HB

113

25-LS0411\M
Ballard
2/27/07

CS FOR HOUSE BILL NO. 113( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES SAMUELS, Thomas, Kawasaki, Gruenberg, LeDoux

A BILL

FOR AN ACT ENTITLED

"An Act relating to the prescription and use of pharmaceutical agents, including controlled substances, by optometrists."

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

*** Section 1.** AS 08.72.175(a) is amended to read:

(a) The board may issue a license endorsement authorizing a licensee to prescribe and use the pharmaceutical agents described in AS 08.72.272(a), if the licensee or applicant for a license **has successfully completed**

(1) [PASSES] the written and practical portions of an examination on ocular pharmacology, approved by the board, that tests the licensee's or the applicant's knowledge of the characteristics, pharmacological effects, indications, contraindications, and emergency care associated with the prescription and use of pharmaceutical agents;

(2) a nontopical therapeutic pharmaceutical agent course of at least 23 hours approved by the board or an examination approved by the board

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New Text Underlined [DELETED TEXT BRACKETED]

on the treatment and management of ocular disease; and

(3) an optometry and nontopical therapeutic pharmaceutical agent injection course of at least seven hours approved by the board or equivalent training acceptable to the board [. THE ENDORSEMENT EXPIRES AT THE SAME TIME AS THE LICENSE TO WHICH IT ATTACHES. THE ENDORSEMENT MAY BE RENEWED UPON SATISFACTORY COMPLETION OF CONTINUING EDUCATION REQUIREMENTS ESTABLISHED BY THE BOARD BY REGULATION].

*** Sec. 2.** AS 08.72.175 is amended by adding a new subsection to read:

(d) A license endorsement issued under (a) of this section expires at the same time as the license to which it attaches. Renewal of the endorsement may not be granted unless, in the four years preceding the application for renewal, the licensee has successfully

(1) completed eight hours of continuing education approved by the board concerning the use and prescription of pharmaceutical agents;

(2) completed seven hours of continuing education approved by the board concerning the injection of nontopical therapeutic pharmaceutical agents; and

(3) met other requirements the board considers necessary to ensure the continued protection of the public.

*** Sec. 3.** AS 08.72.272(a) is amended to read:

(a) A licensee **with an endorsement issued under AS 08.72.175(a)** may prescribe and use a pharmaceutical agent**, including a controlled substance,** in the practice of optometry if

(1) the pharmaceutical agent

(A) is prescribed and used for the treatment of ocular disease or conditions, ocular adnexal disease or conditions, or emergency anaphylaxis;

(B) is not a schedule IA, IIA, or VIA controlled substance; and

(C) is prescribed in a quantity that does not exceed five days of prescribed use if it is a controlled substance;

(D) is not injected into the ocular globe of the eye [IS A DRUG TOPICALLY APPLIED TO THE HUMAN EYE AND ITS APPENDAGES]; and

(2) the **licensee**

(A) has a physician-patient relationship, as defined by the board in regulations adopted under this chapter, with the person to whom the pharmaceutical agent is prescribed; and

(B) has on file with the department the licensee's current federal Drug Enforcement Administration registration number that is valid for the controlled substance prescribed or used [PERSON HOLDS A LICENSE ENDORSEMENT ISSUED BY THE BOARD AUTHORIZING THE PRESCRIPTION AND USE OF PHARMACEUTICAL AGENTS].

*** Sec. 4.** AS 08.72.272(c) is amended to read:

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

(1) the pharmaceutical agent is a drug topically applied to the human eye and its appendages; and

(2) the person holds a license endorsement issued by the board **under AS 08.72.175(c)** authorizing the use of the pharmaceutical agent **under this subsection**.

*** Sec. 5.** AS 08.72.272 is amended by adding a new subsection to read:

(d) In this section, "controlled substance" has the meaning given in AS 11.71.900.

*** Sec. 6.** The uncodified law of the State of Alaska is amended by adding a new section to read:

TRANSITION. (a) A license endorsement issued under AS 08.72.175(a) before the effective date of this Act continues in effect for the term issued unless revoked or suspended by the Board of Examiners in Optometry.

(b) The changes made by this Act to AS 08.72.175 and 08.72.272(a) do not affect the scope of practice allowed under a license endorsement issued under AS 08.72.175(a) before the effective date of this Act.

(c) A license endorsement issued under AS 08.72.175(a) before the effective date of

this Act may not be renewed on or after the effective date of this Act.

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Bullard
3/5/07

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(2) a nontopical therapeutic pharmaceutical agent course of at least 23 hours approved by the board or an examination approved by the board

on the treatment and management of ocular disease; and

(3) an optometry and nontopical therapeutic pharmaceutical agent injection course of at least seven hours approved by the board or equivalent training acceptable to the board [. THE ENDORSEMENT EXPIRES AT THE SAME TIME AS THE LICENSE TO WHICH IT ATTACHES. THE ENDORSEMENT MAY BE RENEWED UPON SATISFACTORY COMPLETION OF CONTINUING EDUCATION REQUIREMENTS ESTABLISHED BY THE BOARD BY REGULATION].

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(C) is prescribed in a quantity that does not exceed four days of prescribed use if it is a controlled substance;

Rpsn to Drugs

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(2) the **licensee**

(A) has a physician-patient relationship, as defined by the board in regulations adopted under this chapter, with the person to whom the pharmaceutical agent is prescribed; and

(B) has on file with the department the licensee's current federal Drug Enforcement Administration registration number that is valid for the controlled substance prescribed or used [PERSON HOLDS A LICENSE ENDORSEMENT ISSUED BY THE BOARD AUTHORIZING THE PRESCRIPTION AND USE OF PHARMACEUTICAL AGENTS].

*** Sec. 4.** AS 08.72.272(c) is amended to read:

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(1) the pharmaceutical agent is a drug topically applied to the human eye and its appendages; and

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(b) The changes made by this Act to AS 08.72.175 and 08.72.272(a) do not affect the scope of practice allowed under a license endorsement issued under AS 08.72.175(a) before the effective date of this Act.

(c) A license endorsement issued under AS 08.72.175(a) before the effective date of

this Act may not be renewed on or after the effective date of this Act.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: HB113-COM-OL-03-16-07
Bill Version: HB 113
() Publish Date:

Revision Date/Time (Note if correction):
Dept. Affected: Commerce
Title: Optometrists Use of Pharmaceuticals
RDU: Corp, Bus & Prof Licensing (117)
Component: Corp, Bus & Prof Licensing
Sponsor: Samuels et al
Requester: House HES
Component No.: 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Estimate of any current year (FY2007) cost: 0.0
Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

This legislation amends various provisions of AS 08.72 Optometrists and Use of Pharmaceutical Agents, including adding specifications for controlled substances. This is not expected to result in the need for additional funds to implement the provisions.

Prepared by: Chris Wyatt, Administrative Manager — Phone (907) 465-2572
Division: Corporations, Business, and Professional Licensing — Date/Time 3/16/07 2:09 PM
Approved by: Emil Notti, Commissioner — Date 3/16/2007
Agency: Commerce, Community, and Economic Development

Sponsor Statement for House Bill 113

"An Act relating to the prescription and use of pharmaceutical agents, including controlled substances, by optometrists."

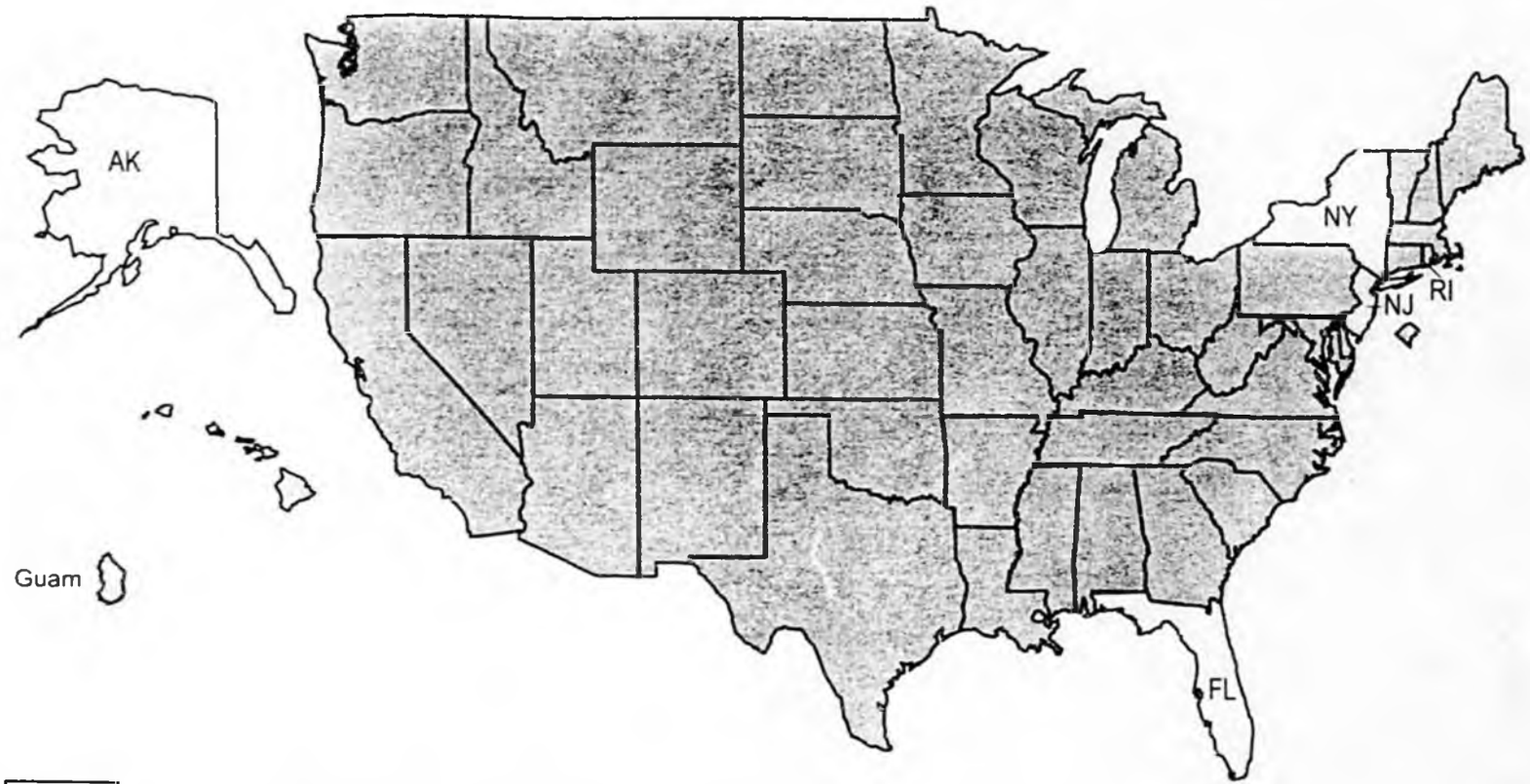
House Bill 113 would allow optometrists to prescribe systemic (oral) medications to treat a patient's eyes or for an allergic shock reaction. Currently Alaskan optometrists are limited to prescribing only topical medications, while optometrists in 45 states, the District of Columbia and Guam are able to prescribe systemic (oral) 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.

