

AK LEGISLATURE FINANCE COMMITTEES FILES 2007-2008 3192

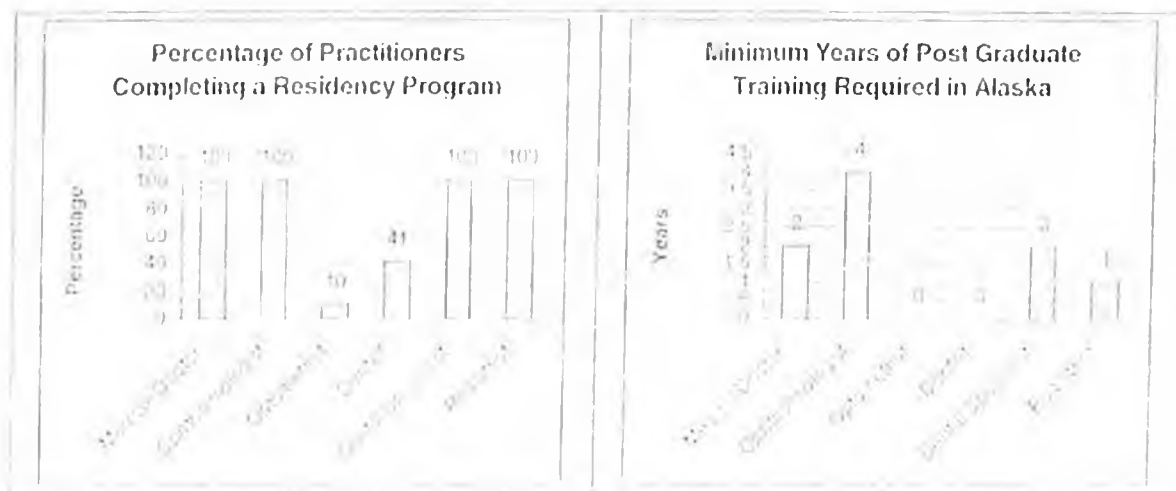
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## Post Graduate Training Comparison Between Optometrists and Selected Professions

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

Since we are discussing eyes - not feet or teeth, the more reasonable comparison is between the education and training of an ophthalmologist and that of an optometrist. The question at hand is whether optometrists, without seeking the approval of or consulting with the state medical board, any medical schools, or any ophthalmology residency program, have devised a unique method to learn to prescribe systemic medications with just enough fragments and bits of knowledge to not harm patients in this state. The answer is that they have not. Optometry school is not a substitute for four years of medical school, a hospital residency, and three years of ophthalmology residency training.

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



### Medical Doctors

All medical doctors must complete at least a one-year residency program upon graduation from medical school. In Alaska, the requirement is two years if the medical doctor graduated after 1995. <http://www.alaska.gov/awh/awhsearch/allozplac/eng.htm>

### Ophthalmologists (EYE MDs)

In addition to the 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 program that specializes in medical and surgical treatment of the eye. <http://www.alaska.gov/awh/awhsearch/allozplac/eng.htm>

### Optometrists

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

### Dentists

Nationally, approximately 41 percent of dental school graduates immediately enter into post-graduate training program. About 27 percent of all dentists enter a general dentistry residency program and an additional 14 percent enter a dental specialty program. [www.adea.org/DEPR/Assocreptune01.pdf](http://www.adea.org/DEPR/Assocreptune01.pdf)

### Dental Specialists

Completion of a two year post graduate program is a prerequisite to be licensed as a dental specialist in Alaska. <http://www.labor.state.ak.us/research/dlo/dentist.htm>

### Podiatrists

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



AMERICAN ACADEMY  
OF OPHTHALMOLOGY

The Eye M.D. Association

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## Comparison of Training and Accreditation in Optometry with Medicine and Ophthalmology

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

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

<sup>1</sup> Three of the 17 optometry schools in the U.S. require an undergraduate degree before admission

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

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April 3, 2007

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

Dear Representative Olson:

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

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

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

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

The most common cause of vision impairment in children is Amblyopia; this disease can potentially be eliminated through early consistent screening and persistent,

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

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

Sincerely Yours,

*Robert W. Arnold*

Robert W. Arnold, M.D.

Cc: House Labor & Commerce Committee

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2. Lang DM, Arnold AW, Leman RE, Arnold RW. Validated portable pediatric vision screening in the Alaska Bush: A VIPS-like study in the Koyukon. *Alaska Med* 2007;49(1):2-13.
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4. Arnold RW, Armitage MD, Gionet EG, et al. The cost and yield of photoscreening: Impact of photoscreening on overall pediatric ophthalmic costs. *JPOS* 2005;42(2):103-11.
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7. Leman R, Clausen MM, Bates J, Stark L, Arnold KK, Arnold RW. A comparison of patched HOTV visual acuity and photoscreening. *J Sch Nurs* 2006;22(4):237-43.

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Alaska Blind Child Discovery (ABCD)

542 West Second Avenue, Anchorage, Alaska 99501-2242  
(800)270-1617 • (907)276-1617 • fax 278-1705 • [abcd-vision.org](http://abcd-vision.org)

March 14, 2007

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

Dear Representative Wilson:

A bill, House Bill 113, though well intentioned, may have devastating effects to unformed patients.

*UNIFORMS*  
Ocular diseases are very serious, often resulting in partial or complete loss of vision. In treatment, strong and potentially dangerous drugs are administered when necessary, and only under the most extreme circumstances. Ophthalmologists are well trained to recognize when systemic drugs are necessary and are qualified in the administration of these medications in coordination with other medications.

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

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

Thank you for your consideration

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

cc: House HESS Committee members

April 16, 2007

Honorable Representative John Coghill  
State House of Representatives  
Alaska State Legislature  
State Capitol, Rm 214  
Juneau, AK 99801-1182

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

Dear Representative Coghill:

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

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

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

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

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

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

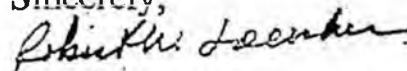
I urge you to advocate, in your capacity as an Alaska State Legislator, to emphasize patient safety for all Alaskan citizens in the provision of all health care and that the Legislature, on behalf of its citizens, protect citizen and consumer interests over economic competition between professional service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

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

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

Thanking you for this consideration.

Sincerely,



Robert W. Loescher

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

Chair Peggy Wilson  
HESS Committee  
State Capitol  
Juneau, AK 99801

March 26, 2007

RE: HB113

Dear Representative Wilson:

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

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

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

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

Sincerely,



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

March 18, 2007

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

Dear Representative Wilson:

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

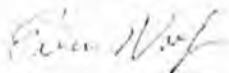
I believe that optometrists are often helpful in screening patients for eye disease and systemic problems. **But it would be very dangerous to allow the unsupervised "practice of medicine" by anyone who has no medical training.** Please understand that I have completed 11 years of intensive medical training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

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

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

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

Sincerely,



Evan Wolf, MD, PhD

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

CC: Legislative members of the House HESS Committee

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

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

March 12, 2004

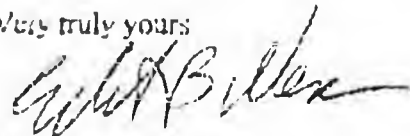
Harry Grossman, M.D.  
100 Brick Road  
Suite 115  
Marlton, NJ 08053

Dear Harry:

It has been brought to my attention that Sheryl Leaffer, O.D., a 1998 graduate of The Pennsylvania College of Optometry testified before a committee of the Alaska State Legislature according to Committee Minutes 23 Legislature, "She explained that at the school she attended the first year ophthalmology residents were under (fourth year optometry students) in emergency care." This is found on page 26 of the document as posted on the web site of the Alaska State Legislature.

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

Very truly yours



Elliot B. Werner, M.D.

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

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

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

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

Number 1916

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

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

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

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

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

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

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

Number 1719

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

Number 1680

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

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

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

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

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

Number 1587

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

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

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## EDITOR'S PAGE

### Encore! Encore!

Rich Kirkner  
Editor-in-Chief



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

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

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

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

- **Eye exams for infants.** Operation Bright Sight is onto something here (see "Pilot Program Takes Eye Care to the Cradle.") Cradle-to-grave eye care has to start somewhere. The cradle seems like a logical place.
- **Eye exams for school children.** Kentucky has the right idea passing a law that mandates these. Besides, hasn't anyone yet figured out that our children who see well can learn well?
- **Eye exams for licensed drivers.** The eyes can change a lot between license renewals. Imagine how much they change between the 16th and 65th birthdays. The DMV can't.
- **Promote medical comanagement.** Surgical fees are in a free-fall, so organized ophthalmology is squabbling over your role in managing these patients. To them, it's about money, not sound medical practice. Every patient deserves to have his or her family doctor quarterback care, whether it's brain surgery, foot surgery or eye surgery.
- **Continue to expand the scope of practice.** Optometry now has an excellent track record in disease management. Time to move to the next

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

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

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

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

*Rich Kirkman*

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November 15, 2000

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April 27, 2000

Governor Tony Knowles  
State of Alaska  
Juneau AK 99811

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

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

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



Tony Knowles, Governor

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March 18, 2002

Barbara Gabier, Program Coordinator
Division of Occupational Licensing

MAIL BALLOT ON CSHB 215

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

Table with 2 columns: QUESTION and VOTE. Contains 6 rows of survey questions and their respective vote counts.

ISSUE FOR CONSIDERATION: CSHB 215 Optometrists Prescribing Authority

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



**Prohibitions and Restrictions on the Practice of Optometry Checklist**

**I. Oversight Of Optometrists Prescribing Therapeutic Drugs**

Index	Provision	State	No.
Formulary	Prohibits expansion of formulary, unless reviewed by interprofessional committee.	FL	1
	Requires interprofessional committee to set formulary	IN	1
	Requires interprofessional committee to meet every 3 months to discuss issues related to glaucoma certification	NH	1
	Requires optometric board to consult with pharmacy board on rules specifying oral dosages of drugs or dangerous drugs	OH	1
	Requires interprofessional committee to identify additional classes of drugs that may be used by ODs and must approved by Medical Board	TX	1
	Requires interprofessional committee to decide which drugs require co-management	IN	1
	Medical Board to give advice on the use of pharmaceutical agents for topical use in the practice of optometry	OR	1
	Requires interprofessional committee to decide which systemic drugs will be in the OD formulary.	OR	1
	Prohibits legend and non-legend drugs unless approved by the Secretary of Health in consultation with the Physician General for the treatment of eye, eyelids, lacrimal system, and the conjunctiva	PA	1
	Prohibits oral, not specified in statute or not approved by interprofessional committee and approved by Medical Board	TX	1
	Prohibits oral drugs unless interprofessional committee approves specific drugs or class of drugs or formulary is being published in stage (6/12/06)	VI	1
	Requires Pharmacy Board to be consulted and to approve specific guidelines for the prescription and administration of drugs by optometrists	WA	1
Treatment	Requires interprofessional committee to set parameters for treatment as technology advances and must be approved by Medical Board	TX	1
	Encourages ODs to notify patient's physician of the use of legend drugs	IN	1
Review of ODs	Requires state optometric association and state ophthalmological association to make	MD	1

	recommendations to health secretary regarding regulations on standards of quality for TPA-certified ODs and a quality assurance study of co-managed glaucoma patients.		
	Requires interprofessional committee to examine education and training for out-of-state optometrists.	CA	1
	Requires interprofessional committee to set continuing education requirements	IN	1
	Requires interprofessional committee to review application of pre-acquired clinical training for therapeutic optometrists.	NY	1
	Requires interprofessional committee to set clinical training and education requirements for use of oral, parenteral, or glaucoma and must be approved by Medical Board	TX	1
	Requires interprofessional committee to review the use of orals on persons under six	KS	1
Collaboration, Consultation, and Referral generally	Where an OD must consult with Eye MD, the OD shall maintain a written record in the patient's file of the info provided to the Eye MD, the Eye MD's response and any other relevant info. The info must be provided to the Eye MD on request.	CA	1
	All collaborations, consultations, and referrals made by an OD shall be made to an Eye MD located geographically appropriate to the patient.	CA	1
	Except as otherwise specified in law, if a patient's condition worsens after 72 hours of diagnosis, the OD must consult with Eye MD	CA	1
	Except as otherwise specified in law, if a patient's condition has not resolved after 10 days of diagnosis, the OD must refer to Eye MD.	CA	1

