

AK LEGISLATURE FINANCE COMMITTEES FILES 2007-2008 3191 73

HB

1 1 1

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

DATE: 5/8/07

FURTHER:

DATE TURNED
IN TO OFFICE: _____

Finance Committee considered CS FOR HOUSE BILL NO. 111(FIN)

HB 111 BUSINESS LICENSE FEE

"An Act decreasing the fee for a business license; relating to a civil fine for not having a current business license, to business license penalties under certain laws relating to financial institutions, occupational licensing, employment agencies, and taxation, and to the duration of certain business licenses; and providing for an effective date."

and recommends:

- be replaced with SCS or CS HB 111 (Fin)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____



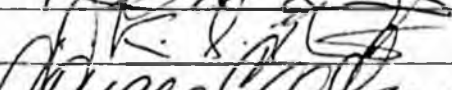
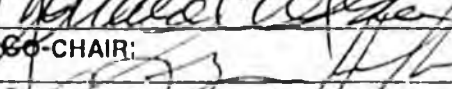


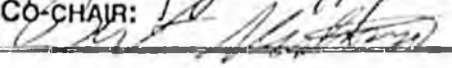
NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
CED	7/7/08	✓			
CED	4/7/10	✓			

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	THOMAS	✓			
	JASON	✓			
	HUNGARIS			✓	
	ELITA	✓			
	OLSON			✓	
CO-CHAIR: 		✓			
CO-CHAIR: 	SPERMAN			✓	

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: CSHB 111(FIN)
() Publish Date: _____

Identifier (file name): HB111CS(FIN)-CED-OL-04-08-08 Dept Affected: DCCED
Title: Business License Fee RDU: Corp, Bus & Prof Licensing (117)
Component: Corp, Bus & Prof Licensing
Sponsor: Rules By Request of Governor
Requester: Senate Finance Component Number: 2360

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	Appropriation Required	Information					
	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
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	0.0
CAPITAL EXPENDITURES							
CHANGE IN REVENUES (1175)	(3,341.0)	0.0	(3,185.0)	(3,185.0)	(3,185.0)	(3,185.0)	(3,185.0)

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1001 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
1175 Business License & Corp							
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: 0.0

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

This legislation reduces the Business License fee from \$100 to a cost of \$50 per year (\$100 per biennium) with an effective date of October 1, 2008.

Reducing the business licensing fee to \$50 per year will not create a shortfall in the operations budget of the Division of Corporations, Business and Professional Licensing because revenues of the division are expected to cover operating and capital expenses reflected in the FY 09 budget. Revenue losses in subsequent years are based on the amount of the FY 09 budget and are not adjusted for inflation.

Prepared by: Chris Wyatt, Administrative Officer Phone: (907) 465-2572
Division: Corporations, Business and Professional Licensing Date/Time: 4/7/08 8:26 PM
Approved by: Emil R. Notti, Commissioner Date: 4/7/2008
Agency: Commerce, Community, and Economic Development

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

BILL NO. CSHB 111(FIN)

ANALYSIS CONTINUATION

This legislation has an effective date of October 1, 2008. The Division anticipates making partial refunds to those who had licenses expiring December 31, 2007 and renewed for 2 years with a new expiration date of December 31, 2009. Based on a renewal projection for those licenses with applications that were already processed, 18,920 licenses may be renewed for 2 years. A \$50 refund would cost an estimated \$946.0.

Revenue Impact: The department estimates an overall reduction of business license revenue of \$3,341.0 in FY2009 (\$2,395.0 as a result of lower license fees prorated for the last nine months of the fiscal year and \$946.0 in refunds to those who had licenses expiring December 31, 2007 and renewed for 2 years with a new expiration date of December 31, 2009.) We estimate a reduction of business license revenue of \$3,185.0 in the remaining fiscal years.

The estimated business license revenue decrease in subsequent years is projected using a 3 year average of licenses and revenue from 2005, 2006, and 2007 less the amount of business license fee revenues (based on a 50% reduction in the annual average amount of revenue estimated to be generated.)

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: CSHB 111(FIN)
() Publish Date: _____

Identifier (file name): HB111CS(FIN)-CED-CRA-04-07-08 Dept. Affected: Commerce
Title Business License Fee RDU Comm Assist & Ec Dev (405)
Component Community & Regional Affairs
Sponsor Rules by Request of Governor
Requester Senate Finance Component Number 2743

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
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	0.0	0.0
CAPITAL EXPENDITURES								
CHANGE IN REVENUES (1175)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF	3,121.1		3,185.0	3,185.0	3,185.0	3,185.0	3,185.0	
1005 GF/Program Receipts								
1037 GF/Mental Health								
1175 Business License & Corp	(3,121.1)		(3,185.0)	(3,185.0)	(3,185.0)	(3,185.0)	(3,185.0)	
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

Estimate of any current year (FY2008) cost: 0.0

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

This legislation would reduce the business license fee from \$100 to a cost of \$50 per year (\$100 per biennium) with an effective date of October 1, 2008.

The Division of Community & Regional Affairs operating expenses are partially funded with business license fees. This legislation would reduce the amount of business license revenue beginning in FY2009 and general funds would be needed to replace business licensing revenue as a result of the reduction in business licensing fees.

Prepared by: Tara Jollie, Director Phone (907)269-8100
Division Office of Economic Development Date/Time 4/7/08 7:44 PM
Approved by: Emil R. Notti, Commissioner Date 4/7/2008
Commerce, Community, and Economic Development

Adopted

Amended
pg 2

25-GH1065K.2
Bannister
4/12/08

AMENDMENT #1

OFFERED IN THE SENATE
TO: CSHB 111(FIN)

BY SENATOR STEDMAN
Hoffman

1 Page 3, lines 4 - 10:

2 Delete "[, EXCEPT THAT THE FEE IS \$50 IF

3 (1) THE BUSINESS IS A SOLE PROPRIETORSHIP; AND

4 (2) THE SOLE PROPRIETOR IS 65 YEARS OF AGE OR OLDER
5 WHEN THE SOLE PROPRIETOR APPLIES FOR THE LICENSE OR WILL
6 REACH 65 YEARS OF AGE AT ANY TIME DURING THE YEAR FOR WHICH
7 THE LICENSE IS ISSUED]"

8 Insert ", except that the fee is \$25 [\$50] if

9 (1) the business is a sole proprietorship; and

10 (2) the sole proprietor is 65 years of age or older when the sole
11 proprietor applies for the license or will reach 65 years of age at any time during the
12 year for which the license is issued"