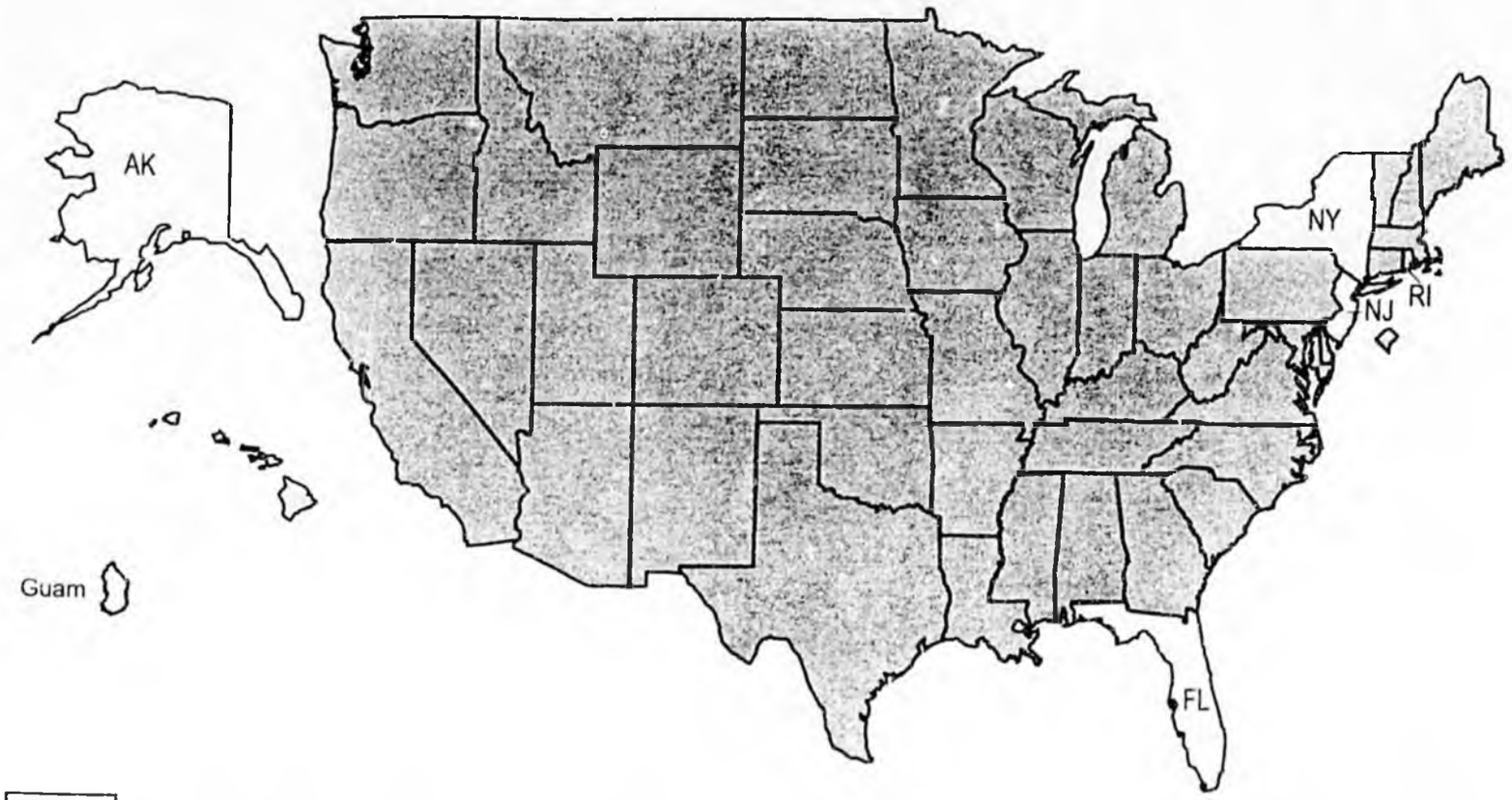
The Prescription of Systemic Medications By Optometrists To Treat Eye Disease



Some/All Systemic Medications

September, 2006

The Prescription of Systemic Medications By Optometrists To Treat Eye Disease



Some/All Systemic Medications

September, 2006

Alaska Optometric Association

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Frequently Asked Questions

Do optometrists have sufficient education, training, and experience to use systemic drugs?

Yes. Courses in pharmacology, physiology, and pathology are an integral component of the core curriculum in optometry school, using the same medical model as taught in dental and medical schools. Optometry schools are fully accredited by nationally-recognized agencies. Circa 1970, all optometry schools elevated their education level to a 4 year professional program identical to the medical and dental model. Optometrists have been safely prescribing systemic drugs in other states since 1977, and currently 45 states allow all or some systemic treatment of eye diseases. Licensed optometrists are required to take continuing education courses in this area to stay current in their knowledge and training. This is not new ground, Alaska is far behind the curve in eye care access and delivery.

Does HB 113 allow optometrists to administer pharmaceuticals by injection and infusion?

Yes. The route of administration of a drug is not the primary factor. In fact, injectable drugs are generally not a class of separate drugs. Optometrists are fully educated and competent to use any drug regardless of its route of administration. Optometrists currently use needles every day routinely for removing corneal foreign bodies, and needle-type cannulas for irrigating tear ducts, so that is not a factor.

Are there potential risks associated with prescribing systemic drugs?

Absolutely. The prescribing of any drug is very serious, that is why doctors of optometry, dentistry, and medicine educate a minimum of 8 years and are state licensed. In Alaska, advanced nurse practitioners safely prescribe all the systemic drugs unrestricted with currently less education. Optometrists go through rigorous training on all types of prescriptive medicines for the whole body plus the eye, including contraindications and side effects. HB 113 restricts optometrists to treating ONLY the eye and surrounding tissues. When systemic medications are indicated for certain and emergent conditions they are absolutely necessary. Optometrists use their professional judgment to decide whether to treat or to refer a patient to a more specialized provider.

Do ophthalmologists have more education and training then optometrists?

Yes. Optometry school consists of four years of post-graduate, doctoral-level study concentrating on the eye, vision and associated systemic disease with an optional one-year residency. This education is the same medical model as medicine, dentistry & podiatry. Ophthalmology is a 3 year residency above and beyond medical school. This additional three-year residency prepares the ophthalmologist to be an eye surgeon and tertiary-level specialist. This is the same as cardiology, orthopedics, or ear, nose, throat specialists. Patients see a primary care provider for their general health needs and are referred to a specialist when necessary. This system increases access to care and holds costs lower. Optometrists routinely refer patients to ophthalmologists for advanced eye care or surgery, the same as family doctors refer to needed specialty consultation. The critical factor is that there are optometrists in a vast number of Alaskan communities, while the specialty ophthalmologists are only in a few large cities

Who benefits from HB 113?

Patients. This bill will allow patients to receive prescriptive treatment in-office or go straight to a pharmacy with a prescription written by the patient's primary eye doctor, instead of having to schedule another doctor's visit simply to get the prescription for the medicine the optometrist has already determined they need. Optometrists gain no additional income by expanding their drug authority, as the patient is charged for the office visit, not which drug is prescribed.

Will HB 113 put Alaskans at risk?

No. Often times, legislators must make difficult decisions based on assumptions. Fortunately, with HB 113, there are no assumptions necessary because we can look at facts. Similar legislation has passed in 45 other states throughout the last 30 years with none ever repealed and no reported problems. In fact, the Alaska Medical Board surveyed medical boards throughout the Nation to find out if their were any problems in states where similar legislation had passed. Not one medical board reported any problems.

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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.

109 optometric physicians 85 different locations currently serve the Alaskan population spanning from Barrow 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.

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Current and Proposed Therapeutic Pharmaceuticals Legislation for Optometric Physicians

Current legislation for optometry and the use for pharmaceutical agents:

A licensee may prescribe and use a pharmaceutical agent in the practice of optometry if

1. a pharmaceutical agent is a drug **topically applied** to the human eye and its appendages; and
2. the person holds a license endorsement issued by the board authorizing the prescription and use of pharmaceutical agents.

A licensee may not purchase, possess, prescribe, or use a pharmaceutical agent unless the licensee has obtained a license endorsement under AS 08.72.175.

Proposed change to legislation for optometry and the use for pharmaceutical agents:

A licensee may prescribe and use a pharmaceutical agent, including a controlled substances, in the practice of optometry if

1. the pharmaceutical agent is not included on schedule 1A* under AS11.71
2. the pharmaceutical agent is prescribed and **used for the treatment of ocular disease and ocular adnexal disease or conditions or for emergency anaphylaxis** [a drug topically applied to the human eye and it appendages]; and
3. [(2)] the person holds a license endorsement issued by the board authorizing the prescription and use of pharmaceutical agents.

**Schedule 1A are those that have no accepted medical use in the United States and that have high abuse potential, including LSD, heroin, marijuana, and may include investigational controlled substances.*

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Scope of Optometry Practice

The practice of optometry includes:

(The following is a sample of what is included in the scope of optometry and does not list every disease or disorder that is treated in the practice of the profession.)

A **complete analysis** of the following components of the eye and visual system:

The health of the ocular tissue including the eyelids, lashes and the surrounding tissues, conjunctiva, cornea, anterior chamber, iris, lens, vitreous, retina and optic nerve.

The ocular vascular systems including the eyelids and surrounding tissues, cornea, conjunctiva, optic nerve and retina.

The intraocular pressures and blood pressure.

Pupil responses, extraocular muscles and eye lid muscle responses.

The ability for the eye to see with and without correction.

Diagnosis, treatment and management of ocular diseases:

Conjunctivitis including viral, bacterial and allergic corneal inflammation, ulcers, degeneration and dystrophy, keratoconus, abrasions, foreign body removals, uveitis, glaucoma, macular degeneration, retinitis pigmentosa, macular edema, retinitis, vitreal disorders, cataracts, retinal melanomas and masses, and other ocular tissues including eye lids.

Pre and post surgical care for variety of ocular surgeries.

Diagnosis of ocular disease and related systemic diseases*:

Hypertensive retinopathy and hypertension, arteriosclerotic plaques and arteriosclerosis, vascular incidences including central retinal and branch vein occlusions, central retinal artery occlusions, ischemic optic neuropathy and diabetic retinopathy and diabetes.

Neurological evaluation involving the visual system related systemic conditions:

Optic neuritis and multiple sclerosis, psuedo-tumor cerebri secondary to increased intracranial pressure, retrobular optic neuritis, brain tumors involving the visual pathway, pupillary response defects which can be secondary to a lesion or mass along the neuropathway.

**An optometric physician manages the ocular manifestations of the disease and the patient is referred to the appropriate physician to treat the systemic portion of the disease.*

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Doctorate Degree Education and Training for Optometric Physicians

There are between **200 to 300 classroom hours** assigned to the specific area of pharmacology and **two years of clinical applications** of systemic and ocular agents in the treatment of ocular disease.

General pharmacology 1 & 2 cover **systemic pharmacology** of agents in each drug class, pharmacokinetics, and the quantitative and qualitative aspects of pharmacodynamics and the drug and patient relationship variables. This includes the topics of autonomic nervous system agents, cardiovascular drugs, renal pharmacology, gastrointestinal drugs, respiratory pharmacology, anti-inflammatory agents, chemotherapeutic agents, neuropharmacologic agents, anesthetics, hormones and hormone antagonists, pain pharmacology, toxicology and the toxicology of poisons.

Ocular pharmacology and ocular pharmacalogical therapies includes ocular and systemic pharmacological agents related to the treatment and management of ocular disease the pharmacokinectics and pharmacodynamic. This includes the **use of topical, oral and injectable medications in the treatment of eye and the associated structures.**

Related required classes and labs:

Human anatomy	Neuroanatomy	Histology
Human physiology	Neurophysiology	Embryology
Human pathology	Neurobiology	Biochemistry
Ocular anatomy	Ocular physiology	Ocular pathology
Ocular disease	Ocular emergencies	Immunology
Clinical medicine	Clinical emergencies	Patient Care

Clinical Education

There are **at least 2,000 patient contact hours** in a variety of optometric clinical settings examining diverse patient populations. This includes clinical, hospital and emergency experience.

Please see the attached examples of the course work required by optometry schools.

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY

Doctor of Optometry Degree
2005 - 2006 Curriculum

FIRST PROFESSIONAL YEAR: 2005-2006

OPT #	Fall Semester:	Credits	OPT #	Spring Semester:	Credi
501	Geometric Optics with Lab	4.0	502	Physical Optics with Lab	3.0
516	Clinical Experience I	0.5	503	Visual Optics and Ocular Motility with Lab	4.0
531	Ocular Anatomy, Physiology and Biochemistry with Lab	4.5	517	Clinical Experience II	0.5
535	Functional Neuroanatomy and Neurobiology	3.0	532	Anatomy of the Visual System with Lab	3.0
536	**Pharmacological Principles and Autonomic Agents**	3.0	533	**Microbiology, Genetics and Immunology; Pharmacology of Anti-Infective Drugs; Diseases of the Lid and Lacrimal System**	3.0
546	Clinical Procedures: Non-refractive Diagnostic Tests with Lab	3.0 4.0			
562	Behavioral Optometric Science with Lab		534	Laboratory Procedures for Assessment of Ocular Disease	1.0
			537	Etiology, Diagnosis and Management of Systemic Diseases; Pharmacology of Systemic Medications I	4.0
			547	Clinical Procedures: Binocular Testing and Optics with Lab	2.0
	Total Semester Credits	22.0		Total Semester Credits	20.5
				Total First Year Credits	42.5

SECOND PROFESSIONAL YEAR: 2005 - 2006

OPT #	Fall Semester:	Credits	OPT #	Spring Semester:	Credits
601	Ophthalmic Optics	3.0	617	Optometric Case Analysis	4.0
602	Sensory-Motor Interactions in Vision with Lab	4.0	618	Theory and Practice of Spherical Rigid and Soft Contact Lenses with Lab	3.0
616	Theory and Methods of Refraction	3.0			
620	Clinical Experience III	0.5	621	Clinical Experience IV	0.5
631	Diagnosis and Treatment of Anterior Segment Diseases	2.0	633	Diagnosis and Treatment of Posterior Segment Diseases	3.0
632	Detection, Assessment and Treatment of Anterior Segment Diseases	1.0	634	Detection, Assessment and Treatment of Posterior Segment Diseases	1.0
637	Etiology, Diagnosis and Management of Systemic Diseases; **Pharmacology of Systemic Medications II**	2.0	638	Etiology, Diagnosis and Management of Systemic Diseases with Lab; Pharmacology of Systemic Medications III	2.0
646	Clinical Procedures: Refractive Error Measurement with Lab	2.0	648	Clinical Procedures: Phorometry and Ocular Health with Lab	4.0
17	Ophthalmic Dispensing Procedures with Lab	2.0	662	Visual Information Processing and Perception with Seminar	4.0
1	Physiological, Psychological and Cognitive Changes During the Lifespan	2.0			
	Total Semester Credits	21.5		Total Semester Credits	21.5
				Total Second Year Credits	43.0

