anchorage areas (including Soldotna). Time and expense would be saved by the public and the state health payers by reducing unnecessary travel, lost work time, not having to pay more than one doctor, or not having to pay the higher fees of a surgical eye specialist for a common primary care condition. According to the Journal of the American Medical Association, April 1985, "The cost of primary care increases when it is provided by specialists, without necessarily improving its quality...". These cost savings have been well documented. Increased competition and freedom of choice among providers is also a cost containment reality.

The optometrist is often the first contact for a patient suffering from an eye disorder. In most cases, needed treatment can begin immediately, an important aspect in the treatment of many eye diseases. Early diagnosis and treatment allows the optometrist to eliminate patient suffering, and can prevent serious complications.

Optometrists are reasonable, educated, caring professionals with a clean track record nationally. We are state licensed with strict standards. We are regulated by the State Board, by legal liability concerns, by community opinion, and by medicine and the legislature looking carefully over our shoulders. Unlike our other medical and non-medical colleagues with unrestricted license for new educational developments, we practice under a limited license and must return to the legislature for statute changes as optometric education and eye care technology advances. The State Board of Optometry should be allowed to determine the scope of practice by regulation, as is done by other health professions in Alaska to keep current with health care advances.

We are fortunate to have a legislature that will respond to the health care needs of all Alaskans. By lending your approval to expansion of primary eye care services by optometrists, you will be supporting the basic goal of improved quality of life for all Alaskans. Our support is from a broad base: State health administrators, educators, Native organizations, community and regional health groups, insurance providers, medical doctors, dentists, nurses, pharmacists, and mostly by our patients all over the state who choose to trust us with their eye care.

Good ~~afternoon~~ Day, I am Dr. Gordon Preecs, a physician and eye surgeon in private practice from Juneau. My medical degree came from Georgetown University and my postgraduate training in ophthalmology was obtained in the military at Walter Reed. I have been in Alaska since leaving the military and with my partner, Rob Breffeilh, cover most of the larger communities of Southeast on a regular basis.

I am here to present my opposition to ~~Senate Bill 157~~ H.B. 336, the therapeutic drug law for optometrists. I will begin by addressing availability of care. It is often advanced that the greater number and wider distribution of optometrists makes them more available as primary eye care givers, especially in the rural environment. If you examine the medical marketplace, you will see that is changing. Physician manpower has been increasing at a rate that encourages a wider distribution of professionals. Crowded urban centers will not support new and financially vulnerable practitioners. My partner and I took over the practice of Southeasts only eye surgeon who had been in solo practice for 20 years. From the outset we began a program of scheduled clinics throughout the region. We travel almost 20 weeks a year between us. We are in Ketchikan every month for a week, Sitka nearly every other month and in Haines, Skagway, Wrangell, Petersburg, and Metlakatla routinely. On our part, this was a matter of finding and serving a market that was previously underserved. Those are real market forces and will serve your constituents better than changing

the practice standards for practitioners of medical care in these communities.

The rough rules of thumb for medical manpower in this area is that 1 optometrist serves 10,000 people and an ophthalmologist serves 20,000. This is distorted in Alaska by our relatively younger population but we still sit in fair compliance with that guide. Ketchikan's 15,000 plus surrounding communities have 2 optometrists, Sitkas 9,000 have 1, and the total region has the two eye surgeons ranging about on a routine basis. Patients who need to be seen can get appropriate medical care in a reasonable time today.

Another issue often presented is the consideration of cost. It is widely assumed that optometrists charge less for their services than physicians. As a private practitioner subject to anti-trust regulation, I cannot give you accurate survey data of my peers and there charges. We do not compare and co-ordinate our charges. However, I have heard enough comparisons and casual reports through patients to know that I am indeed well within the range of fees charged by optometrists in this area. I would be delighted to participate in any survey which would accurately contrast the services and charges made by the respective professions in this region.

In testimony last ~~month~~ year on similar legislation before the Pennsylvania State House, Dr. Robert Reinecke, a former

optometrist, now an ophthalmologist and distinguished past president of the American Academy of Ophthalmology, quoted from a 1989 Medicare reimbursement survey which showed that in large optometric fees rose to the limits allowed by Medicare. Neither physician nor optometric reimbursements declined within the Medicare program. These are not competitive market forces at work, just opportunistic ones.

My final point has to do with perhaps the most important consideration of this legislation. Do optometrists possess the necessary training and experience to allow them authority and responsibility to dispense therapeutic agents?

Much can be made of the extent of pharmacology training done in the classroom of optometry schools. For the most part it is substantially less than is done in medical school. What is most important and most difficult to understand is that it is just the beginning of understanding drug and patient interactions. No physician receives authority to write prescriptions just by graduating from school. At a minimum in every state an internship which immerses the new practitioner in patient care for a full year is required to receive a licence. Most of us go well beyond that and spend 2 to 7 more years in specialty training, learning and relearning the complexities of the interactions of patient, medication and disease. As Dr.

Reinecke noted in his testimony, it is a humbling experience which cannot be replaced by legislation.

Perhaps the essential feature of medical education is the progressive tutelage of student by mentor, the one-on-one supervision and guidance up a trail of experience. We pass many spots which not even remotely surveyed by optometric training: the intensive care unit, the nursery, the labor and delivery suite, the Emergency ward. Even now I will find my self quoting the chestnuts of advice that still ring true in my practice: Do it this way, you'll sleep better, the enemy of good surgery is better, foolish consistency, the hobgoblin of small minds. The optometrists I work with in my community are good and decent men. They are not physicians. Their hands were not guided and judgements reviewed by a broad body of experience the extends to the entire patient, not just that remarkably complex organ of vision, the eye.

I trained in eye surgery with 3 other men in my year group. One is still in military service, another is my partner here in Juneau. The last man, Dr James Beson, was recently called back to active duty to serve in Desert Storm. He is a decorated Medevac pilot in Viet Nam who left the service to complete optometry school and join his father in his optometry practice in Tulsa. After 2 years he returned to medical school and eventually completed his residency with me and went on to take subspecialty training

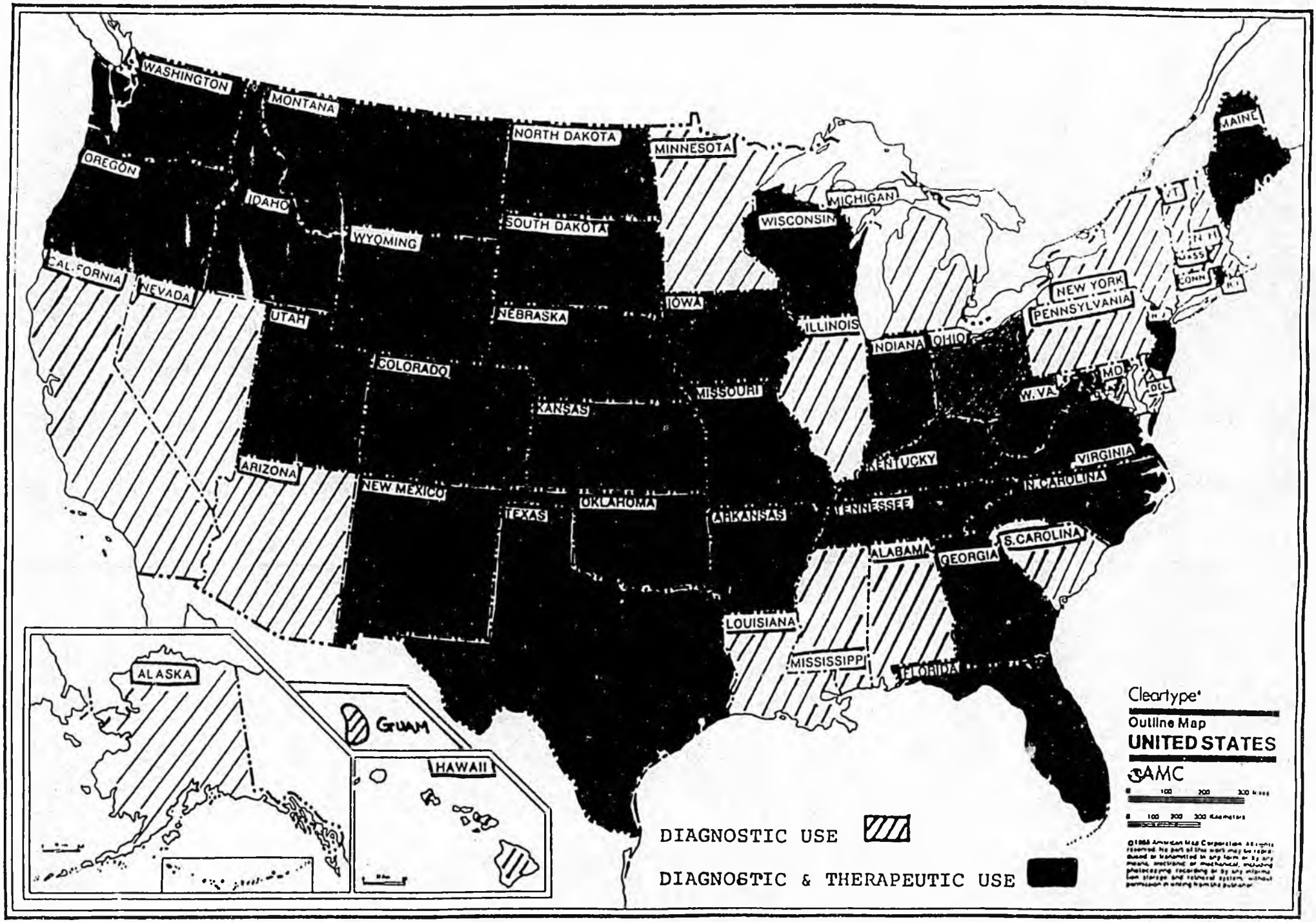
in glaucoma. He used to bluntly tell us all that he saw more eye disease in one day as the emergency doctor in our training program clinic than he did in one year of his optometry training. This was not hyperbole, it was his earnest belief.