## II. Optometric Malpractice Provisions Related to Prescribing Therapeutics

Index	Provision	State	No.
Standard of Care	ODs to be held to same standard of care as Eye MD or medical practitioner	CA, CO, CT, DE, FL, GA, IA, MD, ME, MI, MN, MO, MS, ND, NE, NJ, NY, OR, SC, TN, TX, WY	23
	ODs to be held to same standard of care as Eye MD or medical practitioner in treatment of glaucoma	NE, KS	2
Liability Insurance	Requires ODs treating glaucoma to obtain professional liability insurance acceptable to optometric board	KS	1
	Requires OD to have professional liability insurance in the amount of	PA	1

	1,000,000/occurrence and 3,000,000/annual aggregate if treating glaucoma.		
	Requires ODs prescribing orals to obtain professional liability insurance acceptable to optometric board	WV	1
	Requires ODs to hold \$1 million in malpractice insurance	GA;SC	2
Testimony	Admits the testimony of Eye M.D.s practicing in the state.	DE	1

### III. Prohibitions on the Treatment of Specific Diseases or Symptoms Using Therapeutics by Optometrists, excluding Glaucoma

Index	Provision	State	No.
Retina	Prohibits Infectious Diseases of the Retina	CT	1
Ocular Inflammation , See also Anti-inflammatory es)	Prohibits treatment of ocular inflammation in patients under 18 years of age,	CA	1
	Prohibits treatment of ocular inflammation other than traumatic iritis, peripheral corneal inflammatory keratitis, episcleritis, and unilateral nonrecurrent nongranulomatous idiopathic iritis.	CA	1
	Prohibits treatment of peripheral corneal inflammatory keratitis if recurring within one year of the initial occurrence, unless OD consults with Eye MD	CA	1
	Prohibits treatment of episcleritis if recurring within one year of the initial occurrence, unless OD consults with Eye MD	CA	1
	Prohibits treatment of unilateral nongranulomatous idiopathic iritis if recurring within one year of the initial occurrence, and must refer to Eye MD	CA	1
	Prohibits treatment of nontraumatic anterior uveitis if patient is under 12, unless under consultation with MD	CO	1
	Prohibits treatment of anterior uveitis, if unresolved after 14 days of treatment, unless under consultation with MD	CO	1
	Prohibits Iritis if patient does not improve substantially within 72 hours after which condition requires referral to Eye M.D.	CT	1
	Prohibits treatment of anterior uveitis, unless OD consults with Eye M.D.	RI	1
Ocular infections	Prohibits treatment of person with AIDS for ocular infections	CA	1

(See Also Antibiotics, topical and oral)			
	Prohibits treatment of ocular infections of the lacrimal gland, the lacrimal drainage, system and the sclera.	CA	1
Systemic Disease	Prohibits Ocular Cancer	CT	1
	Prohibits Diagnosis and Treatment of Systemic Disease	CT;PA	2
	Requires referral to physician if treatment of systemic disease requires further diagnosis and possible treatment beyond the scope of practice	IA	1
	Prohibits use of a pharmaceutical agent for the specific treatment of a systemic disease, unless the agent is used specifically for an ocular disease.	ME	1
	Prohibits use of drugs, unless the treatment is required for diseases and conditions of the human eye	WA	1
Symptoms	Prohibits treatment of Ocular Tumors	CA	1
	Requires consultation and/or referral to physician if adverse drug reaction occurs	FL	1
	Requires referral to physician upon sudden onset of spots or "floaters"	FL	1
Response to Treatment	Requires OD to communicate with patient to determine response of topical ocular agent as soon as practicable after 72 hours from the time the agent was administered or prescribed. If patient has not responded, OD must consult with Eye M.D.	MD	1
	Requires referral if patient does not respond to treatment	ND;MS	2
	Requires consultation with MD, if OD is to treat person for more than 6 weeks. Treatment initiation need not include prescription of therapeutics.	PA	1
Condition Outside Scope	Requires referral to physician for medical diagnosis and treatment of abnormal conditions.	DC	1
	Requires referral if condition is outside scope	AZ;HW;MA;MO;MS;WA;WI	7
	Requires referral of therapeutic optometrists if condition is outside scope to Eye M.D., patient's physician, a physician if required under a managed care contract, or a hospital emergency room if necessary.	MD	1
	Requires OD to advise patient to seek evaluation by MD for diagnosis and	MN	1

	treatment and not to treat if condition is outside scope		
	Requires referral if additional evaluation or treatment is required.	SC	1
	Unprofessional conduct includes performing treatments or providing services which a licensee is not qualified to perform or which are beyond the scope of the licensee's education, training, capabilities, experience, or scope.		
Delegation	Prohibits delegation of the application or prescription of drugs.	CT	1

#### IV. Prohibitions on the Treatment of Glaucoma and the Use of Topical and Oral Antiglaucoma Drugs

Topicals and Orals	Prohibits All Antiglaucoma Drugs	MA;PR	2
Topicals	Requires OD to refer patient to an Eye M.D. if requested by the patient, if treatment goals are not achieved with the use of two topical medications. A combination medication that contains two agents shall be considered two medications.	CA	1
	Prohibits ODs from using more than two concurrent topical medications	CA	1
	Prohibits treatment with beta blockers, unless physical first completed by physician w/i last year.	GA	1
	Prohibits treatment with beta blockers, unless OD consults with physician with patient's consent.	RI	1
	Prohibits treatment with beta blockers unless OD consults with or refers to physician.	SC	1
	Prohibits treatment with beta blockers, unless physical first completed by physician w/i six months.	TX	1
	Prohibits treatment with beta blockers, unless persons with heart disease first examined by physician.	GA, TX	2
	Requires referral to an ophthalmologist if glaucoma patient does not respond to up to 3 topical agents within a reasonable time.	VT	1
	Prohibits treatment with more than 3 topical agents at any given time.	VT	1
Orals	Prohibits use of all Oral Antiglaucoma drugs	AK, CA, FL, GA, HI, LA, MA, MD, ME, ND, NE, NY, PA, PR, RI	16
	Prohibits Oral Antiglaucoma Drugs, except in case of emergency	CT, DC	2
	Prohibits Oral Antiglaucoma Drugs, except in case of emergency and OD must	NH	1

	immediately patient to ophthalmologist.		
	Prohibits Oral Anti-glaucoma drugs, without consultation with Eye M.D.	KS	1
	Prohibits Oral Anti-glaucoma drugs administered for more than 48 hours	WY	1
	Prohibits Oral Anti-glaucoma drugs, except oral carbonic anhydrase inhibitors	WV	1
	Prohibits Oral osmotic agents	AK;CA;FL;GA;IL;LA;MA;ME;MD;ND;NE;NH;NM;NJ;NY;PA;PR;RI	18
	Prohibits Oral Carbonic Anhydrase Inhibitor	AK;AZ;CA;FL;GA;IL;LA;MA;MD;ME;ND;NE;NH;NJ;NY;OR;PA;PR;RI	18
	Prohibits Oral Carbonic Anhydrase Inhibitors for more than 7 days	MN	1
	Prohibits Oral Carbonic Anhydrase Inhibitor except in case of emergency and requires immediate referral to Eye M.D.	TX	1
	Prohibits an oral medications, unless the OD consults with an Eye M.D. as soon as clinically prudent and require that patient to be seen by the consulting ophthalmologist. Only hyperosmotics and oral carbonic anhydrase inhibitors approved by formulary committee.	VT	1
Open Angle	Prohibits treatment of all glaucomas except for open-angle glaucoma	CA;MD;ND;NH	4
	Prohibits treatment of all glaucomas, except for open angle, exfoliation, and pigmentary glaucomas	PA	1
Angle Closure/ Narrow Angle	Requires OD to refer patient to an Eye M.D. if requested by the patient, if indications of narrow angle glaucoma develop.	CA	1
	Prohibits treatment of angle closure glaucoma	CT;FL;GA;NH;PA;TX	6
	Requires referral within 30 days to Eye M.D. if patient develops angle closure glaucoma.	VA	1
	Prohibits oral agent for treatment of closed angle glaucoma attack	AZ	1
	Prohibits treatment of angle closure, except for initiation of immediate or emergency treatment.	DC;NV;RI;SC;VA;VT	5
Malignant Glaucoma	Prohibits treatment of malignant glaucoma and requires referral to Eye M.D.	PA;NV;TX;VT	4
Neovascular Glaucoma	Prohibits treatment of neovascular glaucoma and requires referral to Eye M.D.	PA;NV;TX;VT	4
Diabetes	Prohibits treatment of glaucoma patient who has diabetes, unless OD consults in writing with the physician treating the patient's diabetes in developing the glaucoma treatment plan. The physician shall provide written confirmation of these notifications.	CA	1
	Prohibits treatment of glaucoma patient who	CA	1

	has diabetes, unless OD notifies the physician treating the patient's diabetes in writing of any changes in the patient's glaucoma. The physician shall provide written confirmation of these notifications.		
	Prohibits treatment of glaucoma caused by diabetic complication if consulting Eye M.D. or physician determine that a referral is required.	NV;TX	2
Age Limitations	Prohibits treatment of infantile or congenital glaucoma	FL;NE;RI;VA	4
	Requires referral to Eye M.D. or other physician if faced with pediatric glaucoma	CT	1
	Prohibits treatment of glaucoma in persons under 18 years.	CA; NH	2
	Prohibits treatment of glaucoma in persons under 16 years.	NV;TX;VT	3
Secondary	Requires OD to refer patient to an Eye M.D. if requested by the patient, if indications of secondary glaucoma develop.	CA	1
	Requires referral to Eye M.D. or other physician in case of secondary glaucoma	CT	1
	Requires referral within 30 days to Eye M.D. physician in case of secondary glaucoma.	NH	1
Co-management Period	Prohibits independent glaucoma treatment, unless OD co-manages 50 glaucoma patients for a period of 2 years for each patient. Afterwards, OD must be certified by board to treat open angle glaucoma. The original patients may treated independently after OD has received certified by the board, with written consent of the patient.	CA	1
	Prohibits independent glaucoma treatment, unless OD co-manages 20 cases over a 2 year period; recent grads may be exempted.	KS	1
	Prohibits independent glaucoma treatment, unless OD provides evidence of 20 glaucoma referrals to MDs and 30 glaucoma consultations with MD. New graduates may be exempted.	MI	1
	Prohibits glaucoma treatment, unless OD comanages 25 glaucoma patients, including up to 5 established patients, during a period of not less than 18 months for each patient. New graduates; DVA, DOD, and NHIS ODs, creditaied to treat glaucoma for 12 months; ODs from another state credentialed to treat glaucoma treatment for 12 mothg; ODs who have completed a 12 month OD residency program may be exempted.	NH	1
	For the purposes of comangement, a Joint	NH	1