THIRD PROFESSIONAL YEAR: 2005 - 2006

OPT#	Summer Semester:	Credits	OPT#	Fall Semester:	Credits	OPT#	Spring Semester:	Credits
715	Patient Care: First Session	1.0	718	Advanced Optometric Case Analysis with Lab	4.0	723	Patient Care: Third Session	2.0
716	Theory and Practice of Specialty Contact Lenses with Lab	4.0	720	Vision Therapy for Binocular and Oculomotor Dysfunction with Lab	4.0	725	Assessment and Mgt of Strabismus and Amblyopia with Lab	4.0
721	Clinical Experience V	0.5						
726	Normal and Abnormal Visual Perception	2.0	722	Patient Care: Second Session	2.0	727	Evaluation and Mgt of Patients with Perceptual Problems with Lab	3.0
761	Public Health Optometry	2.0	724	Pediatric and Developmental Optometry	2.0			
763	Environmental, Occupational and Recreational Vision	2.0	728	Assessment and Mgt of the Partially Sighted Patient	2.0	735	Applied Ocular Therapeutics	1.0
791	Optometric Thesis: Orientation and Planning	1.0	733	Assessment and Mgt of Ocular Disease Patients	2.0	762	Communication in Optometric Practice with Lab	2.0
	Electives*			Electives*		764	Optometric Economics and Practice	4.0
							Electives*	
	Total Semester Credits	12.5		Total Semester Credits	16.0		Total Semester Credits	16.0
	*=Students are required to complete at least 4 credit hours of electives during third year						Total Third Year Credits (Including Electives)	18.5

FOURTH PROFESSIONAL YEAR: 2005 - 2006

OPT #	Fall Semester:	Credits	OPT #	Spring Semester:	Credits
	Preceptorships:			Internal Clinic Rotation:	
			817	Patient Care XI: Internal Clinic Rotation	5.0
814	Patient Care VIII: Preceptorship Session 1	11.0	818	Vision Therapy Patient Care	2.0
3	Patient Care IX: Preceptorship Session 2	11.0	819	Low Vision Patient Care	1.0
3	Patient Care X: Preceptorship Session 3	11.0	820	Contact Lens Patient Care	1.0
892	Optometric Thesis: Completion	1.0	821	Clinical Rounds	1.0
			822	Pediatric Patient Care	1.0
			832	Ocular Disease and Special Testing Patient Care	1.0
				Total Fourth Year Credits	46.0

ILLINOIS COLLEGE OF OPTOMETRY

Doctor of Optometry Degree
2005 - 2006 Curriculum

FIRST PROFESSIONAL YEAR: 2005 - 2006

OPT #	Fall Quarter 1.1	Credits	OPT #	Winter Quarter 1.2	Credits	OPT #	Spring Quarter 1.3	Credits
114	Human Anatomy	5.0	106	Histology and Embryology	4.0	111	Neuroanatomy and Neurophysiology	4.0
116.1	Human Physiology and Pathology I	4.0	107	Applied Ocular Anatomy	6.0			
120.1	Geometric and Theoretical Optics I	4.0	116.2	Physiology and Pathology II	2.0	116.3	Physiology and Pathology III	4.0
140.1	Sensory Aspects of Vision I	4.0	120.2	Geometric and Theoretical Optics II	4.0	140.2	Sensory Aspects of Vision II	5.0
150.1	Biochemistry I	4.0				162.3	Optometry 1.2	3.0
162.1	Introduction to Optometric Procedures	1.0	150.2	Biochemistry II	4.0	170	Physiological Optics I	3.0
			162.2	Optometry 1.1	3.0	194	Health Promotions	1.0
	Total Quarter Credits	22.0		Total Quarter Credits	22.0		Total Quarter Credits	0
							Total First Year Credits	64.0

SECOND PROFESSIONAL YEAR: 2005 - 2006

OPT #	Fall Quarter 2.1	Credit	OPT #	Winter Quarter 2.2	Credit	OPT #	Spring Quarter 2.3	Credit
212	Ocular Physiology	4.0	245	Color Vision and Developmental Neurobiology	4.5	222	Theoretical and Physical Optic Immunology	2.0
244	Binocular Vision and Ocular Motility	5.0	246	Visual Perception	2.0	256	**Ocular Pharmacology and Therapeutics**	4.0
254.1	**General Pharmacology I**	4.0	248	Perspectives on Behavioral Disorders	1.5	261	Physical Diagnosis	2.0
262.1	Optometry 2.1	4.0	254.2	**General and Ocular Pharmacology**	4.0	263.2	Ocular Disease II	3.0
270.1	Ophthalmic Optics I	4.0	262.2	Optometry 2.2	3.5	262.3	Optometry Seminar	3.5
			263.1	Ocular Disease I	2.0		Introduction to Binocular Vision Disorders	1.0
			270.2	Ophthalmic Optics III	3.0	262.4		
						266	Microbiology	1.0
	Total Quarter Credits	21.0		Total Quarter Credits	20.5		Total Quarter Credits	16.5
							Total Second Year Credits	58.0

THIRD PROFESSIONAL YEAR: 2005 - 2006

OPT #	Summer 3.1 & Fall 3.2 Quarters	Credit	OPT #	Winter 3.3 & Spring 3.4 Quarters	Credit
363.1	Ocular Disease III	4.0	360.2	Clinical Medicine II	2.0
365.1	Contact Lenses I	6.0	363.3	General & Ocular Emergencies	1.0
380.1	Patient Care	6.0	367	Low Vision Rehabilitation	3.0
390	Evidenced Based Health Care	1.0	376.1	Strabismus and Amblyopia I	4.0
360.1	Clinical Medicine	2.0	380.3	Patient Care	6.0
363.2	Ocular Disease IV	3.0	364	Neuro-Ophthalmic Disorders	4.0
365.2	Contact Lenses II	3.0	376.2	Strabismus and Amblyopia II	3.0
375	Binocular Vision Disorders	3.5	379	Infant & Child Development and Management	3.0
380.2	Patient Care	6.0	380.4	Patient Care	6.0
390	Evidenced Based Health Care	1.0	391	The Business of Optometry	2.0
	Total Semester Credits	35.5		Total Semester Credits	34.0
				Total Third Year Credits	69.5

FOURTH PROFESSIONAL YEAR: 2005 - 2006

OPT #	Summer 4.1, Fall 4.2, Winter 4.3, & Spring 4.4 Quarters	Credit
403	Independent Study	3.0
480	Patient Care	16.0
	Or	
	Patient Care Externship	20.0
	Total Fourth Year Credits	19 / 23

UNIVERSITY EYE SPECIALISTS

219 North Broad Street, 3rd Floor
Philadelphia, Pennsylvania 19107
215-8832-0080 • Fax 215-832-0087

40 Monument Road, 5th Floor
Bala Cynwyd, PA 19004
610-664-8880 • Fax: 610-660-0419

Myron Yanoff, MD
Comprehensive Ophthalmology
Cataract Surgery

Leo Santamarina, M.D.
Retina-Vitreous
Medical and Surgical

Elliot B. Werner, M.D.
Glaucoma
Cataract Surgery

March 12, 2004

Harry Grossman, M.D.
100 Brick Road
Suite 115
Marlton, NJ 08053

Dear Harry:

It has been brought to my attention that Sheryl Lentfer, O.D., a 1996 graduate of The Pennsylvania College of Optometry testified before a committee of the Alaska State Legislature. According to Committee Minutes 23 Legislature, ***"She explained that at the school she attended the first year ophthalmology residents were under (fourth year optometry students) in emergency care."*** This is found on page 26 of the document as posted on the web site of the Alaska State Legislature.

This is not a true statement. Since 1988 until the present time I have been a member of the clinical staff of The Eye Institute of the Pennsylvania College of Optometry (TEI). I have the title of Glaucoma Consultant and have served as Co-chief of The Glaucoma Service at TEI. During that time I have been actively involved in patient care and educational activates at The Pennsylvania College of Optometry. During that time I have also served on the faculty of the Department of Ophthalmology at Hahnemann University Hospital and currently serve as the Residency Program Director. At no time and under no circumstance would any ophthalmology resident be "under" optometry students in any capacity. Ophthalmology residents at Hahnemann at all times report to and are supervised by the faculty of the Department of Ophthalmology and the officers of the hospital and medical school. Students at The Pennsylvania College of Optometry neither supervise any activity of our ophthalmology residents nor do they have any role in formal or informal teaching of our residents. I hope this clarifies this matter.

Very truly yours

Elliot B. Werner, M.D.

Feb 3, 2004 Health Education & Social Services Committee Hearing on HB 306:

SHERYL LENTFER, O.D., testified in support of HB 306 and answered questions from the committee. She told the members that access to the curriculums of the schools is readily available. She urged the members to take a look at [the curriculums] because she believes that will clarify the education issue. She questioned why, if education is a big issue, PAs and nurse practitioners are prescribing and not prescribing with a doctor right behind them at every moment. They are able to do this pretty much on their own, she commented. Dr. Lentfer asked the members to deal with the education issue factually by comparing [the curriculums] of the optometry schools and medical schools. Dr. Lentfer stated that education should not even be an issue in this debate. She urged the committee to compare the education qualifications with those for dentists or podiatrists.

DR. LENTFER told the members that she would like to talk about who currently treats the public with oral prescriptions and the educational relationship to these professionals. She said medical doctors, osteopathic doctors, podiatrists, dentists, nurse practitioners, and PAs all have prescriptive authority to prescribe pharmaceutical agents in Alaska. Medical doctors, osteopathic doctors, podiatrists, dentists, and optometrists all have a four-year doctor degree.

DR. LENTFER clarified that after a four-year college undergraduate degree, an optometrist receives a four-year doctorate degree. There is no variation in that education, she stated. Nurse practitioners have two years of master's work after an undergraduate degree, but to her surprise she found that PAs do not have to have a four-year undergraduate degree to be accepted into the [PA] program.

Number 1916

DR. LENTFER emphasized that PAs and nurse practitioners have been very beneficial to Alaska and that it is not her intention to [undermine their role in ensuring good public health]. She emphasized that her point is only to demonstrate the correlation between their ability to prescribe drugs and their educational background, compared to that of optometrists.

DR. LENTFER pointed out that the pharmacology education for medical doctors, osteopathic doctors, and optometric doctors is

the same. She toid the members that optometrists provide 70 percent of the eye care in the U.S. Considering that ther. are many professionals treating eye conditions today including PAs, rurse practitioners, physicians, and eye surgeons, that is a iarge percentage. In Alaska [the percentage of eye care that is provided by optometrists] is greater. There are 103 optometrists in 17 different locations, and many travel a lot. There are only 28 eye surgeons in six locations, most of which do surgery. She pointed out that with a population of over 500,000, eye surgeons availability and accessibility have been a big challenge for this state. Dr. Lentfer explained that this [fact] has put more demand on optometrists to practice to their fullest training.

DR. LENTFER spoke to Representative Coghill's comments about training. She told the members that this is not new or additional training, since she was prescribing [oral medications] in 1996 after graduating from medical school. She told the members that while additional training is not required, there will be additional training for those optometrist who have not had prescriptive authority in the last few years. The [Alaska Board of Examiners in Optometry] will require optometrists to probably have over 200 hours of course work, pass a test, and get a therapeutic endorsement on the license. If the optometrist does not pass the test, he/she cannot prescribe [oral medications], she said. An OD [doctor of optometry] would have to have graduated [from medical school] in the last two years in order to be qualified to prescribe. When therapeutic eye drops were approved by the legislature, optometrists were not automatically allowed to prescribe because the [Alaska Board of Examiners in Optometry] required that optometrists prove that they were qualified.

DR. LENTFER pointed out that the language in this legislation is for the treatment of eye-related conditions, as the language on line 9 and 10 is very specific where it says "ocular disease or conditions, ocular adnexal disease or conditions, or emergency anaphylaxis." She added that [this language] makes it clear that optometrist are not interested in prescribing a broad spectrums of pharmaceuticals like PAs or nurse practitioners. The only interest in prescribing is for the treatment of conditions and diseases for which optometrists are trained and practicing.

DR. LENTFER explained that it is difficult physically, as well as financially for patients to be sent from an optometrist's

office to another practitioner's office to receive treatment that the optometrist has prescribed. In some instances this requires the patient to travel some distance, she said. Dr. Lentfer told the members of an individual who needed an oral prescription for a drug that would relieve a condition she had diagnosed, but could not find a practitioner to prescribe the medication. In this case the medication is most effective when administered within the first 48 hours.

Number 1719

DR. LENTFER told the members that after the then Governor Knowles vetoed the legislation that passed the Alaska House of Representatives and the Alaska State Senate, the Alaska Board of Examiners in Optometry went to the State Medical Board and did everything Governor Knowles requested. She stated that there was no cohesiveness. The "so-called turf war" is not a good reason to make a judgment on this bill. The only reason to support this bill is to provide better health care for Alaskans.

