HB

113

Explanation of changes:
SCS CSHB 113(HES)

107_

The changes in Section 3 essentially allow optometrists (after receiving the required training and endorsement) to prescribe and use oral and topical pharmaceuticals under the limitations set forth in this section upon the effective date of the Bill.

Section 3 would also allow for the use (after receiving the required training and endorsement) of *emergency* injections for anaphylactic shock upon the effective date of the Bill.

Section 4 would allow optometrists (after receiving the required training and endorsement) to prescribe and use oral, topical and to inject pharmaceuticals under the limitations set forth in this section.

Section 8 delays the effective date of Section 4 until January 1, 2009

4 yrs + 4 yrs

Don Burrell

From: Eric Coulter [Eric@AlaskaLasikCenter.com]
Sent: Wednesday, May 02, 2007 12:53 PM
To: Sen. Bettye Davis
Subject: Coulter, M.D. and HB113

Eric W. Coulter, M.D.
Alaska Lasik Center
3601 C St., Suite 1134
Anchorage, AK 99503
eric@alaskalasikcenter.com
907-317-1455

Senator Bettye Davis
Alaska State Legislature
Chair, Health, Education and Social Services Committee

Dear Senator Davis,

Today you will be considering HB 113, a piece of legislation introduced to expand the scope of practice for non-medically licensed practitioners of optometry. You are likely to hear many arguments for and against this bill from two sides of the fence; the optometrists' side and everyone else in the state who is a medically licensed professional. The Alaska State Medical Board is against this, the Alaska State Medical Association is against this, the Alaska Ophthalmology Society is against this and the American Academy of Ophthalmology is against this as well as every ophthalmologist in the State of Alaska.

Current law allows optometrists to utilize topical medications, antibiotics, steroids, glaucoma medications and to treat and follow all ocular conditions without requiring medical licenses. There is not a cry for help from communities in Alaska for lack of available eye care and 40 ophthalmologists serve throughout the State to maintain a high standard of care. To argue that a lack of care in Alaska warrants expanded pharmacologic privileges or that their current level of pharmacologic privilege compromises patient care, is simply erroneous and misleading. This is not "just a little bit more" to "help out" as Representative Samuels has stated; this is a paradigm shift in medical practice and standards. Essentially, optometrists would like to legislate medical competency, which is not only impossible, but dangerous to the public.

Optometrists are not medical doctors or surgeons and are not trained as such. They are not allowed surgical privileges at any facility in Alaska or the United States. Attempts at this in Kansas were met with overwhelming opposition and laws briefly allowing optometrists such privileges throughout the VA hospital system came to a crashing halt just a few years ago. No hospital in Alaska or the United States recognizes their training as sufficient to practice medicine at their facilities and no insurance companies insure them for such. No optometrist in Alaska or the United States is allowed to help in the emergency rooms or to take call for the community. They are not medical doctors, they do not have medical licenses and they are not allowed to perform procedures around the eye any more than a chiropractor is allowed to perform back surgery.

To vote for this bill is to go against the very body (the Alaska State Medical Board) you rely on to make appropriate medical decisions for the citizens of Alaska. You and they are tasked with maintaining the highest level of medical standards and responsibility for our State. This bill would allow paramedical individuals to write prescriptions and perform injections for drugs they do not have cause or need for including Botox, retro bulbar anesthetics (injections behind the eye and near the brain) and dermatologic plastic injections. They would be allowed to police themselves, make determinations about required training, and determine injection proficiency without a single one of them possessing a medical license. Does this sound "better for the State" to you?

We need to draw the line that paraprofessionals can not cross and place our States population at risk for their own gain. This bill is much broader and more loosely written than all but 5 other states in the union according to the American Academy of Ophthalmology research department. If this passes, other groups will follow in the name of 'patient access' and the next bill on the table will be for medical procedures etc. There is an agenda

here, but it is not for the well managed, competent care of our people. The optometric lobbyists have pushed for this for years without success. There are reasons these individuals are not medically licensed which will be presented to you ad nauseum.

Please respect the historic validity of our medical system and do not rewrite what constitutes competent medical care in our communities. If their interest is truly for improved patient care, then let them come forward through these existing pathways of required training and education. To date, none of them have approached the Alaska State Medical Board, the Alaska State Medical Association, the American Academy of Ophthalmology, the Alaska Ophthalmology Society or any hospital administration etc. to approach this in a unified way. This does not represent an effort at community improvement but reveals its special interest and effective reduction of medical standards. Do not succumb to this modicum.

I am glad you are in the position you hold to ensure the best for our State and our populace. Thank you for you attention.

Sincerely,

Eric W. Coulter, M.D.
Diplomat, American Board of Ophthalmology
Fellow, American Academy of Ophthalmology
Active Staff member, Providence Alaska Medical Center, Alaska Regional Hospital

1.

4 yrs + 4 yrs

7 hr [redacted] r

PA

Nurse P

Class 3 4 5 drugs

SENATE COMMITTEE REPORT

DATE: 4/23/07

FURTHER: (Labor and Commerce) / Finance

DATE TURNED IN TO OFFICE: 5/7/07

Health, Education and Social Services Committee considered CS FOR HOUSE BILL NO. 113(HES)

HB 113 OPTOMETRISTS' USE OF PHARMACEUTICALS

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

and recommends:

[✓] be **replaced** with [✓] **SCS** or [ ] **CS** CS HB 113 (HES)

[ ] adopt **previous** [ ] **SCS** or [ ] **CS** _____ (_____)

[ ] attached amendment(s)

[ ] adopt _____ Letter of Intent

[ ] further referral to _____ Committee

SENATE BILL:
[ ] Same Title
[ ] New Title

HOUSE BILL:
[ ] Same Title
[ ] Technical Title Change
[✓] New Title w/ SCR # TECH

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
CED	3/16			✓	

[ ] **APPROPRIATION - no fiscal note**

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
CHAIR:					

25-LS0411\O
Bullard
5/2/07

SENATE CS FOR 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, Lynn

A BILL

FOR AN ACT ENTITLED

"An Act relating to the prescription and use of pharmaceutical agents, including controlled substances, by optometrists; and providing for an effective date."

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

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;

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

(D) is not injected, unless the injection is for emergency

anaphylaxis and 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(a), as amended by sec. 3 of this Act, 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;

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

(D) is not injected [, UNLESS THE INJECTION IS FOR EMERGENCY ANAPHYLAXIS AND IS NOT INJECTED] into the ocular globe of the eye; 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.

*** Sec. 5.** 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. 6.** 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. 7.** 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 section 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) by secs. 1 - 3, 5, and 6 of this Act 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 section.

(c) A license endorsement issued under AS 08.72.175(a) before the effective date of this section may not be renewed on or after the effective date of this section.

*** Sec. 8.** Section 4 of this Act takes effect January 1, 2009.

Don Burrell

From: Eric Coulter [Eric@AlaskaLasikCenter.com]
Sent: Wednesday, May 02, 2007 12:53 PM
To: Sen. Bettye Davis
Subject: Coulter, M.D. and HB113

Eric W. Coulter, M.D.
Alaska Lasik Center
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Fellow, American Academy of Ophthalmology
Active Staff member, Providence Alaska Medical Center, Alaska Regional Hospital

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.

Representative Ralph Samuels

House District 29

Date: April 23, 2007

To: Senator Bettye Davis, Chair
Senate Health, Education and Social Services Committee

From: Representative Ralph Samuels

RE: Hearing Request for CSHB113(HESS)

Please schedule a hearing for CSHB113 at your earliest convenience.

Attached please find:

1. CSHB113(HESS)
2. HB113
3. Sponsor Statement
4. Fiscal Note (Zero)
5. Back-up information and letters of support

Please contact Sydney Morgan of my office with any questions at x 6791.

Thank you.

Session: Alaska State Capital, Juneau, AK 99801, (907) 465-2095
Interim: 716 W. 4th Ave, Suite 630, Anchorage, AK 99801 (907) 269-0240

Representative Ralph Samuels

Sponsor Statement
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. 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.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: CSHB 113(HES)
(H) Publish Date: 4/2/07

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						

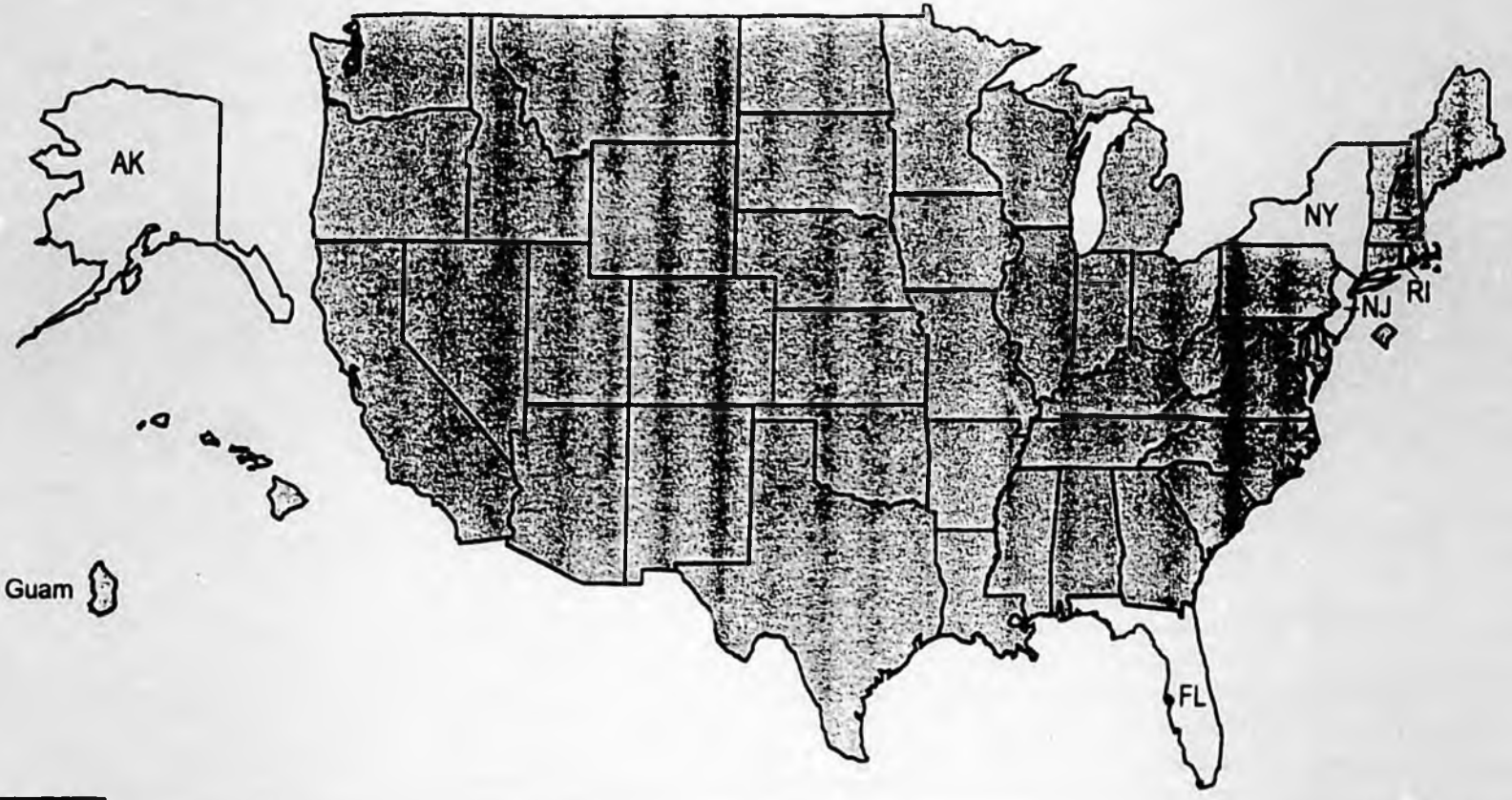
ANALYSIS: *(Attach a separate page if necessary)*