	pharmaceutical formulary and credentialing committee of 3 ODs and 3 Eye MDs must meet quarterly to review glaucoma reporting forms and develop prescription drug protocols; develop a reporting form and patient consent form; determine which combination medication shall be considered one medication for glaucoma treatment; and determine which optometrists have successfully completed the comanagement training regimen. A glaucoma credentialing reporting form must be submitted to the committee upon 18 months of treatment for each patient during the comanagement period..		
	Prohibits glaucoma treatment unless OD consults on 15 patients with Eye M.D. for at least 1 year.	NV	1
	Prohibits independent glaucoma and ocular hypertension treatment, unless OD co-manages 75 cases or co-manages for three years; recent grads may be exempted.	NY	1
	Prohibits independent glaucoma treatment, unless OD co-manages 20 cases for at least a 1 year period or until the patients have stabilized whichever is longer; new grads may be exempted.	RI	1
Initial Consultation	Prohibits treatment until OD makes a provisional diagnosis of glaucoma and the OD and the patient identifies a collaborating Eye MD during co-management period.	CA	1
	Prohibits treatment until OD makes a provisional diagnosis of glaucoma during comanagement period.	NH	1
	Prohibits treatment until OD makes a provisional diagnosis of glaucoma during 2 year post-comanagement period.	NH	1
	Prohibits treatment until OD transmits relevant documentation from the provisional examination along with the treatment plan to the collaborating Eye MD during co-management period.	CA	1
	Prohibit treatment until OD transmits relevant information from the provisional examination and history of the patient along with the treatment plan to the collaborating Eye MD during co-management period.	CA	1
	Prohibits glaucoma treatment w/o prior consultation with physician.	DC/OR	2
	Prohibits glaucoma treatment unless OD consults with Eye M.D. w/i 72 hours of	ND	1

	initiating treatment.		
	Prohibits glaucoma treatment, w/o written consultation with MD when diagnosis made; during co-management period.	NY	1
Confirmation of Diagnosis	Prohibits treatment unless Eye MD confirms the diagnosis during co-management period. Eye MD shall refute or confirm the diagnosis w/ 30 days by performing a physical examination of the patient.	CA	1
	Prohibits glaucoma treatment, unless Eye M.D. confirms diagnosis during co-management period.	KS;ME;NH;NV;RI;NY	6
	Prohibits glaucoma treatment, without confirmation of diagnosis by Eye M.D.	MD;TX	2
	Prohibits glaucoma treatment, unless Eye M.D. confirms diagnosis w/ 30 days of initial diagnosis for a period of 24 months after the end of the comanagement period.	NH	1
Treatment Plan	Prohibits treatment, unless OD develops treatment plan which considers target intraocular pressures, optic nerve appearance, visual field testing, and an initial proposal for therapy.	CA	1
	Prohibits treatment unless Eye MD approves the treatment plan in writing during co-management period.	CA	1
	Prohibits glaucoma treatment, unless consultation with Eye M.D. to develop written treatment plan during co-management period.	KS;ME;NY;RI	4
	Prohibits glaucoma treatment, unless OD jointly and promptly develops written treatment plan with Eye M.D. and can only be changed by joint agreement of OD and Eye M.D.	MD	1
	Prohibits glaucoma treatment unless OD and Eye M.D. develop treatment plan in accordance with the currently accepted standard of care.	ND	1
	Prohibits treatment unless ophthalmologist reviews proposed OD treatment plan during comanagement period.	NH	1
	Prohibits glaucoma treatment unless Eye MD, OD and patient mutually agree to and document a treatment plan during comanagement period.	NH	1
	Prohibits glaucoma treatment, unless Eye M.D. reviews treatment for a period of 24 months after the end of the comanagement period.	NH	1

	Prohibits glaucoma treatment, unless consultation with Eye M.D. w/i 30 days of diagnosis to develop treatment plan.	TX	1
Target Pressure	Requires referral to Eye M.D. or other physician if interocular pressure exceeds 35	CT	1
	Requires referral to Eye M.D. if target pressure is not met in 60 days.	SC	1
	Requires consultation with Eye M.D. if target pressure in treatment plan is not reached.	MD	1
	Requires referral to Eye M.D. if not progress achieved in realizing the selected pressure range considered unlikely to cause further optic nerve damage or result in further visual field loss.	ND	1
	Requires optometrist to consult with the co-managing ophthalmologist if target pressure is not reached within 90 days and the patient is experiencing optic nerve damage and visual field loss or the patient develops angle-closure or other secondary glaucoma.		
	Requires consultation and/or referral to Eye M.D. if patient does not respond to target pressure which is 80% of initial intraocular pressure.	TX	1
Review of Patient's Progress	Requires OD to notify Eye MD in writing if there is any change in medication used to treat the patient during co-management period	CA	1
	Requires OD to annually provide a written report to Eye MD about the achievement of goals contained in the treatment plan during co-management period. The Eye MD shall acknowledge receipt of the report in writing w/i 10 days.	CA	1
	Permits the Eye MD to periodically examine the patient at his or her discretion during co-management period.	CA	1
	Prohibits glaucoma treatment w/o periodic review of the patient's progress by Eye M.D.	TX	1
	Prohibits glaucoma treatment, unless Eye M.D. examines the patient once a year.	MD	1
	Requires referral to Eye M.D. or other physician if no substantial improvement in condition.	CT	1
	Requires consultation with Eye M.D. if there is worsening in a patient's visual field or optic nerve head.	MD	1
	Requires consultation within 30 days with Eye M.D. if there is worsening in a patient's visual field or optic nerve head upon maximum tolerated therapy.	NI	1

	Requires consultation with Eye M.D. if patient does not have expected response to treatment.	MD;ND	2
	Requires tests or photos to be provided to Eye M.D. for his or her review	MD	1
Notice to Patient	Requires OD, during co-management period, to provide the following information to the patient in writing: nature of the working suspected diagnosis, consultation evaluation by Eye MD, treatment plan goals, expected follow-up care, and a description of the referral requirements. The document shall be dated by both the OD and Eye MD and maintained in their files.	CA	1
	Requires OD to inform patient of seriousness of glaucoma.	FL	1
	Require patient to agree to treatment plan with the Eye MD and the OD during the comanagement period.	NH	1
	Requires OD to inform patient that disease will be confirmed and co-managed by Eye M.D. and must post notice in office; recent grads may be exempted	NY	1
	Requires OD to inform patient that disease will be confirmed and co-managed by Eye M.D.	TX	1
	Requires ODs to describe OD and ophthalmology education and state that they will refer to an ophthalmologist when collaboration is not enough and must be signed by patient.	VT	1
Education	Prohibits glaucoma treatment, unless OD completes 24 hour course in treatment and co-management of open angle glaucoma; new grads may be exempted.	CA	1
	Prohibits orals unless OD completes 44 hours of continuing education in glaucoma and use of oral drugs	IA	1
	Prohibits glaucoma treatment, unless OD completes 24 hour course in treatment and co-management of open angle glaucoma	KS	1
	Prohibits glaucoma treatment, unless OD completes 24 hour course in treatment of; glaucoma; new grads may be exempted. Six hours of continuing education in glaucoma annually to be sunsetted after 10 years.	MO	1
	Prohibits glaucoma treatment unless OD complete additional education requirements determined by the board; new grads exempted, but may be waived for those graduating after 2002.	NE	1

	Prohibits glaucoma treatment unless OD completes 40 hours of classroom education approved by interdisciplinary committee, but may be waived for those graduating after 2002..	NH	1
	Prohibits glaucoma treatment unless OD passes exam based on classroom glaucoma education approved by interdisciplinary committee.	NH	1
	Prohibits glaucoma treatment unless OD completes a minimum of 10 hours in glaucoma specific education of continuing education. 7 & hours must be by participation in formal courses and 3 hours may be by independent study	NH	1
	Prohibits glaucoma treatment, unless OD completes 100 hours of clinical training; recent grads and ODs independently treating for five years in another state exempted.	NY	1
	Prohibits glaucoma treatment, unless OD complete 18 hours of continuing education in glaucoma.	PA	1
	Prohibits glaucoma treatment, unless OD completes 4 hours of continuing education upon license renewal.	PA	1
	Prohibits glaucoma treatment, unless OD completes 24 hour course in use of therapeutics, including 14 hours on glaucoma.	RI	1
Oversight	Corroborating proof of completion of co-management requirement shall be supplied by Eye MD. before OD can be certified to treat open angle glaucoma independently by OD board.	CA	1
	Requires interprofessional committee to review evidence of glaucoma consultations.	ME	1
	Requires interprofessional committee to set clinical training and education requirements for treatment of glaucoma and must be approved by Medical Board	TX	1

### Prohibitions on the Use of Controlled Substances<sup>1</sup>

Index	Provision	State	No.
General Provisions	Prohibits General Anesthesia	CT, OR	2
	Prohibits oral sedative-hypnotics	WY	1
	Prohibits Conscious sedation	OR	1
	Prohibits Deep Sedation	OR	1
Schedule I	Prohibits all Schedule I Controlled	AK,AL,AR,AZ,CA,CO,CT,DE,FL,GA,HI	10

	Substance	;IL;IN;KY;LA;MA;MD;MI;ME;MN;MS; ND;NE;NH;NJ;NM;NV;NY;OK;PA;PR;RI; SC;TX;UT;VA;UT;WA;WV;WY	
	Prohibits Schedule I oral analgesics	MO	1
	Prohibits Schedule I controlled substances unless oral analgesic	DC;IA;KS;	3
	Prohibits Schedule I controlled substances that are not oral analgesics codeine, propoxyphene, hydrocodone, and dihydrocodeine, alone or in combination with nonscheduled or nonregulated drugs	MT	1
Schedule II	Prohibits all Schedule II Controlled Substances	AK;AL;AR;AZ;CA;CO;DE;FL;GA;HW;IN; KY;LA;MA;MD;ME;MI;MN;MS;ND;NE; NH;NJ;NV;NM;NY;OK;PA;PR;RI;SC;TX; UT;VA;VT;WA;WV;WY	38
	Prohibits Schedule II Oral Analgesics	MO	1
	Prohibits Schedule II controlled substances unless oral analgesic	DC;IA;KS;	3
	Prohibits Schedule II Controlled Substances, unless limited to 72 hour supply.	CT	1
	Prohibits Schedule II controlled substances unless non-narcotic oral analgesic	IL	1
	Prohibits Schedule II controlled substances that are not oral analgesics codeine, propoxyphene, hydrocodone, and dihydrocodeine, alone or in combination with nonscheduled or nonregulated drugs	MT	1
Schedule III	Prohibits Schedule III Controlled Substances	AK;DE;FL;HW;IN;MA;MD;MN;MS;ND;N Y;PR;RI	12
	Prohibits Schedule III pharmaceutical agents that are not narcotic analgesics or that do not contain Dihydrocodeinone, ("Hydrocodone") for more than 96 hours.	AL	1
	Prohibits Schedule III controlled substances, unless oral analgesic	AZ;DC;IA;KS;NE;NM;SD	7
	Prohibits Schedule III Controlled Substances except those used for ocular pain and inflammation.	CO	1
	Prohibits Schedule III Controlled Substances, unless limited to 72 hour supply	CT;KY;UT	3
	Prohibits Schedule III controlled Substances except oral analgesics; narcotic oral analgesic limited to 72 hours.	WV	1
	Prohibits Schedule III narcotic Controlled Substances	DE;	1
	Prohibits Schedule III controlled substances, unless oral analgesics but requires consultation with physician after 72 hours	GA	1
	Prohibits Schedule III controlled substances, unless non-narcotic analgesic	IL	1
	Prohibits Schedule III Controlled substances	IA	1

