

**HB**

**306**

# **REPRESENTATIVE RALPH SAMUELS**

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HOUSE DISTRICT 29

## **Sponsor Statement for House Bill 306**

**“An Act relating to the use of pharmaceutical agents by optometrists.”**

House Bill 306 would allow optometrists to prescribe oral or injectible medications to treat a patient's eyes or for an allergic shock reaction. Currently Alaskan optometrists are limited to prescribing only topical medications, while optometrists in 40 states, the District of Columbia and Guam are able to prescribe systemic medications.

The course of study that optometrists undergo is comparable or exceeds that required of their peers in the health care professions who are already granted the ability to prescribe medications. Optometry programs include several semesters of pharmacology, in addition to studies in human anatomy, physiology and biochemistry. Optometrists, like dentists and podiatrists, attend four years of graduate school after receiving their undergraduate degree, while nurse practitioners and physician assistants only complete two years of graduate school. Yet of these professions, only optometrists are limited to prescribing topical agents.

Regulations are already in place to ensure that only qualified optometrists may prescribe systemic medications. Optometrists must pass an exam, such as the “Treatment and Management of Ocular Disease” from the National Board of Examiners in Optometry, and must show that they have completed the necessary continuing education in pharmacology each year in order to prescribe any medications authorized under statute.

Increasing optometrists' prescribing authority will be of benefit to Alaskan patients, preventing those who require oral or injectible prescriptions from having to visit a general practitioner in addition to their regular optometrist. This will save patients time and money, and allow optometrists greater participation in their patients' care.

Email: [Representative\\_Ralph\\_Samuels@legis.state.ak.us](mailto:Representative_Ralph_Samuels@legis.state.ak.us)

Session: Alaska State Capitol, Juneau, Alaska 99801-1182 • Phone: (907) 465-2095 Fax: (907) 465-3810  
Interim: 716 W. 4th Ave., Anchorage, Alaska 99501-2133 • Phone: (907) 269-0240 Fax: (907) 269-0242



## Statement for Optometric Practice Under this Legislation

As optometric physicians, our intent for expanding our statutes to include oral pharmaceuticals is to provide better and more complete eye care to Alaskans.

Currently, we are limited in the treatment of eye diseases we see on a routine basis. Diseases such as acute allergic reactions, ocular Herpes and ocular Herpes Zoster, chronic lid diseases, and infectious conjunctivitis and lid diseases, would benefit from the help of oral medications.

**98 optometric physicians in 17 different locations** currently serve the Alaskan population spanning from Barrow to Juneau. This is compared to **27 ophthalmologist in 6 different locations** ranging from Fairbanks to Juneau.

Optometric physicians are often the only eye care physicians available in rural areas throughout Alaska. **Our specialty is in primary and preventative eye care. We are educated and trained in the use of oral therapeutics.** This legislation is not adding to the profession but enabling optometric physicians to practice at the level they are trained and needed.

# Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

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02/02/2004

Honorable Peggy Wilson  
State of Alaska  
House of Representatives  
Chair, House Health Education and Social Services Committee  
State Capitol, Room 104  
Juneau, AK 99801

Transmitted by Fax:  
907-465-3175

Re: HB 306 – Use of Pharmaceutical Agents by Optometrists

Dear Representative Wilson:


The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA opposes the expansion of the types of drugs allowed to be prescribed by optometrists. Optometrists simply lack the education and training to appropriately prescribe those drugs that would be allowed under HB 306. Drugs used in the treatments of the eye can have serious impacts on other body systems. Sufficient numbers of physicians exist to whom referrals can and should be made by optometrists for treatment that goes beyond drugs topically applied to the eye.

Keep in mind this would allow the prescription of all drugs with the exception of controlled substances (schedule IA) such as opium or heroin based drugs.

ASMA opposes HB 306. It is just not good medicine and patient care.

Sincerely,



By: Alex Malter, MD  
President  
For: Alaska State Medical Association

Cc: Members, House Health Education and Social Services Committee

**Subject: Non Constituent POMS Re:HB 306**

**Date:** Fri, 30 Jan 2004 15:47:57 -0900

**From:** <POMS@legis.state.ak.us>

**To:** <Rep.Peggy.Wilson@legis.state.ak.us>

**CC:** <Jean\_Ellis@legis.state.ak.us>

Gwendolyn A Norton  
Po Box 141796  
Po Box 141796  
Anchorage AK, 99514-1796

Email:

Non Constituent

BILL#: HB 306 OPTOMETRISTS' USE OF PHARMACEUTICALS

SUBJECT:

MESSAGE: Please consider voting to stop HB 306. Optometrists are not medical doctors.

DISTRIBUTION: Rep. Cissna, Rep. Coghill, Rep. Gatto, Rep. Kapsner, Rep. Seaton, <BR>Rep. Wilson, Rep. Wolf

**Subject: Non Constituent POMS Re:HB 306**

**Date: Mon, 2 Feb 2004 10:06:39 -0900**

**From: <POMS@legis.state.ak.us>**

**To: <Rep.Peggy.Wilson@legis.state.ak.us>**

**CC: <Jean\_Ellis@legis.state.ak.us>**

Harry D Urich  
3705 Arctic Blvd # 2683  
3705 Arctic Blvd # 2683  
Anchorage AK, 99503-5774

Email:

Non Constituent

BILL#: HB 306 OPTOMETRISTS' USE OF PHARMACEUTICALS

SUBJECT:

MESSAGE: I oppose HB 306.

DISTRIBUTION: Rep. Cissna, Rep. Coghill, Rep. Gatto, Rep. Kapsner, Rep. Seaton,<BR>Rep. Wilson, Rep. Wolf

**Subject:** [Fwd: HB 306: The Optometry Oral Pharmaceuticals Bill]

**Date:** Mon, 02 Feb 2004 08:06:13 -0900

**From:** Peggy Wilson <Representative\_Peggy\_Wilson@legis.state.ak.us>

**Organization:** Alaska State Legislature

**To:** Linda Miller <Linda\_Miller@legis.state.ak.us>

---

**Subject:** HB 306: The Optometry Oral Pharmaceuticals Bill

**Date:** Sat, 31 Jan 2004 09:59:44 -0900

**From:** jcfjr@alaskaeyecare.com

**To:** Representative\_Peggy\_Wilson@legis.state.ak.us

Dear Peggy,

It was nice meeting you in Anchorage a few weeks ago. I'm sorry we didn't get to see you again at our office.

I want to reiterate how important I feel this bill is to the quality of eye care in this state. About 40 states have similar bills passed already, and as a rural state we need it much more than most! Our patients deserve the best care available, and it also makes it difficult to attract good doctors here if we can't practice full scope optometry.