13

14 Page 3, line 14:

15 Delete "2008"

16 Insert "2009"

17

18 Page 3, line 15:

19 Delete "2008 and 2009"

20 Insert "2009 and 2010"

21

22 Page 3, line 16:

23 Delete "2008"

1 Insert "2009"

2

Delete

3 [Page 3, line 17, following "\$200":

4 Insert ", and a person who is required under AS 43.70.030, as that section exists before
5 October 1, 2009, to pay \$50 a year for the license may pay \$75 for a two-year license instead
6 of \$100"]

7

8 Page 3, line 18:

9 Delete "2008"

10 Insert "2009"

Amended on
Page 3

25-GH1065VK

CS FOR HOUSE BILL NO. 111(FIN)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY THE HOUSE FINANCE COMMITTEE

Offered: 5/5/07

Referred: Rules

Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

A BILL

FOR AN ACT ENTITLED

1 "An Act decreasing the fee for a business license; relating to a civil fine for not having a
2 current business license, to business license penalties under certain provisions relating to
3 financial institutions, occupational licensing, employment agencies, and taxation, and to
4 the duration of certain business licenses; and providing for an effective date."

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

6 * Section 1. AS 06.01.035 is amended by adding a new subsection to read:

7 (j) Notwithstanding the other provisions of this section, the failure to have a
8 business license issued under AS 43.70.020 as required by AS 06.50.020(a) is not a
9 violation for the purposes of (a) and (e) - (g) of this section.

10 * Sec. 2. AS 08.01.102 is amended to read:

11 Sec. 08.01.102. Citation for unlicensed practice or activity. The department
12 may issue a citation for a violation of a license requirement under this chapter, except
13 a requirement to have a license under [OR] AS 43.70, if there is probable cause to
14 believe a person has practiced a profession or engaged in business for which a license

1 is required without holding the license. Each day a violation continues after a citation
2 for the violation has been issued constitutes a separate violation.

3 * Sec. 3. AS 16.40.290(a) is amended to read:

4 (a) Except as provided in (b) and (c) of this section, a person who knowingly
5 violates AS 16.40.260 - 16.40.299 or a regulation adopted under AS 16.40.260 -
6 16.40.299 is guilty of a class A misdemeanor. However, this subsection does not
7 apply to the failure to hold a current business license under AS 16.40.260(a)(1) as
8 required under AS 43.70.

9 * Sec. 4. AS 23.15.510 is amended to read:

10 Sec. 23.15.510. Violations. A person who wilfully violates any provision of
11 AS 23.15.330 - 23.15.520 is guilty of a misdemeanor, and upon conviction is
12 punishable by a fine of not more than \$1,000, or by imprisonment for not more than
13 six months, or by both. However, this section does not apply to the violation of the
14 requirement under AS 23.15.390 to comply with AS 43.70.

15 * Sec. 5. AS 43.05.290(h) is amended to read:

16 (h) A person engaging in or attempting to engage in a business, trade,
17 profession, or occupation for which a license is required under this title, who wilfully
18 fails to obtain the license, is guilty of a misdemeanor [,] and, upon conviction, is
19 punishable by a fine of not more than \$2,000, or by imprisonment for not more than
20 six months, or by both. This subsection does not apply to a violation of
21 AS 43.70.020.

22 * Sec. 6. AS 43.70.020(d) is amended to read:

23 (d) A person engaging in a business subject to licensing provisions of a
24 regulatory nature (for example, the requirement of posting a bond before beginning
25 business as a collection agency) must, in addition to filing the regular application
26 required by this section, comply with those regulatory provisions before being entitled
27 to a license under this chapter. The department may establish that a license that is
28 issued under this section expires at the same time as a license, certificate, permit,
29 registration, or similar document issued under AS 08.

30 * Sec. 7. AS 43.70.020 is amended by adding a new subsection to read:

31 (e) If a person knowingly engages in a business in the state without having a

1 current license issued under (a) of this section, the department may impose a civil fine
2 of up to \$300. In this subsection, "knowingly" has the meaning given in AS 11 81.900.

3 * Sec. 8. AS 43.70.030(a) is amended to read:

4 (a) The fee for each business license is \$50 a [\$100 PER] year [. EXCEPT
5 THAT THE FEE IS \$50 IF

6 (1) THE BUSINESS IS A SOLE PROPRIETORSHIP; AND

7 (2) THE SOLE PROPRIETOR IS 65 YEARS OF AGE OR OLDER
8 WHEN THE SOLE PROPRIETOR APPLIES FOR THE LICENSE OR WILL
9 REACH 65 YEARS OF AGE AT ANY TIME DURING THE YEAR FOR WHICH
10 THE LICENSE IS ISSUED].

11 * Sec. 9. The uncodified law of the State of Alaska is amended by adding a new section to
12 read:

13 TRANSITION: FEE. If a license issued under AS 43.70.020(a) is scheduled to expire
14 on January 1, 2008, and if the person to whom the license was issued wants to obtain a license
15 under AS 43.70.020(a) that lasts for the two years of 2008 and 2009, a person who is required
16 under AS 43.70.030, as that section exists before October 1, 2008, to pay \$100 a year for the
17 license may pay \$150 for a two-year license instead of \$200.

18 * Sec. 10. This Act takes effect October 1, 2008.

Deleted

Adopted

Amended
Pg 2

25-GH1065K.2
Bannister
4/12/08

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25-GH1065\K

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IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY THE HOUSE FINANCE COMMITTEE

Offered: 5/5/07

Referred: Rules

Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

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17 license may pay \$150 for a two-year license instead of \$200.

18 * Sec. 10. This Act takes effect October 1, 2008.

Deleted



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Office of the Commissioner

Sarah Palin, Governor
Emil Notti, Commissioner

April 8, 2008

The Honorable Bert Stedman
Co-Chair, Senate Finance Committee
Alaska State Legislature
State Capitol, Room 516
Juneau, AK 99801-1182

The Honorable Lyman Hoffman
Co-Chair, Senate Finance Committee
Alaska State Legislature
State Capitol, Room 518
Juneau, AK 99801-1182

Dear Senator Stedman and Senator Hoffman:

Re: Hearing Request for CSHB 111(FIN)

I respectfully request a hearing for CSHB 111(FIN) entitled "An Act decreasing the fee for a business license; relating to a civil fine for not having a current business license, to business license penalties under certain laws relating to financial institutions, occupational licensing, employment agencies, and taxation, and to the duration of certain business licenses; and providing for an effective date."