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

1. First Diagnostic Drug Authority, 1971 – Rhode Island (pg 1)
2. First Oral Drug Authority, 1977 – North Carolina (pg 1)
3. Laws establishing or expanding prescriptive authority for ODs have been enacted 164 times in the 50 states, D.C., Guam & Puerto Rico (pg 2)
4. Laws repealing or diminishing prescriptive authority for ODs have never been enacted. (pg 2)
5. 45 States, D.C. & Guam have oral prescriptive authority. (pg 3)
6. 19 states have no restrictions on oral drugs. (pg 3)
7. 29 states have injectable drug authority. (pg 13)
8. 18 states are limited to anaphylaxis only. (pg 13)
9. 36 states did not require additional CE for increased scope of practice. (pg 5)
10. The Alaska Medical Board surveyed Medical Boards throughout the nation in 2001. There were no reported problems. (pg 14)

The Prescription of Systemic Medications By Optometrists To Treat Eye Disease



Some/All Systemic Medications

September, 2006

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

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.

Alaska Optometric Association

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Email: akoa@alaska.com

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

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.*

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

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:	Cred
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
538	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
548	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:	Credit
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
46	Clinical Procedures: Refractive Error Measurement with Lab	2.0	648	Clinical Procedures: Phorometry and Ocular Health with Lab	4.0
47	Ophthalmic Dispensing Procedures with Lab	2.0	662	Visual Information Processing and Perception with Seminar	4.0
71	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
			724	Pediatric and Developmental Optometry	2.0			
761	Public Health 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
						762	Communication in Optometric Practice with Lab	2.0
731	Optometric Thesis: Orientation and Planning	1.0	733	Assessment and Mgt of Ocular Disease Patients	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
			818	Vision Therapy Patient Care	2.0
	Patient Care VIII: Preceptorship Session 1	11.0	819	Low Vision Patient Care	1.0
	Patient Care IX: Preceptorship Session 2	11.0	820	Contact Lens Patient Care	1.0
	Patient Care X: Preceptorship Session 3	11.0	821	Clinical Rounds	1.0
892	Optometric Thesis: Completion	1.0	822	Pediatric Patient Care	1.0
			832	Ocular Disease and Special Testing Patient Care	1.0

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	Credit
114	Human Anatomy	5.0	106	Histology and Embryology	4.0	111	Neuroanatomy and	4.0
116.1	Human Physiology and Pathology I	4.0	107	Applied Ocular Anatomy	6.0		Neurophysiology	
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	4.0	140.2	Sensory Aspects of Vision II	5.0
150.1	Biochemistry I	4.0		Optics II		162.3	Optometry 1.2	3.0
162.1	Introduction to Optometric	1.0	150.2	Biochemistry II	4.0	170	Physiological Optics I	3.0
	Procedures		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	4.5	222	Theoretical and Physical Optic	2.0
244	Binocular Vision and Ocular	5.0		Neurobiology			Immunology	
	Motility		246	Visual Perception	2.0	256	Ocular Pharmacology and	4.0
254.1	General Pharmacology I	4.0	248	Perspectives on Behavioral	1.5		Therapeutics	
262.1	Optometry 2.1	4.0		Disorders		261	Physical Diagnosis	2.0
270.1	Ophthalmic Optics I	4.0	254.2	General and Ocular	4.0	263.2	Ocular Disease II	3.0
				Pharmacology		262.3	Optometry Seminar	3.5
			262.2	Optometry 2.2	3.5		Introduction to Binocular Vision	1.0
			263.1	Ocular Disease I	2.0	262.4	Disorders	
			270.2	Ophthalmic Optics III	3.0	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	384	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
	Independent Study	3.0
	Patient Care	16.0
	Or	
	Patient Care Externship	20.0
		Total Fourth Year Credits 19./ 23

TANANA CHIEFS CONFERENCE
Health Services
Eye Clinic
122 First Ave, Suite 600
Fairbanks, AK 99701
(907) 452-8251 Fax: 459-3853
Toll Free in Alaska 1-800-478-7822

April 4, 2007

Dear Legislator,

I am writing in support of HB 113 which would allow qualified optometrists to prescribe oral medications for the treatment of eye disorders. I am an optometrist working in an Indian Health Service affiliated clinic. Much of my practice involves travel to the bush where direct access to a physician is very limited and travel to the city for care is expensive. Rural patients who need oral medications as part of their eye care are greatly inconvenienced since these medications must be prescribed by a physician (or a health aide under a physician's supervision). My optometric colleague, a U.S. Public Health Service officer, already has credentials through that agency to prescribe oral medications but is unable to do so in Alaska because our pharmacy cannot accept his prescriptions. 45 of the smaller states have passed legislation the same as or similar to this bill and all recent optometry school graduates are trained in the use of oral medications for the eye. Obviously, Alaska is well behind the times regarding ocular health care. Your vote in favor of HB 113 will benefit my patients and bring Alaska's optometric practice statutes in parity with the rest of the United States.

Sincerely,

TANANA CHIEFS CONFERENCE

James R. Taylor, OD
Eye Clinic

Southcentral Foundation

April 9, 2007

Representative Kurt Olson
State Capitol, Rm 408
Alaska State Legislature
Juneau, AK 99801-1182

RE: Support HB 113 - "An Act relating to Optometry"

Dear Representative Olson:

I am writing to urge support of HB 113, which would add additional prescriptive authority for licensed optometrists with a board endorsement, who obtain the additional educational requirements approved by the Alaska Board of Examiners in Optometry. Alaska optometrists already treat eye disease by prescribing medications, but this bill increases their scope by authorizing additional systemic medications with certain restrictions and requiring additional education.

Southcentral Foundation is a non-profit health care organization of Cook Inlet Region, Inc., which provides a wide range of health care and related services to Alaska Natives and American Indians in Anchorage, the Mat-Su Valley, and surrounding rural villages. When Southcentral Foundation was established in 1982, it consisted of 12 staff providing limited services in three program areas: optometry, dental, and social services. Today, after 25 years, optometry remains one of our core health care services, although we now have over 900 employees and provide health-related services to over 32,000 Alaska Natives through about 65 different programs.

We seek optimum health care for our Alaska Native clients, and view optometry with the respect that is due a profession of its caliber. Please vote "YES" on the passage of HB 113 to ensure quality optometry that is both cost-effective and accountable. This bill has been modified to comply with issues raised in earlier years, and now contains several added restrictions and requirements placed upon the license endorsements of qualified Alaska doctors of optometry.

Sincerely,
SOUTHCENTRAL FOUNDATION

Katherine Gottlieb, MBA
President/CEO

ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

ALPHA

The Alaska Public Health Association supports HB 113. Currently 45 states, Washington, DC and Guam allow optometrists to prescribe systemic drugs with no reported problems in over 30 years. The American Public Health Association in 1991 recommended that legislatures amend licensing statutes to allow optometrists to use those therapeutic pharmaceuticals that have been determined by the State Board of Examiners in Optometry as being within the scope of competency pharmaceutically licensed optometrists. The State of Alaska has 106 practicing optometrists in 84 communities. We believe that by expanding the scope of practice of optometrists HB 113 will increase access to care in those communities that are not served by an ophthalmologist.

John Riley
Board President
April 10, 2007

P.O. Box 9-1825 Anchorage, AK 99509 907/332-1030 *e-mail:* publichealth@alaska.net www.alaskapublichealth.org

Alaska Primary Care Association

"...uncompromising in the pursuit of access to primary care for all Alaskans."

The Honorable Ralph Samuels
Alaska House of Representatives
State Capitol, Room 204
Juneau, Alaska 99801-1182

Re: Support for HB 113 Optometrists' Use of Pharmaceuticals

April 17, 2007

Dear Representative Samuels,

The Alaska Primary Care Association (APCA) wishes to express its support for your legislation, HB 113, which would expand the scope of practice for optometrists by allowing them to administer systemic eye medications in addition to the topical medications they can currently administer under the law. The APCA considers the education and training of the relevant health care providers prior to lending its support to increased scopes of practice changes; in the case of the optometrists, the APCA has concluded that these providers have received the proper training for the administration of these medications.

By expanding the scope of practice for optometrists, HB 113 will increase access to health care for Alaskans while reducing health care costs. Because the APCA's main mission is to increase access to primary care in Alaska, the APCA has an interest in the success of HB 113. Primary care encompasses basic medical care, which includes the treatment of routine eye conditions, in addition to behavioral health and dental services.