It is sometimes said that physicians mystify disease to enhance their role as its master. Nothing could be further from the truth. The complexities of illness and health challenge physicians every day. We simplify and streamline health care at the risk of relearning the exception to the rule at patient expense. ~~Senate Bill 157~~ H.B. 336 is such a step. I urge you to turn away from this direction for the sake of your constituents and their continued good health.

Thank you very much for your time. If you have any questions I would be glad to answer any that I can.

STATUS OF PHARMACEUTICAL LEGISLATION

February
~~January~~ 16, 19~~5~~2



STATE	DIAGNOSTIC USE	THERAPEUTIC USE
ALABAMA	*	
ALASKA	May 25, 1988	
ARIZONA	April 25, 1980	
ARKANSAS	April 2, 1979	March 3, 1987
CALIFORNIA	July 9, 1976	
COLORADO	June 10, 1983	April 20, 1988
CONNECTICUT	April 2, 1986	
DELAWARE	July 10, 1975	
D.C.	March 25, 1986	
FLORIDA	July 10, 1986**	July 10, 1986**
GEORGIA	February 14, 1980	February 25, 1988
GUAM	December 28, 1982	
HAWAII	June 12, 1985	
IDAHO	March 23, 1981	March 31, 1987
ILLINOIS	September 15, 1984	
INDIANA	***	***
IOWA	June 8, 1979	May 31, 1985
KANSAS	April 12, 1977 (2:00 p.m.)	April 17, 1987
KENTUCKY	March 29, 1978	February 7, 1986
LOUISIANA	July 6, 1975	
MAINE	June 24, 1975	June 25, 1987
MARYLAND	January 13, 1989	
MASSACHUSETTS	December 23, 1985	
MICHIGAN	March 26, 1984	
MINNESOTA	March 8, 1982	
MISSISSIPPI	March 17, 1982	
MISSOURI	July 24, 1981	June 24, 1986
MONTANA	April 12, 1977 (10:10 a.m.)	April 23, 1987
NEBRASKA	February 13, 1979	March 26, 1986
NEVADA	May 25, 1979	
NEW HAMPSHIRE	June 6, 1985	
NEW JERSEY	*	January 16, 1992
NEW MEXICO	March 4, 1977	April 5, 1985
NEW YORK	July 15, 1983	
NORTH CAROLINA	June 3, 1977	June 3, 1977
NORTH DAKOTA	March 22, 1979	April 10, 1987
OHIO	March 15, 1984	February 15, 1992
OKLAHOMA	April 6, 1981	March 22, 1984
OREGON	May 20, 1975	August 9, 1991
PENNSYLVANIA	March 1, 1974	
RHODE ISLAND	July 16, 1971	June 26, 1985
SOUTH CAROLINA	March 21, 1984	
SOUTH DAKOTA	March 15, 1979	March 15, 1986
TENNESSEE	May 8, 1975	April 22, 1987
TEXAS	August 5, 1981	June 15, 1991
UTAH	March 21, 1979	March 20, 1991
VERMONT	April 23, 1984	
VIRGINIA	February 25, 1983	April 11, 1988
WASHINGTON	April 23, 1981	April 18, 1989
WEST VIRGINIA	March 4, 1976	March 4, 1976
WISCONSIN	April 29, 1978	August 3, 1989
WYOMING	February 17, 1977	March 2, 1987

FOOTNOTE KEY:

** = General legislation, favorable attorney general opinion.*

*** = Previous favorable attorney general opinion. Specific legislation enacted in 1986.*

**** = General legislation, favorable attorney general opinion. Legislation which would have prohibited pharmaceutical utilization defeated. Appeal from dismissal of litigation which would have prohibited pharmaceutical utilization denied by state supreme court, February 27, 1986. Clarification legislation adopted May 13, 1991.*

ALASKA'S DOCTORS OF OPTOMETRY

Fact sheet for SB 157

HB 336

A: Access:

Alaskans in communities like Sitka, Kodiak, Homer, Ketchikan and others do not have access to eye care. Most Alaskan communities have no medical specialists, and the local optometrist is the most highly trained, specialized, and instrument-equipped professional in town, with over 60 of us scattered throughout the state.

B: Better Care:

The optometrist is often the first contact for a patient suffering from an eye disorder. Needed treatment can be started immediately, which is an important aspect in treating many eye diseases.

C: Cost Containment:

Optometrists' fees are generally lower than those of medical specialists and hospitals; the cost of a 2nd visit to another doctor or clinic would be eliminated; travel time and expense would be eliminated as well as extra time away from work. These are documented cost savings from other states. Increased competition with freedom of choice among health providers also holds down costs.

D: Doctors of Optometry:

Optometrists have been prescribing drugs for their patients across the nation for the past 16 years, with 30 states currently allowing therapeutic drug treatment of eye diseases. No laws have been repealed, and 13 more states have bills pending. There have been no problems nationally, and the malpractice insurance premiums for optometry are the same in states with and without therapeutic drug laws.

E: Education:

Optometry training is on a par with medicine, dentistry and podiatry. An undergraduate college degree plus a 4 year doctorate program and often a residency in a hospital-based setting. The letter from Dr. Les Walls, a medical school professor and now an optometry school dean, best explains our education. Older optometrists who did not originally receive advanced therapeutic training would not be grandfathered. They would be required to return to school for additional training and pass rigid State Board standards and exams to be endorsed to use therapeutics.

F: Fairness:

Under the current state law, the optometrists in most communities must refer their patients needing eye medication to a nurse practitioner, health aide, or general medical doctor with far less training than optometrists have.

G: Government:

Approximately 5 agencies of the Federal Government have studied optometry and found us competent in therapeutic treatment and surgical co-management. Military and Indian Health optometrists have used therapeutic drugs for many years. Optometrists are considered "physicians" under federal Medicare law, being allowed to provide any services the state law allows. The national American Public Health Association recently passed a resolution supporting optometry therapeutics in all states.

This legislation is in the best interest of the public health.

COMMENTS OF LESLEY L. WALLS, O.D., M.D. BEFORE THE VIRGINIA STATE BOARD OF MEDICINE'S AD HOC COMMITTEE ON OPTOMETRY, DECEMBER 20, 1988 PUBLIC HEARING, REGARDING CERTIFICATION OF OPTOMETRISTS TO PRESCRIBE AND ADMINISTER OCULAR RELATED THERAPEUTIC PHARMACEUTICAL AGENTS.