This legislation reduces the current business license fee from the \$100 annual fee to \$50 annually. The bill has been heard in the House of Representatives, and the House changed the original proposal, which was a \$25 annual business license fee.

The Department has prepared new fiscal notes to reflect both new salary levels for staff and the loss of carry forward revenue in FY 09 as contained in most recent version of the operating budget. Fiscal notes are no longer needed for the Office of the Governor and the Office of Economic Development.

An effective date of October 1, 2008 means the department would offer partial refunds to those who purchased a two-year license renewal and request a refund.

Thank you for your consideration of this request.

Sincerely,


Emil R. Notti
Commissioner

Enclosures (2)

NFIB
 The Voice of Small Business.

SUPPORT

RECEIVED
 JAN 17 2008

Business License Fee Reduction

**Contact Members of the Senate Finance Committee
 Ask them to pass HB 111
 To reduce Business License Fee to amount needed to operate the program**

The Finance Committee is reluctant to move this legislation saying they have not heard from individual businesses that this is an issue they want resolved. It is time to correct their erroneous notion!

In 2003 the state doubled the Business License Fee from \$50.00 to \$100.00 per year. The purpose was stated a need to increase state revenues. With today's state revenues substantially exceeding, the reason for the increase is gone. Most of the increased revenue is used to support Division of Community Advocacy in the Department of Commerce, Community, and Economic Development, which has no connection to business activities.

CURRENTLY:

- The current fee exceeds the cost of the operation of the licensing activity
- Most of the increased revenue is used to support Division of Community Advocacy in the Department of Commerce, Community, and Economic Development, which has no connection to business activities.
- The state should return to the policy that licensing fees should be set to fund the licensing activities of the programs, not support unrelated state programs.

PLEASE CONTACT THE FOLLOWING: Senate Committee Finance Member

CO-CHAIR Senator Lyman Hotbman 907-465-4453 or 907-463-4453 Fax 907-465-4523 Senator_Lyman_Hotbman@legis.state.ak.us	CO-CHAIR Senator Bert Stedman 907-465-3873 or 877-463-3873 Fax 907-465-3922 Senator_Bert_Stedman@legis.state.ak.us	Senator Charlie Huggins 907-465-3278 or 800-862-3878 Fax 907-465-3263 Senator_Charlie_Huggins@legis.state.ak.us
Senator Donald Olson 907-465-3707 Fax 907-465-4821 Senator_Donald_Olson@legis.state.ak.us	Senator Fred Dwyer 907-465-2199 or 800-342-2199 Fax 907-465-4557 Senator_Fred_Dwyer@legis.state.ak.us	Senator Joe Thomas 907-465-2327 Fax 907-465-5241 Senator_Joe_Thomas@legis.state.ak.us
	Senator Kim Ellison 907-465-4947 Fax 907-465-2103 Senator_Kim_Ellison@legis.state.ak.us	

If you have any further questions please contact our office listed below

NFIB/Alaska – Office of Stacy Jenkins – 4160 6th Ave. S.E., Suite 201 - Lacey, WA 98503
 Phone Toll Free (866) 307-2846 – Fax Toll Free (866) 540-8948 or website: www.NFIB.com/AK

If you would prefer that NFIB not contact you via fax, please contact NFIB –
 by fanning your request to have your fax number removed from the NFIB database to 1-800-498-7365.

Dibble Creek Rock Ltd.

34481 North Fork Rd.
Anchor Point, AK 99556
Ph: (907) 235-7126
Fax: (907) 235-0682

RECEIVED

JAN 14 2008

Fax

To:	From: Dibble Creek Rock Ltd.
Fax:	Pages: 1
Phone:	Date: 1/14/07
Re: HB 111	Company:

Members of the Senate Finance Committee,

Dibble Creek Rock Ltd. supports the passing of HB 111 to reduce the Alaska Business License Fee. It is our understanding the current fee exceeds the amount necessary to operate the program and therefore should be reduced to reflect today's state revenues.

Thank You
-Nikki Geragotelis
Dibble Creek Rock Ltd.

Rachel Parks
PO Box 55
Gustavus, AK 99826-0055

HB111

RECEIVED

JAN 14 2008

January 13, 2008

The Honorable Bert K. Stedman
Alaska Senate
State Capitol
Juneau, AK 99801-1182

Dear Senator Stedman:

The current fee exceeds the cost of the operation of the licensing activity. The balance is used to fund state activities not related to small business services, most notably the Division of Community Advocacy in the Department of Commerce, Community and Economic Development

My business faces significant increases in the cost of energy, workers' compensation insurance and many other basic cost of operation. The 2003 fee increase was an indication that the State of Alaska had little concern for the small-business operator.

The proposed return of the business license fee to \$50 per year is a small indication that the State of Alaska values small businesses by reducing the cost of doing business in Alaska. That fee will cover the cost of operating the licensing activity and relieve small businesses from subsidizing unrelated state activities.

Sincerely,

Rachel Parks
907-697-2346

Fax number dialed: 9074653922. If this is not your number or you received this fax in error, call Capitol Advantage at 703-289-4670 or e-mail cs@capwis.com



The Voice of Small Business®

Alaska

May 8, 2007

The Honorable Bert Stedman, Co Chair
The Honorable Lyman Hoffman, Co Chair
Senate Finance Committee
State Capitol Building
Juneau, Alaska 99801-1182

Dear Senators Stedman and Hoffman,

On behalf of the Alaska Chapter of the National Federation of Independent Business, I wish to express our support for House Bill 111 that reduces the business license fee. The Alaska Chapter of the National Federation of Independent Business is the largest small-business advocacy group in the state.

The 2003 increase in the Alaska Business License added an increased cost to the operations of small businesses. The current fee exceeds the cost of the operation of the licensing activity. The balance is used to fund state activities not related to small business services, most notably the Division of Community Advocacy in the Department of Commerce, Community, and Economic Development.

In a time when small businesses are facing significant increases in the cost of energy, workers' compensation insurance and many other basic cost of operation, such an increase was an indication that the State of Alaska had little concern for the small business operator.

Governor Palin's proposed reduction of the business license fee to \$50 per year is a small indication that the State of Alaska values small businesses by reducing the cost of doing business in Alaska. That fee will cover the cost of operating the licensing activity and relieve small businesses from subsidizing unrelated state activities.