Feel free to contact me if you have any questions.  
272-2557 in Anchorage.

Thanks,

Jim Falconer, Jr.

**Subject:** [Fwd: HB 306 & SB 197]

**Date:** Mon, 02 Feb 2004 08:07:19 -0900

**From:** Peggy Wilson <Representative\_Peggy\_Wilson@legis.state.ak.us>

**Organization:** Alaska State Legislature

**To:** Linda Miller <Linda\_Miller@legis.state.ak.us>

---

**Subject:** HB 306 & SB 197

**Date:** Sat, 31 Jan 2004 12:38:57 -0900

**From:** Stacie Martin Graham <ancheve@gci.net>

**To:** Representative\_Peggy\_Wilson@legis.state.ak.us, Representative\_Carl\_Gatto@legis.state.ak.us,  
Representative\_John\_Coghill@legis.state.ak.us, Representative\_Paul\_Seaton@legis.state.ak.us,  
Representative\_Kelly\_Wolf@legis.state.ak.us,  
Representative\_Sharon\_Cissna@legis.state.ak.us,  
Representative\_Mary\_Kapsner@legis.state.ak.us

Dear Representative,

As a lifetime Alaskan and an Optometric Physician for over 30 years, I have witnessed optometry continually making strides to improve our patient's eyecare, diagnosis and treatment of disease.

House Bill 306 and SB 197 are necessary steps for Alaskan Optometric Physicians so that we can continue to provide the highest level of care for all of our patients. With this in mind, I respectfully ask for your support and timely passage of HB306.

If you have any questions concerning this legislation, please contact me at (907)563-1918 or at <tbmclaughlin@yahoo.com>.

Thank you for your support.

Timothy McLaughlin, O.D.



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January 30, 2004

Members of the HESS Committee  
 The Capital  
 Juneau, AK 99801

JAN 30 2004

House Bill 306  
 Optometry - Systemic Medications Authority

Dear Representatives: Peggy Wilson  
 Carl Gatto  
 John Coghill  
 Paul Seaton  
 Kelly Wolf  
 Sharon Cissna  
 Mary Kapsher

As you well know, the continuing battle between the Optometrists and the Ophthalmologists has  
 raged for at least 25 years.

From my stationary you can see that I'm practicing with six Ophthalmologists and as a matter of fact  
 I have been here the longest since Dr. Ken Richardson invited me to join the practice in 1976.

I'm also serving as the Chairman of the Alaska State Board of Examiners in Optometry and have  
 been on the Board the last eight years.

From my experience, both locally and nationally, the issue of permitting Optometrists to prescribe  
 Systemic Medications has been a conflicting issue between M.D.s and the O.D.s for a long time and the  
 results are that most states (37) allow Optometrists to prescribe such medication.

Without going into pharmacological discussion, I would like to point out that in all the states that  
 allow Systemic drugs, no problems have been reported. This is just an emotional and economical fight  
 where each professional is trying to keep the others out.

Almost weekly we read about a Medical Board action reprimanding M.D., D.O., and Podiatrists as a  
 result of drug abuse or other problems. I'm sure that in the future, there will be occasions that an  
 Optometrist could "stray" and will have to be dealt with, but as the Chair of the Optometry Board I can  
 promise you that the Board will take serious actions against the offender.

It is time to leave emotions behind and let the Optometrists practice to the fullest of their capabilities  
 and allow Systemic drug prescription authority.

My hope is that Alaska can join the 37 states and improve the quality of Optometric practice without  
 risking citizen's health.

I hope for a YES vote on HB 306. Thank you for your consideration.

Sincerely,

A. Sternburg FAAO  
 Chair, Alaska Board of Examiners in Optometry

EDWARD E. CROUCH, M.D., F.A.C.S.  
 CATARACT SURGERY  
 GENERAL OPHTHALMOLOGY

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 PEDIATRIC OPHTHALMOLOGY  
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 CONTACT LENSES  
 VISION EXAMINATIONS

CARL E. ROSEN, M.D.  
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EVAN WOLF M.D., PhD  
 GLAUCOMA / CATARACT SURGERY  
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VIA FACSIMILE	Total Pages 2
Fax Number:	907.465.3175

January 29, 2004

The Honorable Peggy Wilson  
Chair, Health, Education, and Social Services Committee  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Chair Wilson,

I am writing to ask you to oppose HB 306. If this bill were enacted, optometrists in this state would have one of the most expansive scopes of practice in the country. Simply put, although optometrists are an important component of the eyecare team, they do not have sufficient education, training, or experience to use systemic drugs.

One cannot treat serious eye disease separate from understanding the whole body. Medical schools uniquely provide this knowledge base. Here are just a few examples of the many side-effects that systemic drugs can cause:

- Extended use of steroids can lead to permanent bone damage that could require joint replacement, induce cataracts that require removal, induce glaucoma and affect other parts of the body.
- The over prescribing of antibiotics has already contributed to the significant problem of resistant micro-organisms, resulting in infectious diseases that are more difficult to treat. Antibiotics can interfere with other medications such as blood thinners resulting in potentially lethal consequences.
- Controlled substances can be subject to abuse. Narcotics are only rarely needed for routine eyecare and are primarily used following eye surgery.

Moreover, since seniors often have serious eye medical conditions as well as chronic illnesses and less tolerance to drug side effects, careful evaluation and close coordination by an Eye M.D. with other medical treatment is essential.

Four years of optometry school do not equate to the eight years of ophthalmology training and education. Not only do optometrists not possess a medical degree, they are not required to complete clinical rounds, internships and residencies that focus on management of patients with serious eye disease and systemic illness. Let me contrast this with the typical training and experience of an ophthalmologist. Ophthalmologists must complete four years of medical school. Afterwards, the medical school graduate must also complete an intensive one-year hospital residency, consolidating and honing knowledge and skills in the art of medicine. Only then does the physician begin a three-year ophthalmology residency in order to concentrate on the treatment of eye disease. As a result of this training, ophthalmologists graduate confident prescribing systemic drugs to

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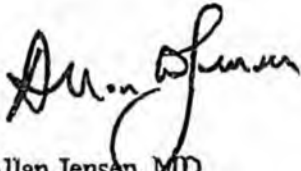
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patients who seek their help. Just as importantly, because of this education and training, their patients trust them to prescribe drugs safely and appropriately.

Limiting optometrists to the tasks for which they are competent is in the best interest of patients. Therefore, I ask you to oppose HB 306.