Number 1680

CHAIR WILSON explained that she worked in the clinic Tok where she worked with a PA or a nurse practitioner who were under the umbrella of a [physician]. She asked if optometrist would want work under [the umbrella] of a physician in the prescribing of drugs.

DR. LENTFER responded that optometrists have already completed a four-year doctorate degree program. She said the same comparison could be made in asking a dentist to work under a medical doctor.

CHAIR WILSON clarified that she is not talking about dentists; she is talking about PAs and advanced nurse practitioners.

DR. LENTFER responded that going under an umbrella of another physician does not make sense. Whose umbrella would optometrists be under? She said that optometrists are established entities with a regulating board that has an excellent history. If the committee had doubts about optometrists' education, training, and ability to prescribe [oral] medications, she urged them to research the educational background. Optometrists are not [in the same educational category] as PAs or nurse practitioners. The educational background is the same as for dentists and medical doctors in

pharmacological education. Dr. Lentfer asked why optometrists' educational qualifications are in question, when those for dentists and medical doctors are not.

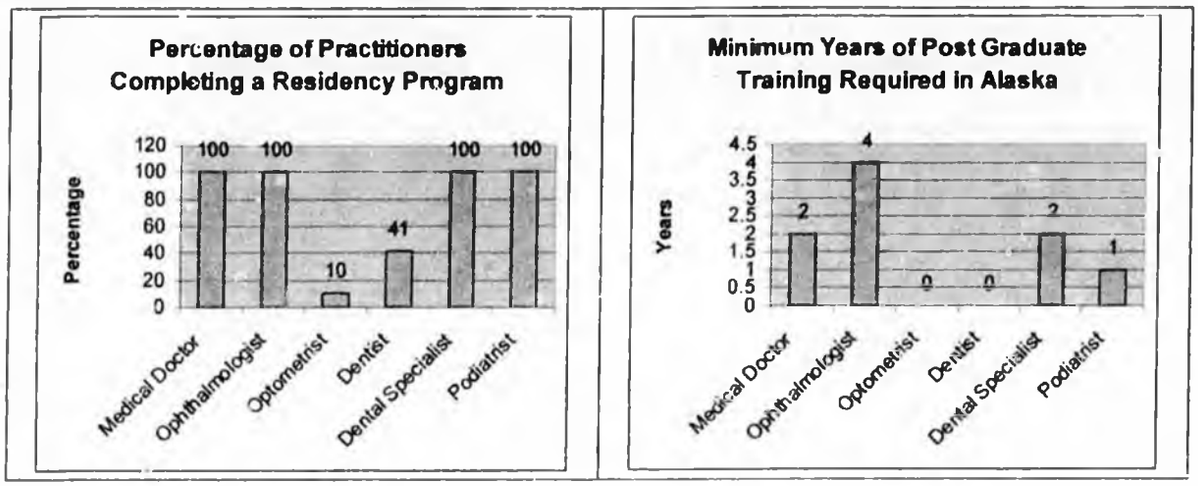
Number 1587

CHAIR WILSON responded that the [educational qualification] is in question because optometrist have not had the other specialized training. Professionals who have not had that training [such as PAs and nurse practitioners have had to] work under other professionals.

DR. LENTFER told the members that she took human anatomy, neuroanatomy, physiology, pathology, ocular biology, and ocular physiology at the same time. She explained that, depending on which medical school a medical student goes to, in the third or fourth year there is a series of rotations. During this time the medical student is trying to decide what kind of doctor he/she chooses to be. For those [students] that know they want to be an eye doctor, in the third year of medical school they begin to see patients. **She explained that at the school she attended, the first-year ophthalmology residents were under [fourth-year optometry students] in emergency care.** Dr. Lentfer emphasized that optometry students not only learn about the whole body, but also specialize in eye care, while other medical students are learning about the whole body and not specializing. The fourth year of medical school consists entirely of clinical hours. There are as many as 2,000 patient hours before finishing the fourth year of medical school, which is very good for any health care profession.

Post Graduate Training Comparison Between Optometrists and Selected Professions

Ophthalmologists are medical doctors who specialize in the treatment of eye disease after three to four years of training after medical school and hospital residency. In arguing for expanded scope of practice to treat eye disease, optometrists, on the other hand, compare their education and training to podiatrists, dentists, and even medical doctors. However amongst the many significant differences between optometrists and these other professions is post-graduate training.



Medical Doctors
All medical doctors must complete at least a one year residency program upon graduation from medical school. In Alaska, the requirement is two years if the medical doctor graduated after 1995. http://www.labor.state.ak.us/research/dlo/phy_surg.htm

Ophthalmologists (EYE MDs)
In addition to the same one year residency program that all medical doctors must complete, to become an ophthalmologist, the medical doctor must also complete an additional three to four year residency training program that specializes in medical and surgical treatment of the eye. http://www.acgme.org/acWebsite/downloads/RRC_progReq/240pr106.pdf

Optometrists
Nationally, **approximately 10 percent** of all optometrists complete a one year residency program. **Optometric *residencies are not required in Alaska or elsewhere by law or by professional standard.*** http://www.opted.org/recompublish/uploads/SpringStudentInterest.pdf

Dentists
Nationally, approximately 41 percent of dental school graduates immediately enter into post-graduate training program. About 27 percent of all dentists enter a general dentistry residency program and an additional 14 percent enter a dental specialty program. www.adea.org/DEPR/Associepttune01.pdf

Dental Specialists
Completion of a two year post graduate program is a pre-requisite to be licensed as a dental specialist in Alaska. http://www.labor.state.ak.us/research/dlo/dentist.htm

Podiatrists
Alaska requires podiatrists to complete a one-year podiatric surgical residency program. Today, virtually all podiatry school graduates in the US complete a podiatric residency. It is now a licensing requirement in 41 states. http://www.labor.state.ak.us/research/dlo/podiatrt.htm

March 14, 2007

Representative/Chairman Peggy Wilson
House Health, Education and Social Services Committee
Capitol Building, Room #204
Juneau, Alaska 99801

Dear Representative Wilson:

A bill, House Bill 113, though well intentioned, may have devastating effects to unformed patients.
UNINFORMED
Ocular diseases are very serious, often resulting in partial or complete loss of vision. In treatment, strong and potentially dangerous drugs are administered when necessary, and only under the most extreme circumstances. Ophthalmologists are well trained to recognize when systemic drugs are necessary and are qualified in the administration of these medications in coordination with other medications.

Optometrists have not been provided with this expertise. Their education and training is approximately one half of that of an Ophthalmologists and are traditionally qualified to center their concerns to defects in vision and the issuance of corrective lenses. Extending to them the right to work on the same level of Ophthalmologists would defy logic or responsibility.

Professional standards are crucial to the medical field; especially to the human eye, as any faulty determination can lead to loss of the patient's vision. For these reasons, and for the interests of all Alaskans, I respectfully request your "NO" vote on HB 113.

Thank you for your consideration

Joseph Bustamante
P.O. Box 201836
Anchorage, AK 99520

cc: House HESS Committee members

Comparison of Training and Accreditation in Optometry with Medicine and Ophthalmology

The following chart is based on requirements and minimum standards, or averages if no standards are stated.

	Ophthalmologist	Optometrist
Degree	**M.D.**	**O.D.**
Medical School/ Optometry School Accreditation	Liaison Committee on Medical Education (LCME). The LCME has determined minimum curriculum and patient contact standards.	Council on Education (COE). The COE has no minimum curriculum or patient contact standards
Pre-training Admission requirements	4 year college degree Premedical program	3 years of undergraduate courses and pre-optometry program (most complete a 4 year degree program[1]
Didactic curriculum	First two years of medical school: 2,000 hours in class, at least 1,250 hours of basic and clinical sciences, according to minimum accreditation standards.	No accreditation standard minimums. Typical didactic program is one year of basic and clinical sciences and two years of vision sciences.
Student clinical training	Second two years (3,200 hours): Clinical rotations in hospitals / health care settings completing 2,000 hours in basic medical specialty services plus 1,200 hours in elective rotations, according to minimum accreditation standards.	No accreditation standard minimums or required service rotations. Typical service is an average of 2,000 hours in the 4th year, split between school-based clinic and what ever externship rotations can be arranged.

[1] Three of the 17 optometry schools in the U.S. require an undergraduate degree before admission.

	Ophthalmologist	Optometrist
Degree	**M.D.**	**O.D.**
Postgraduate Accreditation	Accreditation Council for Graduate Medical Education (ACGME), Ophthalmology RRC	Council on Education
Postgraduate clinical training: First Residency (PGY-1)	**Required:** hospital residency, including on-call service. 50 week, 80 hour a week limit (60 hours week average = 3,000 patient contact hours)	**Optional**: one year postgraduate training (less than 10% of OD graduates ever pursue postgraduate training)
Postgraduate clinical training: Second Residency (PGY-2) *Completion of PGY-1 required*	**Required** :36 month ophthalmology service to include 360 hours didactic education in basic and clinical sciences and 50 hours in pathology. Minimum patient requirements: 3,000 outpatient visits with 1,000 closely supervised (including 1,500 refractions), 150 consultations involving disease, documented surgical experience, and 288 hours of clinical conferences.	No option
Specialty Board Certification	Optional (but achieved by almost all recent graduates): American Board of Ophthalmology, accredited by the Association of Medical Specialty Boards	No option
Subspecialty Fellowship Training	Optional (but achieved by approximately one-half of all recent graduates): one to two year position. No accreditation, but programs follow guidelines of subspecialty associations	No option

Rebecca Rooney

From: Rep. Peggy Wilson
Sent: Monday, March 19, 2007 8:44 AM
To: Rebecca Rooney
Subject: FW: *****SPAM***** note from Dr. Rosen in reference to the injection statement made by Rebecca yesterday when we met.

From: bpgalaska@aol.com [mailto:bpgalaska@aol.com]
Sent: Saturday, March 17, 2007 9:43 PM
To: Rep. Peggy Wilson
Subject: *****SPAM***** note from Dr. Rosen in reference to the injection statement made by Rebecca yesterday when we met.

3/17/07

Dear Representative 'Wilson:

It's hard to explain the recent legislative history of optometrists' attempt at scope of practice expansion in Alaska if they are currently performing injections within the bounds of the optometric practice act. Quoting Governor's Knowles veto message of SB 78 on May 14, 2000, "This bill grants broad authority for optometrists in Alaska to prescribe pharmaceutical agents relating to treatment of the eye,including oral and injectable drugs. This greatly expands optometrists' scope of practice regarding pharmaceuticals, which is now limited to the use of topical drugs." The scope of practice of optometry has not changed since those words were written. Governor Knowles further quoted the consensus of the Alaska Medical Board in when he wrote: "The Alaska State Medical Board unanimously oppose this legislation, stating: 'Optometrists do not have the clinical experience to safely administer eye injections, intravenous and intramuscular injections, and oral medications, including some narcotics.'"

Section 8.72.300 states that optometry does not include surgery and the use of pharmaceutical agents except those permitted under 8.72.272. 8.72.272 states that optometrists may use or prescribe pharmaceuticals IF the agent is topically applied. Section 8.72.273 states optometrists may remove superficial foreign bodies. The section also states that this section is NOT intended to allow optometrists to perform invasive surgery.

It is also important to underscore this point with statements made by Cheryl Leftner, OD before the HESS Committee. In 2004, when HB 306 was being heard before the HESS Committee, you pointed out that there was confusion about the issue of whether optometrists wanted to prescribe oral and injectable drugs. Cheryl Lentfer, OD responded to you that optometrists are not interested in injectable medications because that is an invasive procedure which should be done by a surgeon.

In the interest of public health and safety, I recommend that the legislative staffer who heard statements regarding optometrists performing injections make an immediate report to the Alaska Optometry Board and the Alaska Medical Board and the Attorney General's office, asking for an investigation.

Sincerely,
Carl Rosen, MD
American Academy of Ophthalmology, Alaska Chapter
542 West Second Ave.
Anchorage, Alaska 99501

March 26, 2007

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

Dear Representative Wilson;

I am writing in support of your committee substitute for House Bill 113.

As an active duty U.S. Air Force Optometrist currently stationed in Alaska, I provide care to Alaskan military beneficiaries using all of the medication routes of administration mentioned above due my credentials as a military healthcare provider. I have had no adverse reactions that have caused harm to any of my patients. It is only logical to allow my civilian Optometric colleague that practice in the state of Alaska the same prescription rights that I utilize in federal instillations.

Optometrists across the United States have been safely diagnosing and treating eye conditions with topical and systemic medications since 1977 with no problems, and with topical medications in Alaska since 1992, with zero complaints to the Board. HB 113 simply elevates Alaska optometry scope of practice to include systemic medications.

Optometrists are fully educated and trained on all types of prescriptive medicines for the whole body plus the eye, including contraindications and side effects. They pass comprehensive National Board Examinations covering these topics. This education and training fully prepares them to diagnose and treat eye conditions appropriately or refer patients to a more specialized provider when necessary.

The purpose of this bill is to allow patients to receive prescriptive treatment from their primary eye-care provider, instead of having to schedule another doctor's visit simply to get the prescription for the medicine the optometrist has already determined they need. Optometrists gain no additional income by expanding their drug authority, it simply benefits the patients by providing better access to eye care throughout Alaska.