The Alaska Primary Care Association represents 24 Community Health Centers (CHCs) with 115 clinic delivery sites as well as other safety net providers throughout the state. Alaska's CHCs treat over 80,000 patients annually. The expansion of health providers' scopes of practice, when educationally appropriate, is an important step the Alaska State Legislature can take to assist in the promotion of health care access, the reduction in health care costs, and the improvement of health outcomes for its residents. The APCA offers its full support for HB 113 and joins you in asking the Senate to move this legislation through the committee process and secure its passage.

Respectfully,

Regan Mattingly
State Affairs Coordinator

Shelley S. Hughes
Government Affairs Director

Marilyn Kasmar
Executive Director

Alaska Primary Care Association
903 W Northern Lights Blvd, Suite 200
Anchorage, AK 99503

ph. 907-929-2722
fx. 907-929-2734
www.alaskapca.org

MARSH

Marsh Affinity Group Services
a service of Seabury & Smith, Inc.
1440 Renaissance Drive
Park Ridge, IL 60068-1400
847-803-3100
800-323-2106

January 26, 2007

Ms. Sherry L. Cooper, Manager
State Government Relations
American Optometric Association
243 N. Lindbergh Blvd., Floor 1
St. Louis, MO 63141

Dear Ms. Cooper:

On behalf of our client, the American Optometric Association (AOA), we ask that you please consider the following information regarding professional liability coverage available to licensed Optometrists practicing in all 50 States and the District of Columbia.

Marsh Affinity Group Services, a service of Seabury & Smith, Inc., has an uninterrupted 10+ year relationship with the AOA as their sponsored professional liability partner. Because of our long-term partnership with AOA, we believe Marsh currently represents the largest portfolio of Optometrist professional liability insurance in the country. We are very fortunate to have over 7,500 Optometrists depend on Marsh for this important liability coverage.

Our primary carrier for professional liability coverage is Chicago Insurance Company, a member of the Interstate National Corporation, one of the Fireman's Fund Insurance Companies. Chicago Insurance Company does not currently charge different rates based on the procedures performed or not performed by each Optometrist. In other words, the scope of optometric related professional services does not increase or decrease the rate charged for each insured. Prescription authority granted to Optometrists in other states does not in any way impact the premium paid by individuals in those states.

Unfortunately, a small percentage of our insured Optometrists have experienced professional liability claims that they in turn have reported to Chicago Insurance Company. When allegations of professional malpractice have necessitated a defense, the carrier has responded by conducting a professional investigation of care and outcome. Chicago Insurance Company confirmed on January 25, 2007 that their very credible claim portfolio shows that prescription authority is not a significant cause of loss for Optometrists. As such, they also confirmed that they have no plans to change their underwriting guidelines or rates regarding prescriptive authority.

Marsh is not presently concerned with the overall financial health or performance of the AOA professional liability program, although we must acknowledge that we have not conducted an actuarial review of the adequacy of Optometrist rates. We rate the likelihood of Chicago Insurance Company remaining a professional liability market for Optometrists as "Excellent".

We appreciate your willingness to consider the above information. If any questions or concerns arise as a result of this letter, please contact us at your earliest convenience.

Sincerely,

Mark

Mark A. Brostowitz, Senior Vice President
Allied Healthcare Professional Liability
Mark.brostowitz@marshbm.com
847-493-4418

D.L. THANEPOHN, OD.
P.N. REBER, O.D.
S.A. LENTFER, O.D.
J.C. FALCONER JR., O.D.
L.M. NOLIN, O.D.

Alaska
EYE CARE CENTERS

DOWNTOWN ANCHORAGE
(907) 272-2557

WASILLA
(907) 376-5266

1345 W. 9th Ave.
Anchorage, Alaska 99501
(907) 272-2557
FAX (907) 274-4932

March 19, 2007

Representative Peggy Wilson
Chair, House HESS Committee

Representative Wilson,

I am writing to express my support for the committee substitute for House Bill 113. This bill will allow me to prescribed drugs other than those topically applied (drops and ointments) to my patients.

As an optometrist in Alaska, I am a health care provider who is not being utilized to his fullest capabilities. Optometrists have degrees from four year graduate institutions which include extensive education and training in the treatment of ocular disease and pharmacology. While the topical drugs which I can now prescribe are sufficient for treating many types of eye disease, there are many others in which alternative routes of drug administration are far superior or even essential. Some eye conditions that come into my office are accompanied by severe pain, and some are medical emergencies. It is inefficient and unnecessary to require them to see another doctor to get the prescription. And in Alaska, with many rural communities where the only eye doctor is an optometrist, this legislation is especially needed.

Forty-five states have already seen the wisdom in allowing optometrists prescribe oral drugs, and we still have one of the lowest malpractice rates in the health care industry. That gives you a measure of how much of a risk we are to our patients.

The people of Alaska expect their local eye doctor to be able to prescribe the treatment they need. Please let us do our jobs better.

Sincerely,

James C. Falconer

James C. Falconer, Jr. OD
President-Elect, Alaska Optometric Association

CATARACT AND LASER INSTITUTE

March 20, 2007

Honorable Representative Peggy Wilson
Chair, House HESS Committee

Representative Wilson:

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

This is legislation that is long overdue for the state of Alaska. Similar legislation has been adopted in 45 other U.S. states which has allowed Optometrists to provide more comprehensive care to their patients.

As you know Alaska is largely a rural state, consequently Alaskans don't have the same access to care that patients have in the lower-48. Optometrists outnumber ophthalmologists in Alaska and we better serve rural Alaska than does ophthalmology. This legislation would give Alaskans better access to more comprehensive eye care, and would eliminate the need for a patient to see another provider for a medication the Optometrist has already determined they need.

You may hear arguments against this legislation stating that Optometry does not have the training or the experience needed to prescribe systemic medications. These arguments simply do not hold water. An Optometric education consists of four years of post-graduate, doctoral-level training concentrating on the eye, visual system, and systemic diseases affecting vision. If we were not adequately trained and experienced 45 other states would not have already adopted this legislation.

Corporate Office
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

This legislation would be good for Alaskans giving them better access to quality eye care.

Thank you for you time and attention to this important issue.

Sincerely,

Paul M. Barney, O.D.
Center Director
Pacific Cataract & Laser Institute
Anchorage, Alaska

April 9, 2007

House of Representatives
Alaska State Capitol
Juneau, Alaska 99801-1182

Dear Legislator,

I have had experience with the treatment of eye diseases by an optometrist. He was very knowledgeable and thorough during his examinations and I have every confidence in an optometrist ability to treat eye diseases. So with that said, I support HB113.

Sincerely,

Ted M. Rohloff
Finance Director
Denali Family Services
1675 C St. Suite 117
Anchorage, Alaska 99501
(907) 222-2307

cc: Alaska Optometric Association

March 23, 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 Primary Health Care Providers = 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.

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

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

Jacklynne Lorensen

PO Box 210108
Auke Bay, Alaska

March 19, 2007

Steve Dobson, OD
1000 E Dimond Blvd
Anchorage, AK 99515

Honorable Representative Peggy Wilson
Chair, House HESS Committee

Representative Wilson:

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

HB113 would significantly ***improve access*** and ***decrease cost*** for the thousands of Alaskans in our state who each year seek quality ***optometric medical eye care***. HB113 when enacted will allow patients to receive prescriptive treatment in-office or go straight to a pharmacy with a prescription written by the primary eye care doctor, instead of having to schedule another doctor's visit simply to get the prescription or the medicine the optometrist has already determined they need. Optometrists do not gain additional income by expanding their prescriptive authority, as the patient is charged for the office visit not which drug is prescribed.

Currently, optometrists in Alaska including myself, prescribe ***antibiotics, anti-virals, anti -inflammatory, allergy, and steroid medications along with medications to treat glaucoma (beta- blockers, alpha- agonists, carbonic anhydrase inhibitors, prostaglandins***) on a routine basis when treating our patients for diseases of the eye and adnexa. Unfortunately, for those optometric patients residing in Alaska these medications are limited to topical (not so for the patients who seek optometric medical eye care throughout most of the United States).

Today, 45 other states allow optometrists to prescribe oral medications for their patients. Levels of authority vary slightly from state to state based on the authority granted by each state legislature. Even if HB113 were enacted, many states would still have more expansive scopes of practice. In fact, optometrists in one state currently perform laser surgeries.

Since 1970 all optometry schools have elevated their education level to a four year post-graduate, doctorate-level professional program along with extensive core curriculum course work in pharmacology, physiology and pathology using the same medical model as taught in dental and medical schools. As a result, optometrists have been safely prescribing systemic drugs in other states since 1977. ***Alaska is unfortunately behind the curve in eye care access and delivery.***

When posed with the question whether Ophthalmologists have more education and training than the Optometrists the answer would be yes. The Optometric curriculum is

comprised of four years of post-graduate, doctorate-level study emphasizing the eye, vision and associated systemic disease with an optional one-year residency. This education is the same medical model as medicine, dentistry, and podiatry. Ophthalmology is a three-year residency beyond medical school. This additional three year residency prepares the Ophthalmologist to be an eye surgeon and tertiary-level specialist. This model is the same for other medical specialties such as cardiology, ENT's (ear, nose, and throat), nephrology, orthopedics etc. Patients routinely schedule appointments with their primary care provider and are referred to a specialist when necessary. This model ***increases access*** to care and helps to ***control costs***. Optometrists refer patients frequently to Ophthalmologists for more advanced eye care or surgery the same as family doctors refer their patients for specialty consultations. General practitioners including Optometrists live and serve in many rural communities through out our state. Other specialists including Ophthalmologists reside mostly in the more metropolitan communities.

HB113 will provide Alaskans with ***additional access*** to high quality medical eye care and help ***control costs*** associated with ***unnecessary referrals*** (lost wages due to time away from work, additional office visit fees). An important fact to realize is 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 there were any problems in states where similar legislation had passed. Not one medical board reported any problems. In addition, medical malpractice insurance premiums for optometrists did not rise in states where systemic medication (versus topical only) prescriptive authority legislation was approved

Sincerely,

Steven S Dobson O.D.
Past Chairman, Board of Examiners in Optometry

March 20, 2007

David Karpik, OD
1001 Noble St, Ste 410
Fairbanks, AK 99701

Honorable Representative Peggy Wilson
Chair, House HESS Committee
Juneau, AK 99801

Representative Wilson:

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

First of all, I am passionate about both Alaska and her people. I am a recent graduate of The Ohio State University College of Optometry. Following receiving my degree, I completed post-graduate specialty training: a residency in contact lens and family practice optometry through Pacific University. I now have the good fortune to be serving patients in Fairbanks.