Sincerely,



Allan Jensen, MD  
President



Cynthia Bradford, MD  
Secretary for State Affairs

/ks



**Alaska Optometric Association**

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 Web page: [www.akoa.org](http://www.akoa.org)

JAN 27 2004

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*Executive Director*

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*Deputy Director*

January 27, 2004

As most of you know our bill to increase optometric scope of practice to include systemic drugs was introduced last year in both the Senate (SB 197) and the House (HB 306). Representative Ralph Samuels who is the sponsor of HB 306 has been able to get a hearing in the House of Representatives Health, Education and Social Services committee (HES) for Feb 3rd. Dr. Michael Bennett and Dr. Sheryl Lentfer will be meeting with legislators on Feb 2nd and 3rd to encourage support for the bill. They **cannot** do it alone!! **PLEASE** take a moment to call, e-mail or fax the legislative members of the HES committee and ask for their support of HB 306:

- Peggy Wilson [Representative Peggy Wilson@legis.state.ak.us](mailto:Representative_Peggy_Wilson@legis.state.ak.us)  
Phone: 800-686-3824 Fax: 907-465-3175
- Carl Gatto [Representative Carl Gatto@legis.state.ak.us](mailto:Representative_Carl_Gatto@legis.state.ak.us)  
Phone: 800-565-3743 Fax: 907-4652381
- John Coghill [Representative John Coghill@legis.state.ak.us](mailto:Representative_John_Coghill@legis.state.ak.us)  
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Phone: 800-463-2693 Fax: 907-465-3835
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- Mary Kapsner [Representative Mary Kapsner@legis.state.ak.us](mailto:Representative_Mary_Kapsner@legis.state.ak.us)  
Phone: 800-323-4942 Fax: 907-465-4589

**Thank you for your continued support!!**

JAN 23 2004

Oliver M. Korshin, M. D.  
Diseases and Surgery of the Eye

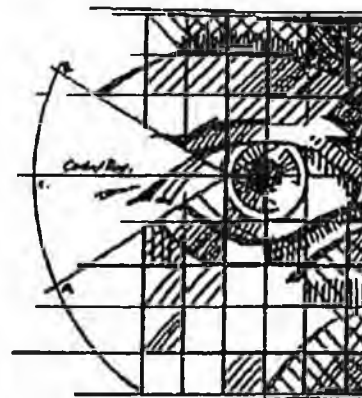
ALASKA MEDICAL PLAZA  
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ANCHORAGE, ALASKA 99508  
(907) 276-8838  
FAX (907) 258-0735

January 23, 2004

House Health, Education & Social Services Committee  
Juneau, Alaska 99801

Dear Representative

*Chairman Peggy Wilson*



Like the proverbial bad penny, the optometric scope of practice expansion bill keeps returning to Juneau. All that changes each session is the bill's number, while its content remains unchanged. This session's effort, HB 306, seeks, as did its predecessors, to grant optometrists authority to prescribe essentially any and all drugs — including powerful systemic agents — and to inject medications into the eye.

Also unchanged is the education and training of optometrists in the United States, which leaves them as unqualified as ever to prescribe oral drugs and controlled substances, to perform injection procedures in and around the human eye, and to recognize (much less treat) the potential adverse reactions of these powerful pharmacologic agents, nor their effects on co-existing systemic illness.

Optometrists have essentially no clinical training or experience with systemic disease, and only limited experience even with serious or acute eye disease. As for their training in pharmacology, no amount of "book learning" can substitute for the rigorous clinical training all medical doctors undergo, training which includes the assumption of life-and-death responsibility on a daily basis.

When the optometrists testify for HB 306, you will no doubt hear that their training curricula in pharmacology are "equivalent" to those of U.S. medical schools in terms of classroom hours. But citing classroom hours in pharmacology as the basis for being qualified to prescribe and administer potent systemic medications is like the FAA's granting pilots' licenses on the basis of ground school alone — without flight training.

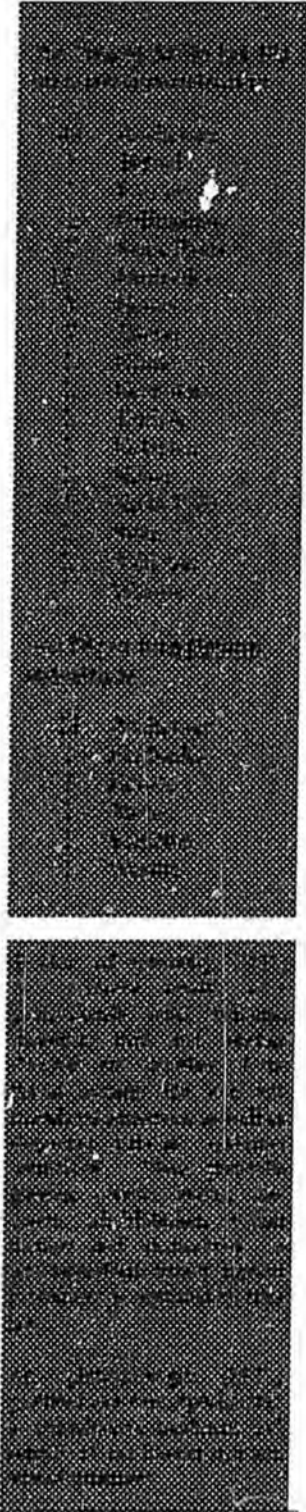
Passing HB 306 into law will pose a direct threat to the safety of Alaskans. I urge you to vote against it.

Sincerely,

*Oliver Korshin MD*

Oliver Korshin, M. D.

cc: Alaska Legislature



Eve Opener:  
 Optometrists provide more than 70% of the  
 primary eye care services in the U.S.

RECEIVED  
 JAN 23 AM.

**Who are Doctors of Optometry?**

Doctors of Optometry are independent primary health care providers who examine, diagnose, treat, and manage diseases and disorders of the visual system, the eye, and associated structures as well as diagnose related systemic conditions.

Optometrists provide more than 2/3 of the primary eye care services in the U.S. They are more widely distributed geographically than other eye care providers and are readily accessible for the delivery of eye and vision care services.

There are approximately 29,500 doctors of optometry currently in practice in the U.S. Optometrists practice in more than 7,000 communities across the U.S., serving as the sole primary eye care providers in more than 4,300 communities.

Optometrists have extensive training, having completed pre-professional undergraduate education in a college or university and an additional four years of professional education at a college of optometry, leading to the doctor of optometry (O.D.) degree. Some optometrists complete a one-year clinically based residency on graduation.