I. Introduction

My name is Dr. Lesley L. Walls and I am from Oklahoma where my job is Dean of the College of Optometry in Tahlequah, Oklahoma.

I am privileged to be a graduate of both optometry school (University of California at Berkeley-1968) and Medical School (University of California at Davis-1972).

My career has been in both Academic Medicine (Northeastern Ohio Universities College of Medicine, 1975-1977; University of Oklahoma Tulsa Medical College, 1977-78 and 1981-88 and Oral Roberts University College of Medicine, 1978-79) and Optometry (Northeastern State University, 1979-81 and February 1988 - present). I served as Department Chairman for Family Practice Tulsa Medical College from 1981-1988. I am very familiar with the curricular requirements of medical and optometric programs.

II.

Let me offer some specific observations on my own experience with optometric and medical education.

Medical school traditionally prepares the student in general medical and surgical background for the post-graduate training programs. Detailed anatomy and physiology of organs such as the eye is not emphasized during medical school. As well, during surgical rotation in medical school it is uncommon to be exposed to ocular surgery. Because heart disease, cancer, and stroke are the biggest killers of the U.S. population, medical school clinical training is heavily devoted to general internal medicine, general surgery, obstetrics-gynecology and pediatrics. There are usually fourth-year electives in 4-12 week blocks where a student may increase his/her exposure to subspecialty medical and surgical areas such as: ophthalmology, ear/nose and throat, urology, pulmonary medicine, cardiology, etc. In my experience a small minority of students choose ophthalmology as a clinical rotation.

By a small personal survey in the area of Oklahoma in which I reside, most primary care physicians (general practitioners, family practice, internists, and pediatricians) state they had from one to three weeks of medical school devoted to ophthalmological care. This includes both didactic coursework and clinical experience. I do not need to remind you that these physicians treat eye diseases on an unrestricted basis.

In optometry schools there are courses in general pathology and ocular signs of systemic disease since

the optometrist is responsible to detect systemic diseases with ocular manifestations and to make appropriate referrals. The detailed ocular anatomy, ocular physiology, ocular pathology, and ocular pharmacology training in optometry school is far superior to the same ocular topics in any general medical school course in the country. This is not to slight medical education, there simply is not enough medical school curriculum time to devote to the eye because of training in vital organ systems such as the heart, lung, vascular system, etc.

III.

The possession of and use of sophisticated equipment such as binocular indirect ophthalmoscopes, slit lamps, goldman tonometers, goniolenses, Fundus photography, etc. are far superior in a modern optometric practice than in any primary care physicians office such as family practice, internists and pediatricians. Coupled with training and experience in the utilization of this type sophisticated equipment makes the optometrist better prepared to evaluate, diagnose and treat most ocular conditions when compared to the other listed primary health providers. This is not to demean or to cast these fine primary care providers in a bad light, rather, it is simply a fact that we must accept.

Because of the above there is no question that a well trained and well equipped optometrist can more than measure up to medical standards of care for primary physicians in the

area of diagnoses and management of various ocular diseases/disorders.

IV.

I will now briefly discuss my personal experience with side effects of ocular pharmacologic therapy. This section will be very brief as I have never had a patient with anything other than a very minor side effect from ocular pharmaceutical agents. I feel that the optometric curriculum in conjunction with current basic life support certification is adequate preparation to handle an emergency should it occur.

In summary I would like to point out that ophthalmologists are vitally needed. The medical profession would be in sad shape without them because of their expertise in the area of ocular trauma, cataract surgery, retinal surgery, and other ocular problems requiring advanced medical management. However, in a state such as Virginia the ophthalmologists are primarily in larger cities with a poor distribution in the rural communities.

I also strongly feel that optometrists are vitally needed. Optometrists are well distributed in rural communities and by definition serve as primary care health professionals. In my opinion, the patient, particularly in a state like Virginia, will be the beneficiary of modern optometric practice. With the use of pharmaceutical agents, for diagnostic and therapeutic purposes, serious disease detection will be facilitated thus making the referral system

into medicine more efficient. As well, this will save the patient a lot of inconvenience and time. I feel the Virginia State Board of Medicine should allow the people of the state of Virginia to benefit from modern optometry which includes the use of diagnostic and therapeutic pharmaceutical agents. I believe the key to utilizing these medications by any health care professional is proper education and training.

Lesley L. Walls, O.D., M.D.
Dean, College of Optometry
Northeastern State University
Tahlequah, OK 74464
918/456-5511

OPP
Optometric Protector Plan

Continuously
Serving Optometrists
Since 1973

November 7, 1991

TO WHOM IT MAY CONCERN:

RE: OPTOMETRIC PROTECTOR PLAN

This letter is in response to your inquiry relative to professional liability rates and therapeutic drug usage.

The Optometric Protector Plan which is endorsed by the American Optometric Association currently insures over 7,000 O. D.'s nationwide. Our professional liability experience reflects both therapeutic and non-therapeutic states and the information provided is based on this information.

Poe & Associates, in the past has reviewed on a comprehensive basis the underwriting results for three major carriers for a period of seven years, and found that there is no significant actuarial coordination between therapeutic drug usage and liability insurance rates based on the current underwriting results.

Our current carrier of record, Great American Insurance Companies, does not charge a premium differential or surcharge for therapeutic drug usage in any of the states in which they are currently providing coverage. Because claims and premiums are so closely related to incidents of harm and injury to patients, we do not have evidence at this time that there is a correlation between the use of therapeutic drugs by Optometrists and malpractice claims.

Please contact me if I can be of any further help.

Sincerely,

Kathy Szuszczewicz

Kathy Szuszczewicz
Program Coordinator

KS/sv

National Administrator
Poe & Associates, Inc.

P.O. Box 1348
Tampa, Florida 33601-1348
(813) 222-4100
Fax (813) 221-4109

OPTOMETRY: THE PROFESSION

Optometry is an independent primary health care profession.

It encompasses the prevention and remediation of disorders of the eye/vision system through the examination, diagnosis, treatment and/or management of visual efficiency and eye health. The recognition and diagnosis of related systemic manifestations are designed to preserve and enhance the quality of life and environment.

Doctors of Optometry are primary health care providers who diagnose, manage and treat conditions and diseases of the human eye and visual system as regulated by state law.

These health care professionals are specifically educated, clinically trained and state licensed to examine the eyes for the presence or absence of vision problems, eye diseases or ocular manifestations of systemic diseases such as diabetes, hypertension, hyperthyroidism, etc. The primary vision care needs of consumers have shaped the scope of optometric practice as it is today.

American Optometric Association

Pennsylvania College
of Optometry

University Program

Prerequisite Courses, Elective Registration

In specific instances, before a student may be enrolled in a particular course, prerequisite courses are required. These prerequisites may be satisfied by (1) successful completion of the courses; (2) approval of the course instructor; (3) transfer of credit from other institutions; (4) an exemption examination.

Individual registration is required for enrollment in any elective course. Credit will only be given when the student has been properly registered for the elective course through the Registrar in the Office of Student Affairs.

Course Changes

Courses listed in this catalog are subject to change through normal academic channels.

Department of Basic Sciences

Assistant Dean for Basic Sciences

Pierrette Dayhaw-Barker

Professors

John B. Siegfried, Joseph Toland, Gilda Crozier, Emeritus, Jacob Nevyas, Emeritus

Associate Professors

Sitaramayya Ari, Pierrette Dayhaw-Barker, Andrew Buzzelli, Alvin Byer, James P. Carroll, Louis Catania, Edward Deglin, Lawrence Gray, John W. Laney, Thomas L. Lewis, Lorraine Lombardi, Susan Oleszewski, Christopher Rinehart, Mitchell Scheiman, Stephen Whittaker, Charles Wormington

Assistant Professors

Connie Chronister, Robert Cole, Bruce Muchnick, Paul Robinson, Eileen Schnel-Klitsch

Instructors

Chaya Herzberg, JeanMarie Pagani, Joan Wing

Teaching Associate

Jon Marberger

The objective of the Department of Basic Sciences is to provide the student with the scientific concepts underlying optical, visual, and biological function and organization of the eye and systemic biological organization and interrelationships of ocular functions with those of the entire body.