It was quite a shock to come to a state in which so much of my training went underutilized due to restrictive legislation. My didactic and clinical training in pharmacology met or exceeded the quantity and caliber of my colleagues in Dentistry and Medicine at Ohio State. This is not to claim a superior education is provided at Ohio State; in fact a comparison between Illinois College of Optometry, Pacific University College of Optometry, Harvard College of Dental Medicine, and The Ohio State College of Medicine shows equivalency in pharmacology hours of education. This is by design. Optometry is a doctoral level program. The current legislation would make sense 2 generations ago, but does not today.

Additionally, competence with oral pharmaceuticals is confirmed through rigorous testing by the National Board of Examiners in Optometry (NBEO). This board certification consists of approximately 36 hours of testing, with 1 out of the 4 sections of board certification dedicated to treatment of ocular disease with systemic and topical pharmaceuticals. Passing all sections of NBEO examination is required to gain licensure in Alaska.

It is the patient who will gain the most from expansion of prescriptive privilege already in place in the lower 48 that matches the past 30 years of level of training received in an optometric education. No longer will delayed treatment for simple and well understood eye problems cause harm. No longer will public health dollars be wasted for duplicate office

visits to prescribe the medication that the optometrist has deemed necessary.

Sincerely,

David Karpik, O.D.

Dr. Bill Faulkner, Optometrist
400 L Street, Suite 104 Anchorage, Alaska 99501
(907) 276- 1984
Fax (907) 276- 1981

Honorable Representative Peggy Wilson
Chair, House HESS Committee

Representative Wilson:

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

This is a very simple issue. Optometrists in Alaska would like to join their colleagues in 45 other states in being able to provide a higher level of care to our patients.

With regard to eye care, Optometry takes care of most of the problems most of the people have, most of the time. The circumstances that would require our use of systemic agents might not occur for a week, or we might have three patients in one day that would benefit from this service. We just never know from day to day.

I have recently activated my Oregon Optometric license. It is interesting to note that in the State of Oregon, by the 2009 licensing cycle, it will be an absolute requirement for all licensed Optometrists to have their systemic medication certification. If it is not obtained, then you cannot practice in that State. This is how "mainstream" this certification has become in our profession.

When Optometrists have tried to enhance our level of care in the past, organized Ophthalmology has demonstrated a history of mistruths, half truths and distortions in their opposing testimony. This surely must be based on ego, not logic. Please do not be fooled by their self serving claims.

Alaskan Optometrists simply want to join with the rest of the profession in the United States in being better able to care for our patients.

Thank you for your time and attention to this matter.

William D. Faulkner, O.D.
Cc: Alaskan Optometric Association

Alaska State Medical Association

Rep. Anna Fairclough

From: katy rice [katyrice4@yahoo.com]

Sent: Saturday, March 24, 2007 3:41 PM

To: Rep. Peggy Wilson; Rep. Bob Roses; Rep. Anna Fairclough; Rep. Mark Neuman; Rep. Paul Seaton; Rep. Sharon Cissna; Rep. Berta Gardner

Subject: *****SPAM***** House Bill 113

Dear Representatives,

I am an optometrist currently practicing in Fairbanks, AK. I moved here last summer after completing an ocular disease residency at a Veterans Administration Hospital in Huntington, West Virginia and continue to hold licensure in the states of Ohio and Alaska.

After listening to the audio from Wed. March 21, 2007 regarding House Bill 113, Optometrists' Use of Pharmaceuticals, I wanted to give my opinion in hopes that this would be considered before a final decision is made. One significant part of any profession is to understand one's boundaries and limitations and know when it is necessary to refer a patient to a different doctor. However, it is not necessary for me to refer a patient to someone else in order to treat certain eye conditions that I have been educated, trained, and tested on. Opposition to HB 113 states that optometrists do not have the same education or training as an ophthalmologist. This is true. We do not have the same training for if we did, we would be asking for privileges to do surgery. Optometrists and ophthalmologists are not the same in training, or clinical applications, however that does not mean that optometrists should be limited by what they are allowed to do because the state already has ophthalmologists. If the state wanted to limit eye care availability because "there are already enough doctors' then they would put a cap on the number of ophthalmologists or optometrists allowed to practice in this state and this is obviously a ridiculous situation. We are simply asking for the right to practice to the level of our training. I am confidant that once the members of the committee understand the training and testing of doctors of optometry, support of HB 113 will come with significantly less difficulty.

Base on the audio of the HESS committee hearing on March 21, I would like to provide additional information on some issues that were brought up. First, it should be known that the pre-requisites for getting into optometry, dental, medical, osteopathy, pharmacy, veterinary, and podiatry school are essentially the same. All of the medical professions schools are four year programs, and yes this means optometry as well. All optometrists graduate with a Doctor of Optometry degree. The amount of pharmacology, anatomy, and pathology are essentially the same between optometry, medicine, osteopathy, and dentistry. (I do not have the exact number of semester hours to give you but know Representative Kawasaki can pass this information on to you.) Also, before anyone is considered for optometric licensure in a state, one must have already graduated from an optometry school and pass all of the National Board of Examiners in Optometry tests. These are a series of approximately 36 hours of testing taken over two years. You can access the content information on the website: http://www.optometry.org/index.cfm. This can be compared to the medical boards that Doctors of Osteopathy and Medical Doctors and must pass.

Representative Samuels emphasized that because we live in a "rural" state where medical help can be hours or days away, it is even more important for optometrists to have prescriptive authority. I would like to add that it doesn't matter if there are two ophthalmologists right across the street from me, or two days away from me. My proximity to an ophthalmologist does not change, negate, or validate my level of training. While I understand that the proximity will influence my decisions and care, it should not

dictate the care I provide. A dentist does not have to call an M.D. or D.O. in order to inject a shot of Novocain, why should I have to call an M.D. or D.O. in order to practice within the training of my profession?

I understand that the committee has concerns regarding this bill. I urge you to look at the other 45 states who already grant prescriptive authority as an example that this is nothing new or out of the ordinary, but is a commonly accepted way of practicing. Yes, our bill will be different than any other state, but that is because optometry is state legislated, unlike medicine or osteopathy. Also, please look at the malpractice insurance across the country for optometrists as an indicator of the level of safety with which optometrists utilize their prescriptive authority. Private insurers are in it to make money and have very sophisticated ways of placing statistical evidence on their clients. If optometrists were taking advantage of their prescriptive rights and placing patients in harms way this would be evident and optometry would not have the lowest malpractice insurance rates of all doctorate level health care professions.

Two concerns that were brought up during the meeting were whether optometrists are trying to get their foot in the door to do laser surgery and if writing for oral medications would make optometrists more money. These questions seem irrelevant to the issue at hand. What is relevant is that we have the training to prescribe, and that we have a proven track record of safely doing so in all states that have had this authority granted. To satisfy curiosity, I don't want to do laser surgery, just as not all ophthalmologists want to do laser surgery. And no, allowing optometrists to prescribe oral medications to treat eye conditions will not provide a larger income. An office visit is charged when a patient is seen regardless of any medication being prescribed or any referrals written. These concerns do not relate to optometrists' education or training with regard to writing prescriptions, nor should they prevent optometrists' from treating eye conditions that are well within the scope of practice and level of training. Full prescriptive authority is within the level of training.

Thank you for all of your time and consideration to House Bill 113. If you have any questions or concerns you would like to discuss furth r, please feel free to contact me.

Sincerely,
Kathleen Rice, O.D.
2142 Standard Ave
Fairbanks, AK 99701
614-214-5289

Honorable Representative Kurt Olson
Fax 907-465-3835

Representative Olson:

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

First of all, I am passionate about both Alaska and her people. I am a recent graduate of The Ohio State University College of Optometry. Following receiving my degree, I completed post-graduate specialty training: a residency in contact lens and family practice optometry through Pacific University. I now have the good fortune to be serving patients in Fairbanks.

It was quite a shock to practice in a state in which so much of my training went underutilized due to restrictive legislation. My didactic and clinical training in pharmacology met or exceeded the quantity and caliber of my colleagues in dentistry and medicine at Ohio State. This is not to claim a superior education is provided at Ohio State; in fact a comparison between Illinois College of Optometry, Pacific University College of Optometry, Harvard College of Dental Medicine, and The Ohio State College of Medicine shows equivalency in pharmacology hours of education. This is by design. Optometry is a doctoral level program. The current legislation would make sense several generations ago, but does not today.

Additionally, competence with oral pharmaceuticals is confirmed through rigorous testing by the National Board of Examiners in Optometry (NBEO). This board certification consists of approximately 36 hours of testing, with 1 out of the 4 sections of board certification dedicated to treatment of ocular disease with systemic and topical pharmaceuticals. Passing all sections of NBEO examination is required to gain licensure in Alaska.

It is the patient who will gain the most from expansion of prescriptive privilege already in place in 45 other states that corresponds with the level of training received in an optometric education during the past 30 years. Optometrists have a proven track record of safe, high quality care in these other states. No longer will delayed treatment for simple and well understood eye problems cause harm, and no longer, and no longer will public health dollars be wasted for duplicate office visits to prescribe the medication that the optometrist has deemed necessary.

Sincerely,

David Karpik, O.D.
2142 Standard Ave.
Fairbanks, AK 99701

Alaska Optometric Association

Alaska's Authority on Primary Eye & Vision Care

1689 C Street, Ste 222
Anchorage, AK 99501
907.770.3777
Fax: 907.272.7532
akoa@alaska.com
www.akoa.org

March 19, 2007

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

Dear Representative Wilson;

On behalf of the frontline eye care providers serving patients in communities across our state, the Alaska Optometric Association would like to voice our 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.

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.

Please review the enclosed "Frequently Asked Questions" for more details.

Sincerely,

Tracy Oman
Executive Director

Enclosure

1609 C Street, Suite 222
Anchorage, AK 99501
Email: akoa@alaska.com

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

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.