We ask that the Finance Committee pass HB 111 and move it to the Senate Floor for consideration.

Sincerely yours,

Dennis L. DeWitt
Alaska State Director
National Federation of Independent Business

cc: Members of Senate Finance Committee

National Federation of Independent Business — ALASKA
P.O. Box 24761 • Juneau, AK 99803 • 907-723-6637 • dennis.dewitt@nfib.org



Alaska

KEY VOTE

National Federation of Independent Business Key Vote

Vote YES on HB 111

Decreasing the Fee for Business License

May 2007

The Alaska Chapter of the National Federation of Independent Business is the largest small-business advocacy group in the state.

HB 111 returns the business license fee to \$50. This amount covers the cost of operating the program. In a time when small businesses are facing significant increases in the cost of energy, workers' compensation insurance and many other basic cost of operation, such a decrease is an indication that the State of Alaska appreciates the fairness of keeping fees at a level to cover the operating costs of programs.

The proposed reduction of the business license fee to \$50 per year is a small indication that the State of Alaska values small businesses by reducing the cost of doing business in Alaska.

Vote YES on House Bill 111

AMENDMENT #1

OFFERED IN THE SENATE
TO: CSHB 111(FIN)

BY SENATOR STEDMAN

1 Page 3, lines 4 - 10:

2 Delete "[, EXCEPT THAT THE FEE IS \$50 IF

3 (1) THE BUSINESS IS A SOLE PROPRIETORSHIP; AND

4 (2) THE SOLE PROPRIETOR IS 65 YEARS OF AGE OR OLDER

5 WHEN THE SOLE PROPRIETOR APPLIES FOR THE LICENSE OR WILL

6 REACH 65 YEARS OF AGE AT ANY TIME DURING THE YEAR FOR WHICH

7 THE LICENSE IS ISSUED]"

8 Insert ", except that the fee is \$25 [\$50] if

9 (1) the business is a sole proprietorship; and

10 (2) the sole proprietor is 65 years of age or older when the sole
11 proprietor applies for the license or will reach 65 years of age at any time during the
12 year for which the license is issued"

13
14 Page 3, line 14:

15 Delete "2008"

16 Insert "2009"

17
18 Page 3, line 15:

19 Delete "2008 and 2009"

20 Insert "2009 and 2010"

21
22 Page 3, line 16:

23 Delete "2008"

1 Insert "2009"

2

3 Page 3, line 17, following "\$200":

4 Insert ", and a person who is required under AS 43.70.030, as that section exists before
5 October 1, 2009, to pay \$50 a year for the license may pay \$75 for a two-year license instead
6 of \$100"

7

8 Page 3, line 18:

9 Delete "2008"

10 Insert "2009"

AMENDMENT

#1

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10 Insert "2009"

HB

1 1 3

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

REPORTED OUT
 MAY 14 2007
 SENATE FINANCE COMMITTEE

DATE: 5/10/07

FURTHER:

DATE TURNED
IN TO OFFICE:

14 May 2007

Finance Committee considered CS FOR HOUSE BILL NO. 113(HES)

HB 113 OPTOMETRISTS' USE OF PHARMACEUTICALS

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

and recommends:

be replaced with SCS or CS _____ (_____)

adopt previous SCS or CS CS HB 113 (L&C)

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#
Commerce	3/16/07			✓	#1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	Do PASS	Do NOT PASS	No REC	AMEND
	Elton	✓			
	Thomas		✓	✓	
	Dyson	✓			
	Huggins	✓			
	Olson				✓
CO-CHAIR:	Hoffman	✓			
CO-CHAIR:	Stedman			✓	

FISCAL NOTE

REPORTED OUT
MAY 14 2007
 SENATE FINANCE COMMITTEE

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)

FUND SOURCE	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
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: 00
 Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

POSITIONS	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
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 Nelli, Commissioner Date 3/16/2007
 Agency Commerce, Community, and Economic Development

(Revised 9/10/2006) G.M.(1)

COMMITTEE COPY

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.

**Alaska Optometric
Association**

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

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



MAY 03 2007

May 1, 2007

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

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

Statement for optometric practice under this legislation.

Current and proposed therapeutic pharmaceuticals legislation for optometric physicians.

Scope of practice for optometric physicians.

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

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



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.

106 optometric physicians 85 different locations currently serve the Alaskan population spanning from Barrow to Juneau.

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



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, pseudo-tumor cerebri secondary to increased intracranial pressure, retrobulbar 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.*



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

Related required classes and labs:

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

Clinical Education

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

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

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY

Doctor of Optometry Degree

2005 - 2006 Curriculum

FIRST PROFESSIONAL YEAR 2005-2006

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

SECOND PROFESSIONAL YEAR 2005 - 2006

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

THIRD PROFESSIONAL YEAR 2005 - 2006

OPT#	Summer Semester	Credits	OPT#	Fall Semester:	Credits	OPT#	Spring Semester	Credits	
715	Patient Care: First Session	1.0	718	Advanced Optometric Case Analysis with Lab	4.0	723	Patient Care: Third Session	2.0	
716	Theory and Practice of Specialty Contact Lenses with Lab	4.0	720	Vision Therapy for Binocular and Oculomotor Dysfunction with Lab	4.0	725	Assessment and Mgt of Strabismus and Amblyopia with Lab	4.0	
721	Clinical Experience V	0.5	722	Patient Care: Second Session	2.0	727	Evaluation and Mgt of Patients with Perceptual Problems with Lab	3.0	
726	Normal and Abnormal Visual Perception	2.0	724	Pediatric and Developmental Optometry	2.0	735	Applied Ocular Therapeutics	1.0	
761	Public Health Optometry	2.0	728	Assessment and Mgt of the Partially Sighted Patient	2.0	762	Communication in Optometric Practice with Lab	2.0	
763	Environmental, Occupational and Recreational Vision	2.0	733	Assessment and Mgt of Ocular Disease Patients	2.0	764	Optometric Economics and Practice Electives*	4.0	
791	Optometric Thesis Orientation and Planning Electives*	1.0							
	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	
	<u>Preceptorships</u>			<u>Internal Clinic Rotation</u>		
814	Patient Care VIII: Preceptorship Session 1	11.0	817	Patient Care XI: Internal Clinic Rotation	5.0	
815	Patient Care IX: Preceptorship Session 2	11.0	818	Vision Therapy Patient Care	2.0	
816	Patient Care X: Preceptorship Session 3	11.0	819	Low Vision Patient Care	1.0	
892	Optometric Thesis: Completion	1.0	820	Contact Lens Patient Care	1.0	
			821	Clinical Rounds	1.0	
			822	Pediatric Patient Care	1.0	
			832	Ocular Disease and Special Testing Patient Care	1.0	
					Total Fourth Year Credits	46.0