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Representative Wilson, if you would like more information on optometry please contact the Alaska Optometric Association or an optometric physician in your area:

- Alaska Optometric Association..... (877) 693-2562
- Michael Bennett, OD ..... (907) 789-3175
- Erik Christianson, OD ..... (907) 225-2020
- Jill Geering, OD ..... (907) 586-9864
- Pamela Steffes, OD ..... (907) 966-8415
- Rick Swearingen, OD ..... (907) 225-2020



*Optometry: Your primary eye care provider.*

**Alaska Academy of Ophthalmology  
542 West 2<sup>nd</sup> Ave  
Anchorage, Ak 99501  
907-563-8526  
Dr. Carl Rosen, President**

1/20/94

**Attention: Alaska State House Health, Education & Social Services Committee  
Re: HB 306  
From: Carl Rosen, MD**

Dear Committee Members:

The issue regarding expanded optometric scope of practice has consistently revolved around whether optometrists have adequate education and training to prescribe oral drugs and perform injection procedures. The optometry lobby has consistently failed to introduce legislation to address this public health concern. In 2000, it was SB 78; in 2001, it was HB 215; now, it's HB 306. In 2000, the Alaska State Medical Board commented on SB 78, a bill virtually identical to HB 306, that the board unanimously opposed. The board stated: "Optometrists do not have the clinical experience to safely administer eye injections, intravenous and intra-muscular injections, and oral medications, including some narcotics. Reading about the effect and side effects of medications, or attending seminars, does not prepare an optometrist for complications related to patients' other medical problems and chronic medications." HB 306 does not address this fundamental concern and in fact is a step backwards from these previous bills. The optometry lobby is determined to get a "blank check" to use all oral and injection procedures.

SB 78 and HB 215 left important questions regarding education unanswered. There was no indication as to the length of any education requirement. There was no indication as to whether the education would include ANY clinical training. There was no indication as to how comprehensive the education would be. Would it include just some systemic drugs or all systemic drugs? Would it include a study of just some diseases for which systemic drugs are used, or all diseases for which systemic drugs are used? Would the education and training include sufficient information about other drugs and other diseases that may have an impact on the therapy and the patient that may or may not be directly related to the eye? How thorough would the education and training be? Would the optometrist just get a smattering of knowledge inadequate to safely treat patients? Would the optometrist know how to handle all or just some of the side effects of these drugs in a real world situation, including in some cases cardiac arrest? There was no indication as to whether even a passing grade would be required. HB 306 does not address these concerns at all.

SB 78 and HB 215 did not require new testing of its licensees before granting expanded license endorsement. HB 306 does not either. HB 306 would allow a licensee with a current endorsement to administer topical drugs to automatically be licensed to prescribe oral drugs and administer injected drugs.

SB 78 contained language that would have required the Board of Optometry to be required to solicit recommendations of the State Medical Board in establishing its examination and education requirement for the pharmaceutical license endorsement. That one safeguard in SB 78, which the Alaska State Medical Board clearly recognized as inadequate in 2000, has been dropped from HB 306. Indeed, HB 306 is step backward from SB 78.

HB 215 retreated from the requirement on the Board of Optometry to solicit recommendations from the State Medical Board too. The bill only required optometrists to meet additional educational requirement, if any. This language was clearly inadequate. There was no indication as to who would be required to compete the additional educational requirements. In a further step backward, HB 306 requires no additional education requirements for any one – plain and simple.

SB 78 and HB 215 did not differentiate between optometry school graduates that finished before or after the date of enactment of the bill. HB 306 does not either. In fact, it is our belief that the recent graduates also lack the adequate training and education to safely administer systemic drugs because of the narrow scope of optometric education. In any case, to our knowledge there has been no recent, significant change in optometry school education to warrant a special waiver.



**KODIAK VISION CLINIC**  
**Jerimiah L. Myers, O.D.**  
*Doctor of Optometry*

214 W. Rezanof Dr., Ste. 1  
Kodiak, AK 99615  
(907) 486-8117

JUN 23 2003

Dear Peggy,

I grew up in Wrangell and graduated H.S. in 1966. My father graded the roads there for 20 years and my grand father built houses that still stand. The last 20 years I've been the Vision Care from Kodiak through the Aleutian chain. Of all the states with our rural life, like Wrangell and Unalaska, the people deserve the care we have been trained for in systemic medicines.

There are 4 times as many O.D.'s in 3 times as many locations as Ophthalmologists. Last month Washington State became the 40<sup>th</sup> to benefit from this privilege. I sometimes must refer to a village Aid or P.A. for medication needed, if I can find one. In health care yourself, I know you can relate to the inconvenience.

As a Wrangellite and eye care professional I beseech you to consider HB 306 for its service and betterment of Island life.

Sincerely,

Jerimiah Myers O.D.

# Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

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05/08/2003

Honorable Peggy Wilson  
State of Alaska  
House of Representatives  
Chair, House Health Education and Social Services Committee  
State Capitol, Room 104  
Juneau, AK 99801

Transmitted by Fax:  
907-465-3175

Re: HB 306 – Use of Pharmaceutical Agents by Optometrists

Dear Representative Wilson:

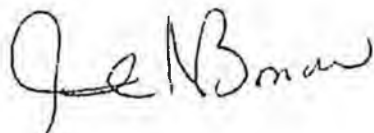
The Alaska State Medical Association (ASMA) represents Alaska's patients and the physicians who care for them.

ASMA opposes the expansion of the types of drugs allowed to be prescribed by optometrists. Optometrists simply lack the education and training to appropriately prescribe those drugs that would be allowed under HB 306. Drugs used in the treatments of the eye can have serious impacts on other body systems. Sufficient numbers of physicians exist to whom referrals can and should be made by optometrists for treatment that goes beyond drugs topically applied to the eye.

Keep in mind this would allow the prescription of all drugs with the exception of controlled substances (schedule IA) such as opium or heroin based drugs.

ASMA opposes HB 306. It is just not good medicine and patient care.

Sincerely,



By: Jeanne Bonar, MD  
President  
For: Alaska State Medical Association

Cc: Members, House Health Education and Social Services Committee

**ALASKA ACADEMY OF OPHTHALMOLOGY**

**Carl Rosen, M.D. President**

**542 West 2<sup>nd</sup> Ave**

**Anchorage, Ak 99501**

**907-563-8526**

5/8/03

House of Representatives  
Health, Education & Social Services Committee  
Juneau, Alaska 99801

Dear Representative:

I am writing to you to express my concern about HB 306. As you know, HB 306 would greatly expand the optometric scope of practice. The bill would authorize optometrists to prescribe oral drugs and controlled substances, and perform injection procedures. HB 306 is a bill that jeopardizes patient eye safety in Alaska.