If HB 113 is enacted, would optometrists in Alaska have one of the most expansive scopes of practice in the Country ?

No. Optometrists in 45 other states in the country are allowed to prescribe oral medication, but levels of authority vary slightly from state to state based on the authority granted by each state legislature. Alaska is currently far behind other states scope of practice laws. Even if enacted, there are many states that would still have more expansive scopes of practice. In fact, optometrists currently perform laser surgeries in one state.

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.

Alaska Optometric Association

Alaska's Authority on Primary Eye & Vision Care

1689 C Street, Ste 222
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January 12, 2007

The Honorable Ralph Samuels
House of Representatives
Alaska State Capitol
Juneau, Alaska 99801-1182

Dear Representative Samuels;

This letter is in response to the letter sent to you by Carl Rosen, MD regarding his analysis of HB 113, Optometric Scope of Practice Legislation. Although I am sure Dr. Rosen's letter was well intended, his analysis does not reflect the education, training, and experience of optometrists over the past 30 years.

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.

Please review the enclosed "Frequently Asked Questions" for more details.

Sincerely,

Tracy

Tracy Oman
Executive Director

Enclosure

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

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

Doctor of Optometry Education

Optometrists **are** fully educated and trained on all types of prescriptive medicines for the whole body plus the eye, including contraindications and side effects.

Optometrists education includes:

- **4 years undergraduate** school.
- **4 years optometry school** containing both classroom instruction and clinical education with at least 2,000 patient contact hours.
- **Three-part national board examination** which includes academic science, clinical science and patient care.
- **36 hours of continuing medical education** every two years, 24 of those 36 hours must be in pharmacology or pathology.
- In 1992, legislation was passed allowing optometrists in Alaska to diagnose and treat eye disease with topical pharmaceuticals. Optometrists were required to pass a **100 hour course in pharmacology and ocular disease** in order to receive a pharmaceutical license endorsement authorizing them to prescribe topical pharmaceuticals.
- HB 113 calls for an **additional 23 hour course** on the treatment and management of ocular disease as well as a **7 hour injection course.** This 30 hour course, administered by the Pacific College of Optometry, was designed specifically for states who pass legislation such as HB 113.

It is important to note that **optometrists in Alaska have been diagnosing eye disease safely and effectively for 15 years**. In those 15 years, optometrists have been **determining the best course of treatment for their patients**. Unfortunately, if a systemic medication is indicated, the patient must then schedule **another doctor's visit simply to get the prescription for the medicine the optometrist has already determined they need**.

HB 113
Optometrists' Use of Pharmaceuticals

SPONSOR(S): REPRESENTATIVE(s) SAMUELS, Thomas, Kawasaki, Gruenberg, LeDoux

CURRENT STATUS: (H) RUL/ Floor

FISCAL NOTE:
#1: 0.0/DCCED-Corps, Bus, and Prof Licensing

BILL HISTORY/ACTION:
(H) Floor: 30Y, 5N
(H) L&C 1DP: LeDoux; **6 NR**: Buch, Gardner, Gatto, Neuman, Olson, Ramras
(H) HES 4DP: Cissna, Seaton, Neuman, Fairclough; **1 NR**: Gardner; **2AM**: Roses, Wilson

BILL SUMMARY: HB 113 proposes to allow optometrists to prescribe systemic medications to treat Alaskans' eye issues, and to provide epinephrine injections to treat anaphylaxis. Intended to increase rural and remote Alaska's access to affordable visual health care.

ISSUES (pros & cons):
Pro:

- Expand eye care to rural areas, rarely visited by opthamologists.
- Reduce the cost of care by permitting more procedures by the less specialized.
- Bring Alaska up to the standards of many other states, thereby attracting more optometrists who can carry out these procedures elsewhere.

Con:

- Opthamologists are MD's with broad integrative training in recognizing systemic health problems; optometrists have 4 yrs of narrow training and are not MD's.
- Opthamologists have additional 3 years of specialized training in eye medicine.
- Opposed by the Alaska State Medical Board.
- No outcry in favor of this bill from the user groups in affected rural areas.

TALKING POINTS (if any): Very tough to evaluate competing and conflicting statements made by opthamologists and optometrists. Is this simply a turf war, or are there real issues of competency to carry out risky procedures? It is difficult for the legislature to evaluate and make decisions on such technical matters.

COMMITTEE/DATE: **(H) FLOOR 4/19/07**
YEAS: 30 NAYS: 5 EXCUSED: 4 ABSENT: 1

Yeas: Buch, Chenault, Cissna, Coghill, Doogan, Edgmon, Fairclough, Foster, Gatto, Gruenberg, Guttenberg, Harris, Holmes, Johansen, Joule, Kawasaki, Kelly, Kohring, Lynn, Meyer, Nelson, Neuman, Olson, Ramras, Roses, Salmon, Samuels, Seaton, Stoltze, Thomas
Nays: Crawford, Doll, Gardner, Johnson, Wilson

Action: Passed the House

Next Referral: Transmitted to the Senate
Amendments: None

COMMITTEE/DATE: (H) L&C 4/11/07
Roll: Buch, Gardner, Gatto, LeDoux, Neuman, Olson, Ramras
Action: Moved from committee.
Next Referral: (H) RUL
Amendments: None
Change in CS: None

Amendments/Changes:

Committee Discussion/Action:
Rep. Neuman pointed out that the AK State Medical Board surveyed other states with expanded optometrist authority and found no problems over 30 years.

Rep. LeDoux asked pointed questions re. opthamologists' claim that the training and testing standards for optometrists are not sufficient for the duties they would gain. She pointed out that foreign-trained doctors who move to the US can treat eye problems without the same training required in US med schools.

Rep. Gardner noted that North Carolina is listed in the most permissive group of states allowing expanded optometrist duties, but it prohibits all injections of drugs according to the opthamologists' matrix. The optometrists' map of 45 states permitting is somewhat misleading, since what practices are allowed varies greatly from state to state.

Rep. Ramras: Flabbergasted at the degree of lobbying on this issue. He's on the side of the optometrists, since they have provided him good care since childhood. This is a battle of the rich vs. poor. "These doctors and their arrogance are going to wear out the medical system."

Testimony Summary:
Rep. Samuels presented the bill, emphasizing that optometrists are permitted to do more in 90% of the states than in Alaska, despite our large rural areas.

Rep. Thomas noted that opthamologists admitted that they visit only Sitka and not the other 23 smaller communities in his district, and that it can be a 3-day round trip from Kake to Sitka.

Dr. Cindy Bradford, American Academy of Opthamology, Oklahoma U prof., practicing in Oklahoma City: CON.
- Concerned about allowing injectible drugs that affect the whole body.
- Training is different: a single course of study, vs. the broad integrative course study of med school.
- Eye is complex, not like the tooth.
- Has witnessed problems (near blindness) with patients held back by optometrists' mistreatment.
- We shouldn't allow inferior care due to location.

Dr. Eric Coulter, member American Academy of Opthamology: CON.
- Seven or eight opthamologists are always on call in AK: not shorthanded.
- Not appropriate for optometrists (like chiropractors) to do the same things as highly specialized opthamologists; the difference is the value of a medical degree.

- It is not appropriate for the legislature to decide the standards for medical practice.
- Optometrists should take their case to the AK State Medical Board, which has the knowledge to evaluate the proposal.

Dr. Carl Rosen, President Alaskan Opthamology Society, largest practice in Anchorage: CON.

- Optometric board is not as transparent as the medical board.
- Not true that there have been no problems; knows of 2 cases in the last few months of problems stemming from optometrists using this expanded authority.
- Many complications from use of steroids, most commonly used drug.
- Currently recruiting for more opthamologists in AK, but not a shortage.

Dr. Daniel Bryson, American Academy of Opthamology, AZ practice: CON.

- Absurd to claim there have been no problems with optometrists: 2 cases going to trial now in AZ.
- No such thing as an optometry school; blatantly untrue that their training is the same as medical school.

Dr. Mike Bennett, President Alaska Optometric Association: PRO.

- AK would fall somewhere in the middle (15th to 22nd) in permissiveness for optometrists' expanded duties – a long way from Oklahoma's lead.
- Optometrist schools have board accrediting very similar to med schools.
- National board tests are required to enter practice.
- Low malpractice premiums are the best measure of optometrists' track record.

COMMITTEE/DATE: (H) HES 3/31/07
Roll: Wilson, Roses, Seaton, Gardner, Fairclough, Neuman, Cissna
Action: Moved from committee.
Next Referral: (H) L&C
Amendments: 1 offered, failed.
Change in CS: -

Amendments/Changes:
#1 (conceptual, Roses): optometrist may not inject except for emergency treatment of anaphylaxis. **Amendment #1 failed** 3y (Seaton, Roses, Wilson) / 4n (Neuman, Gardner, Fairclough, Cissna).

Committee Discussion/Action:

Cissna recalled rural AK's higher costs, less access to care. Suggests small prescriptive authority allows providers to go further in prevention, requiring less need for advanced high-level specialist treatment, emergency travel to hubs with available care. **Roses** noted real need to recognize urban, rural, *and remote* Alaska.

Gardner notes high volume industry lobbying on HB 113, no public outcry, very little word from individuals, health providers outside Alaska's urban areas.

Roses offered conceptual amendment #1 striking optometrists' ability to inject except for emergency treatment of anaphylaxis. Amendment failed.

Seaton moved, HB **113 passed out of committee** on role call 5y (Seaton, Cissna, Gardner, Fairclough, Neuman) / 2n (Roses, Wilson) vote.

Testimony Summary:
Rep. Bill Thomas stressed rural Alaska's need for health care access. Supports HB 113.

Mike Bennett; President, Alaska Optometric Association, supports HB 113.
- optometrists are adequately trained to inject in allowable areas around eye.
- Malpractice charges against Alaska optometrists are rare.

Aaron Weingeist; American Academy of Opthamologists uncomfortable with HB113.
- Systemic medication prescription is rare among opthamologists; currently allowable topical meds usually sufficient. .5% of opthamologist visits produce oral med prescriptions.
- optometrist pharmaceutical training primarily is classroom based and extremely limited.
- to Roses: HB 113 would be "less objectionable" if injections are not allowed.