	for more than 48 hours and one additional 48 hour prescription is warranted by a follow-up		
	Prohibits Schedule III oral analgesics, unless OD consults w/ or refers to Eye M.D. after 48 hours	MO	1
	Prohibits Schedule III controlled substances except acetaminophen with thirty milligrams of codeine	ND	1
	Prohibits Schedule III controlled substances, unless oral analgesic but excludes treatment of lacrimal drainage system, lacrimal gland, or structures posterior to the iris. Specific analgesics must be approved by interprofessional committee.	NH	1
	Prohibits Schedule III controlled substances except Tylenol with codeine	VT	1
	Prohibits Schedule III controlled substances, except analgesics with hydrocodone with compounds or codeine with compounds if OD limits dose to 3 days with referral to Eye MD is pain persists.	CA	1
	Prohibits Schedule III controlled substances that are not oral analgesics codeine, propoxyphene, hydrocodone, and dihydrocodeine, alone or in combination with nonscheduled or nonregulated drugs	MI	1
	Prohibits Schedule III controlled substances, except analgesics with hydrocodone with compounds, codeine with compounds or propoxyphene with compounds if OD limits dose to 72 hours with no refill	NV	1
	Prohibits Schedule III analgesics for more than 7 days without consultation from a physician	OR	1
	Prohibits Schedule III analgesics for more than 7 days for a single trauma, episode, or incident without consultation from a physician	WA	1
	Prohibits Schedule III controlled substances, except for seven day supply of oral analgesic	SC	1
	Prohibits Schedule III controlled substances, except for one three-day supply of an analgesic	MI, TX	2
	Prohibits Schedule III Controlled Substances, except oral analgesics	VA	1
Schedule IV	Prohibits Schedule IV Controlled Substances	AK, AZ, DE, FL, HI, IN, MA, MD, NY, PR, RI	11
	Prohibits Schedule IV Controlled Substances that are not narcotic analgesics	AI	1
	Prohibits Schedule IV Controlled Substances except those used for ocular pain an	CO	1

	inflammation.		
	Prohibits Schedule IV Controlled Substances, unless limited to 72 hour supply.	CT;KY	2
	Prohibits Schedule IV Controlled Substances except oral analgesics; narcotic oral analgesic limited to 72 hours.	WV	1
	Prohibits Schedule IV narcotic Controlled Substances	DE;	1
	Prohibits Schedule IV controlled substances for more than 48 hours and one additional 48 hour prescription is warranted by a follow-up	LA	1
	Prohibits Schedule IV controlled substances, unless oral analgesics but requires consultation with physician after 72 hours	GA	1
	Prohibits Schedule IV oral analgesics, unless OD consults w/ or refers to Eye M.D. after 48 hours	MO	1
	Prohibits Schedule IV controlled substances, except for oral analgesic.	DC;IA;KS;MS;NM;NE;	6
	Prohibits Schedule IV controlled substances, unless non-narcotic analgesic	IL	1
	Prohibits Schedule IV controlled substances that are not oral analgesics codeine, propoxyphene, hydrocodone, and dihydrocodeine, alone or in combination with non-scheduled or nonregulated drugs	MI	1
	Prohibits Schedule IV controlled substances, unless oral analgesic but excludes treatment of lacrimal drainage system, lacrimal gland, or structures posterior to the iris. Specific analgesics must be approved by inter-professional committee	NH	1
	Prohibits Schedule IV controlled substances, except analgesics with hydrocodone with compounds or codeine with compounds if OD limit, dose to 3 days with referral to Eye MD if pain persists.	CA	1
	Prohibits Schedule IV controlled substances, except analgesics with hydrocodone with compounds, codeine with compounds or propoxyphene with compounds if OD limit, dose to 72 hours with no refill	NV	1
	Prohibits Schedule IV controlled substances, except for seven-day supply of oral analgesic	SC	1
	Prohibits Schedule IV controlled substances, except for one three-day supply of an analgesic	ME;TX	2
	Prohibits Schedule IV Controlled Substances, except oral analgesics	VA	1
	Prohibits Schedule IV analgesics for more	WA	1

	than 7 days for a single trauma, episode, or incident without consultation from a physician.		
Schedule V	Prohibits Schedule V Controlled Substances	AK;AZ;DE;FL;GA;HW;IL;IN;MA;MD;NE;NH;NY;PR;RI;	15
	Prohibits Schedule V Controlled Substances that are not narcotic analgesics.	AL	1
	Prohibits Schedule V Controlled Substances except those used for ocular pain and inflammation.	CO	1
	Prohibits Schedule V Controlled Substances, unless limited to 72 hour supply.	CT;KY	2
	Prohibits Schedule V Controlled substances for more than 48 hours and one additional 48 hour prescription is warranted by a follow-up	LA	1
	Prohibits Schedule V oral analgesics, unless OD consults w/ or refers to Eye M.D. after 48 hours	MO	1
	Prohibits Schedule V controlled substances that are not oral analgesics codeine, propoxyphene, hydrocodone, and dihydrocodeine, alone or in combination with nonscheduled or nonregulated drugs	MI	1
	Prohibits Schedule V Controlled substances except oral analgesics; narcotic oral analgesic limited to 72 hours.	WV	1
	Prohibits Schedule V controlled substances, except for oral analgesic.	DC;IA;KS;MS;NM;	5
	Prohibits Schedule V controlled substances, except analgesics with hydrocodone with compounds or codeine with compounds if OD limits dose to 3 days with referral to Eye MD if pain persists.	CA	1
	Prohibits Schedule V controlled substances, except analgesics with hydrocodone with compounds, codeine with compounds or propoxyphene with compounds if OD limits dose to 72 hours with no refill.	NV	1
	Prohibits Schedule V controlled substances, except for seven day supply of oral analgesic.	SC	1
	Prohibits Schedule V controlled substances, except for one three day supply of an analgesic.	MI;TX	2
	Prohibits Schedule V Controlled Substances, except oral analgesics	VA	1
	Prohibits Schedule V analgesics for more than 7 days for a single trauma, episode, or incident without consultation from a physician.	WA	1

1. Generally, there are no topical controlled substances. Topical cocaine is an exception that is uncommonly used by ophthalmologists and usually in connection with surgery involving the nose.

**I. Prohibitions and Limitations on the Use of Topical and Oral Steroids, Immunosuppressives, Antimetabolites, and Anti-Inflammatories (See also Ocular Inflammations)**

Topical and Oral Steroids	Prohibits Topical and Oral Steroids	PA;PR	2
Topical Steroids	Prohibits topical steroids for the treatment of ocular allergies, unless OD consults with Eye MD if patient's condition worsens 72 hours after diagnosis.	CA	1
	Prohibits topical steroids for the treatment of ocular allergies, unless OD consults with Eye M.D. if the inflammation is still present three weeks after diagnosis.	CA	1
	Prohibits topical steroids for the treatment of ocular allergies for more than six weeks after diagnosis after which OD must refer to Eye MD	CA	1
	Prohibits topical steroids for the treatment of ocular allergies for more than six weeks after diagnosis after which OD must refer to Eye MD	CA	1
	Prohibits topical steroids for the treatment of ocular allergies if condition recurs after six months after which OD must refer to Eye MD	CA	1
	Prohibits topical steroids for the treatment of unilateral nonrecurrent nongranulomatous idiopathic iritis or episcleritis, unless OD consults with an Eye MD if the patient's condition worsens 72 hours after the diagnosis.	CA	1
	Prohibits topical steroids for the treatment of unilateral nonrecurrent nongranulomatous idiopathic iritis or episcleritis, unless OD consults with an Eye MD if the patient's condition has not resolved within three weeks of diagnosis	CA	1
	Prohibits topical steroids for the treatment of unilateral nonrecurrent nongranulomatous idiopathic iritis or episcleritis if the patient is still receiving medication for the condition six weeks after diagnosis, after which a referral	CA	1
	Under no circumstances can OD treat	CA	1

	peripheral corneal inflammatory keratitis if it is Moorens or Terriens diseases.		
	Prohibits topical steroids for the treatment of peripheral corneal inflammatory keratitis, unless OD consults with an Eye MD if the condition worsens 48 hours after diagnosis.	CA	1
	Prohibits topical steroids for the treatment of peripheral corneal inflammatory keratitis if patient is still receiving medication two weeks after diagnosis, after which OD must refer patient to Eye MD.	CA	1
	Prohibits topical steroids for the treatment of traumatic iritis if condition worsens 72 hours after diagnosis, unless OD consults with Eye MD	CA	1
	Prohibits topical steroids for the treatment of traumatic iritis if patient condition has not resolved one week after diagnosis, after which OD must refer patient to Eye MD.	CA	1
	Prohibits Topical Steroids, if OD does not consult physician after 5 days; this requirement must be posted in OD's office.	NY	1
	Prohibits topical steroids, unless a collaborative practice protocol is established by the optometry board in consultation with and subject to the approval of the State Board of Physicians	MD	1
	Prohibits Topical Steroids, unless OD consults with Eye M.D. after 14 days and refers after 21 days	RI	1
	Prohibits Topical Steroids, unless OD consults with Eye M.D. during first 10 days and refers after 21 days	SC	1
	Prohibits Topical Steroids, unless OD refers to Eye MD if patient has not improved in 10 days and must consult with ophthalmologist before prescribing.	NH	1
Oral Steroids	Prohibits Oral Steroids	AK,AZ,CA,DC,DE,FL,GA,IL,IN,IA,MA,ME,MD,MI,MN,MS,ND,NE,NH,NM,NV, NY,PR,RI,PA,SC, TX,WA,WV	29
	Prohibits oral steroids, unless consultation with Eye MD.	KS	1
	Prohibits oral steroids, if used for more than 14 days.	IA	1
	Prohibits oral steroids for more than 7 days without consultation from a physician.	OR	1
	Prohibits oral steroids, if used for more than 6 days.	WV	1
	Prohibits oral steroids beyond 14 days if patient's primary care physician is not notified	VT	1