Students are prepared to understand the optics of lenses and the visual system, in addition to the anatomy and physiology of the visual system and the nervous system. The basic principles in these disciplines are used as a foundation for the understanding of accommodation and convergence, eye movements, the eye as a monocular sensory system and normal and abnormal binocular functions of the visual system.

Several courses within the department discuss the clinical application of optical principles to the fitting of spectacles and contact lenses and the diagnosis and treatment of binocular disorders, strabismus and amblyopia.

Ocular structures and functions in normal and pathological states are explored in detail with the goal of creating a basis for the understanding of altered conditions.

A strong background in biomedical sciences enables the future optometrist, as a provider of primary health care, to correlate systemic and ocular abnormalities. The optometrist is thereby better prepared to assess, diagnose, treat, and/or refer ocular problems with possible systemic cause and to diagnose and refer patients with systemic problems.

BS111 Human Anatomy *3.5 Quarter Hours*

Provides an overview of major anatomical relations of the thorax and abdomen. Anatomy of the head and neck region is presented in great detail with emphasis on the eye and adnexa. Topics are accompanied by observation of prosected cadavers and detailed analysis of the skull.

BS112 Biochemistry *2.5 Quarter Hours*

Discusses structure and function of basic biochemical molecules (carbohydrates, lipids, proteins, nucleic acids). Much of the course deals with human metabolism with in-depth study of the major metabolic pathways at the cellular level.

BS113 Microanatomy *3.5 Quarter Hours*

Presents the student with knowledge of the structure of tissues and of the organ systems they comprise. It thus serves as a foundation for subsequent detailed study of the eye and of the relationships between the eye and the body as a whole.

BS114 Human Physiology *4.0 Quarter Hours*

Studies the functions of cells, tissue and organ systems and the correlation between ocular and systemic characteristics. Special emphasis is placed on body fluids and the integration between cardiovascular, pulmonary and renal functions.

BS115 Theoretical Optics I *5.0 Quarter Hours*

Introduces the student to basic terminology in optics, followed by ray-tracing through thin optical systems, e.g., reflection and refraction from plane and spherical surfaces and refraction by thin lenses, optics of refractive errors and correction of ametropias, optics of cylindrical lenses and toric surfaces and Gaussian optics of thick systems.

BS121 General Pathology *2.5 Quarter Hours*

Covers basic principles and dynamics of the pathological processes of human disease. Emphasis is placed on the molecular, biochemical and structural alterations characteristic of diseased cells, tissues and organs.

BS122 Endocrinology *1.5 Quarter Hours*

Deals with basic endocrinological principles with an overview of all endocrine tissues and organs. Special emphasis is placed on the relationship of certain hormones to ocular function and the effects of specific metabolic diseases on systemic and ocular tissues.

BS123 Neuroscience *4.0 Quarter Hours (Prerequisites: BS111 Human Anatomy, BS112 Human Physiology).*

Provides a thorough structural basis for understanding the mechanisms of the nervous system and facilitates the understanding of its clinical and functional significance. Covers the histogenesis of nervous tissue and the structural and functional characteristics of neurons, neuroglia, nerve fibers, receptors and effectors.

BS124 Optics of the Eye *3.5 Quarter Hours (Prerequisite: BS115 Theoretical Optics I).*

Discusses optical and ultrasonic techniques for measuring the various optical parameters of the eye. In addition, the quality of optical image in the eye is examined, including optical aberrations, blur circle theory and visual acuity.

BS125 Theoretical Optics II *5.5 Quarter Hours*

Discusses the principles of magnification applied to spectacle lenses; provides introduction to optics of low vision aids, optics of clinical instruments, telescopes and microscopes, theory of stops and field of view, radiometry and photometry, aberrations and physical optics.

BS131 Ocular Biology I *4.5 Quarter Hours (Prerequisites: BS111 Human Anatomy, BS112 Biochemistry, BS114 Human Physiology).*

Presents a detailed gross and microanatomical study of the eye and its adnexa, with emphasis on specific relationships of the ocular structures to function. Includes a comprehensive study of the developmental anatomy of the eye and its adnexa. Metabolic activities and physiological functions of all ocular tissues are discussed in detail with special emphasis on clinical aspects.

BS132 Pharmacology and Therapeutics I *3.0 Quarter Hours (Prerequisites: BS112 Biochemistry, BS114 Human Physiology).*

Covers in detail the basic principles and pharmacokinetics of the following categories of drugs used for diagnostic and therapeutic purposes: autonomic drugs, general anesthetics, drugs effecting the central nervous system, diuretics and antihypertensives, cardiovascular drugs and over the counter drugs. Students are expected to acquire knowledge in the classifications, uses, side-effects and toxicity of the drugs discussed.

BS133 Ocular Microbiology and Immunology *2.5 Quarter Hours (Prerequisites: BS112 Biochemistry, BS121 General Pathology).*

Presents a detailed review of those pathogens of specific importance to the etiology and treatment of ocular disease. Basic immune mechanisms, pathological ocular immune reactions and current methods of treatment are also discussed.

BS211 Ocular Biology II *5.5 Quarter Hours (Prerequisites: BS131 Ocular Biology I, BS132 Pharmacology and Therapeutics I).*

Continuation of BS131 Ocular Biology I using the same format.

BS212 Pharmacology and Therapeutics II *4.0 Quarter Hours (Prerequisite: BS132 Pharmacology and Therapeutics I).*

Provides the future practitioner with a thorough knowledge of pharmaceutical agents and their effects on the eye and the visual system. Local anesthetics, antihistamines, anti-inflammatory agents, cycloplegics, miotics, mydriatics and other agents are covered in detail. Emphasis is placed on the ocular side effects of systemic drugs. Upon completion of this course, the student has a thorough understanding of therapeutic agents used in systemic and ocular disease management.

BS214 Ocular Motility *4.0 Quarter Hours (Prerequisite: BS123 Neuroscience).*

Covers the mechanical and neurological aspects of ocular motility, including an analysis, description and classification of monocular and binocular eye positions and movements.

BS221 Anterior Segment Ocular Disease *4.5 Quarter Hours (Prerequisites: BS131 and 211 Ocular Biology I & II, BS121 General Pathology and BS133 Ocular Microbiology and Immunology).*

Presents a detailed description, e.g., the etiology, pathogenesis, differential diagnosis, treatment and management of diseases of the anterior part of the eye including the lids and adnexa, conjunctiva, cornea, uvea, sclera and lens.

BS224 Psychophysics and Physiology of Monocular Vision *4.5 Quarter Hours (Prerequisites: BS125 Theoretical Optics II, BS124 Optics of the Eye).*

Discusses the visual process in detail, from photochemical, neurological and psychophysical points of view. Functional neuroanatomy of the visual system deals with the behavior of single sensory cells from retina to visual cortex. Covers basic aspects of human visual electrophysiology. The light sense, form sense and color sense are dealt with in psychophysical terms, with emphasis on normal and abnormal color vision and their measurement and specification.

BS225 Ophthalmic Optics I *3.5 Quarter Hours (Prerequisite: BS125 Theoretical Optics II).*

Deals with applied aspects of optics as used in optometric practice. Lenses are considered as physical entities with specific form and characteristics, rather than pure mathematical concepts. Students derive a thorough knowledge of surface value, form and power of lenses, neutralization, transposition and prismatic function. In the laboratory, the student becomes proficient in prescription determination as it is applied in practice.

BS231 Posterior Segment Ocular Disease *2.5 Quarter Hours (Prerequisite: BS221 Anterior Segment Ocular Disease).*

Similar format as in Anterior Segment Ocular Disease applied to the vitreous, choroid and retina.

BS234 Normal and Abnormal Binocular Function I *3.5 Quarter Hours (Prerequisite: CS221 Professional Practice III, BS214 Ocular Motility).*

Covers the physiological optics of normal binocular function. Visual anomalies resulting from disturbances in binocular vision are discussed from theoretical and clinical approaches. The diagnosis of disabilities in oculomotility, convergence and accommodation is analyzed. Students will formulate a prognosis and treatment protocol using vision therapy and ophthalmic intervention.