ILLINOIS COLLEGE OF OPTOMETRY

Doctor of Optometry Degree
2005 - 2006 Curriculum

FIRST PROFESSIONAL YEAR: 2005 - 2006

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

SECOND PROFESSIONAL YEAR: 2005 - 2006

OPT #	Fall Quarter 2.1	Credit	OPT #	Winter Quarter 2.2	Credit	OPT #	Spring Quarter 2.3	Credit	
212	Ocular Physiology	4.0	245	Color Vision and Developmental Neurobiology	4.5	222	Theoretical and Physical Optic Immunology	2.0	
244	Binocular Vision and Ocular Motility	5.0	246	Visual Perception	2.0	256	Ocular Pharmacology and Therapeutics	4.0	
254.1	General Pharmacology I	4.0	248	Perspectives on Behavioral Disorders	1.5	261	Physical Diagnosis	2.0	
262.1	Optometry 2.1	4.0	254.2	General and Ocular Pharmacology	4.0	263.2	Ocular Disease II	3.0	
270.1	Ophthalmic Optics I	4.0	262.2	Optometry 2.2	3.5	262.3	Optometry Seminar	3.5	
			263.1	Ocular Disease I	2.0	262.4	Introduction to Binocular Vision Disorders	1.0	
			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	364	Neuro-Ophthalmic Disorders	4.0	
365.2	Contact Lenses II	3.0	376.2	Strabismus and Amblyopia II	3.0	
375	Binocular Vision Disorders	3.5	379	Infant & Child Development and Management	3.0	
380.2	Patient Care	6.0	380.4	Patient Care	6.0	
390	Evidenced Based Health Care	1.0	391	The Business of Optometry	2.0	
	Total Semester Credits	35.5		Total Semester Credits	34.0	
					Total Third Year Credits	69.5

FOURTH PROFESSIONAL YEAR: 2005 - 2006

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

[Note: This language is intended to be the foundation of other messaging and communication related to optometry. This document is not intended for public distribution.]

FAQ's

Why do optometrists need oral prescriptive authority?

ODs provide primary eye care and need oral pharmaceuticals to provide better and more comprehensive care. In many rural areas throughout Alaska, ODs are the only eye care physicians available.

Are optometrists trained to prescribe oral medication? What about the OD who went to school 30 years ago?

ODs are educated and trained in general and ocular pharmacology as well as the side effects and interactions of pharmaceuticals. Optometrists receive at least 200 classroom hours of pharmacology as well as at least 2,000 patient contact hours examining patients and prescribing topical and oral medications when necessary. In addition, all optometrists must participate in ongoing continuing education courses to stay current on the latest standards of care.

What is the worst case scenario...does this place the public at risk?

With the utilization of peer review mechanisms and Board of Optometry oversight, there are adequate safeguards in place for the general public

Will Optometrists benefit financially from this legislation?

No. This legislation does not benefit optometrists financially. However, it does allow the citizens of Alaska to benefit through better overall eye care while saving time and money.

Does Alaska really need Optometrists to have this authority?

This elevation of scope is particularly appropriate in rural states. It will be of great benefit to the citizens of Alaska because of the broad geographical distribution of our optometrists. In addition, in larger communities it will allow greater freedom in choice of an eye care professional.

[Note: This language is intended to be the foundation of other messaging and communication related to optometry. This document is not intended for public distribution.]

Important Facts

- This legislation will be beneficial in lowering health care costs for the citizens of Alaska.
- As a state that is behind the times, it is very difficult to attract new ODs to the state. A new graduate would prefer to practice optometry in a state that follows current standards of care.
- Optometrists are an integral part of the health care team and work closely with other physicians.
- Optometrists must pass a rigorous national exam administered by the National Board of Examiners in Optometry (NBEO). The 3-part exam includes academic science, clinical science and patient care.
- 45 states in the nation allow ODs to prescribe orals with no reported problems over 35 years. >
- Expansion of scope of practice is natural. All professions advance as the science of their profession advances, all to the benefit of the patient.
- Primary Care providers, such as optometrists, pediatricians, dentists, and family care MD's offer care for the majority of conditions, but refer to specialists for more complex Secondary Care or sub-specialists for most complex Tertiary Care. The entire medical community teams with specialists such as ophthalmologists, cardiologists, ENT's, neurosurgeons, etc. Primary care is cost-effective, while specialty care is more expensive.

For example, when a child has an ear infection you take them to see their pediatrician who prescribes an oral medication to treat the infection. If the ear infection continues to come back or does not go away with the medication, the pediatrician then refers the child to the ENT for more intense treatment and possibly surgery. This example shows the best use of the medical system. It would not be necessary or efficient to take a child to the ENT for every minor ear infection.

-Granting oral prescriptive authority to optometrists does not take away the purpose of an ophthalmologist. They are specialists and surgeons and are overqualified for many of the routine treatments that require oral medications. What optometrists are asking for are the tools necessary to provide efficient, effective care to Alaskans.

PRIMARY EYE CARE (Optometrist)	SECONDARY EYE CARE (Ophthalmologist)	TERTIARY EYE CARE (Specialty Ophthalmologist)
Conjunctivitis (Pink Eye)	Eyelid surgery	Reconstructive oculoplastic surgery
Eyelid infection (stye)	Eyelid tumor	Intraocular tumor
Corneal abrasion	Corneal laceration	Corneal transplant
Therapeutic treatment of glaucoma	Laser surgery for glaucoma	Filtering surgery for glaucoma
Foreign body removal- Anterior eye surface	Foreign body removal- Interior of eye	Foreign body removal with complications
Cataract care, pre-op & post-op	Cataract surgery	Severe complications of cataract surgery
Refractive surgery care, pre-op & post-op	Refractive surgery	Severe complications of refractive surgery

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)

April 26, 2007

Representative Ralph Samuels
Alaska State Legislature
Juneau, AK 99801

Dear Representative Samuels:

Please support House Bill 113 that expands prescribing privileges for Alaska optometrists. These doctors are extremely qualified and should not have unnecessary restrictions placed on their licenses.