	Prohibits oral steroids without consultation with a physician.	SD	1
Immunosuppressives	Prohibits Oral Immunosuppressives	AK;AZ;FL;GA;IL;LA;MA;MD;MS;NE;NM;NY;PR;RI;VT;WA;WY	17
Anti-Metabolites	Prohibits Antimetabolites	AK;AZ;CA;DC;FL;GA;IL;LA;KS;MA;MD;ME;MS;ND;NE;NH;NM;NV;NY;PR;RI;SC;VT;WA;WY	25
	Prohibits Oral Methotexrate	IA	1
	Prohibits Imuran	IA	1
	Prohibits antineoplastics	OR	1
Nonsteroidal Anti-inflammatory	Prohibits nonprescription nonsteroidal anti-inflammatory agents, if dose exceeds maximum dose for prescription counterpart.	AZ	1
	Prohibits prescription nonsteroidal anti-inflammatory agents	AZ	1
	Prohibits prescription nonsteroidal anti-inflammatory agents for more than 3 days, after which if not resolved must refer to Eye MD	CA	1
	Prohibits prescription nonsteroidal anti-inflammatory agents, unless approved by interprofessional committee (10 have been approved)	NH	1
	Prohibits more than one seven-day supply of oral nonsteroidal anti-inflammatories	ME;TX	2
	Prohibits oral nonsteroidal anti-inflammatory agents	AK;CO;FL;DE;GA;IL;LA;MA;MD;NY;PR;RI	12

#### VII. Additional Prohibitions on the Use of Topical Therapeutic Pharmaceutical Agents

Index	Provision	State	No.
Topicals Generally	Prohibits all topical drugs	PR	1
	Prohibits topicals on Children less than 1 YR	CA;MD	2
	Prohibits the dispensing of more than 72 hour supply of topical drug	MD	1
Miotics	Prohibits Miotics for treatment purposes other than emergency relief of eyeball pressure buildup.	SC	1
Anti-Biotics (See Also Ocular Infections)	Prohibits specifically formulated or fortified ocular antibiotics	MD	1
	Prohibits use of topical antibiotics, sulfonamides which are topically administered, excluding treatment of lacrimal drainage system, lacrimal gland, or structures posterior to the iris, approved by interprofessional committee	NH	1
Antivirals	Prohibits use of topical antivirals for more than 3 weeks	CA	1

	Prohibits topical antivirals unless an optometrist informs the patient that if the condition does not improve in 5 days, a physician will be notified. Also requires optometrist to post office sign.	NY	1
	Prohibits Topical Steroids, unless OD refers to Eye M.D if patient has not improved in 10 days.	NH	1
	Prohibits topical antivirals unless an optometrist consults with an Eye M.D. after more than 14 days of treatment.	OR	1
Antifungals	Prohibits antifungals	CA;MD	2
Anti-parasitics	Prohibits antiparasitics	MD	1
Referral	Requires OD to communicate with patient to determine response of topical ocular agent as soon as practicable after 72 hours from the time the agent was administered or prescribed. If patient has not responded, OD must consult with Eye M.D.	MD	1
Adverse reactions	ODs and MDs must report adverse topical drug reactions with a report on adverse drug reactions filed with the legislature annually. Requires emergency plan for management and referral for adverse drug reactions	MN	1
	Pharmacy board must file complaints on administration of topicals to OD Board	MN	1
Education	Prohibits topicals, unless OD completes 60 classroom hours in ocular and clinical pharmacology, therapeutics, and anterior segment disease and 60 hours of clinical training	CO	1
	Prohibits topicals, unless OD completes 6 month internship, 24 hours continuing education every 2 years (12 in pharmacology).	DE	1
	Prohibits topicals, unless OD completes 110 hour transcript quality course work and clinical training in general and ocular pharmacology and one year in supervised diagnosis of eye disease or disorders.	HI	1
	Prohibits topicals, unless OD competes 20 hours of continuing education biennially	IA	1
	Prohibits topicals, unless OD completes 1 year of clinical training in diagnosis of eye disease	IL	1
	Prohibits topicals, unless OD completes 90 hours didactic and 30 supervised clinical education in therapeutics.	MA	1
	Prohibits topical, unless OD completes 60 hours in general and ocular pharmacology; 100 hours in treatment of eye condition with	MN	1

	topical drugs, 2 year of supervised clinical experience in diagnosis of eye disease or disorder or 1 year experience and 10 year actual clinical experience as licensed OD.		
	Prohibits topicals, unless OD completes 100 classroom course, including 60 hours clinical training in eye disease management.	NE	1
	Prohibits topicals, unless OD completes 100 classroom-clinical course hours in ocular and general pharmacology	NM	1
	Prohibits topicals unless 300 hours of clinical training in ocular disease other than glaucoma and ocular hypertension. Recent grads exempted.	NY	1
	Prohibits topicals, unless OD completes 72 hours of clinical therapeutic training in the direct therapeutic management of ocular disease in an internship with Eye M.D. The ratio of Eye M.D. to optometrists in the clinical training shall not exceed 1:4. The training shall include 50 eyelid, 50 conjunctiva, and 50 cornea disease cases. Prohibits glaucoma and anterior uveitis, unless OD completes 24 more hours of classroom study for amplified privileges to treat glaucoma and anterior uveitis	RI	1
	Prohibits topicals, unless OD completes 150 hours of classroom education and 40 hours of clinical training, and 5 hours of continuing education annually in ocular pharmaceuticals	SD	1
	Prohibits topicals, unless OD completes 75 hours of didactic and clinical instruction in general and ocular pharmacology.	WA	1

#### VIII. Additional Prohibitions on the Use of Oral Therapeutic Drugs

Index	Provision	State	No.
Orals Generally	Prohibits All Orals	AK;FL;MA;NY;PR;RI	6
	Prohibits All oral drugs except tetracycline	MD	1
	Prohibits All oral drugs, except specified oral analgesics	GA;	1
	Prohibits All oral drugs, except over the counter agents and nonnarcotic analgesics	IL	1
	Prohibits orals drugs, unless OD communicate with the patient's primary care provider, or with a physician skilled in eye disease, when it is medically appropriate, as determined by the OD	VT	1
Age Limitations	Prohibits oral drugs to persons less than six years of age	KS	1
	Prohibits oral drugs to persons less than one	CA;MD	2

	year of age.		
	Prohibits oral drugs to persons less than twelve years of age.	SD	1
Oversight	Prohibits orals not specified in statute or not approved by interprofessional committee and approved by medical board	TX	1
	Requires consultation with a treating Eye M.D. for 90 days following surgery if an oral drug is used by the optometrist.	WA	1
Antibiotics (See also Ocular Infections)	Prohibits Oral Antibiotics	AK;FL;GA;IL;MA;NY; PR;RI	8
	Prohibits Oral Antibiotics to Persons under 6	AZ	1
	Prohibits use of antibiotics except tetracycline and derivatives cephalosporins, penicillin and derivatives, and erythromycin, azithromycin, and clarithromycin, but limited to 72 hours for other than blepharitis and 10 days for blepharitis. If no improvement is shown in condition the OD must consult with PCP for referral to specialist is required	AZ	1
	If after the normal treatment period the condition is not resolved, the optometrist shall request that the primary care or family physician refer the patient to a specialist.	AZ	1
	Prohibits use of oral antibiotics except tetracyclines, dicloxacillin, amoxicillin, amoxicillin with clavulanate, erythromycin, clarithromycin, cephalexin, cephadroxil, cefaclor, trimethoprim with sulfamethoxazole, ciprofloxacin, azithromycin. Azithromycin shall be limited to the treatment of eyelid infections and chlamydial disease manifesting in the eyes	CA	1
	Prohibits Central Corneal Ulcer when the condition has not improved w/i 24 hour of diagnosis, unless OD consults with Eye MD.	CA	1
	Prohibits Central Corneal Ulcer when condition has not improved w/i 48 hours of diagnosis, after which OD shall refer patient to Eye MD.	CA	1
	Prohibits Central Corneal Ulcer if patient is still receiving antibiotics 10 days after diagnosis after which OD shall refer patient to Eye MD.	CA	1
	Prohibits treatment of corneal peripheral inflammatory keratitis if recurring within one year of initial occurrence, unless OD consults with Eye M.D.	CA	1
	Prohibits treatment of preseptal cellulitis if	CA	1

	the condition has not improved after 72 hours, after which OD must refer to Eye MD		
	Prohibits treatment of dacryocystitis if the condition has not improved after 72 hours, after which OD must refer to Eye MD	CA	1
	Prohibits treatment of preseptal cellulitis if the patient is still receiving oral antibiotics after 10 days, after which OD must refer to Eye MD	CA	1
	Prohibits treatment of dacryocystitis if the patient is still receiving oral antibiotics after 10 days, after which OD must refer to Eye MD	CA	1
	Prohibits Blepharitis if the condition has not improved w/1 six weeks after which OD must consult with Eye MD.	CA	1
	Prohibits use of prescription oral drugs except for tetracycline and its derivatives for treatment of meibomitis and seborrheic blepharitis.	MD	1
	Prohibits more than one 10-days supply of oral antibiotics	ME	1
	Prohibits use of oral antibiotics, sulfonamides which are orally administered, excluding treatment of lacrimal drainage system, lacrimal gland, or structures posterior to the iris, approved by interprofessional committee	NH	1
	Prohibits more than one 10-day supply of oral antibiotics	TX	1
Antivirals	Prohibits Antivirals	AK;AZ;DC;DE;FL;GA;IL;IA;MA;MD;NV; NY;PR;RI;WV	13
	Prohibits oral Acyclovir for treatment of conditions other than herpes simplex viral keratitis, herpes simplex viral conjunctivitis, periorbital herpes simplex viral dermatitis, varicella zoster viral keratitis, varicella zoster viral conjunctivitis, periorbital varicella zoster viral dermatitis.	CA	1
	Prohibits oral acyclovir for the treatment of herpes simplex keratitis or varicella zoster viral keratitis if condition has not improved 7 days after diagnosis, after which OD must refer patient to Eye MD	CA	1
	Prohibits oral acyclovir for the treatment of herpes simplex keratitis or varicella zoster viral keratitis if condition has not resolved 3 weeks after diagnosis, after OD must refer patient to Eye MD	CA	1
	Prohibits oral acyclovir for the treatment of herpes simplex viral conjunctivitis, herpes	CA	1

	simplex viral dermatitis, varicella zoster viral conjunctivitis, varicella zoster viral dermatitis, if condition has worsened after 7 days after diagnosis, OD must consult with Eye MD.		
	Prohibits oral acyclovir for the treatment of herpes simplex viral conjunctivitis, herpes simplex viral dermatitis, varicella zoster viral conjunctivitis, varicella zoster viral dermatitis, if condition has not after 3 weeks of diagnosis, after which OD must refer to Eye MD.	CA	1
	Prohibits more than one 10 day supply of oral antivirals	MN	1
	Prohibits more than one 10 day supply of oral antivirals with referral to a physician.	ME	1
	Prohibits acyclovir, valacyclovir, or famciclovir, unless the OD consults a physician.	OH	1
	Prohibits anti-virals, except for acyclovir, valacyclovir, or famciclovir.	NH;VT, PA	3
Antifungals	Prohibits Antifungals	AK;AZ;CA;CO;DC;DE;FL;GA;IL;KS;LA;MA;MD;MS;NH;NM;NV;NY;PR;RI;VT;WV;WY	22
Antiparasitics	Prohibits Antiparasitics	AK;CA;DE;FL;GA;HI;IL;MA;MD;MN;NY;PR;RI;VT	14
Anti-histamines	Prohibits Antihistamines	AK;FL;GA;HI;IL;MA;MD;NY;PR;RI	10
	Prohibits antihistamines, except for 7 day supply of cetirizine, loratadine, fexofenadine, but requires OD to get referral from MD.	AZ	1
	Prohibits oral antihistamines after two weeks, after which OD must refer to Eye MD.	CA	1
	Prohibits more than one 72-hour supply of oral antihistamines	ME;TX	2
	Prohibits oral decongestants	AK;CA;FL;GA;HI;IL;MA;MD;NY;PR;RI;SD;	12
	Prohibits oral mast-cell stabilizers	AK;CA;FL;GA;HI;IL;MA;MD;NY;PR;RI;SD;WV	13
Education	Prohibits any orals, unless OD completes education requirements specified by the board.	AZ;WV	2
	Prohibits orals unless OD completes 44 hours of continuing education in glaucoma and use of oral drugs	IA	1
	Prohibits orals, unless OD completes 15 hour course in the use of orals; recent grads exempted.	KS	1
	For persons without a therapeutic license, prohibits advance therapeutics unless OD completes 100 hour course in ocular	ME	1

	therapeutics, including at least 25 hours of supervised clinical training and another 25 hours devoted primarily to pharmacology and glaucoma. For persons with a therapeutic license, prohibits advance therapeutics unless OD completes 25 hours course devoted primarily to pharmacology and glaucoma and 3 didactic hours on antiglaucoma agents.		
	Prohibits orals, unless OD completes 10 hours of TPA in orals every two years	NJ	1
	Prohibits orals, unless OD completes 20 course in clinical pharmacology, including systemic pharmacology.	NM	1
	Requires interprofessional committee to set clinical training and education requirements for use of oral and must be approved by Medical Board	TX	1
	Requires completion of instructional clinical review course before orals	TX	1
	Prohibits oral drugs unless OD completes 16 hours of didactic and 8 hours of supervised clinical education that is certified by an institution of higher learning.	WA	1