BS235 Ophthalmic Optics II *4.0 Quarter Hours (Prerequisite: BS225 Ophthalmic Optics I).*

Covers lens thickness considerations, safety and legal requirements, occupational and progressive addition lenses, transmission and design, prescribing for aphakia and other high refractive errors.

BS311 Glaucoma/Ocular Emergencies *2.5 Quarter Hours (Prerequisite: BS231 Posterior Segment Ocular Disease).*

Similar format as in Anterior Segment Ocular Disease applied to various forms of glaucoma and ocular emergencies.

BS312 Clinical Medicine I *3.25 Credit Hours (Prerequisites: BS121 General Pathology, BS133 Ocular Microbiology and Immunology, and BS212 Pharmacology and Therapeutics II).*

Presents an overview of current medical diagnosis and management of systemic diseases having ocular involvement with special emphasis on interprofessional relationships and responsibilities. Topics in this course include history taking, clinical laboratory tests, emergency medicine, diseases of immunological origin, collagen disorders and cardiovascular diseases.

BS314 Normal and Abnormal Binocular Function II *3.5 Quarter Hours (Prerequisites: BS234 Normal and Abnormal Binocular Function I, CS231 Professional Practice IV).*

Discusses the development and neurophysiology of normal binocular vision. Emphasis is placed on those principles which form the basis for the clinical assessment and treatment of strabismus and amblyopia. These principles are integrated throughout the course with presentation of the clinical diagnosis and management of strabismus and different forms of amblyopia.

BS321 Medical Pathology *2.5 Quarter Hours (Prerequisites: BS121 General Pathology, BS312 Clinical Medicine I).*

Deals with disease patterns of select systems of the human body with emphasis on clinical pathologic correlation. Disease processes with ocular manifestation will be specifically addressed. Selected topics include: connective tissue and occlusive diseases, diabetes mellitus, anemia, hypertension, diseases of skin, endocrinopathies and neuropathology.

BS322 Clinical Medicine II *3.25 Quarter Hours (Prerequisite: BS312 Clinical Medicine I).*

Continuation of Clinical Medicine I for diseases of high prevalence such as cardiovascular diseases, cancer, endocrine and neurological disorders.

BS324 Normal and Abnormal Binocular Function III *3.5 Quarter Hours (Prerequisite: BS314 Normal and Abnormal Binocular Function II).*

Continuation of BS314.

BS331 Neuro-Eye Disease *3.0 Quarter Hours (Prerequisites: BS123 Neuroscience, BS231 Posterior Segment Ocular Disease).*

Presents a clinical approach to patients with disorders of the afferent and efferent visual system; emphasizes diagnostic methods and management of patients with neuro-eye disorders.

Department of Clinical Sciences

Assistant Dean for Clinical Sciences

Susan Oleszewski

Professors

Jerome A. Hirsch, Joseph Toland

Associate Professors

Sarah Appel, Sheree J. Aston, Felix M. Barker, G. Richard Bennett, Robert J. Berman, Bernard Blaustein, Richard L. Brilliant, Andrew Buzzelli, Rober W. Cummings, Edward A. Deglin, William M. Dell, Anthony DiStefano, Michael F. Gallaway, Lawrence G. Gray, Irving Gurwood, Joanne Klopfer, Jeffrey S. Nyman, Neal N. Nyman, Susan Oleszewski, Christopher Rinehart, Joseph P. Ruskiewicz, Mitchell Scheiman, Joel A. Silbert, Marvin B. Smith, Michael R. Spinell, Charles Wormington

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Teaching Associate

Francine Pearlman-Storch

Director, Externship and Clerkship Programs

Bernard P. Lepri

Director of Community Eye Care, External Clinics and Residency Programs

Satya B. Verma

Staff Optometrists

Susan Marren, Gale Orlansky, Jeffrey Varner

Externship Counselors

Mitchell J. Fink, Irving Gurwood, Jerome Hirsch, Paul H. Robinson

Program Supervisor

Denise Guido

The Department of Clinical Sciences is responsible for providing students with the requisite knowledge, skills, attitudes, and values for clinical optometric practice.

Initial coursework concentrates on the theory and methods of clinical procedures for primary care optometry. Subsequent coursework provides students with the theory and clinical techniques in contact lenses, binocular dysfunction, pediatrics, and rehabilitation of the visually impaired patient. Integration of didactic and laboratory courses with patient care occurs at each stage of the sequence.

Perspectives on the critical issues in health care are also provided. Specific skills are taught regarding the economic, political, environmental, ethical, legal, sociologic, and epidemiologic principles, including practice management, that are necessary for the clinical and administrative aspects of optometry.

Integration and application of principles, concepts, and skills in basic and clinical sciences occurs in the care of an extensive diversity of patients and settings. Clinical training concentrates on providing those total competencies which are the hallmark of the primary care optometrist under the guidance of the professional staff of The Eye Institute and external preceptors. This training encompasses the full-range of optometric practice, including the diagnosis, treatment, and management of patients with visual and medical disorders of the eye and entire body.

CS131 Professional Practice I *1.25 Quarter Hours*

Observation of the delivery of care in The Eye Institute.

CS132 Clinical Diagnostic Procedures I *5.0 Quarter Hours (Prerequisites: BS125 Theoretical Optics II, BS124 Optics of the Eye).*

Discusses the theory and techniques of primary care examination procedures including history, visual acuity, objective and subjective methods of refraction, and basic ocular motility.

CS135 Introduction to Community Health *2.5 Quarter Hours*

Introduces the student to today's health system, optometry's role within it, the general principles of community health and his or her future role as a primary health care practitioner and optometrist.

CS211 Professional Practice II *1.25 Quarter Hour (Prerequisites: BS131 Ocular Biology I, BS132 Pharmacology & Therapeutics I, CS132 Clinical Diagnostic Procedures I, CS131 Professional Practice I).*

Continues the preparation of the student for primary optometric care by encouraging the development of basic clinical testing skills and patient care thought processes. Students participate by providing vision screenings, preexaminations, and selected tests and observation, as well as by their involvement in case management discussion and planning with professional staff at The Eye Institute.

CS212 Clinical Diagnostic Procedures II *4.0 Quarter Hours (Prerequisites: BS131 Ocular Biology I, BS132*

Pharmacology and Therapeutics I, CS132 Clinical Diagnostic Procedures I, CS131 Professional Practice I).
Continues the theory and methods of primary care examination procedures including binocular vision evaluation, external evaluation, evaluation of the eye for disease, use of the biomicroscope, direct and indirect ophthalmoscopy, tonometry, gonioscopy and visual field testing.

CS215 Epidemiology/Clinical Decision Making *2.5 Quarter Hours*

Presents methods of epidemiological investigation of health and disease in a population. Problem solving and decision analysis are used to illustrate the interrelationship of factors involved in human vision and eye disease.

CS221 Professional Practice III *1.75 Quarter Hour (Prerequisites: BS211 Ocular Biology II, BS212 Pharmacology and Therapeutics II, CS215 Epidemiology/Clinical Decision-making, CS212 Clinical Diagnostic Procedures II, CS211 Professional Practice II).*

Continuation of Professional Practice II. Provides an opportunity for students to develop a minimum level of competency in basic clinical examination. Interns examine their first patients in The Eye Institute under close supervision, using video taping as a mechanism for both students and faculty to assess the accomplishment of objectives. Certification of basic clinical testing skills and of beginning patient care management skills is accomplished.

CS222 Clinical Diagnostic Procedures III *3.5 Quarter Hours (Prerequisites: BS211 Ocular Biology II, BS212 Pharmacology & Therapeutics II, CS212 Clinical Diagnostic Procedures II, CS211 Professional Practice II).*

Continuation of Clinical Diagnostic Procedures II. The evaluation of the eye for disease and integration of all testing procedures into a problem-oriented approach to patient evaluation, diagnosis and management.

CS225 Professional Communication *2.25 Quarter Hours*

Deals with the development of written and oral communication between the clinician, his or her patients, staff and other professionals.