Alaska is far behind the curve in eye care access and delivery. HB 113 elevates optometry's scope of practice in line with the 45 other states throughout the nation that have been successfully prescribing systemic medications for the past 30 years with no reported problems. In addition, it lowers health care costs for Alaskans and provides better incentives to bring the best qualified doctors of optometry to Alaska.

Sincerely,

Bryan K. Kemper, Maj, USAF, BSC
Optometry Flight Commander
3rd Medical Group
Elmendorf AFB, AK

cc: Alaska Optometric Association

House of Representatives
State of Alaska
HESS Committee

March 19, 2007

Dear Committee Members:

I am writing to you in opposition to House Bill 113. This bill would give Optometrists within the state of Alaska full authority to prescribe both oral and injectable pharmaceuticals. As such, the bill would allow Optometrists to use intravenous medications, give peri-ocular and intra-ocular injections. As an Ophthalmic surgeon specializing in retinal surgery, I perform intravenous angiograms and give intra and peri-ocular injections on a daily basis. Intra-ocular injections entail the risk of infection, retinal tear, retinal detachment, hemorrhage, blindness and death. An infection related to an intra-ocular injection is an absolute surgical emergency requiring surgical vitrectomy and injection of antibiotics to the eye. Only an Ophthalmic surgeon specializing in retinal surgery is capable of treating such an emergency. Only a retinal surgeon should be performing such procedures.

HB 113 would also give Optometrists the authority to use intravenous medications and perform procedures such as intravenous flourescein angiography in the office. This procedure entails numerous risks including: extravasation of the dye with skin necrosis, allergic reaction, anaphylaxis and death. In our office we keep a "crash cart", with all the medications and supplies necessary to treat an anaphylactic reaction, in the room where the procedure is performed. The treatment of anaphylaxis entails the use of medications and may require full resuscitation with intubation of the patient, placement of central venous access and treatment of cardiac arrhythmias and cardiovascular collapse. In spite of proper treatment, several people die in the U.S. each year as a result of anaphlyaxis related to the use of intravenous flourescein angiography.

As an Ophthalmic surgeon, I have completed four years of college, four years of medical school, one year of internship, 3 years of surgical residency, and 1 year of subspecialty fellowship training. This experience qualifies me to use intravenous medications and ocular injections. This experience qualifies me to treat the complications of the use of intravenous medications and ocular injections. Optometrists do not have the education or experience to use such medications. Optometrists do not have the education or experience to treat the complications related to the use of such medications. This bill is a danger to the residents of the state of Alaska. Please vote against HB 113.

Sincerely,

Scott A Limstrom

Scott A. Limstrom, M.D. -- Alaska Retinal Consultants, -- 3500 LaTouche, #250, Anchorage, Ak 99508

Eagle River Vision Clinic
Rob Fleckenstein, O.D.
16331 Heritage Place, Suite #104
Eagle River, AK. 99577
(907) 694-2511

March 28, 2007

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

Dear Representative Wilson;

I am writing in support of your committee substitute for House Bill 113.

Optometrists across the United States have been safely diagnosing and treating eye conditions with topical and systemic medications since 1977 with no problems, and with topical medications in Alaska since 1992, with zero complaints to the Board. HB 113 simply elevates Alaska optometry scope of practice to include systemic medications.

Optometrists are fully educated and trained on all types of prescriptive medicines for the whole body plus the eye, including contraindications and side effects. They pass comprehensive National Board Examinations covering these topics. This education and training fully prepares them to diagnose and treat eye conditions appropriately.

The purpose of this bill is to allow patients to receive prescriptive treatment from their primary eye-care provider, instead of having to schedule another doctor's visit simply to get the prescription for the medicine the optometrist has already determined they need. Optometrists gain no additional income by expanding their drug authority, it simply benefits the patients by providing better access to eye care throughout Alaska.

Alaska is far behind the curve in eye care access and delivery. HB 113 elevates optometry's scope of practice in line with the 45 other states throughout the nation that have been successfully prescribing systemic medications for the past 30 years with no reported problems. In addition, it lowers health care costs for Alaskans and provides better incentives to bring the best qualified doctors of optometry to Alaska.

Sincerely,

March 28, 2007

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

Dear Representative Wilson;

I am writing in support of your committee substitute for House Bill 113.

Optometrists across the United States have been safely diagnosing and treating eye conditions with topical and systemic medications since 1977 with no problems, and with topical medications in Alaska since 1992, with zero complaints to the Board. HB 113 simply elevates Alaska optometry scope of practice to include systemic medications.

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Alaska is far behind the curve in eye care access and delivery. HB 113 elevates optometry's scope of practice in line with the 45 other states throughout the nation that have been successfully prescribing systemic medications for the past 30 years with no reported problems. In addition, it lowers health care costs for Alaskans and provides better incentives to bring the best qualified doctors of optometry to Alaska.

I currently maintain a license to practice optometry in another state that allows for oral medications. I also maintain narcotic prescriptive authority with a DEA license. This allowed the patients that I treated as a United States Public Health Service officer in Bush Alaska to have easier access to care. Due to the isolation of Bush Alaska that I worked in, the efficient delivery of care to the patients was the primary goal. The same goal of accessibility and efficiency of care provided to the patients of all Alaska should be our priority. I'm not sure if it is common sense but, you would believe that Alaska would lead the nation in accessibility and efficiency to care rather than lag behind due to vastness of our state.

Sincerely,

William C Reichman O.D.

William C Reichman, O.D.
16331 Heritage Pl, Ste 104
Eagle River, AK 99577

Alaska Optometric Association

1689 C Street, Suite 222
Anchorage, AK 99501
Email: akoa@alaska.com

Phone: 907-770-3777
Toll Free: 877-693-2562 (Alaska)
Fax: 907-272-7532

February 1, 2007

We are pleased to have the opportunity to provide you with this information packet describing the profession of optometry. We hope you find the materials enclosed as an easy reference to an optometric physician's scope of practice and the education that is involved.

Included in this packet are details and facts about the following topics:

Statement for optometric practice under this legislation.

Current and proposed therapeutic pharmaceuticals legislation for optometric physicians.

Scope of practice for optometric physicians.

Education required to be an optometric physician includes at least 4,315 contact hours of graduate studies. (A four-year doctorate program.)

Comparison graph of graduate work among the practicing physicians in Alaska.

Map of the 45 states, District of Columbia and Guam in which optometric physicians **can treat with oral medications.**

Thank you for your interest in becoming familiar with optometry as a profession and the benefits it will continue to provide through education and legislation to the health care of Alaskans.

Alaska Optometric Association

1689 C Street, Suite 222
Anchorage, AK 99501
Email: akoa@alaska.com

Phone: 907-770-3777
Toll Free: 877-693-2562 (Alaska)
Fax: 907-272-7532

S atement 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.

106 optometric physicians 85 different locations currently serve the Alaskan population spanning from Barrow 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 Optometric Association

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Anchorage, AK 99501
Email: akoa@alaska.com

Phone: 907-770-3777
Toll Free: 877-693-2562 (Alaska)
Fax: 907-272-7532

Current and Proposed Therapeutic Pharmaceuticals Legislation for Optometric Physicians

Current legislation for optometry and the use for pharmaceutical agents:

A licensee may prescribe and use a pharmaceutical agent in the practice of optometry if

1. a pharmaceutical agent is a drug **topically applied** to the human eye and its appendages; and
2. the person holds a license endorsement issued by the board authorizing the prescription and use of pharmaceutical agents.

A licensee may not purchase, possess, prescribe, or use a pharmaceutical agent unless the licensee has obtained a license endorsement under AS 08.72.175.

Proposed change to legislation for optometry and the use for pharmaceutical agents:

A licensee may prescribe and use a pharmaceutical agent, including a controlled substances, in the practice of optometry if

1. the pharmaceutical agent is not included on schedule 1A* under AS11.71
2. the pharmaceutical agent is prescribed and **used for the treatment of ocular disease and ocular adnexal disease or conditions or for emergency anaphylaxis** [a drug topically applied to the human eye and it appendages]; and
3. [(2)] the person holds a license endorsement issued by the board authorizing the prescription and use of pharmaceutical agents.

**Schedule 1A are those that have no accepted medical use in the United States and that have high abuse potential, including LSD, heroin, marijuana, and may include investigational controlled substances.*

Alaska Optometric Association

1689 C Street, Suite 222
Anchorage, AK 99501
Email: akoa@alaska.com

Phone: 907-770-3777
Toll Free: 877-692-2562 (Alaska)
Fax: 907-272-7532

Scope of Optometry Practice

The practice of optometry includes:

(The following is a sample of what is included in the scope of optometry and does not list every disease or disorder that is treated in the practice of the profession.)

A **complete analysis** of the following components of the eye and visual system:

The health of the ocular tissue including the eyelids, lashes and the surrounding tissues, conjunctiva, cornea, anterior chamber, iris, lens, vitreous, retina and optic nerve.

The ocular vascular systems including the eyelids and surrounding tissues, cornea, conjunctiva, optic nerve and retina.

The intraocular pressures and blood pressure.

Pupil responses, extraocular muscles and eye lid muscle responses.

The ability for the eye to see with and without correction.

Diagnosis, treatment and management of ocular diseases:

Conjunctivitis including viral, bacterial and allergic corneal inflammation, ulcers, degeneration and dystrophy, keratoconus, abrasions, foreign body removals, uveitis, glaucoma, macular degeneration, retinitis pigmentosa, macular edema, retinitis, vitreal disorders, cataracts, retinal melanomas and masses, and other ocular tissues including eye lids.

Pre and post surgical care for variety of ocular surgeries.

Diagnosis of ocular disease and related systemic diseases*:

Hypertensive retinopathy and hypertension, arteriosclerotic plaques and arteriosclerosis, vascular incidences including central retinal and branch vein occlusions, central retinal artery occlusions, ischemic optic neuropathy and diabetic retinopathy and diabetes.

Neurological evaluation involving the visual system related systemic conditions:

Optic neuritis and multiple sclerosis, psuedo-tumor cerebri secondary to increased intracranial pressure, retrobular optic neuritis, brain tumors involving the visual pathway, pupillary response defects which can be secondary to a lesion or mass along the neuropathway.

**An optometric physician manages the ocular manifestations of the disease and the patient is referred to the appropriate physician to treat the systemic portion of the disease.*

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Fax: 907-272-7532

Doctorate Degree Education and Training for Optometric Physicians

There are between **200 to 300 classroom hours** assigned to the specific area of pharmacology and **two years of clinical applications** of systemic and ocular agents in the treatment of ocular disease.

General pharmacology 1 & 2 cover **systemic pharmacology** of agents in each drug class, pharmacokinetics, and the quantitative and qualitative aspects of pharmacodynamics and the drug and patient relationship variables. This includes the topics of autonomic nervous system agents, cardiovascular drugs, renal pharmacology, gastrointestinal drugs, respiratory pharmacology, anti-inflammatory agents, chemotherapeutic agents, neuropharmacologic agents, anesthetics, hormones and hormone antagonists, pain pharmacology, toxicology and the toxicology of poisons.

Ocular pharmacology and ocular pharmacalogical therapies includes ocular and systemic pharmacological agents related to the treatment and management of ocular disease the pharmacokinectics and pharmacodynamic. This includes the **use of topical, oral and injectable medications in the treatment of eye and the associated structures.**

Related required classes and labs:

Human anatomy	Neuroanatomy	Histology
Human physiology	Neurophysiology	Embryology
Human pathology	Neurobiology	Biochemistry
Ocular anatomy	Ocular physiology	Ocular pathology
Ocular disease	Ocular emergencies	Immunology
Clinical medicine	Clinical emergencies	Patient Care

Clinical Education

There are **at least 2,000 patient contact hours** in a variety of optometric clinical settings examining diverse patient populations. This includes clinical, hospital and emergency experience.

Please see the attached examples of the course work required by optometry schools.