Paul Barney; Optometrist and Director, Pacific Cataract and Laser Institute supports HB 113.
- acknowledged optometrist/opthamologist professional turf battles

Robert Breffel; Opthamologist, anti-HB113.

COMMITTEE/DATE: (H) HES 3/20/07
Roll: Wilson, Roses, Seaton, Gardner, Fairclough, Neuman, Cissna
Action: heard and held.
Next Referral: --
Amendments: none.
Change in CS: See below.

Amendments/Changes:
CS version 25-LS0411K adopted before introduction:
- Allows up to 4 days' prescription of oral pharmaceuticals of all but schedule 1,2, or 6 drugs by if optometrists who: pass exam, complete 30 approved training course including 7 hours re: injections, have a physician/patient relationship, hold a DEA registration number.
- Allows injections into area surrounding eyeball and for treatment of anaphylaxis.
- Endorsement renewal required every 4 years. Requirements: 8 hours cont ed re: pharmaceutical use and prescription, 7 hours re: injections. Board of Optometrists currently requires more continuing education hours than bill.

Committee Discussion/Action:

Wilson related personal experience with professionals in all medical fields: some are good, some bad in any area of expertise.

Testimony Summary:

Rep. Ralph Samuels and aide **Sydney Morgan** introduced CS HB 113 version 25-LS0411K, intended to improve rural access to quality dental care. Alaska currently houses approximately 20 opthamologists in 6 communities, 109 optometrists in 85 communities. 45 states, D.C., and Guam allow optometrists to practice as HB 113 proposes.

Cindy Bradford; Opthamologist, American Academy of Opthamology.
Optometrists are inadequately trained to administer systemic medication; majority of eye complications are treated topically.

Lesley L. Walls; Optometrist and President, Southern California College of Optometry. Dually accreditated as optometrist, family physician.
Supports HB113. AK's optometrists well-qualified to perform HB113 allowable practices.

- to Roses: familiar with AK Board of Optometry's requirements – confident that professionals who meet requirements are suited to practice as bill allows.
- to Neuman: optometrists trained to confer with and use pharmacists as info resources.
- to Gardner, Fairclough: large range of prescriptive-specific authority in states where optometrists are allowed to prescribe systemic meds. Not sure how many allowed it at the level HB 113 proposes.

Mike Bennett; private practice Optometrist, Juneau.
Supports HB113. Medicare and other insurance providers recognize optometrists as physicians.

Bob Loescher; Juneau resident.
Opposes HB113. Individual with serious health issues. Stresses eye sensitivity, connection to other body systems. Supports erring on caution's side.

Jill Geering Mathieson; President, Board of Optometry.
Feels specific training and certification requirements should be detailed in regulation instead of statute, but stresses Board of Optometry has not taken a position on HB 113 and is confident adequate supporting regulations can be developed and supported.

4/18/07

OPPOSITION TO CSHB113

Attachments enclosed.

Sincerely,

Carl Rosen, M.D.
American Academy of Ophthalmology/Alaska Chapter
Anchorage, Alaska
907-276-1617

April 18, 2007

Dear Members of the House of Representatives,

As the American Academy of Ophthalmology/Alaska Chapter President I am writing this letter of opposition to cshb113 for four reasons.

Firstly, our patients and the citizens of Alaska place their trust in their doctors and in their elected officials to act in their best interest. To enact this far reaching bill would not be in the best interests of Alaskans. Medical school graduates have proven themselves and Ophthalmologists represent the best the American Medical System has to offer with regards to diagnosing and treating diseases of the visual system. To equate optometric training as equal to medical school and ophthalmology residency training would be like suggesting there is no difference between Major and Minor League Baseball. As a fellowship trained board certified ophthalmologist I have performed over 24,000 hours of supervised clinical training, with my final fellowship year as a one on one apprenticeship. At best an optometrist may perform 2000 clinical hours.

Secondly, this bill is massive in expanding optometric scope of practice. As a busy surgeon I have no use for pain medicines typically for more than 2-3 days, and I use a handful of oral antibiotics when needed and consult infectious disease specialists if atypical presentations arise. There is simply no need for an optometrist either in an urban or remote setting to have the ability to use the drugs listed in cshb113. In virtually all states where these privileges are given an Ophthalmologist must be consulted or supervise the optometrist.

Thirdly, injecting drugs around the eye can lead to hemorrhage given the vascular nature of the eyelids and orbital area and to direct injury to the eyeball. A seven hour course deemed satisfactory by the optometric board is very concerning, especially since residents are required to have three years of experience doing this procedure, and to patients who won't know or understand the training differences. In fact, when optometrists talk about injections they really are concerned with chalazions or styes that they want to inject with steroids. You should know that styes are treated first with warm compresses and time which cure well over 80%. Rarely have I injected a steroid into a chalazion and I am Alaska's only eyelid specialist.

Fourthly, there is simply no public outcry for this bill. The only advocates are the optometrists. With the implementation of telemedicine and digital technology we are getting better and better at diagnosing and treating patients using digital images and computer networks. This applies to the entire State of Alaska. In fact, Robert Arnold, MD a pediatric ophthalmologist has screened over 21,000 children looking for amblyopia or lazy eyes using this technology and continues to do so. David Chamberlain at Alaska Native Medical Center travels throughout the State to see patients as do most of the ophthalmologists who live in Alaska. For the past two years I have been working with Dr. Fred Pearce at the University of Alaska Anchorage on a first responder trauma

system whereby information gathered by EMT's is sent to physicians in the Emergency Room allowing for faster patient diagnoses and treatment. There are approximately 40 Ophthalmologists who are licensed to practice and currently do treat Alaskans and they visit approximately 35 communities. With telemedicine this number keeps growing and within the next 3 to 5 years I predict we will have the State wired and telemedicine centric for not only Ophthalmology consults but other medical specialties as well.

I urge you to vote against cshb113, it is simply not a good bill as written.

Sincerely,

Carl Rosen, MD
President

American Academy of Ophthalmology/Alaska Chapter
542 West Second Ave.
Anchorage, Alaska 99501
907-276-1617
Director of Orbital and Oculoplastic Surgery and Neuro-Ophthalmology
Ophthalmic Associates
Anchorage, Alaska

OF OPHTHALMOLOGY
The Eye M.D. Association

202-737-6662

American Academy of Ophthalmology
State Governmental Affairs
April 18, 2007

Review of Alaska State Board of Examiners in Optometry Letter dated April 10, 2007.

The Alaska State Board of Examiners in Optometry claims that this bill would allow optometrists to prescribe limited systemic drugs. In fact, compared to the optometric practice acts in 49 out of 50 states, this bill is not limited.

The Alaska State Board of Examiners in Optometry claims that similar legislation has been enacted in 45 states. In fact, similar legislation has not been enacted in 45 states. Virtually, every state has stricter limitations on the use of systemic medications.

The Alaska State Board of Examiners in Optometry claims that there are many new drug treatments every year. This is not a reason to expand the scope of practice of optometry. In fact, there are not many new drug treatments that are introduced every year in the specialty of ophthalmology. The standard of care in the treatment of eye disease evolves over time.

The Alaska State Board of Examiners in Optometry claims that optometrists are fully educated and competent to prescribe any drug for the treatment of the eye regardless of the route of administration. Fully competent suggests an equivalence with ophthalmology. Unlike ophthalmologists, optometrists do not go to medical school, complete a hospital residency, and complete a three year residency in ophthalmology. Optometric education does not include substantial clinical training in the prescribing of systemic medications.

The Alaska State Board of Examiners in Optometry cites a 2001 survey of optometric boards in other states that have enacted similar legislation, suggesting there have been no problems. In 2001, there were no states that had similar legislation. In fact today, there is only one state with a comparable statute.

The Alaska State Board of Examiners in Optometry claims that there are adequate safeguards in place to protect the public. Given that no one on the board prescribes these medications in the state of Alaska and that the board did not consult with the medical board on any education and training requirements that might be needed, a claim about protecting the public cannot be made with authority or confidence by the state optometry board.

The Alaska State Board of Examiners in Optometry states that this bill would improve access to quality eye care and reduce costs. In fact, this bill would only create two tiers in access to quality eye care. Given the fact that many patients with serious eye disease requiring systemic drugs will obtain a second opinion and that delayed, appropriate treatment by an ophthalmologist may result in additional costs to the patient and lost work time for the patient, this bill would not reduce costs. Moreover, federal law requires ophthalmologists and optometrists to be reimbursed at the same rate for the services they provide to Medicare patients, regardless of any differential in education and training. Private payors generally follow the same fee schedule and use similar reimbursement practices.

OF OPHTHALMOLOGY
The Eye M.D. Association

April 18, 2007

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Alaska State Legislature
House of Representatives
State Capitol
Juneau, AK 99801

Dear Representative:

I am writing to ask you to oppose CSHB 113, a bill that would give optometrists the authority to prescribe oral and injectable drugs. Although the bill language has changed since introduction, the current language does not improve the quality of eye healthcare available to Alaska citizens. Indeed, enactment of this legislation would result in a decline of both the short and long-term quality of eye care available to Alaska citizens

The CSHB 113 "blank check" authorization of oral medications (antivirals, antifungals, antihistamines, antimetabolites, steroids, antibiotics, and oral anti-glaucoma drugs) will result in increased potential patient risks. In addition to the oral systemic drugs authorized in CSHB 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.

Optometry did not seek the approval of or even consult with the Alaska State Medical Board, any medical schools, or any ophthalmology residency program regarding the education and clinical training necessary to competently prescribe and administer the drugs authorized in CSHB 113. 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 students 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.

This legislation is not of front of you 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 CSHB 113.

Sincerely,

C P Wilkinson

C.P. Wilkinson, MD
President

Cc: Alaska House of Representatives

STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

Sarah Palin, Governor
Emil Notti, Commissioner
Rich Urion, Director

ALASKA STATE MEDICAL BOARD

RESOLUTION OF THE ALASKA STATE MEDICAL BOARD

Title: An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists

WHEREAS, the Alaska State Legislature is considering CSHB 113, a bill that would give optometrists licensed in the State of Alaska the authority to prescribe oral and injectable medications; and

WHEREAS, a degree from a college of optometry school is not a substitute for four years of medical school, a hospital residency, and three years of ophthalmology residency training; and

WHEREAS, optometrists do not have the clinical experience to safely administer injections and prescribe oral medications; and

WHEREAS, CSHB 113 may result in increased potential patient risks; and

WHEREAS, CSHB 113 would not improve the quality of eye healthcare available to the citizens of Alaska.