In 2000, the State Medical Board unanimously opposed SB 78, a bill that would have authorized an expansion of the optometric scope of practice that was more restrictive than envisioned in HB 306. SB 78 prohibited optometrists from prescribing Schedule IIA controlled substances, which HB 306 does not. Furthermore, unlike HB 306, SB 78 required the State Board of Examiners of Optometry to solicit the State Medical Board for recommendations in establishing its examination and education requirements for the pharmaceutical license endorsement.


Even with these restrictions, the State Medical Board found that these provisions in SB 78 were inadequate to protect the public. The State Medical Board stated:

“Optometrists do not have the clinical experience to safely administer eye injections, intravenous and intramuscular injections, and oral medications, including some narcotics. Reading about the effect and side effects of medications, or attending seminars, does not prepare an optometrist for complications related to patients' other medical problems and chronic medications. The board's charge is to protect Alaskan patients; we believe that this legislation would endanger patients.”

It is unclear what has changed in optometric education and training since the State Medical Board made these comments that would warrant an expanded scope of practice for optometrists. An expanded scope of practice for optometrists still would endanger patients.

Please oppose HB 306.

Sincerely,



**Carl Rosen, M.D.**

4/11/03

Alaska Academy of Ophthalmology  
542 West 2nd Ave  
Anchorage, Ak 99501  
907-563-8526  
Dr. Carl Rosen, President

=====  
Ophthalmology and Optometry  
What are the differences?  
=====

**Are Optometrists as Thoroughly Trained as Ophthalmologists to Treat Complex Eye Disease?**

**NO.** An ophthalmologist completes 4 years of medical school and has received a medical degree. Plus, an ophthalmologist performs a 1 year, 60 hour per week internship in the 5th year of post-graduate study. An ophthalmologist also trains at a hospital or university teaching program for 3 more years of post-graduate study for closely supervised, advanced medical training by leaders in the field of ophthalmology – a residency. By observing, treating and overseeing patients with sick eyes (not simple vision problems), ophthalmologists develop skills required for sound medical judgment. Almost all recent graduates pass a rigorous specialty board certification process. Optometrists don't earn medical degrees; they receive no training in general medicine. Just 10% of optometrists perform a non-standardized "optometric residency" program, only some of which focus on ocular disease and are accredited. Furthermore, the American Optometric Association has rejected even a rudimentary optometric board certification system.

**Is the Practice of Optometry comparable to Primary Care Medicine?**

**NO.** A primary care physician is a generalist physician who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's care. Such a physician must be specifically trained to provide primary care services. Primary care specialties include family medicine, general internal medicine, or general pediatrics. The style of primary care practice is such that the personal primary care physician serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient.

There are providers of health care other than physicians who render some primary care services. Such providers may include nurse practitioners, physician assistants and some other health care providers such as optometrists. These providers of primary care may meet the needs of specific patients. However, they should provide these services in collaborative teams in which the ultimate responsibility for the patient resides with the physician.

**Myth or Reality: Services Provided by an Optometrist Are Less Expensive than Services Provided by an Ophthalmologist?**

**It's a myth!** The fee schedule that Medicare and Medicaid uses is the same for optometrists and ophthalmologists. Moreover, federal law prohibits participating Medicare providers to charge private patients a lower fee than Medicare patients. Private insurers reimburse similarly to Medicare and Medicaid, using a standard set of billing codes. Therefore, ophthalmologists are paid the same for patient visits, work, and consultation as optometrists.

**ALASKA ACADEMY OF OPHTHALMOLOGY**

**Carl Rosen, M.D. President**

**542 west 2<sup>nd</sup> Ave**

**Anchorage, Ak 99501**

**907-563-8526**

5/8/03

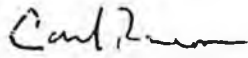
State House HESS Members  
Room 106, Capitol  
Juneau, Ak 99801

Dear Representative:

Attached, please find Alaska Native Brotherhood Camp 2 resolution in opposition to legislation expanding the optometric scope of practice. Currently in the State House is optometric scope of practice legislation, House Bili 306, "An Act relating to the use of pharmaceutical agents by optometrists"

Please feel free to call me if you have any questions or comments.

Sincerely,



Carl Rosen, M.D.

cc: Alaska Legislature



# *Alaska Native Brotherhood Camp 2*

RESOLUTION 2003-03

**TITLE: IN OPPOSITION OF LEGISLATION ALLOWING OPTOMETRISTS TO  
PRESCRIBE MEDICATIONS**

WHEREAS, the Alaska Native Brotherhood Camp No. 2 is a member of the Grand Camp of the Alaska Native Brotherhood, and

WHEREAS, the Grand Camp of Alaska Native Brotherhood's constitution states in Article I:

The purpose of this organization shall be to assist and encourage the Native in his advancement from his native state to his place among the cultivated races of the World, to oppose, to discourage, and to overcome the narrow injustices of race prejudice, to commemorate, the fine qualities of the Native Races of North America, to preserve their history, lore, art, and virtues, to cultivate the morality, education, commerce, and Civil Government of Alaska, to improve individual and municipal health and laboring conditions, and to create a true respect in Natives and in other persons with whom they deal for the letter and spirit of the Declaration of Independence and the Constitution and Laws of the United States.

WHEREAS, the Alaska Native Brotherhood Camp No. 2 adopts the same purpose of the Grand Camp of the Alaska Native Brotherhood, and

WHEREAS, the purpose includes "...to preserve Civil Government of Alaska", and

WHEREAS, the purpose further states "...to improve individual and municipal health" of the Native people, and

WHEREAS, the profession of optometry has attempted to pass legislation that would allow Optometrists to prescribe all therapeutic oral drugs, controlled substance, and

WHEREAS, the propose laws would allow Optometrists to perform all injection procedures including intravenous injections, intra-muscular injections and subcutaneous injections, and

WHEREAS, if the above be introduced by the Alaska State Legislature would be a reckless attempt to dabble in medical procedures which optometrists are not qualified; and


WHEREAS, this is a patient safety issue and it would not "...improve...health" as the purpose of the Alaska Native Brotherhood stands for;

NOW BE IT RESOLVED, that the Alaska Native Brotherhood, Camp Number 2 authorizes the President or his/her representative to oppose such legislation and

BE IT FURTHER RESOLVED, that the Alaska Native Brotherhood Camp Number 2, is in opposition to legislation that would reduce the quality of service by changing laws that would allow anyone to practice medicine for which they are not qualified.

APPROVED, by the ANB Camp 2 during a regular meeting of membership on February 3, 2003.