#### IX. Specific Limitations on the Ordering of Tests

Index	Provision	State	No.
X-Rays	Prohibits X-Rays	AK;CT	2
Cultures	Prohibits ordering of tests, except for a conjunctival culture.	MD	1
CLIA	Prohibits ordering or performing of tests, if tests are not CLIA-waived clinical tests	AZ	1
	Authorizes commissioner of health to regulate laboratory practice of ODs to ensure that they are in full compliance w/CLIA.	TN	1
Costs	Requires ODs to disclose laboratory costs	LA	1
Topicals	Prohibits ordering of tests not related to the use of topical pharmaceutical agents	HW	1

#### X. Specific Limitations on Superficial Foreign Body Removal

Index	Provision	State	No.
Depth	Prohibits superficial foreign body removal below the Bowman's Layer.	CT;HW;TX;WI	4
	Prohibits superficial foreign body removal below anterior stroma	CA	1
	Prohibits perforating superficial corneal foreign body removal	CA	1
	Prohibits superficial foreign body if foreign body has penetrated the globe	FL	1
	Prohibits superficial foreign body removal	UT	1

	deeper than the anterior one-half of cornea		
	Prohibits foreign body removal from within the tissue of the eye	NY	1
	Prohibits superficial foreign body removal below the conjunctiva	WI	1
Visual Axis	Prohibits the use of sharp instruments if superficial foreign body is w/i central 3mm of cornea	CA	1
	Prohibits superficial foreign body removal w/i 2.5mm of visual axis.	MD	1
	Prohibits superficial foreign body removal w/i 3mm of visual axis, if body has penetrated deeper than the corneal epithelium	NH	1
Instruments	Prohibits superficial foreign body removal unless removed with cotton-tipped applicator or blunt spatula.	MD	1
	Prohibits superficial foreign body removal requiring surgical repair upon removal.	CA	1
Referral	Requires OD to refer to Eye M.D. to remove foreign bodies that are not superficial ocular or ocular adnexal foreign bodies.	SC	1

#### XI. Prohibitions on the Use of Injections

Index	Provision	State	No.
Types of Injections	Prohibits all Injectable Drugs	AK;CO;DE;FL;GA;HW;IL;KS;MA;ME;MS;MO;NE;NM;NV;NY;OH;PA;PR;RISC;WV;WY	24
	Prohibits Intravenous Drugs	AZ;CT;MA;ME;MN;NH;SC	7
	Prohibits Injections into the Eyeball	AL	1
	Prohibits use of needles	TX	1
	Prohibits Botox Injections	OR;VT	2
	Prohibits Intramuscular injections	MA;MN;ME	2
	Prohibits Intraocular injections	OR;VT	2
	Prohibits Subdermal injection	MA;ME	2
	Prohibits Retrobulbar injections	OR;MA;ME;VT	4
	Prohibits Subcutaneous injections	MA;VT	1
	Prohibits Subtenon injections	OR;VT	2
	Prohibits Ketamine (IM) for an infant's examination under anesthesia	VT	1
	Prohibits all injections except for fluorescein angiography, injection of chalazia, and injection of periorcular muscles. Prohibits Injection of the periorcular muscles for cosmesis; Prohibits injections into the extraocular muscles.	NC	
	Prohibits Infusions	WA	1
Specific Conditions	Prohibits the removal of benign skin lesions involving subcutaneous injections	VT	1

	Prohibits the management of skin and conjunctival neoplasms	VT	1
Anaphylactic Shock	Prohibits Subcutaneous injections, except for an injection to counter anaphylactic shock	ME	1
	Prohibits injectable drugs, except for epinephrine auto-injectors to counter anaphylactic shock and must maintain supportive equipment and supplies, including oxygen equipment, airway maintenance equipment or other necessary equipment.	AZ	1
	Prohibits injectable drugs, except for a automatic injectors	CA	1
	Prohibits injectable drugs, except for a automatic injectors and epi-pens followed by immediate referral to the nearest emergency facility	MS	1
	Prohibits injectable drugs, except for a automatic epinephrine injectors	LA	1
	Prohibits Injectable Drugs except for an injection to counter anaphylactic shock	AR;CT;DC;IA;KY;MN;NH;NJ	8
	Prohibits Injectable Drugs except for an epinephrine injection to counter anaphylactic shock	MD;VA;WA	3
	Prohibits Injectable Drugs except for an injection to counter anaphylactic shock and then must refer immediately to physician.	TX	1
	Prohibits Injectable Drugs except for an injection to counter anaphylactic shock, unless board approves individual ODs.	TN	1
	Prohibits Injectable drugs except for injections appropriate for the emergency stabilization of a patient.	VT	1
Diagnostic Agents	Prohibits Invasive diagnostic agents	HI	1
	Prohibits Indocyanine green angiography	VT	1
Education	Requires interprofessional committee to set clinical training and education requirements for use of parenteral drugs and must be approved by Medical Board	TX	1
	Prohibits injections for anaphylaxis unless OD gets an extra 4 hours of didactic and clinical education.	WA	1

## XII. Prohibitions on Surgery

Index	Provision	State	No.
Surgery Generally	Prohibits Surgery	AK,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,IL,IN,KS,KY,LA,MD,MN,MO,MS,MI,NC,NE,NH,NJ,NM,NV,NY,OH,PA,PR,RI,SD,TX,UT,VA,VT,WA,WV,WI,WY	42

9:53:05 AM  
5/12/07

May 11, 2007

Senator Bert Stedman  
Co-Chair, Senate Finance  
State Capital, Rm 516  
Juneau AK 99801-1182

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

Dear Senator Stedman,

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

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

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

Over the last six years optometrists and ophthalmologists have been engaged in a professional dispute in the legislature with the optometrists promoting the expansion of their scope of practice and the ophthalmologists supporting and

protecting public health by advocating comprehensive eye and total health care of Alaskans. Very little citizen input to protect the safety and health of Alaskan citizens has been presented to law makers.

Eye care is related to total body health and the risk of the loss of eyesight is great if eye care is not undertaken by qualified medical doctors. The loss of eyesight cannot be replaced and the diminishment of eyesight can be only prevented with the assistance of medical doctors addressing comprehensive health of patient. Legislative authorization of eye care by unqualified persons with the expanded authority to undertake the prescription of drugs and other procedures is not in the best interest of Alaskan citizens.

It is believed that CS HB 113 provides authorization of oral medications (antivirals, antifungals, antihistamines, antimetabolites, steroids, antibiotics, and oral anti-glaucoma drugs) - that will result in increased potential patient risks. In addition to the oral systemic drugs authorized in CS HB 113, this legislation also would allow Alaska optometrists to inject Botox into the eyelids and surrounding tissues, inject steroids into chalazions, inject anesthetics into the lid, and prescribe a broad array of narcotics and analgesics. Such a wide expanded prescription and injection authority is not in the best interest of patient care for Alaskans.

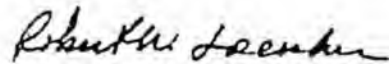
I believe that Alaskans should receive specialized medical care from the most qualified medical doctors available on the most comprehensive basis possible for the human body, including eyes.

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

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

Thanking you for this consideration.

Sincerely,



Robert W. Loescher

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

May 12, 2007

Senator Bert Stedman  
Co-Chair, Senate Finance  
State Capital, Rm 516  
Juneau AK 99801-1182

Re: Fiscal Note Impact Questions for CSHB 113, An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists

Dear Senator Stedman,

I have been following this legislation this year. I have questioned in the previous committee hearing why there is no fiscal note. I believe that there are fiscal note questions that should be asked. I have not been able to get any legislator to ask the questions about fiscal impacts to the Alaska State Departments, various boards, and the University of Alaska.

I have prepared a number of questions (hereby attached) that I request you ask at the Senate Finance Committee hearing. Please ask these questions.

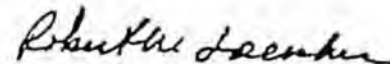
I will attend the hearing and provide testimony if public testimony will be permitted by the committee. However, I am blind and it may be difficult for me to read or reflect each of the questions that I have laid out in the attachment to this letter. If you could help me in this regard I would appreciate it.

This bill has been moving quite rapidly through the House and Senate. I hope that these questions can be asked by the Senate Finance Committee or a sub-committee of finance. I hope and request that the legislation is not waived through the committee without asking these questions and getting answers from the appropriate departments and boards that are affected by this bill. I believe that consumer interests need to be protected and that the highest standards of medical care be available and maintained by the most qualified medical practitioners within the

State of Alaska. I know that you share this same goal and I hope that you will seek the answers to the questions that I have put forth.

Thanking you for this consideration.

Sincerely,



Robert W. Loescher

10645 Misty Lane  
Juneau AK, 99801  
907-721-8516

Cc: Governor Sarah Palin  
Commissioner Emil Notti

**CS HB 113, AN ACT RELATING TO THE PRESCRIPTION AND  
USE OF PHARMACEUTICAL AGENTS, INCLUDING  
CONTROLLED SUBSTANCES, BY OPTOMETRISTS  
BEFORE  
SENATE FINANCE  
MAY 12, 2007**

FISCAL NOTE QUESTIONS: IMPACTS TO THE ALASKA BOARD OF EXAMINERS IN OPTOMETRY; ALASKA STATE MEDICAL BOARD; DEPARTMENT OF LABOR; DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT; UNIVERSITY OF ALASKA

Under current law, optometrists usually treat patients with simple eye diseases using topical drugs, whose effect on the body is generally more localized. If a patient presents him or herself with a complex eye disease, optometrists refer the patient to an ophthalmologist or other physician. However, because this bill would authorize optometrists to prescribe systemic drugs – oral drugs and injections, this bill could result in a wholesale shift in responsibilities in treating these very sick patients from physicians to optometrists.