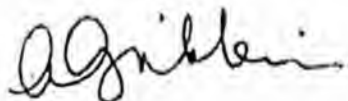
Several years ago, my eye was injured with a piece of sharp metal and I went to a medical doctor in Anchorage. I was examined and received eye drops but suffered with a painful eye for 3 days, then returned for another visit with the MD and still it was not improving.

I then went to an Anchorage optometrist who examined me with a special microscope and in 30 seconds discovered that my cornea had been punctured. He immediately contacted a local eye surgeon to come in and stitch up the hole in my eye. The optometrist followed my progress for many months, and has provided my eye care for many years since that injury.

Regular medical doctors do not have the special instruments or special training for treating the eye that optometrists have. Optometrists are qualified doctors the same as dentists, with virtually identical training. Most other states recognize and respect the services of optometrists, and do not have such restrictions as Alaska.

I also was required to go to an ophthalmologist for an insurance exam, where I received hasty, expensive, and less caring treatment compared to what I experience with my optometrist. I am thankful for the surgeon that stitched up my cornea, but it was the expertise and fast action of the optometrist that saved my eye.

Sincerely,



Andrea Gribbin
Prudential Jack White Real Estate
3801 Centerpoint Drive, STE 200
Anchorage, AK 99503


OF OPHTHALMOLOGY
The Eye M.D. Association

Via Facsimile
April 24, 2007

Alaska State Legislature
State Senate
State Capitol
Juneau, AK 99801

Suite 700
1101 Vermont Avenue NW
Washington, DC 20005-3570

Tel 202.737.6662
Fax 202.737.7061
<http://www.aao.org>

Dear Senator Green:

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, anamniotics, 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, MD
President

Attachment (1) Ce, Alaska State Senate



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.



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

*Sarah Palin, Governor
Emil Notti, Commissioner
Rick Urion, Director*

ALASKA STATE MEDICAL BOARD

RECEIVED

APR 24 2007

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 M. Head, MD, Chair
Alaska State Medical Board

12 April 2007

Telephone: (907) 269-8163

550 West Seventh Avenue - Suite 1500, Anchorage, Alaska 99501-3567

Fax: (907) 269-8196

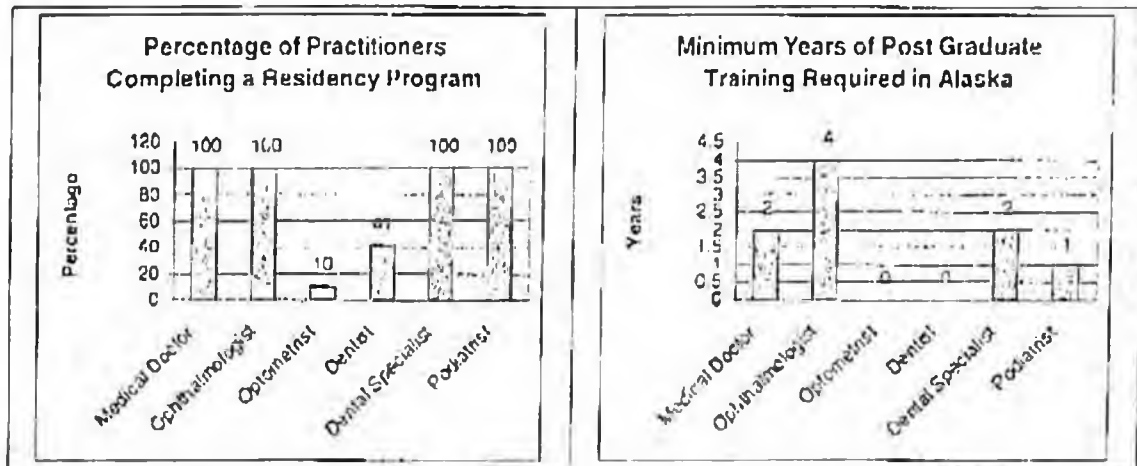
Website: www.commerce.state.ak.us/oc/pmed.htm

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 among 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 pediatry 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/glo/phys_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.acegoc.org/acWebsite/downloads/RRC_progReq/2-10pr106.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/team/publish/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/Assocptionc01.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/podiatr.htm>



AMERICAN ACADEMY
OF OPHTHALMOLOGY

The Eye M.D. Association

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1101 Vermont Avenue NW
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Fax 202.737.7061
<http://www.aaopt.org>



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

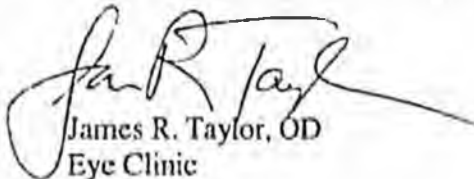
April 4, 2007

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

Our Vision

Healthy People Across Generations

Our Mission

TCC Health Services, in partnership with those we serve, promotes and enhances spiritual, physical, mental and emotional wellness through education, prevention and the delivery of quality services.

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

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

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

D.L. THANEOHNS, 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 prescribe 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, Jr. OD
President-Elect, Alaska Optometric Association



Robert Ford, MD
President, CEO

Debbie Edridge
Executive VP COO

DIRECTORS

Bruce Allen
Building & Equipment

Marlin Gembel, MBA
Professional Relations

Jeffrey Grimes
Information Services

Gordon Johns, MD
MD Director

Wahy McWilliams, MBA
Finance

Crabola Merrill, OD, MPH
CO Director

Gali Panesh
SAs Director

Larry Roth, MS
Chief Vision
Quality Improvement

PHYSICIAN

Paul Barney, OD

Frank Barnhart, OD

Debra Bell, OD

W.S. Bell, OD

David Chung, MD

Shawn Coomes, OD

Mark Ewert, OD

Steve Fink, OD

Robert Ford, MD

Robert Glick, OD

Art Gobel, MD

Michael Grosse, OD

William Gowersky, MD

James Gouge, MD

Doug Hansen, OD

Thomas James, OD

Gordon Johns, MD

Pran Johnson, OD

James Koffel, MD

Paul Marney, OD

Cynthia Merrill, OD, MPH

Angela Pratt, OD

Waymond Pich, OD

Paul Sherr, MD

David Stankus, OD

Richard Stephens, MD

Jeffrey Thomas, OD

Michael Van Buren, MD

Seamus Williams, OD

Tom Youngman, OD

SPERO, DTMG, M -
Contact Surgery and
Laser Vision Correction

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.