NOW THEREFORE BE IT RESOLVED, the Alaska State Medical Board opposed CSHB 113 because the board believes that this legislation would endanger patients.

David Head MD

David M. Head, MD, Chair
Alaska State Medical Board

12 April 2007

550 West Seventh Avenue - Suite 1500, Anchorage, AK 99501-3567
Telephone: (907) 269-8163 Fax: (907) 269-8196 Website: www.commerce.state.ak.us/occ/pmed.htm

Alaska Native Brotherhood Camp 2

Resolution No: 001-07

Resolution in Opposition to CSHB113

Whereas the Alaska Native Brotherhood Camp 2 (A.N.B. Camp 2) of Juneau is a Native membership organization; and,

Whereas the A.N.B. Camp 2 represents and advocates for Tribal members in the Greater City and Borough of Juneau, Alaska; and,

Whereas, the A. N.B. Camp 2 is an institution that protects and promotes the best interest in health, education and welfare, and other social concerns of its membership; and,

Whereas the A. N. B. Camp 2 has members from rural Alaska and the urban communities of Alaska; and,

Whereas, the A. N. B. Camp 2 has advocated that people of Alaska continue to receive quality health care, including eye health; and,

Whereas, A.N.B. Camp 2 has opposed legislation in the past similar to CSHB 113, now being considered in the Legislature.

Now, Therefore be it resolved, by the A.N.B. Camp2 finds that CSHB 113 is contrary to the core of health services that its citizens would receive under the proposed legislation; and,

Be it further resolved that A.N.B. Camp 2 opposes the passage of CSHB 113.

President: _____ Date: 4-12-07

Andrew Ebona, President

Secretary: _____ Date: 4/12/07

Sueann Williams

320 W. Willoughby Suite 100* Juneau, Alaska 99801* 907-586-2044* Fax: 586-3301
Email: anbjnu2@ak.net

Tlingit and Haida Indians of the City and Borough of Juneau
P.O. Box 020770
Juneau AK 99802
A T&H Community of the Central Council of Tlingit and Haida Indian Tribes of Alaska

April 17, 2007

To Whom it May Concern:

Attached is a Resolution entitled: An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists.

This resolution was passed at our Regular Council Meeting held on April 12, 2007 and will forwarded by the Community Council to the Tlingit & Haida Indian Tribes of Alaska General Assembly to be held in Wrangell April 18, 2007 through April 21, 2007. The Council Secretary is on travel status to Wrangell and not available to sign the resolution but we thought it important to forward the adopted resolution to the Alaska State Legislature to show our position on CS4 HB 113.

If there are any questions please feel free to call Alberta Aspen, Administrator at 463-5680.

Sincerely,

James Jack, Sr.
President

OFFICE: 907.463-5680 **FAX: 907.463-3061**
TRIBAL ADMINISTRATOR jthactadm@gci.net BOOKKEEPER jthacct@gci.net HOUSING jthhousing@gci.net SECRETARY jthadmin@gci.net

CENTRAL COUNCIL OF TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA
Seventy-Second Annual General Assembly
April 18-21, 2007

Resolution GA/ 07-___

Title: An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists

By: Tlingit and Haidas of the City & Borough of Juneau

WHEREAS, Central Council of Tlingit and Haida Indian Tribes of Alaska (Central Council) is a federally recognized tribe of more than 26,000 tribal citizens; and

WHEREAS, the Alaska State Legislature has been considering proposed changes to law that would enable optometrists to use oral and injectable drugs; and

WHEREAS, 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; and

WHEREAS, 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; and

WHEREAS, very little citizen input to protect the safety and health of Alaskan citizens has been presented to law makers; and

WHEREAS, 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; and

WHEREAS, 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.

Central Council of Tlingit and Haida Indian Tribes of Alaska (Central Council) is a federally recognized tribe of more than 26,000 tribal citizens; and

NOW THEREFORE BE IT RESOLVED, that the Seventy-Second General Assembly of Central Council of Tlingit and Haida Indian Tribes of Alaska convened in Wrangell, Alaska on April 18-21, 2007, hereby opposes CS for HB 113, An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists; and

BE IT FURTHER RESOLVED, it is believed that CSHB 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 CSHB 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; and

BE IT FURTHER RESOLVED, that it is believed 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; and

BE IT FINALLY RESOLVED, that the Alaska State Legislature 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.

ADOPTED this _____ day of April 2007, by the Seventy-Second General Assembly of Central Council of Tlingit and Haida Indian Tribes of Alaska.

CERTIFY

_____
President Edward K. Thomas

ATTEST

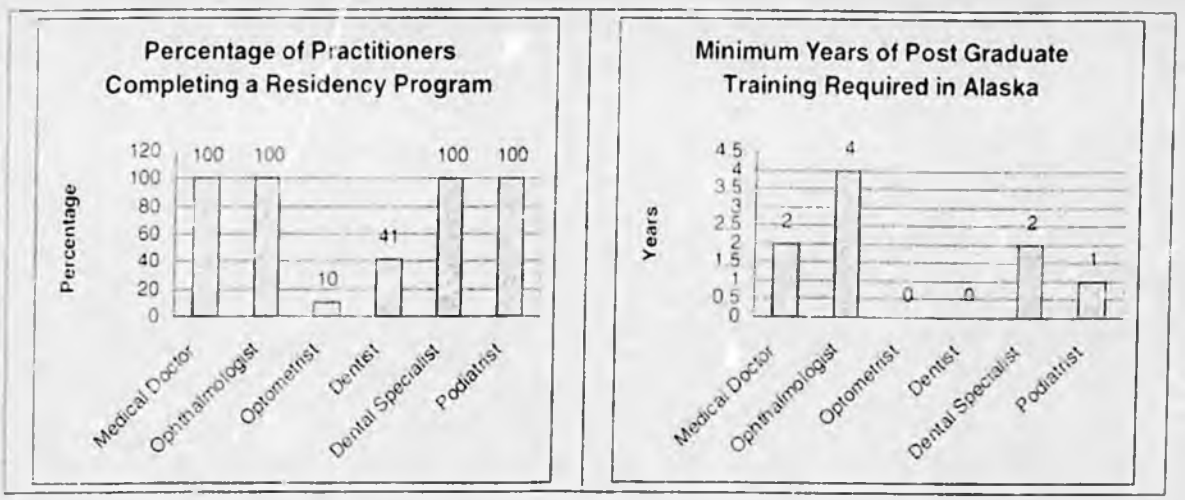
_____
Tribal Secretary William E. Martin

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 and dentists. However amongst the many significant differences between optometrists and these other professions is post-graduate training.

Since we are discussing eyes - not feet or teeth, the 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 state medical board, any medical schools, or any ophthalmology residency program, have devised a unique method to learn to prescribe systemic medications with just enough fragments and bits of knowledge to not harm patients in this state. 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 this state, podiatrists must complete a one-year podiatric surgical residency program. To be licensed as a dental specialist, 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, the completion of a residency is not required as a part of any optometry school program and is not a requirement to be licensed in this state.



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. **Moreover, optometric *residencies are not required in Alaska or elsewhere by law or by professional standard.*** http://www.opted.org/teampublish/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/Assocreptjune01.pdf

Dental Specialists
Completion of a two year post graduate program is a prerequisite 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

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

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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

md_od.doc

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

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April 3, 2007

Chair Kurt Olson
House Labor & Commerce Committee
State Capitol
Juneau, AK 99801 **Re: CSHB 113**

Dear Representative Olson:

In the interest of patients, optometrists should communicate with medical doctors over circumstances requiring systemic medications. In the event of an ocular manifestation of a potentially systemic disease, the Alaskan optometrist should confer with local ophthalmologists. In the extremely unlikely event of an anaphylactic reaction in the optometrist's office, emergency services or local family medical doctors should be called.

Since 1989, I have practiced with some fine optometrists as collegial partners with subspecialty ophthalmologists. Their experience has been gleaned by decades of optometric practice adjacent to ophthalmic practice. There are optometrists, when covering cases that might benefit from systemic medications, easily contact ophthalmologists in or out of our practice, or directly with other medical physicians. They also clearly recognize that their individual familiarity with medical conditions has been mainly influenced by the years of adjacent practice with ophthalmologists rather than from their training in optometry school. I recommend we keep things as they are in Alaska and oppose HB 113, if the system is not broken, why meddle, especially when it comes to patient care.

The following information is written to clear up some misinformation expressed by several optometrists that occurred in House HESS, regarding the extent to which Alaskan ophthalmologists interact with rural patients.

After graduating from UAF in 1980, I trained at Yale Medical School and did an Internship and ophthalmology residency at the Mayo Clinic in Rochester, Minnesota. After completing an additional year of subspecialty training in pediatric ophthalmology in Indiana, I returned to Alaska to start a practice with Ophthalmic Associates. I have since conducted ongoing subspecialty clinics in Cordova, Homer, Kodiak, Wasilla, Bethel, Galena and the Koyukon region as well as a surgical practice in Anchorage covering both private hospitals, ANMC and Elmendorf. I have mentored a dozen premedical students one of the first of which is now Dr. Griff Steiner. At the request of Alaskan optometrists, I have offered education to many of them and to optometrist interns. Over arrange of experiences and skills, it is best for Alaskan eye patients, young and old, to have collegial communication between optometrists, local physicians and with general and subspecialty ophthalmologists who continuously cover the urgent and emergent cases.
The most common cause of vision impairment in children is Amblyopia; this disease can potentially be eliminated through early consistent screening and persistent,

Alaska Blind Child Discovery (ABCD)
542 West Second Avenue, Anchorage, Alaska 99501-2242
(800)270-1617 • (907)276-1617 • fax 278-1705 • abcd-vision.org

accurate treatment. As a result, I have devoted over a decade and over $300,000 to a cooperative, charitable vision screening program called the Alaska Blind Child Discovery (ABCD; w ww.abcd-vision.org). As you may know, the single most expensive component of the Alaska Medicaid travel budget has been for follow-up exams and glasses for children who are referred by non-specific wall-chart acuity screening. ABCD instead offers much more valid, and cost-effective objective screening to over 21,000 children through out the state. Ketchikan to Adak, from Kodiak to Barrow. No insurance or Medicaid yet pays for this new enhanced vision screening. The ABCD program carefully interprets objective screening results and recommends that referred children get a carefully defined Confirmatory Exam from the "nearest convenient eye doctor." ABCD then coordinates follow up over the years referred children are treated. ABCD has demonstrated a significant reduction in Alaskan amblyopia vision impairment cost-effectively.