WILL THE ALASKA BOARD OF EXAMINERS IN OPTOMETRY NEED TO HIRE AND TRAIN ADDITIONAL STAFF TO INVESTIGATE COMPLAINTS RESULTING FROM THE ADDITIONAL PATIENT LOAD AND THE MORE COMPLEX CONDITIONS THAT OPTOMETRISTS WILL BE TREATING?

WILL AN AGGREGATE SHIFT IN PATIENT POPULATION TO OPTOMETRISTS, HAVE A FISCAL IMPACT ON THE ALASKA STATE MEDICAL BOARD DUE TO A POSSIBLE CHANGE IN THE NUMBER AND TYPE OF INVESTIGATIONS PURSUED BY THE STATE MEDICAL BOARD?

SINCE MEMBERS OF THE OPTOMETRY BOARD DO NOT CURRENTLY TREAT THESE CONDITIONS WILL THE STATE OF ALASKA (I.E. DEPARTMENT OF LABOR, DEPARTMENT OF COMMERCE AND COMMUNITY ECONOMIC DEVELOPMENT, OR

UNIVERSITY OF ALASKA) BE REQUIRED TO PROVIDE MEMBERS WITH ADDITIONAL TRAINING IN ORDER TO APPROPRIATELY INVESTIGATE THESE MORE COMPLEX MEDICAL CASES?

SINCE SOME OF THESE COMPLEX CASES MAY ALSO INVOLVE PHYSICIANS LICENSED BY THE ALASKA STATE MEDICAL BOARD OR SYSTEMIC DISEASES NOT DIRECTLY RELATED TO EYE DISEASE BEING TREATED, WILL THE STATE MEDICAL BOARD BE REQUIRED TO HIRE ADDITIONAL STAFF TO ASSIST IN INVESTIGATIONS?

**CS HB 113, AN ACT RELATING TO THE PRESCRIPTION AND  
USE OF PHARMACEUTICAL AGENTS, INCLUDING  
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BEFORE  
SENATE FINANCE  
MAY 12, 2007**

FISCAL NOTE QUESTIONS: IMPACTS TO THE ALASKA STATE MEDICAL BOARD; DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT; ALASKA BOARD OF PHARMACY

Physicians have plenary licenses, but optometrists do not. If this bill is enacted optometrists would not be able to prescribe all systemic drugs and controlled and cannot treat diseases unrelated to the eye. However, only a few of these limitations, such as Botox and Schedule I and II Controlled Substances are specified in the bill. This presents the Alaska Board of Examiners in Optometry with the difficult problem of determining whether licensees are conforming to limitations in the law.

IN ADDITION TO ANALYZING INDIVIDUAL COMPLAINTS FROM PATIENTS AND SURVEYS OF LICENSEES, WILL THE OPTOMETRY BOARD AND/OR THE STATE MEDICAL BOARD BE REQUIRED TO PURCHASE PHARMACEUTICAL INDUSTRY DATA AND TO HIRE STAFF TO ASSIST IN STATISTICAL ANALYSIS TO MAKE AN ACCURATE ASSESSMENT OF PRESCRIBING PATTERNS TO PROPERLY PROTECT THE PUBLIC?

WILL THE ALASKA BOARD OF PHARMACY BE REQUIRED TO INVESTIGATE, TRAIN, AND TEST LICENSEES TO ENSURE THAT PHARMACISTS ARE NOT FILLING PHARMACEUTICAL ORDERS FOR DISEASES THAT ARE NOT RELATED TO THE EYE AND OUTSIDE THE SCOPE OF PRACTICE OF OPTOMETRY?

**CS HB 113, AN ACT RELATING TO THE PRESCRIPTION AND  
USE OF PHARMACEUTICAL AGENTS, INCLUDING  
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BEFORE  
SENATE FINANCE  
MAY 12, 2007**

FISCAL NOTE QUESTIONS: IMPACTS TO THE ALASKA BOARD OF EXAMINERS IN OPTOMETRY; DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

This bill would authorize optometrists to prescribe controlled substances.

SINCE THESE SUBSTANCES HAVE BEEN KNOWN TO BE SUBJECT TO ABUSE BY THOSE WHO PRESCRIBE THEM, WHAT WILL BE THE COST TO THE ALASKA BOARD OF EXAMINERS IN OPTOMETRY OF ESTABLISHING AND ADMINISTERING AN IMPAIRED LICENSEE PROGRAM FOR THOSE PRESCRIBING CONTROLLED SUBSTANCES?

**CS HB 113, AN ACT RELATING TO THE PRESCRIPTION AND  
USE OF PHARMACEUTICAL AGENTS, INCLUDING  
CONTROLLED SUBSTANCES, BY OPTOMETRISTS  
BEFORE  
SENATE FINANCE  
MAY 12, 2007**

**FISCAL NOTE QUESTIONS: IMPACTS TO THE DEPARTMENT OF  
HEALTH, EDUCATION AND SOCIAL SERVICES; DEPARTMENT OF  
REVENUE; DEPARTMENT OF COMMERCE, COMMUNITY, AND  
ECONOMIC DEVELOPMENT**

This bill would increase the number of providers eligible for reimbursement from the State Medicaid System who treat systemic eye disease by several hundred percent. Alaskans who would be impacted are largely children and senior citizens.

**WHAT WILL BE THE FISCAL IMPACT OF THE INCREASE IN THE  
PROVIDER POPULATION FROM PRIVATE MEDICAL CARE VISITS  
AND THE IMPACT ON THE STATE MEDICAID BUDGET, SINCE  
PRESUMABLY MORE OFFICE VISITS WILL BE MADE, MORE  
TESTS WILL BE ORDERED, MORE PATHOLOGY WILL BE  
TREATED, AND MORE MEDICATIONS WILL PRESCRIBED?**

**CS HB 113, AN ACT RELATING TO THE PRESCRIPTION AND  
USE OF PHARMACEUTICAL AGENTS, INCLUDING  
CONTROLLED SUBSTANCES, BY OPTOMETRISTS  
BEFORE  
SENATE FINANCE  
MAY 12, 2007**

FISCAL NOTE QUESTIONS: IMPACTS TO THE ALASKA BOARD OF EXAMINERS IN OPTOMETRY; ALASKA STATE MEDICAL BOARD; DEPARTMENT OF LABOR; DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT; UNIVERSITY OF ALASKA

12 AAC 48.021 and 12 AAC 48.025 authorize the board to issue a license endorsement to prescribe topical diagnostic agents and topical pharmaceutical agents and to charge specified fees under 12 AAC 02.300. Therefore, all the endorsements issued up to now have been for optometrists to prescribe either diagnostic drugs or all topical drugs. In addition to the requirements to prescribe topical drugs under existing law, to prescribe all the systemic drugs and controlled substances in CSHB 113, optometrists are required to take a nontopical therapeutic pharmaceutical agent course of at least 23 hours approved by the board or an examination approved by the board on the treatment and management of ocular disease; AND an optometry and nontopical therapeutic pharmaceutical agent injection course of at least seven hours approved by the board or equivalent training acceptable to the board. Optometrists with a topical drug endorsement may have already complied with the first requirement under existing board regulations IF the test they are referring to in the bill is the same test referenced in 12 AAC 48.025 (3)(B) known as the TMOD test. In any case, optometrists would also have to submit proof that they complied with the injection requirement to obtain an endorsement to prescribe all the drugs in this bill. All new optometrists and all existing optometrists wanting to prescribe all the drugs in this bill would have to submit an application for an endorsement. According to Section 6 of the bill, optometrists with topical endorsement would not be able to renew their endorsements. Therefore, if optometrists want to prescribe any drug after the endorsement expires, they would have to obtain endorsement to prescribe all drugs. To pay for the administrative impact of issuing the drug endorsement to new optometrists that want the endorsement, existing optometrists that have no endorsement

but want an all drug endorsement, existing optometrists that only have a diagnostic endorsement, and existing optometrists that already have a topical endorsement, the optometry board has the authority to levy fees.

WHAT WILL BE THE ADDITIONAL OR ADMINISTRATIVE COSTS TO THE ALASKA STATE BOARD OF EXAMINERS IN OPTOMETRY ASSOCIATED WITH ESTABLISHING AND MANAGING THIS SYSTEM OF ENDORSEMENTS FOR OPTOMETRISTS THAT WOULD BE PRESCRIBING SYSTEMIC DRUGS?

WILL THE FEES LEVIED BE TIER BASED ON THE FACT THAT THE APPLICANTS MAY HAVE DIFFERENT LEVELS OF DRUG ENDORSEMENT AND SO ADMINISTRATIVE COSTS MAY VARY IN RELATION TO THE LICENSEE'S ENDORSEMENT STATUS? WILL A TIERED SYSTEM BE PRACTICAL, EQUITABLE, AND COVER COSTS?

**CS HB 113, AN ACT RELATING TO THE PRESCRIPTION AND  
USE OF PHARMACEUTICAL AGENTS, INCLUDING  
CONTROLLED SUBSTANCES, BY OPTOMETRISTS  
BEFORE  
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MAY 12, 2007**

FISCAL NOTE QUESTIONS: IMPACTS TO THE ALASKA BOARD OF EXAMINERS IN OPTOMETRY; ALASKA STATE MEDICAL BOARD; DEPARTMENT OF LABOR; DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT; UNIVERSITY OF ALASKA

This bill requires an optometrist to file a federal drug enforcement registration number that is valid for controlled substances with the Alaska Department of Commerce, Community, and Economic Development. This also implies that the department would have to coordinate with the Alaska State Medical Board and the Alaska Board of Examiners in Optometry to ensure compliance with this paragraph.

WOULD THE BILL HAVE AN ADMINISTRATIVE COST IMPACT ON THE ALASKA DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT SINCE THE BILL APPEARS TO INCREASE ITS DUTIES AND MAY IMPACT AGENCY SPENDING OR STAFFING REQUIREMENTS?

WOULD THIS BILL INCREASE THE DUTIES OF THE ALASKA STATE MEDICAL BOARD AND THE ALASKA BOARD OF EXAMINERS IN OPTOMETRY IF OPTOMETRISTS ARE NOT IN COMPLIANCE WITH THIS PROVISION?



STATE OF ALASKA  
DEPARTMENT OF  
**COMMERCE**  
COMMUNITY AND  
ECONOMIC DEVELOPMENT

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

Division of Corporations, Business and Professional Licensing

May 14, 2007

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

Dear Senators Hoffman and Stedman:

Re: CSHB 113

Alaska State Board of Examiners in Optometry  
Official Position Statement

House Bill 113, if enacted, would authorize qualified optometrists with a current license endorsement to prescribe additional classes of pharmaceutical agents including limited systemic drugs. The Board voted unanimously via mail ballot dated April 9, 2007 to fully support HB 113.

The Board's support of HB 113 is based upon the following points:

- Optometrists have been safely prescribing systemic drugs in other states since 1977. Similar legislation has been enacted in 45 other states throughout the last 30 years with no reported problems. With advancing research and technology, there are many new drug treatments introduced every year, and Alaska licensees with a therapeutic endorsement need to be able to prescribe the most advanced treatments.
- The Alaska Board of Optometry has received zero complaints involving drug prescriptions since the 1992 Alaska legislation was enacted authorizing therapeutic prescribing by optometrists. HB 113 expands this authority to include limited systemic medications for those licensees with a therapeutic endorsement.
- HB 113 restricts optometrists to treating ONLY the eye and surrounding tissues. Doctors of optometry complete comprehensive training on all types of prescriptive medicines for the whole body plus the eye, including contraindications and side effects. Optometrists are fully educated and competent to use any drug for treating the eye regardless of its route of administration.