CS231 Professional Practice IV *1.0 Quarter Hour (Prerequisites: BS221 Anterior Segment Ocular Disease, CS225 Professional Communications, CS222 Clinical Diagnostic Procedures III, CS221 Professional Practice III).*

Continuation of Professional Practice III. In addition to clinical patient care, weekly Module conferences begin.

CS232 Clinical Diagnostic Procedures IV *1.0 Quarter Hour (Prerequisite: CS222 Clinical Diagnostic Procedures III).*

Continuation of laboratory portion of Clinical Diagnostic Procedures III. Emphasis will be placed on technique of evaluation of the fundus and visual field testing.

CS233 Management of Refractive and Accommodative Disorders *2.5 Quarter Hours (Prerequisites: CS222 Clinical Diagnostic Procedures III, CS221 Professional Practice III).*

Emphasizes the clinical diagnosis, treatment and management of the following conditions: accommodative and covergence anomalies, myopia, hyperopia, astigmia, presbyopia, anisometropia and aphakia. Various philosophies of data analysis are presented and related to the overall optometric management of the patient.

CS234 Contact Lenses I *3.5 Quarter Hours (Prerequisites: BS221 Anterior Segment Ocular Disease, CS222 Clinical Diagnostic Procedures III, CS221 Professional Practice III, BS225 Ophthalmic Optics I).*

Introduces the student to the theory and principles of designing, fitting, evaluating and caring for rigid and soft contact lenses. Special emphasis is placed on the effects of contact lenses on the eye and the indication and/or contraindication for specific contact lens designs or materials.

CS311 Professional Practice V *4.75 Quarter Hours (Prerequisites: BS231 Posterior Segment Ocular Disease, CS234 Contact Lenses I, CS232 Management of Refractive and Accommodative Disorders, CS231 Professional Practice IV, BS234 Normal and Abnormal Binocular Function I).*

Students assume the role of interns in the Primary Care Modules of The Eye Institute. Accuracy and efficiency in examination techniques, interviewing, data interpretation, case presentation and utilization of the problem-oriented record are stressed. Emergency eye care, contact lenses and ophthalmologic secondary and tertiary care are introduced.

CS314 Contact Lenses II *3.0 Quarter Hours (Prerequisites: CS234 Contact Lens I, CS233 Management of Refractive and Accommodative Disorders, CS231 Professional Practice IV).*

Continuation of Contact Lens I emphasizing the problem-oriented approach toward managing contact lens patients. Fitting techniques for toric soft lenses and extended wear hydrogels will be explored, including diagnosis and management of potential physiological complications. Advanced rigid lens design, including computer-assisted modeling will be introduced, for high myopia, hyperopia and aphakia as well as treatment regimens for contact lens induced corneal distortion.

CS321 Professional Practice VI *4.75 Quarter Hours (Prerequisites: BS311: Glaucoma/Ocular Emergencies, BS312 Clinical Medicine I, CS314 Contact Lenses II, CS311 Professional Practice V, BS314 Normal and Abnormal Binocular Function II).*

Continuation of Professional Practice V. Increasing emphasis is placed on problem solving and patient management skills while continuing the development of more advanced examination techniques.

CS323 Geriatrics/Special Populations *1.5 Quarter Hours.*

Presents the epidemiological, physical, physiological, psychological and ocular changes that occur in the aging patient. Special examination and management considerations and an interdisciplinary approach to geriatric optometric care are discussed. Similar consideration is given to special populations such as physically and mentally impaired patients.

CS331 Professional Practice VII *4.75 Quarter Hours (Prerequisites: BS322 Clinical Medicine II, CS321 Professional Practice VI, BS324 Normal and Abnormal Binocular Function III).*

Continuation of Professional Practice VI.

CS332 Pediatric Optometry *3.0 Quarter Hours (Prerequisites: CS321 Professional Practice VI, BS324 Normal and Abnormal Binocular Function III).*

Discusses the epidemiology, psychology, grow.h and development, methods of examination, and the treatment and management of vision problems related to infants and children. The role of the optometrist in detection, prevention and approaches to treatment of children with developmental and learning related disorders is stressed.

CS333 Vision Rehabilitation *3.0 Quarter Hours. (Prerequisites: CS311 Professional Practice V, BS125 Theoretical Optics II).*

Discusses the diagnosis, management and rehabilitation of the visually impaired patient including the epidemiology, symptoms, signs and course of low vision problems. Methods of testing and optical principles of low vision aids are presented in a context emphasizing a multidisciplinary approach to rehabilitation of the partially sighted.

CS334 Advanced Contact Lenses *2.0 Quarter Hours (Prerequisites: CS314 Contact Lenses II, CS331 Professional Practice VII).*

Presents specialty contact lens care, including lens design and management for residual astigmatism, presbyopia, extended wear with gas-permeable lenses, keratoconus, and therapeutic bandage lenses. Contact lens complications and management of contact lens complications, new developments in contact lenses and contact lens related practice-management are also addressed.

CS341 Professional Practice VIII *4.75 Quarter Hours (Prerequisites: BS331 Neuro-Eye Disease, CS332 Pediatric Optometry, CS331 Professional Practice VII).*

Continuation of Professional Practice VII.

CS342 Health Care Policy/Jurisprudence *2.5 Quarter Hours (Prerequisites: CS135 Introduction to Community Health, CS215 Epidemiology/Clinical Decision Making).*

Covers governmental relationships, health care organizations and delivery systems, legal development and optometric jurisprudence, methods of quality assurance, legislative processes and manpower studies.

CS343 Environmental Optometry *2.5 Quarter Hours (Prerequisites: BS214 Ocular Motility, CS222 Clinical Diagnostic Procedures III).*

Concentrates on the study, management and control of natural and human factors in the environment that can affect the health safety and visual status of patients.

CS344 Practice Management and Development *2.5 Quarter Hours*

Provides an overview and orientation for practice options in solo, partnership, multidisciplinary and institutional settings. The student is taught the development, management and economics of optometric practice.

CS345 Colloquium *1.5 Quarter Hours (Prerequisite: CS331 Professional Practice VII).*

Introduces case presentations, special clinical topics, and reviews recent developments in basic and clinical sciences.

CS346 External Professional Practice *1.0 Quarter Hour (1 day a week, 48 hours) (Prerequisite: satisfactory completion of all first and second year courses or approval of Assistant Dean).*

Provides the student with experience in handling patients under unique circumstances, e.g., screenings, nursing homes, homebound, etc., under close supervision of a faculty member. This program, administered through the Community Eye Care Service, stresses the importance of the service aspect of optometry to these patients.

CS411 Advanced Professional Practice *13.25 Quarter Hours (Prerequisite: CS341 Professional Practice VIII).*

The senior quarter in The Eye Institute affords the student the opportunity to gain intensive clinical experience by assignment to and/the Primary Care Modules, the Lynch Pediatric Unit or the William Feinbloom Vision Rehabilitation Center.

External Clinical Programs

The Office of External Clinical Programs, within the Department of Clinical Sciences, has been designed to give students a variety of off-campus "real world" patient care experiences and provide them with the quantity and quality of experience needed to develop a highly competent health care practitioner. The department encompasses five major divisions: the Clerkship Program, the Community Eye Care Program, the External Clinic Program, Externship Program and External Residency Program.

Clerkship Program (Elective)

This program affords an opportunity for students in their first years of professional school training to spend time in a variety of optometric practice settings. It permits them to observe firsthand different patient handling protocols, office formats, practice, etc., and to put to use much of the basic classroom and laboratory material to which they have been exposed.

Externship Program

During the fourth professional year, students spend a quarter of the year in an institutional setting and a second quarter in a private practice setting, providing patient care under the supervision of highly qualified preceptors. Students are also required to extern at a site with emphasis in contact lenses and at a site with emphasis in the management of ocular disease. Externships offer the student the opportunity to refine patient care abilities, while making an easy transition from the role of a student to the role of a practitioner. Because of the variety of choices available, many of which are outside the Philadelphia area, students should plan on spending time off campus during their fourth year. Externship sites emphasize interdisciplinary large group and specialty care. Externship assignments are tailored to complement the clinical experiences of the student.