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

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

Sincerely,

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

Corporate Office
2017A E. Freshwater
Chickadee, AK 99572-2433
Phone: 746-5572
FAX: 746-2900
800-278-9321
www.pcl.com

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

Madame Chair,

I am writing to ask your committee's support on HB 113. This bill, if passed, would bring the scope of practice of Alaska's optometrists to a level commensurate with their training and closer to the scope allowed in 45 other 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, Atkasuk, 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 = PHCP's) 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. PHCPs 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 PHCPs 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**

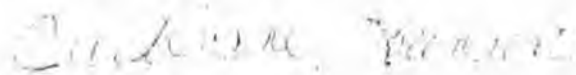
Dear Representative Wilson;

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



**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 throughout 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.

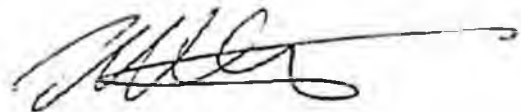
With regard to eye care, Optometry takes care of most of the problems most of the people have, most of the time. The circumstances that would require our use of systemic agents might not occur for a week, or we might have three patients in one day that would benefit from this service. We just never know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

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

Get your own web address.
Have a HUGE year through Yahoo! Small Business.

Honorable Representative Kurt Olson
Fax 907-465-3835

Representative Olson:

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

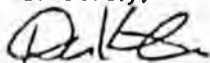
First of all, I am passionate about both Alaska and her people. I am a recent graduate of The Ohio State University College of Optometry. Following receiving my degree, I completed post-graduate specialty training: a residency in contact lens and family practice optometry through Pacific University. 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.ako.org

Michael Bennett, OD
President

Jim Falconer, Jr., OD
President-Elect

Rob Fleckenstein, OD
Vice President

Dawn Harms, OD
Secretary

Kevin Berg, OD
Treasurer

Tracy Oman
Executive Director

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



Alaska Optometric Association

Alaska's Authority on Primary Eye & Vision Care

1689 C Street, Ste 222
Anchorage, AK 99501
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Dawn Harms, OD
Secretary

Kevin Berg, OD
Treasurer

Tracy Oman
Executive Director

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.

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

Sincerely,

Tracy Oman
Executive Director

Enclosure



**AMERICAN ASSOCIATION
OF OPHTHALMOLOGY**
The Eye M.D. Association

Via Facsimile
May 11, 2007

Honorable Senator Bert Stedman, Co- Chair
State Senate Finance Committee
Alaska State Legislature
State Capitol
Juneau, AK 99801

Suite 700
1101 Vermont Avenue NW
Washington, DC 20005-3370

Tel. 202.737.6662
Fax 202.737.7061
<http://www.aao.org>

Dear Senator Stedman:

I am writing to ask you to oppose SCS CSHB 113 (L&C), 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 SCS CSHB 113 (L&C) "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 drug authorized in SCS CSHB 113 (L&C), this legislation also would allow Alaska optometrists to inject steroids, anesthetics, diagnostic dyes and other therapeutic substances, 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 SCS CSHB 113 (L&C). 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 SCS CSHB 113 (L&C).

Sincerely,

C.P. Wilkinson, MD
President

Attachment (1)
Cc: Alaska State Senate



CENTRAL COUNCIL
 tlingit and haida indian tribes of alaska
 ANDREW P. HOPE BUILDING
 320 West Willoughby Avenue • Suite 300
 Juneau, Alaska 99801-9983

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 patients; 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.

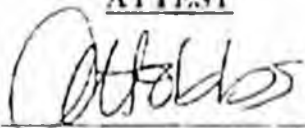
ADOPTED this 21st day of April 2007, by the Seventy-Second General Assembly of Central Council of Tlingit and Haida Indian Tribes of Alaska.

CERTIFY



President William E. Martin

ATTEST



Tribal Secretary Dana Leask Ruaro

4/18/07

OPPOSITION TO CSHB113

Attachments enclosed.

Sincerely,

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



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

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 patients; 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.

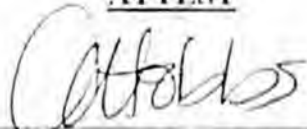
ADOPTED this 21st day of April 2007, by the Seventy-Second General Assembly of Central Council of Tlingit and Haida Indian Tribes of Alaska.

CERTIFY



President William E. Martin

ATTEST



Tribal Secretary Dana Leask Ruaro

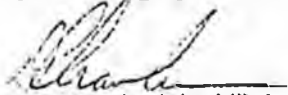
Dear Senator Ellis, Chair Labor and Commerce Committee,

My name is David Chamberlain. I am an Ophthalmologist or Eye MD and have worked in Alaska for over 12 years, 9 years at my current position at Alaska Native Medical Center. On 5/2/2007 HES committee members heard testimony regarding HB 113 that was factually incorrect and misleading. I am writing to clear up some misunderstandings that were evident.