Signed,

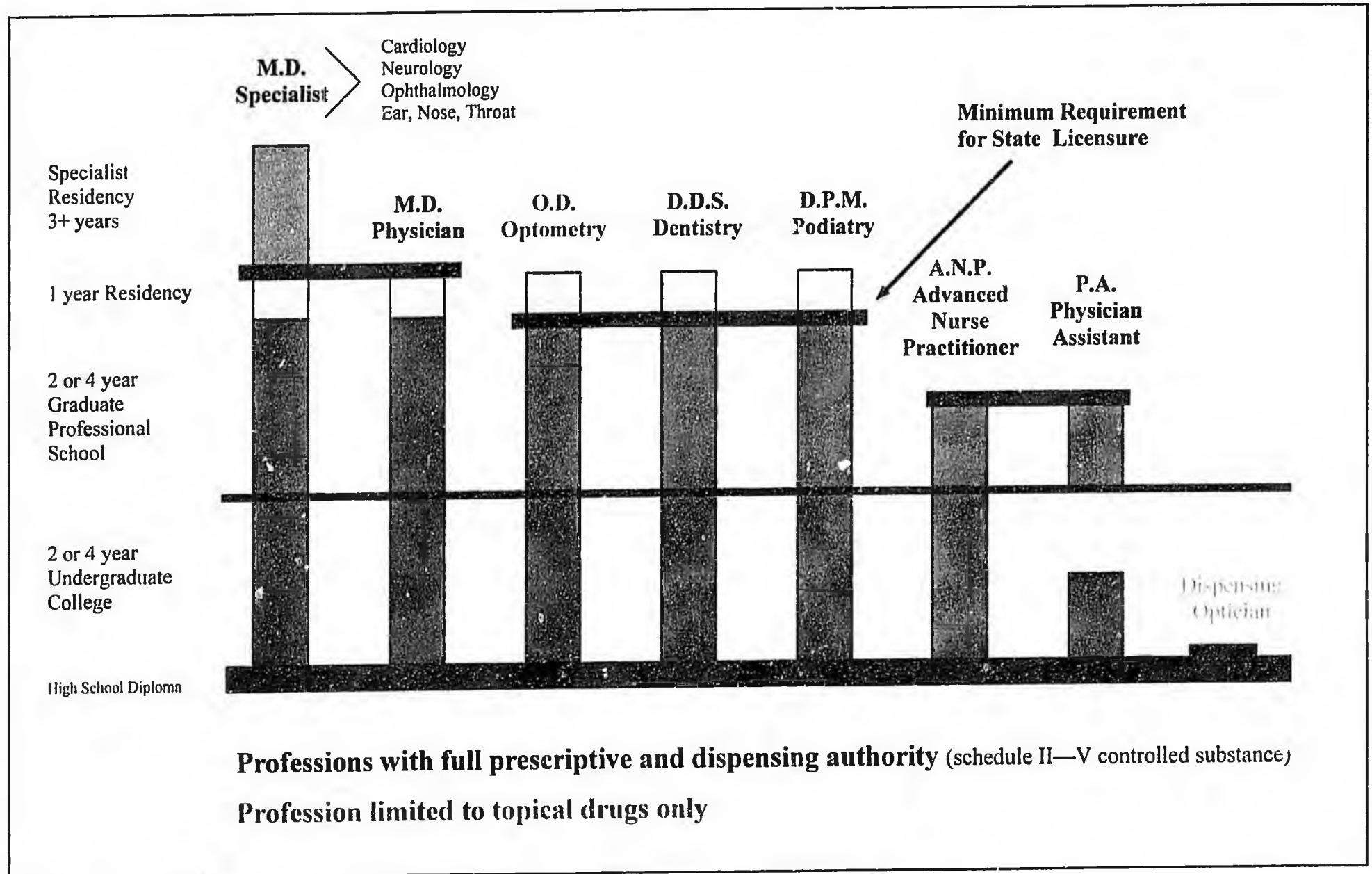
  
Andrew Ebona, President

  
Andrea Ebona-Michel, Recording Secretary

**Only Four States Allow Everything That the  
Optometry Lobby Wants in the Alaska  
Optometric Scope of Practice Legislation**



# Education and Training Requirements for Health Professionals





# American Optometric Association

243 N. Lindbergh Blvd. • St. Louis, MO 63141 • (314) 991-4100  
FAX: (314) 991-4101

March 2, 2004

RECEIVED

MAR 09 2004

Representative Peggy Wilson, Chair  
Health, Education and Social Services Committee  
Alaska State Capitol  
Juneau, AK 99801-1182

Dear Representative Wilson:

This letter is sent in strong support of legislation seeking to amplify the current scope of practice for Alaska's Doctors of Optometry by removing the 12 year old restriction of "topical only" from the drugs they currently prescribe. Alaska optometrists will still be restricted to only those drugs that treat the eye. Optometrists are independent, doctoral-level, primary eye care providers who, based on a stellar safe and effective practice record, have gained statutory authority over the past 28 years in all 50 states and the District of Columbia to prescribe drugs in order to provide the best primary eye care possible for the patients they serve. In 41 other states and the District of Columbia, this authority includes the prescription of oral drugs.

I have attached a chart indicating general prescriptive authority information. Based on the safe and effective practice record of optometrists, state legislatures have expanded original prescriptive authority laws well over 60 times authorizing the prescription of additional drugs or the treatment of additional conditions. No prescriptive authority law has ever been diminished or repealed by any state legislature.

In all 50 states and the District of Columbia, continuing education is a requirement for optometric license renewal. Optometry is the only healthcare profession in the U.S. with a universal continuing education requirement for license renewal purposes.

As with medical physicians, optometrists must obtain a license in each state in which they wish to practice:

- As with medical and dental school applicants, almost every applicant accepted into a four year doctoral-level optometry program holds a BA or BS degree;
- Candidates for licensure must be graduates of an accredited four-year professional program in optometry and hold the graduate-level doctor of optometry (OD) degree (this is the same point in the education process that a medical student is awarded the graduate-level doctor of medicine (MD) degree);
- Candidates must pass the three Part didactic and practical examination series administered by the National Board of Examiners in Optometry (NBEO);
- Candidates for licensure in Alaska must also pass your state board-administered optometry law exam.

The federal Medicare program recognizes optometrists as physicians, practicing within the scope of their state licensure. Optometry uses the same diagnosis and procedure codes as medicine when treating patients. Restrictions upon optometrists in Alaska reduce the number of providers available to treat Medicare patients, at a time when Medicare providers are in short supply.

When an ophthalmologist states that he or she has three more years of graduate-level education than an optometrist, we say, "of course they do." This is because they get very little training in the eye during medical school and must obtain this knowledge, as well as receive advanced training in surgery through a post-graduate residency. Optometrists now routinely work with medical specialists in the interest of the highest quality patient care. The clinical education of an optometrist does not have to parallel the education and training of an ophthalmologist anymore than the education and training of a family physician needs to parallel that of a heart surgeon.