CS421 Externship I *12.5 Quarter Hours (13 weeks, 40 hours* of patient care per week in a private practice) (Prerequisites: CS341 Professional Practice VIII and approval of assistant dean).*

Provides students with patient care experiences in over 139 private practice externship locations in the United States.

CS431 Externship II *12.5 Quarter Hours (13 weeks, 40 hours* of patient care per week in an institutional externship) (Prerequisites: CS341 Professional Practice VIII and approval of assistant dean).*

Provides students with patient care experiences in over 79 institutional locations in the United States.

CS441 Externship III (additional) *12.5 Quarter Hours (13 weeks, 40 hours* of patient care per week) (Prerequisites: Acceptable scholastic performance in CS421-431 Externship I and II and approval of assistant dean).*

* In some instances, externs are required to work more than 40 hours/week if the office to which they are assigned has patient care more than 40 hours/week).

External Residency Program

The College has residency programs approved by the Council on Optometric Education at six Veterans Administration (VA) facilities, an air force base, and an ambulatory eye care center. The purpose of the residencies is to give the graduate optometrist from an accredited school or college of optometry one year of advanced training that further complements the training and education at the professional college. (For more information, see section entitled Post-Graduate Opportunities.)

VISION SERVICE PLAN

List of Member Doctors

Alaska
Idaho
Montana

VSP

VISION SERVICE PLAN

100 Howe Avenue, Sacramento, CA 95825 1-800-852-7600

1/01

ALASKA

ANCHORAGE — Area Code (907)

Albert, Dennis L., O.D. ..... 2702 Gambell, #102, 272-7211
Arnold, Robert, M.D. ..... 542 W. 2nd Ave., 276-1617
Bach, E.E., O.D. ..... 3401 Denali St., #204, 561-8120
Bach, Phillip W., O.D. ..... 3401 Denali St., #204, 561-8120
Bancroft, Edward, O.D. ..... 4045 Lake Otis Pkwy., #203, 562-2020
Bigelow, Donald E., O.D. ..... 670 Fireweed Ln., Ste. 236-A, 276-3773
Blower, Victoria, O.D. ..... 207 E. Northern Lights Blvd., Ste. 101, 272-9800
Brinkerhoff, Dennis, O.D. ..... 2702 Gambell, Ste. 102, 272-7211
Crouch, Edward, M.D. ..... 542 W. 2nd Ave., 276-1617
Dobson, Steven S., O.D. ..... 1000 E. Diamond Blvd., #101, 349-6932
Falconer, James C., O.D. ..... 1345 W. 9th Ave., 272-2557
Falconer, James C., O.D. ..... 4300 Boniface Pkwy., 337-7934
Falconer, M.C., O.D. ..... 1345 W. 9th Ave., 272-2557
Falconer, M.C., O.D. ..... 4300 Boniface Pkwy., 337-7934
Faulkner, William D., O.D. ..... 400 L St., #104, 276-1984
Freeborn, Dennis, O.D. ..... 6311 DeBarr Rd., Ste. D, 333-6040
Freeman, Anne, O.D. ..... 1345 W. 9th Ave., 272-2557
Gonnason, Jeff, O.D. ..... 2211 E. Northern Lights, #202, 276-2080
Hagge, Hal E., O.D. ..... 200 W. 34th Ave., Ste. 273, 561-0511
Kjome, Gary, O.D. ..... 1000 E. Diamond Blvd., #101, 349-6932
McLaughlin, Timothy B., O.D. ..... 800 E. Diamond Blvd., #228A, 349-3566
Miller, Robert W., O.D. ..... 2606 C St., 279-3041
Richardson, Kenneth, M.D. ..... 542 W. 2nd Ave., 276-1617
Rigg, Robert, M.D. ..... 542 W. 2nd Ave., 276-1617
Roselius, R. Thomas, O.D. ..... 2600 Denali, Ste. 603, 274-7825
Samaniego, Daniel D., O.D. ..... 1345 W. 9th Ave., 272-2557
Sternberg, Aharon, O.D. ..... 542 W. 2nd Ave., 276-1617
Thanepohn, D.L., O.D. ..... 1345 W. 9th Ave., 272-2557
Thanepohn, D.L., O.D. ..... 4300 Boniface Pkwy., 337-7934
Titzel, Gene, O.D. ..... 700 E. Northern Lights, 563-5504

CORDOVA

Box, Roy, O.D. ..... Cordova Hospital, 1-800-478-3584

EAGLE RIVER

Hagge, Hal, O.D. ..... 10928 Eagle River Rd., Ste. 102, 694-2020
Keene, Jeffrey, O.D. ..... 16331 Heritage P 104, 694-2511

FAIRBANKS

Graves, James C., O.D. ..... Washington Plaza, Ste., 204, 474-8695
Johnson, Curtis, O.D. ..... 530 7th Ave., 456-4010
LeFevre, Nancy, O.D. ..... 603 Lacey St., 452-2020
Lounsbury, John J., O.D. ..... 124 N. Turner, 452-3894

HOMER

Mastolier, Gary L.,O.D. ..... 3953 Bartlett St., 235-5120
Walker, Boyd, O.D. ..... 3726 Lake St., Ste. J, 235-7745

JUNEAU

Box, Roy, O.D. ..... 9309 Glacier Hwy., Ste., A-102, 789-3175
Breffeilh, Robert, M.D. ..... 3268 Hospital Dr. Ste. A, 586-2700
Kemp, Gilbert H., O.D. ..... 611 W. Willoughby Ave., 586-2135
Matson, James N., O.D. ..... 800 Glacier Ave., 586-9864
Messerschmidt, Forrest B., O.D. ..... 8800 Glacier Hwy., #105, 789-1855
Preecs, Gordon, M.D. ..... 3268 Hospital Dr. Ste. A, 586-2700

KENAI

O'Connell, Robert O., O.D. ..... Benco Building, 283-7575
Swarner, Dennis A., O.D. ..... Benco Building, 283-7575

KETCHIKAN

Christianson, Eric, O.D. ..... 348 Main St. 225-3975
Swearingen, Rick, O.D. ..... 410 Mission St., 225-2020

KODIAK

Myers, Jeremiah, O.D. ..... 326 Center Ave., 486-6117
Shank, John, O.D. ..... 104 Center St., 486-5504

NOME

Keene, Jeffrey, O.D. ..... Nome Dental Office, 443-2055

PALMER

Albert, Dennis L., O.D. ..... 535 W. Evergreen, 745-4373
McKinley, Richard, O.D. ..... 1150 S. Colony Way, Ste. 10 745-2030

PETERSBURG

Box, Roy, O.D. ..... Petersburg Gen. Hospital, 1-800-478-3584
Matson, James N., O.D. ..... Petersburg Gen. Hospital, 772-3132

SELDOVIA

O'Connell, Robert O., O.D. ..... Seldovia Medical Ctr., 234-7825

SEWARD

O'Connell, Robert O., O.D. ..... 402 4th Ave., 224-3071

SITKA

Hagerman, Wayne, O.D. ..... 700 Katlain St., #C, 747-6644

SOLDOTNA

Demske, John, O.D. ..... 155 Smith Wy., 262-3168

VALDEZ

Kjome, Gary, O.D. ..... 207 Kobuk, 835-2220

WASILLA

Arnold, Robert, M.D. ..... 935 E West Point Dr., Ste. 207, 373-0225
Coon, Lynn J., O.D. ..... 418 N. Main, 376-7488
Crouch, Edward, M.D. ..... 935 E. West Point Dr., Ste. 207, 373-0225
Falconer, James C., O.D. 351 Swanson Ave., #2, Wasilla Prof. Bldg.,376-5266
Falconer, M.C.,O.D. ..... 351 Swanson Ave., #2, Wasilla Prof. Bldg., 376-5266
Freeman, Anne, O.D. ..... 351 W. Swanson Ave., 376-5266
McKinley, Richard, O.D. ..... 950 E. Bogard Rd., Ste. 206, 373-2020
Richardson, Kenneth, M.D. ..... 935 E. West Point Dr., Ste. 207, 373-0225
Rigg, Robert, M.D. ..... 935 E. West Point Dr., Ste. 207, 373-0225
Sternberg, Aharon, O.D. ..... 935 E. West Point Dr., Ste. 207, 373-0225
Thanepohn, D.L., O.D. ..351 Swanson Ave., #2, Wasilla Prof. Bldg., 376-5266