It was stated that Ophthalmologists do not provide services to Klawock or Craig. In fact, I myself or one of my Eye MD partners have indeed held an eye clinic in Klawock once or twice a year for the last 10 years and, although, we don't hold a clinic in Craig we do serve many patients from Craig. Craig patients drive a few minutes to Klawock. The 3 Eye MDs at Alaska Native Medical Center, work closely with 19 IHS Optometrists, forming a cohesive team with clearly defined roles offering comprehensive service within Alaska. Eye MDs from my department hold 1-4 annual clinics in each of the following villages: Barrow, Kotzebue, Nome, Bethel, Dillingham, Kodiak, Sitka, Ketchikan, and Klawock. The Optometrists on our team in Nome, Kotzebue, Bethel, Sitka, Dillingham, Fairbanks, Juneau, and Anchorage each provide eye care in their respective locations and the surrounding smaller villages. Pamela Steffes, OD for example, is based in Sitka and holds clinics in Klawock, Angoon, and Yakutat, among other places. Under the current system, when eye patients are sick enough to require oral or injectable medicine, Ophthalmology gets a call from the Optometrist or sometimes from a Village Health Aid, or a Physician, or Nurse Practitioner. In Alaska, there are at least 2 Eye MDs on-call 24/7 365 days per year for just such emergencies (I know of no comparable on-call system for Optometry). HB 113 does not increase access to Optometry and may instead decrease access to Eye MDs. HB 113, if allowed to pass, would both reduce the training level required to inject and prescribe medicines and force a redefinition of our relative roles. So, exactly what level of training is required to responsibly inject and prescribe medicine for eye conditions and who should make such determinations? To answer these questions, one must have knowledge of the particular disease including its differential diagnosis, natural course, risks and benefits of treatment. Sounds like a job for an MD doesn't it? MDs are uniquely qualified to make such assessments, and Eye MDs even more so if your talking about eye disease. Lets face it; the human organism and Alaska Statutes are both highly complex. We need to respect that complexity by getting the most highly qualified advice when it comes to making medical decisions and when it comes to making laws. I prescribe a lot of drugs and inject both into the globes and around it. Each drug I use carries risks and benefits. One of my patients died from a non-allergic reaction to a totally appropriately prescribed oral medicine. She had developed clear signs and symptoms of a life-threatening drug reaction that unfortunately went unrecognized by her internist. I frequently inject medicines next to the globe with thorough awareness of the risk of inadvertent intraocular injection which can result in severe vision loss. The risk of inadvertent intraocular injection has been reported to be much higher when non-Ophthalmologists perform such injections. HB 113 does prohibit injection into the "ocular globe of the eye" (sic) but allows for any other injections including those near the globe. It is surprisingly difficult to fully control the needle tip location once it is not visible after it is embedded into tissue. It is an unwritten informal but essential part of my job to assess the level of eye knowledge of the providers who call me from all over Alaska. I get calls from providers at all levels of skill. It is frequently the case that the diagnoses are wrong, and the proposed treatments are wrong. I have noticed this to be true especially for Optometrists just out of training. They know enough to be scary, and they don't know that they don't know. HB 113 in the hands of a fearless knowledge-shy aggressive Optometrist I fear will eventually result in disaster. None of the Optometrists I work with closely fit that description, but I do wonder about the knowledge and motives of those pushing this bill. Where and who is the specific patient they would like to help? Dr. Mike Bennett for example, in testimony 5/2/07 HES, indicated the primary reason for increased injection authority was for "antibiotics ... injection into the eyelid is what you would be looking at". It is well known that antibiotics can kill infections, and well known that antibiotics can be injected. It may seem intuitive that therefore antibiotics could be injected into an infected eyelid, as Dr. Bennett seems to suggest. This is exactly the type of seemingly innocent even intuitive but erroneous action an unqualified practitioner is likely to take never even knowing the harm they may cause. Why not inject antibiotics into the eyelid? I am not sure myself, it is not something I have ever seen done, but I am aware of some potential problems with it. Medicines have approved routes of administration and dosages that have been tested and confirmed through clinical trials, animal studies etc. Intramuscular injections, for example, are only to be injected well within the body of a relatively large muscle. I know of no

antibiotics that are approved for local injection into eyelids. I know of no disease requiring such an injection. This is just one example of the naivety of those who support this bill. Some HES committee members may have the impression that it costs more for an individual to see an Ophthalmologist than an Optometrist. To my knowledge, insurance companies including Medicare and Medicaid pay by the service given or by the condition not by the level of education or training or license of the provider.

The Alaska State Legislature has a duty to responsibly regulate narcotic usage. The Controlled Substances Advisory Committee is to be composed of a panel that includes MDs. Has this committee been consulted regarding HB 113 and its controlled substance impact? Has the state medical board been consulted? The State of Alaska has wisely exhibited a great deal of concern regarding the level of training required before a person can inject medicine or prescribe codeine or opium. For example, Alaska requires (as of Jan 1, 1995), MD's to undergo an additional 2 years of medical education after medical school graduation to qualify for the MD license (http://www.acame.org/acWebsite/downloads/RRC_proqReq/240pr106.pdf). This is the license that allows MDs to prescribe the medicines, which would be available to Optometrists with only a seven-hour postgraduate course (if HB 113 passes). We do need Optometrists in rural and urban areas in Alaska but they and their patients need MD involvement when patients get so sick that they need surgery, or non-topical medicines. HB 113 does nothing good for the public interest.



David Chamberlain, MD (sole author, not authorized to speak for anyone)
2401 Brittany Cir.
Anchorage, AK 99504
May 10, 2007

CC: Alaska, Labor and Commerce Committee Members

Alaska SENATE FINANCE

May 3, 2007

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

Senate HESS Chairman and Members
Alaska State Legislature
Chair, Health, Education and Social Services Committee

Dear Senators,

At some point 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.** I would ask that you look for any evidence supporting the statement that rural areas are subject to increased risk of blindness due to lack of care or appropriate availability. 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 Oklahoma 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. **They are well trained for what they do, but dispensing and injecting pharmaceuticals on a level with the medical doctors and in this country is not one of them.** That is the nature of this bill.

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, placing 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. There is a reason Tony Knowles vetoed this bill in the past.

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

*cc: Senate Finance
Alaska State Senate*

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 eshb113 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 eshb113. In virtually all states where these privileges are given an Ophthalmologist must be consulted or supervise the optometrist.

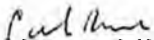
Thirdly, injecting drugs around the eye can lead to hemorrhage given the vascular nature of the eyelids and orbital area and to direct injury to the eyeball. A seven hour course deemed satisfactory by the optometric board is very concerning, especially since residents are required to have three years 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

cc: Alaska State Senate

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.



**AMERICAN ACADEMY
OF OPHTHALMOLOGY**

The Eye M.D. Association

April 18, 2007

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

Suite 700
1101 Vermont Avenue NW
Washington, DC 20005-3570

Tel. 202.737.6662
Fax 202.737.7061
<http://www.aao.org>

Dear Representative:

I am writing to ask you to oppose CS HB 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 CS HB 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 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.

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 CS HB 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 CS HB 113.

Sincerely,

C.P. Wilkison, MD
President

Cc: Alaska House of Representatives



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Sarah Palin, Governor
Emil Nosti, Commissioner
Rick Urion, Director

Division of Corporations, Business and Professional Licensing

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 M. Head, MD, Chair
Alaska State Medical Board

12 April 2007

Telephone: (907) 269-8163

550 West Seventh Avenue - Suite 1500, Anchorage, AK 99501-3567

Fax: (907) 269-8196

Website: www.commerce.state.ak.us/oc/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: Andrew Ebona

Date: 4-12-07

Andrew Ebona, President

Secretary: Sueann Williams

Date: 4/12/07

Sueann Williams