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY

Doctor of Optometry Degree
2005 - 2006 Curriculum

FIRST PROFESSIONAL YEAR: 2005-2006

OPT #	Fall Semester	Credits	OPT #	Spring Semester	Credits
501	Geometric Optics with Lab	4.0	502	Physical Optics with Lab	3.0
516	Clinical Experience I	0.5	503	Visual Optics and Ocular Motility with Lab	4.0
531	Ocular Anatomy, Physiology and Biochemistry with Lab	4.5	517	Clinical Experience II	0.5
535	Functional Neuroanatomy and Neurobiology	3.0	532	Anatomy of the Visual System with Lab	3.0
536	Pharmacological Principles and Autonomic Agents	3.0	533	Microbiology, Genetics and Immunology; Pharmacology of Anti-Infective Drugs; Diseases of the Lid and Lacrimal System	3.0
546	Clinical Procedures: Non-refractive Diagnostic Tests with Lab	3.0 4.0			
562	Behavioral Optometric Science with Lab		534	Laboratory Procedures for Assessment of Ocular Disease	1.0
			537	Etiology, Diagnosis and Management of Systemic Diseases; Pharmacology of Systemic Medications I	4.0
			547	Clinical Procedures: Binocular Testing and Optics with Lab	2.0
	Total Semester Credits	22.0		Total Semester Credits	20.5
				Total First Year Credits	42.5

SECOND PROFESSIONAL YEAR: 2005 - 2006

OPT #	Fall Semester	Credits	OPT #	Spring Semester	Credits
601	Ophthalmic Optics	3.0	617	Optometric Case Analysis	4.0
602	Sensory-Motor Interactions in Vision with Lab	4.0	618	Theory and Practice of Spherical Rigid and Soft Contact Lenses with Lab	3.0
616	Theory and Methods of Refraction	3.0			
620	Clinical Experience III	0.5	621	Clinical Experience IV	0.5
631	Diagnosis and Treatment of Anterior Segment Diseases	2.0	633	Diagnosis and Treatment of Posterior Segment Diseases	3.0
632	Detection, Assessment and Treatment of Anterior Segment Diseases	1.0	634	Detection, Assessment and Treatment of Posterior Segment Diseases	1.0
637	Etiology, Diagnosis and Management of Systemic Diseases; Pharmacology of Systemic Medications II	2.0	638	Etiology, Diagnosis and Management of Systemic Diseases with Lab; Pharmacology of Systemic Medications III	2.0
646	Clinical Procedures: Refractive Error Measurement with Lab	2.0	648	Clinical Procedures: Phorometry and Ocular Health with Lab	4.0
647	Ophthalmic Dispensing Procedures with Lab	2.0	662	Visual Information Processing and Perception with Seminar	4.0
661	Physiological, Psychological and Cognitive Changes During the Lifespan	2.0			
	Total Semester Credits	21.5		Total Semester Credits	21.5
				Total Second Year Credits	43.0

THIRD PROFESSIONAL YEAR: 2005 - 2006

OPT#	Summer Semester	Credits	OPT#	Fall Semester	Credits	OPT#	Spring Semester	Credits
715	Patient Care: First Session	1.0	718	Advanced Optometric Case Analysis with Lab	4.0	723	Patient Care: Third Session	2.0
716	Theory and Practice of Specialty Contact Lenses with Lab	4.0	720	Vision Therapy for Binocular and Oculomotor Dysfunction with Lab	4.0	725	Assessment and Mgt of Strabismus and Amblyopia with Lab	4.0
721	Clinical Experience V	0.5						
726	Normal and Abnormal Visual Perception	2.0	722	Patient Care: Second Session	2.0	727	Evaluation and Mgt of Patients with Perceptual Problems with Lab	3.0
761	Public Health Optometry	2.0	724	Pediatric and Developmental Optometry	2.0			
763	Environmental, Occupational and Recreational Vision	2.0	728	Assessment and Mgt of the Partially Sighted Patient	2.0	735	Applied Ocular Therapeutics	1.0
791	Optometric Thesis: Orientation and Planning	1.0	733	Assessment and Mgt of Ocular Disease Patients	2.0	762	Communication in Optometric Practice with Lab	2.0
	Electives*			Electives*		764	Optometric Economics and Practice	4.0
							Electives*	
	Total Semester Credits	12.5		Total Semester Credits	16.0		Total Semester Credits	16.0
	*=Students are required to complete at least 4 credit hours of electives during third year						Total Third Year Credits (Including Electives)	48.5

FOURTH PROFESSIONAL YEAR: 2005 - 2006

OPT #	Fall Semester	Credits	OPT #	Spring Semester	Credits
	Preceptorships			Internal Clinic Rotation	
			817	Patient Care XI: Internal Clinic Rotation	5.0
814	Patient Care VIII: Preceptorship Session 1	11.0	818	Vision Therapy Patient Care	2.0
815	Patient Care IX: Preceptorship Session 2	11.0	819	Low Vision Patient Care	1.0
816	Patient Care X: Preceptorship Session 3	11.0	820	Contact Lens Patient Care	1.0
892	Optometric Thesis: Completion	1.0	821	Clinical Rounds	1.0
			822	Pediatric Patient Care	1.0
			832	Ocular Disease and Special Testing Patient Care	1.0
				Total Fourth Year Credits	46.0

ILLINOIS COLLEGE OF OPTOMETRY

Doctor of Optometry Degree
2005 - 2006 Curriculum

FIRST PROFESSIONAL YEAR: 2005 - 2006

OPT #	Fall Quarter 1.1	Credits	OPT #	Winter Quarter 1.2	Credits	OPT #	Spring Quarter 1.3	Credits
114	Human Anatomy	5.0	106	Histology and Embryology	4.0	111	Neuroanatomy and Neurophysiology	4.0
116.1	Human Physiology and Pathology I	4.0	107	Applied Ocular Anatomy	6.0			
120.1	Geometric and Theoretical Optics I	4.0	116.2	Physiology and Pathology II	2.0	116.3	Physiology and Pathology III	4.0
140.1	Sensory Aspects of Vision I	4.0	120.2	Geometric and Theoretical Optics II	4.0	140.2	Sensory Aspects of Vision II	5.0
150.1	Biochemistry I	4.0				162.3	Optometry 1.2	3.0
162.1	Introduction to Optometric Procedures	1.0	150.2	Biochemistry II	4.0	170	Physiological Optics I	3.0
			162.2	Optometry 1.1	3.0	194	Health Promotions	1.0
	Total Quarter Credits	22.0		Total Quarter Credits	22.0		Total Quarter Credits	20
							Total First Year Credits	64.0

SECOND PROFESSIONAL YEAR: 2005 - 2006

OPT #	Fall Quarter 2.1	Credit	OPT #	Winter Quarter 2.2	Credit	OPT #	Spring Quarter 2.3	Credit
212	Ocular Physiology	4.0	245	Color Vision and Developmental Neurobiology	4.5	222	Theoretical and Physical Optic Immunology	2.0
244	Binocular Vision and Ocular Motility	5.0	246	Visual Perception	2.0	256	Ocular Pharmacology and Therapeutics	4.0
254.1	General Pharmacology I	4.0	248	Perspectives on Behavioral Disorders	1.5	261	Physical Diagnosis	2.0
262.1	Optometry 2.1	4.0	254.2	General and Ocular Pharmacology	4.0	263.2	Ocular Disease II	3.0
270.1	Ophthalmic Optics I	0	262.2	Optometry 2.2	3.5	262.3	Optometry Seminar	3.5
			263.1	Ocular Disease I	2.0		Introduction to Binocular Vision Disorders	1.0
			270.2	Ophthalmic Optics III	3.0	262.4		
						266	Microbiology	1.0
	Total Quarter Credits	21.0		Total Quarter Credits	20.5		Total Quarter Credits	16.5
							Total Second Year Credits	58.0

THIRD PROFESSIONAL YEAR: 2005 - 2006

OPT #	Summer 3.1 & Fall 3.2 Quarters	Credit	OPT #	Winter 3.3 & Spring 3.4 Quarters	Credit
363.1	Ocular Disease III	4.0	360.2	Clinical Medicine II	2.0
365.1	Contact Lenses I	6.0	363.3	General & Ocular Emergencies	1.0
380.1	Patient Care	6.0	367	Low Vision Rehabilitation	3.0
390	Evidenced Based Health Care	1.0	376.1	Strabismus and Amblyopia I	4.0
360.1	Clinical Medicine	2.0	380.3	Patient Care	6.0
363.2	Ocular Disease IV	3.0	364	Neuro-Ophthalmic Disorders	4.0
365.2	Contact Lenses II	3.0	376.2	Strabismus and Amblyopia II	3.0
375	Binocular Vision Disorders	3.5	379	Infant & Child Development and Management	3.0
380.2	Patient Care	6.0	380.4	Patient Care	6.0
390	Evidenced Based Health Care	1.0	391	The Business of Optometry	2.0
	Total Semester Credits	35.5		Total Semester Credits	34.0
				Total Third Year Credits	69.5

FOURTH PROFESSIONAL YEAR: 2005 - 2006

OPT #	Summer 4.1, Fall 4.2, Winter 4.3, & Spring 4.4 Quarters	Credit
403	Independent Study	3.0
480	Patient Care	16.0
	Or	
485	Patient Care Externship	20.0
	Total Fourth Year Credits	19 / 23

EDITOR'S PAGE

Encore! Encore!

Rich Kirkner
Editor-in-Chief

About 30 years ago, a handful of optometric visionaries hammered out an agenda for the profession. At the top of that agenda: gain diagnostic agents, then therapeutics.

Today, you can say mission accomplished. Because of that, our special report, "The State of Optometry," finds that state is solid.

It begs the question: What's next now that the DPA-TPA curtain has dropped?

The vanguards of optometry will have to sort that out, but here's a wish list they can work with:

- **Eye exams for infants.** Operation Bright Sight is onto something here (see "Pilot Program Takes Eye Care to the Cradle.) Cradle-to-grave eye care has to start somewhere. The cradle seems like a logical place.

- **Eye exams for school children**. Kentucky has the right idea passing a law that mandates these. Besides, hasn't anyone yet figured out that our children who see well can learn well?

- **Eye exams for licensed drivers.** The eyes can change a lot between license renewals. Imagine how much they change between the 16th and 65th birthdays. The DMV can't.

- **Promote medical comanagement.** Surgical fees are in a free-fall, so organized ophthalmology is squabbling over your role in managing these patients. To them, it's about money, not sound medical practice. Every patient deserves to have his or her family doctor quarterback care, whether it's brain surgery, foot surgery or eye surgery.

- **Continue to expand the scope of practice.** Optometry now has an excellent track record in disease management. Time to move to the next

level: universal privileges for glaucoma meds, orals and injectibles. Then go for laser privileges for all O.D.s. Today Oklahoma, tomorrow America!

- **Raise awareness of computer-related eye problems.** Most people who use a computer have some kind of eye-related symptom-and that's a lot of people, about 75 million on the job and almost as many at home. A good pair of glasses and some expert consultation can fix just about all those aches and pains.

Indeed, this is a public health agenda. Some items are legislative efforts—something the profession can proudly say it is quite skilled at. All would require big-time public awareness campaigns.

The group of visionaries who laid out optometry's DPA and TPA movements 30 years ago scored a rousing success. Now, that the profession finds itself in a pretty good state, it's time for an encore.

Richard Kirkner

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To: **Alaska Legislature**
From: Carl Rosen, MD, President, American Academy of Ophthalmology,
Alaska Chapter
542 West Second Ave, Anchorage, Alaska 99501
907-276-1617, message: 907-563-8526
Re: Analysis of HB 113, Optometric Scope of Practice Legislation
Date: 2/1/07

What is Wrong with HB 113 – the Optometric Scope of Practice Legislation?

If this bill were enacted, optometrists in Alaska would have one of the most expansive scopes of practice in the country. Simply put, optometrists do not have sufficient education, training, or experience to use systemic drugs.

What would this bill do?

HB 113 would allow optometrists to:

- Administer pharmaceuticals by injection and infusion.
- Prescribe Controlled Substances, including narcotics and analgesics.
- Prescribe whole classes of oral drugs, including but not limited to steroids, antibiotics, and antivirals.

What are some of the problems associated with prescribing systemic drugs?

Here are just a few examples of the many side-effects that systemic drugs can cause:
- Extended use of steroids can lead to permanent damage of the joints and 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.
- Controlled substances are not only subject to abuse but are rarely prescribed by ophthalmologists. When ophthalmologists do prescribe them, it is usually related to major eye surgery. A basic rule of thumb in ophthalmic care is that if you need a controlled substance, you missed the diagnosis.

A high percentage of the persons treated by ophthalmologists are seniors. Since seniors often have serious eye medical conditions as well as chronic illnesses for which they may be taking other drugs and less tolerance to drug side-effects, careful evaluation and close coordination by an ophthalmologist with other medical treatment is essential.

How does the education and training of an optometrist and ophthalmologist differ?

Optometrists go to four years of optometry school. This is not the same as 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 patients with serious eye disease. The typical training and experience of an ophthalmologist begins with 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 patients who seek their help. Just as importantly, because of this education and training, their patients trust them to prescribe drugs safely and effectively.

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

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March 13, 2007

Honorable Representative Peggy Wilson, Chair
Health Education & Social Services Committee
Alaska State Legislature
State Capitol, Room 403
Juneau, AK 99801

Dear Representative Wilson:

I am writing to ask you to oppose HB 113, a bill that would give optometrists the authority to prescribe oral and injectable drugs. Optometrists do not have the education and clinical training to prescribe systemic drugs.

In attempting to justify this attempt at expanded scope of practice, optometrists are comparing their education to that of podiatrists and dentists. Since we are discussing eyes - not feet or teeth, a more reasonable comparison is between the education and training of an ophthalmologist and that of an optometrist. The question at hand is whether optometrists, without seeking the approval of or consulting with the Alaska State Medical Board, any medical schools, or any ophthalmology residency program, have devised a unique, short cut method to learn to prescribe systemic medications with just enough fragments and bits of knowledge to not harm Alaskans. The answer is that they have not. Optometry school is not a substitute for four years of medical school, a hospital residency, and three years of ophthalmology residency training.