WRANGELL

Box, Roy, O.D. ..... Thunderbird Hotel, 1-800-478-3584

IDAHO

AMERICAN FALLS — Area Code (208)

Clouse, Richard, O.D. ..... 213 Idaho St., 226-2785
Thomas, Jamie, O.D. ..... 213 Idaho St., 226-2785

ARCO

Karg, William F., O.D. ..... City Building, 527-8294

BLACKFOOT

Marshall, Dennis, O.D. ..... 745 W. Bridge St. #A, 785-3063
Matsuura, Stanley, O.D. ..... 40 S. Spruce, #201, 785-7274
Peterson, Leon C., O.D. ..... 310 W. Idaho, 785-2210

BOISE

Andregg, Randy L., O.D. ..... 610 Americana Blvd., 336-7200
Bigelow, Paul, O.D. ..... 1720 N. Five Mile, #902, 322-1771
Bigelow, Paul, O.D. ..... 300 Mallard Dr , Ste. 110, 342-4841
Boespflug, Dan, O.D. ..... 1166 N. Cole Rd., #C, 322-1144
Clements, Steven D., O.D. ..... 9504 Fairview Ave., 323-7785
Faure, William E., O.D. ..... 1720 N. Five Mile, #902, 322-0411
Faure, William E., O.D. ..... 300 Mallard Dr., Ste. 110, 342-4841
Lee, Randolph, O.D. ..... 1070 N. Curtis, #130, 375-3871
Magwire, R.D., O.D. ..... 1070 N. Curtis, #130, 375-3871
McRae, Robin S., O.D. ..... 1307 W. Jefferson, 342-8995
Muto, John H., O.D. ..... 1175 W. Boise Ave., 384-9194
Pitkin, D.H., O.D. ..... 8430 Fairview Plaza, 376-3550
Reynolds, Terrence J., O.D. ..... 1070 N. Curtis, #130, 375-3876
Robison, Daniel A., O.D. ..... 1175 W. Boise Ave., 384-9194
Snapp, Steven, O.D. ..... 300 Mallard, #110, 342-4841
Stamper, Patricia, O.D. ..... 111 Broadway, Ste. 135, 384-5924
Stewart, C.R., O.D. ..... 610 Americana Blvd., 336-7200
Stewart, Charles W., O.D. ..... 610 Americana Blvd., 336-7200
Stewart, Charles W., O.D. ..... 415 E. Parkcenter Blvd., Ste. 122, 343-2020
Turner, R.E., O.D. ..... 1665 Hill Rd., 336-2020
Vail, J.W., O.D. ..... 3417 N. Cole Rd., 377-1102
Ward, David, Jr., O.D. ..... 1301 S. Five Mile Rd., 322-8381
Winbigler, Todd D., O.D. ..... 634 E. Boise Ave., 344-8758

BONNER'S FERRY

Barker, Mark, O.D. ..... 420 N. Main - U.S. Hwy 95N., 267-2020

STATE OF ALASKA FISCAL NOTE BILL NO. HB 336

1992 LEGISLATIVE SESSION

Revision Date. _____ Department Affected: Commerce & Economic Development

Title: An Act relating to optometrists. BRU: Occupational Licensing

Component: Administration

Sponsor: House HESS

Requestor: House HESS COMPONENT SERIAL NO. 0 3 5 6

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	0.0	0.0	0.0	0.0	0.0	0.0
SUPPLIES	0.0	0.0	0.0	0.0	0.0	0.0
EQUIPMENT	0.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

GENERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS	0.0	0.0	0.0	0.0	0.0	0.0
OTHER	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME	0.0	0.0	0.0	0.0	0.0	0.0
TEMPORARY	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary)

The bill amends the optometry statutes to authorize the use of pharmaceutical agents in the practice of optometry. New funds are not required to implement this bill.

Prepared By: Jennifer Strickler Phone: 465-2144

Division: Occupational Licensing Date: 02/19/92

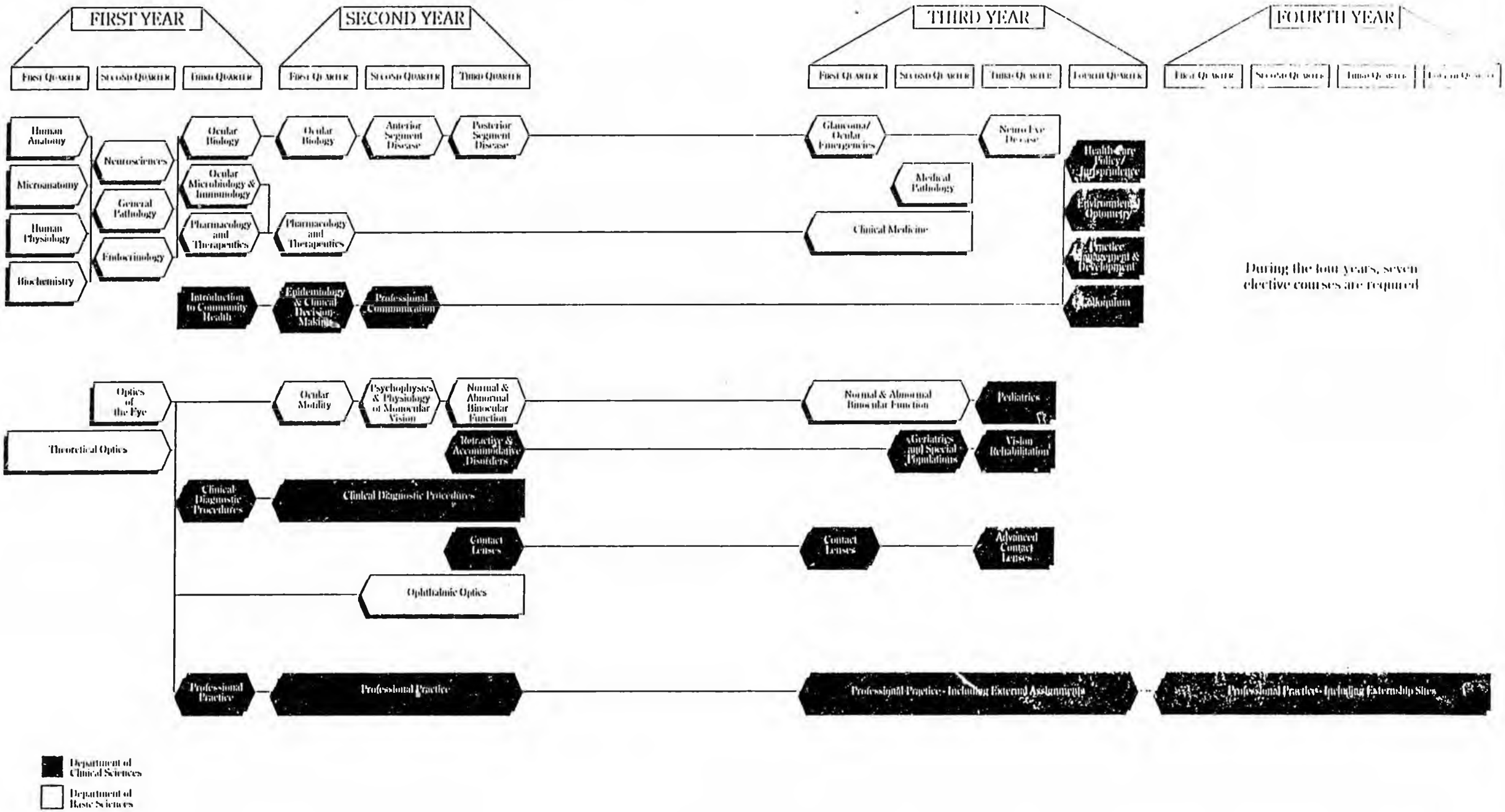
Approved by Commissioner: Glenn A. Olds

Agency: Commerce & Economic Development Date: 2.19.92

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

Rev 10/90

Four-Year Optometric Degree Program



During the four years, seven elective courses are required