Today's optometry students receive state of the art instruction in the use and prescription of pharmaceuticals. It is my understanding that in more than one of the 16 U.S. optometry schools the medical, dental, and optometry students take the same pharmacology class together in the same lecture hall at the same point in their doctoral-level professional education programs. In optometry programs around the country the number of pharmacology hours provided to optometry students equals or exceeds that offered to medical and dental students.

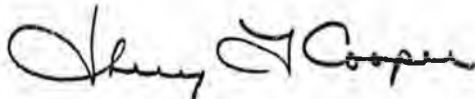
*Some are concerned about the # of hrs they intend doing these things!*

Malpractice insurance rates have remained historically low for optometrists (currently around \$415/year/\$2 million in liability coverage). In fact these rates are the same from state to state no matter what the prescriptive authority is. Malpractice carriers have found that the level of prescription drug authority – by any professional group – does not affect malpractice experience. Please see attached Fact Sheet on malpractice insurance, "Optometry . . . The Biggest Bang for the Malpractice Premium Buck".

You should keep in mind that Alaska family medical physicians, pediatricians, nurse practitioners, and actually all other medical specialty groups in your state already have statutory authority to prescribe these same drugs to treat eye disease with relatively little training in the diagnosis and treatment of the eye. Optometrists spend their entire professional graduate education and training in the area of eye care. Today's Doctors of Optometry are well equipped to provide competent, accessible, safe and affordable eye care for Alaska's residents.

If you need any additional information please contact me by e-mail at SLCooper@AOA.org or by phone at 800-365-2219/314-991-4100, Ext. 266.

Sincerely,



Sherry L. Cooper, Manager  
State Government Relations Center

ATTACHMENTS

## Optometry . . . The Biggest Bang for the Malpractice Premium Buck

Lately, many of the states introducing scope of practice amplification legislation have contacted us for information on the issue of malpractice. Apparently, big medicine and/or ophthalmology have continued to bring up malpractice "problems" as one reason optometrists should not be granted additional prescriptive authority. Okay, so nobody ever accused the medical lobby of being smart.

One only has to see the AMA NEWS, local newspapers, or television news broadcasts to know that there is a huge crisis in malpractice and malpractice liability coverage for **medical physicians**. The escalating problem of malpractice insurance premium rates is one of the primary legislative targets for the AMA. Most of their legislative activity centers around tort reform as the solution to the problem. On the other side are trial lawyers, an opponent with even more money and political muscle to expend.

A September 2002 report from the U.S. Department of Health and Human Services indicates that malpractice insurance premiums in states without reasonable limits on non-economic damages increased between 30% and 75% in 2001. In 2002, the situation deteriorated so that states without reasonable limits on non-economic damages experienced increases of between 36% -113%. States with reasonable limits on non-economic damages have not experienced quite the same level of rate increases.

Consider the following:

- Carriers are leaving the malpractice insurance market altogether.
- Hospital physicians are staging walk-outs to protest high premiums.
- We've heard of entire regions in some states where an obstetrician is not to be found and patients must drive three or four hours to see a doctor, or go without proper care.
- Many state legislatures are consumed with discussions on how to fix this problem in order to encourage competent, qualified medical physicians to continue practicing in the state.
- The Bush administration is pushing for malpractice reform at the Federal level.
- There are reports that \$100,000 or \$200,000+ per year is not uncommon for some specialty physicians to pay per year; if they can get coverage at all.

How medicine can even hope to use the malpractice "argument" against legislation proposing to increase optometric prescriptive authority is hard to understand.

**Malpractice insurance premiums for optometrists are, and remain, the lowest of any of the independent doctoral-level healthcare professions.** These premium rates are lower than those paid by even some non-doctoral supervised allied professions such as nurse practitioners and physician assistants.

The rate for Territory 1 in AOA's endorsed malpractice insurance plan (Territory 1 is the lowest of four experience-based rate territories) is \$415/year/\$2 million professional liability coverage per incident. **Not \$41,500, not \$4,150, but \$415 per year.** Most people pay more each month for their mortgage or car loan than an optometrist pays for an entire year's worth of professional malpractice liability coverage.

Malpractice liability for any of the healthcare professions rarely occurs based on prescription issues. In the AOA-endorsed insurance plan, Oklahoma (very broad prescriptive authority) and Maryland (very limited prescriptive authority) are both included in Territory 1 (the lowest) and optometrists in those states pay the same rate. Malpractice occurs primarily for two reasons: misdiagnosis (or lack of diagnosis) and bad treatment outcomes, not for prescriptive authority.

Malpractice rates are based on experience plus a profit for the carrier. **Malpractice rates set so unbelievably low for optometrists confirm a low rate of actual occurrence of malpractice.**

Unfortunately, as many carriers face huge losses from the medical profession, and from the carriers' investments, rates for optometrists may go up a bit as part of this "raising of the boat." In fact, some carriers may drop healthcare professional liability coverage altogether (this has happened in the past). Optometry may be caught up in this action and, to continue the boat theme, go "down with the boat."

However, the fact remains, at a rate of \$415/year (you can be assured the carriers are still making a comfortable profit) there is not much optometric malpractice occurring. This is a fact optometry can be proud of and use to its advantage in the legislative process. When medicine raises the malpractice issue with a legislator tell them: "I'll show you mine (rate), if you show me yours."

For further information contact Sherry L. Cooper, State Legislative Analyst, 800-365-2219/314-991-4100, Ext. 266 or [SLCooper@AOA.org](mailto:SLCooper@AOA.org).