It should be pointed out that optometry education is not comparable to even podiatry or dentistry education. To be licensed in Alaska, podiatrists must complete a one-year podiatric surgical residency program. To be licensed as a dental specialist in Alaska, these specialists must complete a two-year postgraduate program. Although there is no residency requirement for dental school graduates, 41 percent of dental school graduates immediately enter a post-graduate training program. In contrast, only about 10 percent of optometrists complete a residency program nationally. Furthermore, a residency program is not required as a part of any optometry school program or a requirement to be licensed in Alaska.

The supporters of the bill state that optometrists are authorized to prescribe oral drugs in 45 states. However, most of these states have significant limitations and patient safeguards on oral drug prescribing authority. Frankly, we wish there were additional limitations. Even so, given that our paramount concern is patient safety, we are alarmed that Alaskan optometrists are refusing to present and discuss these limitations with you. Unwisely, what optometrists want in Alaska is a "blank check" to prescribe any oral drug for any eye disease without any significant, additional educational requirement. It is important to remember that one cannot treat serious eye disease separately from having an understanding of the entire body. Medical schools uniquely provide this knowledge base. Optometrists lack this critical, fundamental knowledge and experience.

I would like to make one additional point. In arguing for expand scope of practice, optometrists have made inconsistent statements to this committee and others on substantive issues. Unfortunately, they continue to do so. Please do not assume that this is yet simply another "turf issue". The health of the citizens of Alaska is a more important consideration.

The sponsor's statement emphasizes that optometrists are asking to prescribe "systemic (oral) medications systemic to treat a patient's eyes or for an allergic shock reaction." Only in the last paragraph of the statement is there a mention of "injectable prescriptions." In fact, the bill is crafted to allow optometrists to prescribe all types of injectable drugs, not just those injections indicated for the treatment of anaphylaxis.

This same issue arose previously before this committee. In 2004, when HB 306 was being heard before the HESS Committee, you yourself pointed out that there was confusion about the issue of whether optometrists wanted to prescribe oral and injectable drugs. Susan Lenfer, OD responded to you that optometrists are not interested in injectable medications because they represent invasive procedures which should be performed by a surgeon. In 2002, Jeff Gonnanson, OD stated before the Labor and Commerce Committee when testifying on HB 215, that medications that are injected in the eye are performed by surgical specialists, and no optometrists in Alaska would do that. In light of the optometrists' own public statements on the subject, we can only be concerned that HB 113 would allow optometrists to perform injections.

This legislation is not before this committee because of public concern and an outcry regarding a lack of quality eye care. This is a piece of rather unfortunate, special interest legislation promoted by Alaska's optometry lobby. As an ophthalmologist, it is important for me to ensure that the citizens of your state receive appropriate medical eye care. Limiting optometrists to the tasks for which they are competent is in the best interest of patients. Therefore, I ask you again to oppose HB 113.

Sincerely,

C.P. Wilkinson, MD
President

CC: Members of the Health Education & Social Services Committee

House of Representatives
State of Alaska
HESS Committee

MAR 2 6 2007

March 19, 2007

Dear Committee Members:

I am writing to you in opposition to House Bill 113. This bill would give Optometrists within the state of Alaska full authority to prescribe both oral and injectable pharmaceuticals. As such, the bill would allow Optometrists to use intravenous medications, give peri-ocular and intra-ocular injections. As an Ophthalmic surgeon specializing in retinal surgery, I perform intravenous angiograms and give intra and peri-ocular injections on a daily basis. Intra-ocular injections entail the risk of infection, retinal tear, retinal detachment, hemorrhage, blindness and death. An infection related to an intra-ocular injection is an absolute surgical emergency requiring surgical vitrectomy and injection of antibiotics to the eye. Only an Ophthalmic surgeon specializing in retinal surgery is capable of treating such an emergency. Only a retinal surgeon should be performing such procedures.

HB 113 would also give Optometrists the authority to use intravenous medications and perform procedures such as intravenous flourescein angiography in the office. This procedure entails numerous risks including: extravasation of the dye with skin necrosis, allergic reaction, anaphylaxis and death. In our office we keep a "crash cart", with all the medications and supplies necessary to treat an anaphylactic reaction, in the room where the procedure is performed. The treatment of anaphylaxis entails the use of medications and may require full resuscitation with intubation of the patient, placement of central venous access and treatment of cardiac arrhythmias and cardiovascular collapse. In spite of proper treatment, several people die in the U.S. each year as a result of anaphlyaxis related to the use of intravenous flourescein angiography.

As an Ophthalmic surgeon, I have completed four years of college, four years of medical school, one year of internship, 3 years of surgical residency, and 1 year of subspecialty fellowship training. This experience qualifies me to use intravenous medications and ocular injections. This experience qualifies me to treat the complications of the use of intravenous medications and ocular injections. Optometrists do not have the education or experience to use such medications. Optometrists do not have the education or experience to treat the complications related to the use of such medications. This bill is a danger to the residents of the state of Alaska. Please vote against HB 113.

Sincerely,

Scott A Limstrom

Scott A. Limstrom, M.D. -- Alaska Retinal Consultants, -- 3500 LaTouche, #250, Anchorage, Ak 99508

March 26, 2007

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

Dear Representative Wilson;

I am writing in support of your committee substitute for House Bill 113.

As an active duty U.S. Air Force Optometrist currently stationed in Alaska, I provide care to Alaskan military beneficiaries using all of the medication routes of administration mentioned above due my credentials as a military healthcare provider. I have had no adverse reactions that have caused harm to any of my patients. It is only logical to allow my civilian Optometric colleague that practice in the state of Alaska the same prescription rights that I utilize in federal instillations.

Optometrists across the United States have been safely diagnosing and treating eye conditions with topical and systemic medications since 1977 with no problems, and with topical medications in Alaska since 1992, with zero complaints to the Board. HB 113 simply elevates Alaska optometry scope of practice to include systemic medications.

Optometrists are fully educated and trained on all types of prescriptive medicines for the whole body plus the eye, including contraindications and side effects. They pass comprehensive National Board Examinations covering these topics. This education and training fully prepares them to diagnose and treat eye conditions appropriately or refer patients to a more specialized provider when necessary.

The purpose of this bill is to allow patients to receive prescriptive treatment from their primary eye-care provider, instead of having to schedule another doctor's visit simply to get the prescription for the medicine the optometrist has already determined they need. Optometrists gain no additional income by expanding their drug authority, it simply benefits the patients by providing better access to eye care throughout Alaska.

Alaska is far behind the curve in eye care access and delivery. HB 113 elevates optometry's scope of practice in line with the 45 other states throughout the nation that have been successfully prescribing systemic medications for the past 30 years with no reported problems. In addition, it lowers health care costs for Alaskans and provides better incentives to bring the best qualified doctors of optometry to Alaska.

Sincerely,

Bryan K. Kemper, Maj, USAF, BSC
Optometry Flight Commander
3rd Medical Group
Elmendorf AFB, AK

cc: Alaska Optometric Association

Anchorage Fracture & Orthopedic Clinic

3260 Providence Drive, Suite 200
Anchorage, Alaska 99508
(907)563-3145, Fax 561-3967
www.afoc.com

March 19, 2007

LESLIE P. DEAN, MD
Surgery of the hand and wrist

RICHARD W. GARNER, MD
Foot and ankle, arthroscopy
Arthritis, total joint replacement

JOHN E. LAPKASS, MD
Total joint replacement
Arthroscopy and sports medicine

RICHARD D. MCEVOY, MD
Knee and shoulder surgery
Arthroscopy and sports medicine

DECLAN R. NOLAN, MD
Non-surgical orthopedics

DAVIS C. PETERSON, MD
Spinal disorders

GEORGE D. RHYNEER, MD
Cartilage transplantation
Knee and shoulder arthroscopy

ADRIAN B. RYAN, MD
Knee and shoulder arthroscopy
Hip and knee replacement

UPSHUR M. SPENCER, MD
Spinal disorders
Trauma

STEPHEN S. TOWER, MD
Primary joint replacement
Revision joint replacement

THOMAS P. VASILEFF, MD
Knee arthroscopy, ACL reconstruction
Hip and knee replacement

TIMOTHY J. FAGGIONATO, PA-C
DAVID P. WONCHALA, PA-C
GREGG ZAPORZAN, PA-C
Physician Assistants

BETH A. BALEN, MBA, FACMPE
Administrator

Representative Peggy Wilson
State Legislature
Alaska State Capitol
Juneau, Alaska 99801-1182

Re: State of Alaska Certificate of Need

Dear Representative Wilson:

As a member of Anchorage Fracture and Orthopaedic Clinic and as a practicing orthopedic surgeon in the state of Alaska, I would like to strongly recommend that you seriously consider eliminating the requirement for a Certificate of Need.

My practice involves a moderate amount of surgery in the variety of facilities in the Anchorage area. It is not infrequent that I am required to shift from one institution to another in order to obtain reasonable access to operating room space and time. Without the requirement of a Certificate of Need other entities could develop small, efficient ambulatory outpatient surgery centers which would better meet the needs of practitioners such as myself. Doing so would appreciably improve access to care for my patients and allow more expeditious return to a productive lifestyle.

Please contact me with further concerns that you might have on this issue.

Respectfully yours,

R.W. Garner, MD

Richard W. Garner, MD

RWG/lml

3-19-2007

House Health, Education & Social Services Committee
Capitol 106
Juneau, Alaska 99801
Chair, State Representative Peggy Wilson

Dear Legislator/Sir/Madam
Re:HB 113

Recently I have come to find out about House Bill 113, in which, Optometrists and or D.O. Doctors will be given more authorities, in essence expanding their scope of practice.

I am a Neurologist, with interest in Neuro Ophthalmology, and see many patients with vision/eye disorders. As eyes/vision requires, full integrity of the Brain and Nervous system, it is crucial that people who treat vision/eye disorders, have enough knowledge of nervous system, including pharmacology, toxicology and effects of medications, disorders of the rest of the body and it's implication on brain, vision and eyes. Optometrists do not go through such extensive training as Ophthalmologist, and in allowing them to treat such conditions, without the full knowledge they require, may create serious harm to Alaskans.

I have come to find out, in my years of practice, that some optometrists have ordered Brain MRI, taking care in their own hands, delayed evaluation and treatment for serious vision/eye disorders, which at times, may be caused by the disorders of the Nervous system, for example, Multiple Sclerosis, Tumor, Aneurysm, or Systemic disorders, like Myasthenia Gravis, or Myopathies, to mention few among hundreds of disorders of adults. Similarly, pediatric patients may have serious metabolic, genetic or developmental disorders, which may be missed by such specialists and may create serious harm as they may not be able to recognize serious disorders soon. So, please reject this scope of practice proposal, it's not needed.

Thank you for your consideration.

J Makim

Jay Makim, M.B.B.S., M.D.
Northern Neurology Consultants, LLC
3650 Lake Otis Parkway, Suite 205
Anchorage, AK 99508

Cc: Representative Roses, Representative Fairclough, Representative Neuman, Representative Seaton, Representative Cissna, Representative Gardner

March 29, 2007

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

Dear Representative Wilson;

I am writing in support of your committee substitute for House Bill 113.

Optometrists across the United States have been safely diagnosing and treating eye conditions with topical and systemic medications since 1977 with no problems, and with topical medications in Alaska since 1992, with zero complaints to the Board. HB 113 simply elevates Alaska optometry scope of practice to include systemic medications.

Optometrists are fully educated and trained on all types of prescriptive medicines for the whole body plus the eye, including contraindications and side effects. They pass comprehensive National Board Examinations covering these topics. This education and training fully prepares them to diagnose and treat eye conditions appropriately or refer patients to a more specialized provider when necessary. Licensed optometrists will continue to carefully and judiciously care for their patients.

There will be no grandfathering in of currently licensed optometrists – they will all have to meet rigorous board required training to be able to use systemic medications. Optometrists are requesting expansion of their practice to levels that other non-medicine licensed practitioners currently have, namely: dentists, licensed nurse practitioners, physicians assistants and podiatrists.

The purpose of this bill is to allow patients to receive prescriptive treatment from their primary eye-care provider, instead of having to schedule another doctor's visit simply to get the prescription for the medicine for the indicated eye health condition. Optometrists will provide convenience for their patients by avoiding scheduling another unnecessary appointment with another health care professional. If the condition requires treatment beyong the optometrists scope of training then the optometrist will refer the patient to the appropriate tetiary care specialist. This will provide better access to medical eye care throughout the state of Alaska.

Alaska is far behind the curve in eye care access and delivery. HB 113 elevates optometry's scope of practice in line with the 45 other states throughout the nation that have been successfully prescribing systemic medications for the past 30 years with no reported problems. In addition, it lowers health care costs for Alaskans and provides better incentives to bring the best qualified doctors of optometry to Alaska.

Sincerely,

Lynn J. Coon, O.D.
Valley Eye Associates
Wasilla, AK 99654

cc: Alaska Optometric Association

March 28, 2007

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

Dear Representative Wilson;

I am writing in support of your committee substitute for House Bill 113.