This is one example of the extent to which ophthalmologists in Alaska are offering rural eye care. Please review our experiences offering this state-of-the-art pediatric vision screening free of charge to Alaskans at the State Fair(1), in the Koyukon region(2, 3), and state-wide(4-7).

Sincerely Yours,

Robert W. Arnold

Robert W. Arnold, M.D.

Cc: House Labor & Commerce Committee

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7. Leman R, Clausen MM, Bates J, Stark L, Arnold KK, Arnold RW. A comparison of patched HOTV visual acuity and photoscreening. J Sch Nurs 2006;22(4):237-43.

Alaska Blind Child Discovery (ABCD)
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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 uniformed 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

April 16, 2007

Honorable Representative John Coghill
State House of Representatives
Alaska State Legislature
State Capitol, Rm 214
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 Coghill:

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

ouse of Representatives
te of Alaska
abor and Commerce Committee

April 5, 2007

Re: cshb113

ar Representatives,

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

B 113 would also give Optometrists the authority to use intravenous medications and perform ocedures such as intravenous fluorescein angiography in the office This procedure entails merous risks including: extravasation of the dye with skin necrosis, allergic reaction, aphylaxis and death. In our office we keep a "crash cart" with all the medications and supplies cessary to treat an anaphylactic reaction, in the room where the procedure is performed. The atment of anaphylaxis entails the use of medications and may require full resuscitation with ubation of the patient, placement of central venous access and treatment of cardiac arrhythmias d cardiovascular collapse. In spite of proper treatment, several people die in the United States ch year as a result of anaphylaxis related to the use of intravenous fluorescein angiography.

s an Ophthalmic surgeon, I have completed four years of college, four years of medical school, e year of internship, three years of surgical residency, and one year of subspecialty fellowship ining This experience qualifies me to use intravenous medications and perform ocular ections This experience qualifies me to treat the complications of the use of intravenous dications and ocular injections. Optometrists do not have the education or experience to use ch medications Optometrists do not have the education or experience to treat the complications ated to the use of such medications. This bill is a danger to the residents of Alaska.

ase vote against HB 113.

ncerely,

Scott A. Limstrom

ott A. Limstrom, M.D.

ALASKA RETINAL CONSULTANTS
David E. Swanson, M.D.
Scott A. Limstrom, M.D.
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Anchorage, Alaska 99508
Telephone: (907) 561-1530
Facsimile: (907) 561-2611

HESS Committee
State Capitol
Juneau, AK 99801

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. Steinemann MD (4th generation Alaskan and Stanford graduate)
Ophthalmologist subspecializing in Cornea/External disease.
542 W. 2nd Ave.
Anchorage, AK 99501
bngriff@gci.net
907-276-1617 main office
907-264-2643 back line at office
907-350-4232 cell

cc: HESS Committee Members

March 18, 2007

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

Dear Representative Wilson:

I am an Alaskan ophthalmologist and I strongly urge you to oppose HB 113. This bill would allow optometrists to prescribe oral medications to patients. This bill is touted as a convenience for patients, claiming that optometrists have the training and experience to prescribe narcotics, steroids, and all other classes of potentially lethal medicine to patients with eye conditions.

I believe that optometrists are often helpful in screening patients for eye disease and systemic problems. **But it would be very dangerous to allow the unsupervised "practice of medicine" by anyone who has no medical training**. Please understand that I have completed 11 years of intensive medical training since college, as compared to 4 years of optometry school. I became "board certified" by the Academy of Ophthalmology after two more years of work/study. I complete over 25 hours of accredited "continuing education" every year to maintain my medical license under the jurisdiction of the Alaska Medical Board.

As far as patient convenience, I have never turned down a patient or optometrist request for a same-day exam, usually with less than one hour waiting time. For routine exams, my "next available" appointment is only 2 weeks or so away. I work very hard to protect patients and to see them within a reasonable time period.

Perhaps like you, I grow weary of the annual "turf battles" that occur in state legislatures across the country. If optometrists want to be medical doctors (physicians) or even surgeons, there are plenty of openings in medical schools for qualified applicants.

Please reject this dangerous bill, this year and in the future.

Sincerely,

Evan Wolf

Evan Wolf, MD, PhD

Valley Eye Associates, PC
935 E Westpoint Drive
Wasilla, AK 99654

CC: Legislative members of the House HESS Committee

UNIVERSITY EYE SPECIALISTS

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Steven 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 told the members that optometrists provide 70 percent of the eye care in the U.S. Considering that there are many professionals treating eye conditions today including PAs, nurse practitioners, physicians, and eye surgeons, that is a large 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.

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.

Rich Kirkness

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April 27, 2000

Governor Tony Knowles
State of Alaska
Juneau AK 99811

In response to your request for an opinion, the State Medical Board, at its April 27, 2000, meeting unanimously voted to oppose the enactment of Senate Bill 78.

Although this legislation may have been passed by the House and Senate in an effort to improve patient access to care, the board believes that the potential for harm to Alaskans from optometrists prescribing and administering non-topical medications greatly exceeds the benefits. Optometrists do not have the clinical experience to safely administer eye injections, intravenous and intramuscular injections, and oral medications, including some narcotics. Reading about the effect and side effects of medications or attending seminars, does not prepare an optometrist for complications related to patients' other medical problems and chronic medications. The board's charge is to protect Alaskan patients; we believe that this legislation would endanger patients.

Sarah A. Isto, MD, Chair
Alaska State Medical Board

Tony Knowles, Governor

Alaska Department of Community and Economic Development

Division of Occupational Licensing
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ALASKA STATE MEDICAL BOARD **Telephone: 907/269-8163 ◆ Fax: 907/269-8196**

March 18, 2002

Barbara Gabier, Program Coordinator
Division of Occupational Licensing

MAIL BALLOT ON CSHB 215

Ms. Gabier, following is a compilation of the results of a mail ballot survey distributed to the medical board soliciting their opinions on CSHB 215. All eight board members have now responded to the mail ballot.

	QUESTION	VOTE
1	What should the position of the state Medical Board be regarding CSHB 215?	7 Opposed 1 Supports
2	Do you believe CSHB 215 creates increased risk to patients?	6 Yes 2 No
3	Do you believe CSHB 215 would increase access to needed health care?	2 Yes 6 No
4	Do you believe the bill should be amended to reduce the maximum length or prescriptions for systemic analgesic agent from seven days to 72 hours?	5 Yes 2 No 1 Not applicable*
5	If you oppose CSHB 215, would reduction of the length of the prescription remove your opposition to the legislation?	1 Yes 6 No (1 did not vote**)
6	Do you believe the training requirements in CSHB 215 are adequate?	3 Yes 5 No

ISSUE FOR CONSIDERATION: CSHB 215 Optometrists Prescribing Authority

Following this page is the complete text of CSHB 215 that makes changes to optometrists prescribing authority. You are being asked to provide your recommendations on this bill. Please vote and return your ballot to me as soon as possible. Please fax your completed ballots to me at 907/269-8196. Thank you for your continuing efforts in this matter.

Central Council
Tlingit and Haida
Indian Tribes of Alaska

CENTRAL COUNCIL
TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA
ANDREW P. HOPE BUILDING
320 West Willoughby Avenue • Suite 300
Juneau, Alaska 99801-9983

April 26, 2007

Senator Bettye Davis
Chairman, Senate Labor
& Commerce Committee
Alaska State Senate
State Capital, Room 30
Juneau AK 99801-1182

Re: GA Resolution 07-16 "Opposition to CS HB 113, An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists"

Dear Senator Davis,

The Central Council of the Tlingit & Haida Indians of Alaska, a federally recognized tribal government, met in Wrangell Alaska last week. Please find attached a resolution adopted by the community delegates who reside in communities throughout Southeastern Alaska and Anchorage.

We would appreciate you sharing this resolution with committee members and if you would include it in the record of your committee.

Thank you.

Sincerely,

William E. Martin
President

Enclosure

Central Council
Tlingit and Haida
Indian Tribes of Alaska

CENTRAL COUNCIL
tlingit and haida indian tribes of alaska
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CENTRAL COUNCIL OF TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA
Seventy-Second Annual General Assembly
April 18-21, 2007

Resolution GA/ 07-16

Title: **An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists**

By: Tlingit and Haida's of the City & Borough of Juneau

WHEREAS, Central Council of Tlingit and Haida Indian Tribes of Alaska (Central Council) is a federally recognized tribe of more than 26,000 tribal citizens; and

WHEREAS, the Alaska State Legislature has been considering proposed changes to law that would enable optometrists to use oral and injectable drugs; and

WHEREAS, 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; and

WHEREAS, 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; and

WHEREAS, very little citizen input to protect the safety and health of Alaskan citizens has been presented to law makers; and

WHEREAS, eye care is related to total body health and the risk of the loss of eyesight is major 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; and

WHEREAS, 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.

NOW THEREFORE BE IT RESOLVED, that the Seventy-Second General Assembly of Central Council of Tlingit and Haida Indian Tribes of Alaska convened in Wrangell, Alaska on April 18-21, 2007, hereby opposes CS for HB 113, An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists; and

BE IT FURTHER RESOLVED, it is believed that CSHB 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 CSHB 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; and

BE IT FURTHER RESOLVED, that it is believed 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; and

BE IT FINALLY RESOLVED, that the Alaska State Legislature 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.

ADOPTED this 21st day of April 2007, by the Seventy-Second General Assembly of Central Council of Tlingit and Haida Indian Tribes of Alaska.

CERTIFY

President William E. Martin

ATTEST

Tribal Secretary Dana Leask Ruaro