Last Revised March 6, 2003



American Optometric Association

**SUMMARY – LEGEND DRUG PRESCRIPTIVE AUTHORITY FOR OPTOMETRISTS**

STATE	Medications Used To Treat ALLERGIES	Medications Used To Treat INFECTIONS	Medications Used To Treat GLAUCOMA	Medications Used To Treat INFLAMMATION	Medications Used To Treat PAIN (oral)
Alabama	T, O	T, O	T, O	T, O	O
Alaska	T	T	T	T	
Arizona	T, O	T, O	T	T, O <sup>1</sup>	O
Arkansas	T, O	T, O	T, O	T, O	O
California	T, O	T, O	T	T, O <sup>1</sup>	O
Colorado	T, O	T, O	T, O	T, O <sup>1</sup>	O
Connecticut	T, O	T, O	T, O	T, O	O
Delaware	T, O	T, O	T, O	T	O <sup>2</sup>
D.C.	T, O	T, O	T, O	T, O <sup>1</sup>	O
Florida	T	T	T	T	
Georgia	T	T	T	T	O
Guam	T, O	T, O	T, O	T, O	O
Hawaii	T	T		T	
Idaho	T, O	T, O	T, O	T, O	O
Illinois	T	T	T	T	O <sup>2</sup>
Indiana	T, O	T, O	T, O	T, O <sup>1</sup>	O <sup>2</sup>
Iowa	T, O	T, O	T, O	T, O	O
Kansas	T, O	T, O	T, O	T, O	O
Kentucky	T, O	T, O	T, O	T, O	O
Louisiana	T, O	T, O	T	T	
Maine	T, O	T, O	T	T, O <sup>1</sup>	O
Maryland	T	T, O	T	T <sup>3</sup>	
Massachusetts	T	T		T	
Michigan	T, O	T, O	T, O	T, O <sup>1</sup>	O
Minnesota	T, O	T, O	T, O	T, O <sup>1</sup>	O
Mississippi	T	T	T	T	
Missouri	T, O	T, O	T, O	T, O	O
Montana	T, O	T, O	T, O	T, O	O
Nebraska	T, O	T, O	T	T, O <sup>1</sup>	O
Nevada	T, O	T, O	T, O	T	O
New Hampshire	T, O	T, O	T, O	T, O <sup>1</sup>	O
New Jersey	T	T	T	T	
New Mexico	T, O	T, O	T, O	T, O <sup>1</sup>	O
New York	T	T	T	T	
North Carolina	T, O	T, O	T, O	T, O	O
North Dakota	T, O	T, O	T, O	T, O	O
Ohio	T, O	T, O	T, O	T	
Oklahoma	T, O	T, O	T, O	T, O	O
Oregon	T, O	T, O	T, O	T, O	O
Pennsylvania	T	T, O	T	T, O	O
Rhode Island	T	T	T	T	
South Carolina	T, O	T, O	T, O	T	O
South Dakota	T, O	T, O	T, O	T, O	O
Tennessee	T, O	T, O	T, O	T, O	O
Texas	T, O	T, O	T, O	T, O <sup>1</sup>	O
Utah	T, O	T, O	T, O	T, O	O
Vermont	T	T		T	
Virginia	T	T	T, O	T	O
Washington	T, O	T, O	T, O	T, O <sup>1</sup>	O
West Virginia	T, O	T, O	T, O	T, O	O
Wisconsin	T, O	T, O	T, O	T, O	O
Wyoming	T, O	T, O	T, O	T, O <sup>1</sup>	O

- KEY:** T Topical Legend Drugs  
 O Oral Legend Drugs  
<sup>1</sup> No Oral Steroids  
<sup>2</sup> No Controlled Narcotic Substances  
<sup>3</sup> No Topical Steroids

GLAUCOMA Tx = 47 states + DC + Guam  
 ORAL Rx AUTHORITY = 41 states + DC + Guam  
 CONTROLLED SUBSTANCE Rx AUTHORITY = 35 states + DC + Guam  
 INJECTABLES AUTHORITY = 25 states + DC

The information contained in this chart represents a summary, as of May 19, 2003, of the state optometry statutes/board regulations. In some states situations for legend drug prescriptive authority may vary. The key "T" or "O" in many instances represents every topical and/or oral legend drug available under a specific heading. For more complete information, please contact Sherry L. Cooper, Manager of the American Optometric Association's State Government Relations Center at 314-991-4100/800-365-2219, Ext. 266 or SLCooper@AOA.org.

❖ ❖ ❖ SUBJECTIVE RANKING ❖ ❖ ❖ SUBJECTIVE RANKING ❖ ❖ ❖

**SUMMARY – LEGEND DRUG PRESCRIPTIVE AUTHORITY FOR OPTOMETRISTS**

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Kentucky	T, O	T, O	T, O	T, O	O
Missouri	T, O	T, O	T, O	T, O	O
Montana	T, O	T, O	T, O	T, O	O
North Carolina	T, O	T, O	T, O	T, O	O
Oklahoma	T, O	T, O	T, O	T, O	O
Oregon	T, O	T, O	T, O	T, O	O
Tennessee	T, O	T, O	T, O	T, O	O
Wisconsin	T, O	T, O	T, O	T, O	O
Colorado	T, O	T, O	T, O	T, O <sup>1</sup>	O
Connecticut	T, O	T, O	T, O	T, O	O
Kansas	T, O	T, O	T, O	T, O	O
Michigan	T, O	T, O	T, O	T, O <sup>1</sup>	O
North Dakota	T, O	T, O	T, O	T, O	O
South Dakota	T, O	T, O	T, O	T, O	O
Utah	T, O	T, O	T, O	T, O	O
West Virginia	T, O	T, O	T, O	T, O	O
District of Columbia	T, O	T, O	T, O	T, O <sup>1</sup>	O
Minnesota	T, O	T, O	T, O	T, O <sup>1</sup>	O
Nebraska	T, O	T, O	T	T, O <sup>1</sup>	O
Nevada	T, O	T, O	T, O	T	O
New Mexico	T, O	T, O	T, O	T, O <sup>1</sup>	O
South Carolina	T, O	T, O	T, O	T	O
Wyoming	T, O	T, O	T, O	T, O <sup>1</sup>	O
Arizona	T, O	T, O	T	T, O <sup>1</sup>	O
California	T, O	T, O	T	T, O <sup>1</sup>	O
Delaware	T, O	T, O	T, O	T	O <sup>2</sup>
Indiana	T, O	T, O	T, O	T, O <sup>1</sup>	O <sup>2</sup>
Maine	T, O	T, O	T	T, O <sup>1</sup>	O
New Hampshire	T, O	T, O	T, O	T, O <sup>1</sup>	O
Texas	T, O	T, O	T, O	T, O <sup>1</sup>	O
Washington	T, O	T, O	T, O	T, O <sup>1</sup>	O
Georgia	T	T	T	T	O
Illinois	T	T	T	T	O <sup>2</sup>
Louisiana	T, O	T, O	T	T	
Ohio	T, O	T, O	T, O	T	
Pennsylvania	T	T, O	T	T, O	O
Virginia	T	T	T, O	T	O
Alaska	T	T	T	T	
Mississippi	T	T	T	T	
New Jersey	T	T	T	T	
Florida	T	T	T	T	
New York	T	T	T	T	
Rhode Island	T	T	T	T	
Hawaii	T	T		T	
Massachusetts	T	T		T	
Vermont	T	T		T	
Maryland	T	T, O	T	T <sup>3</sup>	

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