About ten years ago, I began experiencing vision distortions and color loss. After several unfruitful visits with local ophthalmologists, who kept telling me to "come back in six weeks", I turned to Roy Box, my optometrist. After careful evaluation, he told me that I was presenting symptoms of MS, and he immediately researched and then referred me to an excellent MS neural ophthalmologist in Seattle. This doctor confirmed Dr. Box's diagnosis and immediately started treatment, which probably saved what vision I had left. I will be ever grateful to Dr. Box for his knowledge and quick and appropriate referral, and have received equally competent and informed care from his successor. As a result of my optometrists' professional knowledge and cooperative collaboration with the MD's in Seattle, I believe I have had most excellent care, care which allowed me to continue teaching for several years.

I believe that Alaskans need options in choosing competent and conscientious health care professionals. For many Alaskans living in isolated communities, their optometrist is their primary eye care professional. Alaska should follow the examples set by almost all other states and give their optometrists the tools to best serve their patients.

Sincerely, Jacklynne Lorensen

PO Box 210108
Auke Bay, Alaska

Advanced Vision & Health Care for Your Family's Eyes
KETCHIKAN
Eye Care Center
Advanced Vision & Health Care for Your Family's Eyes

Rick D. Swearingen, O.D.
Erik D. Christianson, O.D.

March 28, 2007
The Honorable Peggy Wilson
Chair, Health, Education & Social Services
Alaska State Capitol
Juneau, Alaska 99801-1182

Madame Chair,

I am writing to ask your committee's support on HB 113. This bill, if passed, would bring the scope of practice of Alaska's optometrists to a level commensurate with their training and closer to the scope allowed in 45other states. HB 113 would allow optometrists to add systemic medications for treatment of diseases of the eye and related structures. Since 1987 optometrists in Alaska have been able to use topical medication for treatment. Optometric practice expansion to include treatment with systemic medications is a contentious issue with strong views for and against. When you blow away the smoke and look at it on face value this bill IS important to the eye health of Alaskans now and especially in the future.

I am an optometrist who has practiced in Alaska for 21 years. I feel blessed to have been able to be the eye expert in a wide variety of practice situations. In the 21 years I have practiced in Alaska I was the primary vision care provider in Barrow for 3 years and after that Ketchikan for the past 18 years. I have done itinerant clinics in Kotzebue, Nome, King Salmon, Dutch Harbor, Pt. Hope, Pt. Lay, Wainwright, Atquasuk, Nuiqsut, Kaktovik, Anaktuvuk Pass, Metlakatla, and Craig, Alaska. Ketchikan serves as the hub of Southeast Alaska so I have patients from Hyder, Myers Chuck, Thorne Bay, Coffman Cove, Hydaburg, Klawock, Port Protection, Port Alexander, and Kasaan. I have referred patients to and co-managed with many ophthalmologists in the state. Because I am in Ketchikan I have also worked with ophthalmologists in the Seattle area. I have seen and co-managed many hundreds of patients with the M.D.s/physicians assistants/nurse practitioners/health aides at the clinics based in the communities above.

In primary eye care it's about proper diagnosis and instituting the proper initial treatment in a timely fashion.
In 1987 optometrists in Alaska with a proper license endorsement began using topical medications only for treatment of eye and related disease. This expansion of practice allowed M.D.s/physicians assistant's/nurse practitioners/health aides (collectively **P**rimary **H**ealth **C**are **P**roviders = PHCPs) to place the responsibility of diagnosing and treating eyes in the optometrist's hands. It gave these medical professionals and the patients they serve an additional eye expert besides the ophthalmologist to refer to for diagnosis and treatment of primary eye disease. This provider, the optometrist, is local and usually available. PCHPs are more than happy to refer their patients to the local eye expert because accurate eye disease diagnosis is dependent on having and being able to properly use specialty equipment (i.e. slit lamp, ophthalmoscopes, tonometers) to gain clinical knowledge about the affected organ (eye and related structures). Proper treatment is based on accurate diagnosis and timely institution of therapy. PHCPs do not have access to or are unfamiliar with the operation of eye diagnostic instruments. Optometrists and ophthalmologists have access to eye diagnostic equipment and have the necessary expertise to use these devices to make accurate eye diagnoses. If the initial diagnosis is not accurate the patient is put through needless worry; un-necessary travel; un-necessary medical testing; improper use of the wrong medicines; increased disability; increased time off work; and in some cases permanent vision loss. Optometrists are accurate diagnosticians of eye disease. Our track record with topical medications and practice liability rates prove it.

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Ketchikan, Alaska 99901
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Look at the facts and not the rhetoric. Optometrists already manage the eye conditions affected by HB 113...indirectly.
PHCPs have developed a trust in optometry to manage primary eye problems, make the proper diagnosis, choose the appropriate initial treatment and make the proper referral to a sub-specialist When a patient is referred to an optometrist does the PHCP single out those patients who need topical medication only? NO!!! The PHCP sees the patient and says "your eye is red/or vision is decreased/or you have sudden vision loss/or something is in your eye and hurts/or it itches/or there is mucous coming out/or your cornea is cloudy/or your eyelids are swollen". GO SEE THE EYE DOCTOR. When the patient comes in the optometrist uses their specialty tools and medical expertise to diagnose the problem. If topical medication is most appropriate then a prescription is written for this medication. If an oral or systemic medication is needed the optometrist must take time and contact the referring provider and tell them what medication is recommended. The PHCP then will see the patient again for an office visit to simply write an RX. If the O.D./PHCP relationship is good they may write the prescription for the patient based on the information given them by the doctor of optometry. The doctor of optometry is then typically asked by the provider to follow the patient. Does the initial referring provider see the patient again? No, not unless there are other conditions needing their attention. Who monitors the side effects of the medication in most cases? The doctor of optometry does!!! Doctors of optometry are already one of the primary decision makers in treating primary eye disease. The only thing we can't do is RX systemic medications that we recommend for acute treatment or prescribe refills in the case of chronic treatment. The current method of needing an M.D. to write the RX for these medications is cumbersome and increases the amount of time necessary to begin time sensitive treatment.

HB 113 is not new ground. HB 113 is about trust in the clinical decision making skills of doctors of optometry and acknowledging the additional responsibility associated with prescribing systemic medications. There are only a handful of eye problems that need treatment with systemic medications and these conditions fall into two general categories...ACUTE and CHRONIC conditions of the eye and related structures. Who sees the patient in these instances? The optometrist sees the **acute** patient due to their availability and primary care focus. In rural Alaska the optometrist again is the one who follows the **chronic** patient after they return home from seeing the medical sub-specialist. We live close to or where the patient lives. Optometrists in rural Alaska and in larger urban clinics already do the diagnosing and treating of the majority of primary eye disease...directly with topical medications and indirectly through other PCHPs by recommending systemic medications. Optometrists already manage the case. Ophthalmology doesn't get involved unless the patient is not responding and needs more intensive treatment. We are already seeing the patient for follow-up and are the first one they call if they are having problems.

No there isn't public outcry about rampant eye mistreatment by PHCPs. Why? Because most of the time the eye heals itself or the patient feels they must live with the discomfort and effects on vision they have because of treatment from inaccurate diagnosis. The patient deserves to have the best and most up-to-date care possible. Optometrists and Ophthalmologists have much greater access to information on advances in eye treatment than PHCPs. Proper diagnosis and treatment of eye conditions greatly improves the patient's quality of life.

Passing HB 113 is the right thing to do for Alaskan's today and tomorrow. Look ahead to the future of eye care and the additional contributions prescribing optometrists bring to the table. Increasing the pool of doctoral level educated professionals that are involved in treatment and committed to research makes the probability of finding future cures for common eye problems bright.

Do the proper thing for your constituents…our patients…acknowledge the ability of the optometrist or family eye doctor…finish placing the responsibility for treatment of primary eye disease in the hands of the most available and best trained primary health care provider for the eyes…the doctor of optometry…give us direct access to the additional tools necessary to effectively and efficiently continue to treat primary eye disease. Pass HB 113!!!

Regards,

Erik D. Christianson, O.D.
Ketchikan Eye Care Center
351 Carlanna Lake Rd
Ketchikan, AK 99901
907 225-2020

Chair Peggy Wilson
HESS Committee
State Capitol
Juneau, AK 99801

March 26, 2007

RE: HB113

Dear Representative Wilson:

Expanding the scope of practice for optometrists through the legislature, especially as delineated in the current bill, would be a horrible mistake. We ophthalmologists have repeatedly delineated the vast educational differences, so I will not repeat them here. Mistakes made by other states do not constitute a safe precedent. It is very frustrating and dangerous that these bills keep coming before you. **At the end of the day it has to somehow make sense to you to pass a bill allowing optometrists to perform injections of the eyes of Alaskans, including your own eyes and the eyes of your children.** These are injections that ophthalmologists do hundreds of times in training under the supervision of other MDs - optometrists have never done them. Never. The injection itself requires skill and just as importantly the experience to know when to use them. Optometrists have none of this experience. Zero. Passage of this bill will be equivalent to allowing chiropractors to inject the spine because they swear up and down they have read as much as orthopedists or neurosurgeons. Even if they had read as much, which is manifestly false, this does not remotely qualify them to perform these injections.

Also relevant is that these injections are rarely necessary. What is the positive outcome of such a bill? Is the optometric agenda actually improved patient care? If a patient in a rural area has such a severe condition that it requires an eye injection, it is already beyond the scope of optometrists and the patient must see an ophthalmologist. Other milder conditions that might benefit from an injection, such as chronic sties, are rarely injected. I am a subspecialist in this area and I never inject them, using more conservative measures the vast majority of the time, with surgery only if these measures fail.

It is also well documented in other states that these absurd requests for increased procedural scope of practice (that can hardly enhance patient care) are actually designed as legislative stepping stones to later argue for surgical privileges.

As MDs, our most important oath is "First do no harm". Please help us help Alaskans by rejecting this bill. Please contact me at any time if you have any questions.

Sincerely,

Griff C. Steinert MD (4th generation Alaskan and Stanford graduate)
Ophthalmologist subspecializing in Cornea/External disease.
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cc: HESS Committee Members

April 16, 2007

Honorable Representative Peggy Wilson
State House of Representatives
Alaska State Legislature
State Capitol, Rm 403
Juneau, AK 99801-1182

Re: Opposition to CS HB 113, An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists

Dear Representative Wilson:

The Alaska State Legislature has been considering proposed changes to law that would enable optometrists to use oral and injectable drugs.

There exists a difference in the education and training between optometrists and ophthalmologists, with the more comprehensive training of ophthalmologists who are considered medical doctors. Optometrists complete four years education at optometry school without any requirement in Alaska for residency training, ophthalmologists, must complete four year of medical school, a hospital residency, and an additional three to four year residency training program that specializes in medical and surgical treatment of the eye.

Over the last six years optometrists and ophthalmologists have been engaged in a professional dispute in the legislature with the optometrists promoting the expansion of their scope of practice and the ophthalmologists supporting and protecting public health by advocating comprehensive eye and total health care of Alaskans. Very little citizen input to protect the safety and health of Alaskan citizens has been presented to law makers.

Eye care is related to total body health and the risk of the loss of eyesight is great if eye care is not undertaken by qualified medical doctors. The loss of eyesight cannot be replaced and the diminishment of eyesight can be only prevented with

the assistance of medical doctors addressing comprehensive health of patience. Legislative authorization of eye care by unqualified persons with the expanded authority to undertake the prescription of drugs and other procedures is not in the best interest of Alaskan citizens.

It is believed that CS HB 113 provides authorization of oral medications (antivirals, antifungals, antihistamines, antimetabolites, steroids, antibiotics, and oral anti-glaucoma drugs) - that will result in increased potential patient risks. In addition to the oral systemic drugs authorized in CS HB 113, this legislation also would allow Alaska optometrists to inject Botox into the eyelids and surrounding tissues, inject steroids into chalazions, inject anesthetics into the lid, and prescribe a broad array of narcotics and analgesics. Such a wide expanded prescription and injection authority is not in the best interest of patient care for Alaskans. I believe that Alaskans should receive specialized medical care from the most qualified medical doctors available on the most comprehensive basis possible for the human body, including eyes.

I urge you to advocate, in your capacity as an Alaska State Legislator, to emphasize patient safety for all Alaskan citizens in the provision of all health care and that the Legislature, on behalf of its citizens, protect citizen and consumer interests over economic competition between professional service groups, including optometrists and ophthalmologists.

As you know, I am legally blind. I have had nine (9) surgeries on my eyes and have remaining only a little bit of clouded vision in my left eye. All of this blindness was brought on by me through diabetes and a kidney transplant. My experience is that a persons eyes is a part of his total health well being and must be treated in concert with all other vital functions of the body. Only qualified medical doctors are able to keep medications, treatment of other vital organs and a prescribed health regime in balance.

I urge you to oppose CH HB 113 as a measure of protecting the health and safety for all Alaskans and I urge you to continue the Legislatures effort to fund and train more qualified medical doctors so that comprehensive and quality health care is available to all Alaskans.

Thanking you for this consideration.

Sincerely,

Robert W. Loescher

10645 Misty Lane
Juneau AK, 99801
Ph: 907-723-8516