PO Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2534 Fax: (907) 465-2974 Website: [www.vcommerce.state.ak.us/occ](http://www.vcommerce.state.ak.us/occ)

Senator Lyman Hoffman  
Senator Bert Stedman  
May 14, 2007  
Page 2

- In 2001 the Alaska State Medical Board surveyed medical boards throughout the nation to find out if there were any problems in states where similar legislation had been enacted. Not one medical board reported any problems with optometrists prescribing.
- Optometrists take national board exams administered by the National Board of Examiners in Optometry (NBEC). HB 113 requires licensed optometrists to take additional continuing education courses to stay current in their knowledge and training. With Board of Optometry oversight, there are adequate safeguards in place to protect the public.
- HB 113 greatly improves access to quality eye care, as Alaska optometrists have excellent geographic distribution in many rural areas and often service remote areas. It will be beneficial in lowering health care costs by reducing unnecessary second referrals and reducing travel costs and lost work time for the patient.

Sincerely,

*Jill Geering Matheson, OD*

Jill Geering Matheson, OD, Chair  
Board of Examiners in Optometry

cc: Senator Elton  
Senator Olson  
Senator Thomas  
Senator Dyson

From the desk of Bob Loescher, 10645 Misty Ln, Juneau, Alaska  
99801 – 907-723-8516

May 14, 2007

**Re: HB 113**

Dear Alaska Legislature,

Below is information I gathered yesterday in reviewing more information from the state web site.

Thank you for your consideration.

Bob

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On September 27, 2005, a Legislative Audit Report submitted by the Division of Corporations, Business, and Professional Licensing to the Members of the Legislative Budget and Audit Committee recommended that the Optometry Board should review its fee schedule to decrease licensing fees in order to eliminate the Board's current and projected surplus. Given that CS HB 113 would impose new duties on the board pertaining to administrative costs related to endorsement, investigations, and training of Board members, it is unclear whether the Legislative Audit report's recommendation to decrease fees would remain valid and if they did, to what extent and for how long it would remain valid.

<http://www.legaudit.state.ak.us/pages/audits/2005/pdf/20042rpt.pdf>  
<<http://www.legaudit.state.ak.us/pages/audits/2005/pdf/20042rpt.pdf>>

During the summer of 2006, the Division apparently completed a review of optometry licensing fees. At its May 12th 2006 Board meeting, the optometry board went into executive session to review and discuss the division's proposal for license fees amendments. The outcome of the discussion is not stated in the public record. Furthermore, at that same meeting, the Board also agreed to recommend to the Division that fees for the endorsement to prescribe pharmaceuticals be absorbed into the license fee and that all licensees would be charged the same fee, regardless of endorsement status.

[http://www.dced.state.ak.us/occ/pub/OPT\\_5\\_05\\_meeting\\_minutes.pdf](http://www.dced.state.ak.us/occ/pub/OPT_5_05_meeting_minutes.pdf)  
<[http://www.dced.state.ak.us/occ/pub/OPT\\_5\\_05\\_meeting\\_minutes.pdf](http://www.dced.state.ak.us/occ/pub/OPT_5_05_meeting_minutes.pdf)>

Because the Optometry Board has not posted minutes of its December 1st 2006 meeting or its May 11th 2007 meeting\* on its website, there is no readily accessible public record of whether both of these proposed changes in the fee structure were discussed further and what was the quality of the analysis and how the proposals would be affected by CS HB 113, if it were to be enacted. In sum, there are a number of unanswered questions pertaining to the appropriate funding level and fee structure of the Board in relation to the new duties imposed by CSHB 113

\*May 11th meeting was postponed on May 7th according to the Board's web site:\*\*\*\*\*

# SENATE COMMITTEE REPORT

DATE: 5/7/07

FURTHER: Finance

DATE TURNED IN TO OFFICE: 5/10/07

Labor and Commerce Committee considered CS FOR HOUSE BILL NO. 113(HES)

## HB 113 OPTOMETRISTS' USE OF PHARMACEUTICALS

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

and recommends:

- be replaced with  SCS or  CS CSHB 113 (L+C)
- adopt previous  SCS or  CS \_\_\_\_\_ (\_\_\_\_\_)
- attached amendment(s)
- adopt \_\_\_\_\_ Letter of Intent
- further referral to \_\_\_\_\_ Committee

**SENATE BILL:**  
 Same Title  
 New Title

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**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#
<del>LABOR</del> <u>COMMERCE</u>	<u>4/2/07</u>			✓	1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
<i>C Bunde</i>	Bunde			✓	
<i>B Davis</i>	DAVIS				✓
CHAIR: <i>Jeff Ellis</i>	ELLIS			✓	

# SENATE COMMITTEE REPORT

DATE: 4/23/07

FURTHER: Labor and Commerce  
Finance

DATE TURNED  
IN TO OFFICE: 5/7/07

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

## HB 113 OPTOMETRISTS' USE OF PHARMACEUTICALS

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

and recommends:

- be replaced with  SCS or  CS CS HB113 (HES)
- adopt previous  SCS or  CS \_\_\_\_\_ (\_\_\_\_\_)
- attached amendment(s)
- adopt \_\_\_\_\_ Letter of Intent
- further referral to \_\_\_\_\_ Committee

**SENATE BILL:**  
 Same Title  
 New Title

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**HOUSE BILL:**  
 Same Title  
 Technical Title Change  
 New Title w/  
 SCR # TECH

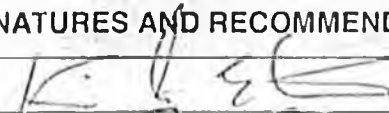
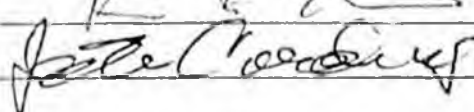
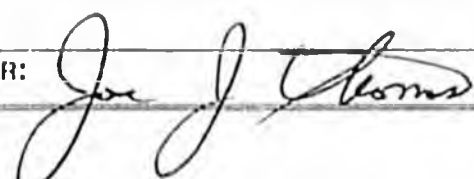
**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	indet.	Zero	FN#

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Keith	✓			
	<del>Crook</del>			✓	
CHAIR: 	Thomas			✓	

Vice

**HB**

**120**

HFIN

FILE



# FISCAL NOTE

**STATE OF ALASKA**  
**2007 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB 120  
 () Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Public Safety  
 Title: "An Act extending the Council on Domestic Violence RDU CDVSA  
 Component CDVSA  
 Sponsor Representative Fairclough  
 Requester House Finance Committee Component No. 521

**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		*	*	*	*	
<b>TOTAL OPERATING</b>	<b>0.0</b>	*	*	*	*	

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE (Thousands of Dollars)**

1002 Federal Receipts		*	*	*	*	
1003 GF Match		*	*	*	*	
1004 GF		*	*	*	*	
1005 GF/Program Receipts		*	*	*	*	
1037 GF/Mental Health		*	*	*	*	
1171 PFD Crim		*	*	*	*	
<b>TOTAL</b>	<b>0.0</b>	*	*	*	*	

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

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

This bill extends the termination date of the Council on Domestic Violence and Sexual Assault (CDVSA) to June 30 2011.

CDVSA is currently in their sunset year. The Department of Public Safety did include funding for CDVSA in the FY 2008 budget thus it is not shown in this fiscal note.

Funding for CDVSA for FY 2009-FY 2011 is shown as indeterminate. The funding for this component is approved through the operating budget and is subject to approval by the Legislature.

Prepared by: House Finance Committee Phone: 465-4945  
 Division: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Approved by: Representative Meyer Date: \_\_\_\_\_  
Representative Chena

# FISCAL NOTE

**STATE OF ALASKA**  
**2007 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB 120  
 () Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Public Safety  
 Title: "An Act extending the Council on Domestic Violence" RDU: CDVSA  
 Component: Batterers Intervention Program  
 Sponsor: Representative Fairclough  
 Requester: House Finance Committee Component No.: 2241

**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						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>.</b>	<b>.</b>	<b>.</b>	<b>.</b>	

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF		.	.	.	.	
1005 GF/Program Receipts						
1037 GF/Mental Health						
1171 PFD Crim						
<b>TOTAL</b>	<b>0.0</b>	<b>.</b>	<b>.</b>	<b>.</b>	<b>.</b>	

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

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)  
 This bill extends the termination date of the Council on Domestic Violence and Sexual Assault (CDVSA) to June 30, 2011.  
 CDVSA is currently in their sunset year. The Department of Public Safety did not include funding for CDVSA in the FY 2008 budget, thus it is not shown in this fiscal note.  
 Funding for CDVSA for FY 2009-FY 2011 is shown as indeterminate. The funding for this component is approved through the operating budget and is subject to approval by the Legislature.

Prepared by: House Finance Committee Phone: 465-4945  
 Division: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Approved by: Representative Meyer Date: \_\_\_\_\_  
Representative Chenail

amended 6/7

25-LS0532VA

HOUSE BILL NO. 120

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVES FAIRCLOUGH, Harris, Samuels, Roses, Hawker, Meyer, Kelly, Seaton, Johnson, Lynn, Gatto, Gardner, Neuman, Edgmon, Chenault, Dahlstrom, LeDoux, Crawford, Gruenberg, Doogan, Doll, Wilson, Olson, Nelson, Joule, Holmes, Buch, Thomas, KJhring, Coghill

Introduced: 2/7/07

Referred:

A BILL

FOR AN ACT ENTITLED

1 "An Act extending the Council on Domestic Violence and Sexual Assault; and providing  
2 for an effective date."

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

4 \* Section 1. AS 18.66.010(a)(5) is amended to read:

5 (5) Council on Domestic Violence and Sexual Assault (AS 18.66.010)

6 - June 30, ~~2011~~[2006]; 2014

7 \* Sec. 2. This act takes effect immediately under AS 01.10.070(c).

# FISCAL NOTE

STATE OF ALASKA  
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1  
Bill Version: HB 120  
(H) Publish Date: 2/14/07

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Public Safety  
Title: "An act extending the Council on Domestic Violence.. RDU Council on Domestic Violence and Sexual Assault  
Component: Batterers Intervention Program  
Sponsor: Representative Fairclough  
Requester: House HESS Component No. 2241

**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	200.0	200.0	200.0	200.0	200.0	200.0
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>200.0</b>	<b>200.0</b>	<b>200.0</b>	<b>200.0</b>	<b>200.0</b>	<b>200.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	200.0	200.0	200.0	200.0	200.0	200.0
1007 I/A Receipts						
1171 PFD Crim						
Other (Specify Type--Do not abbreviate)						
<b>TOTAL</b>	<b>200.0</b>	<b>200.0</b>	<b>200.0</b>	<b>200.0</b>	<b>200.0</b>	<b>200.0</b>

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

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

This bill extends the termination date of the Council on Domestic Violence and Sexual Assault to June 30, 2011.

Prepared by: Chris Ashenbrenner, Interim Program Administrator  
Division: Council on Domestic Violence and Sexual Assault  
Approved by: Commissioner Walt Monagan  
Agency: Department of Public Safety

Phone: 465-5501  
Date/Time: 2/13/2007 10:00AM  
Date: 2/13/2007

# FISCAL NOTE

STATE OF ALASKA  
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2  
Bill Version: HB 120  
(H) Publish Date: 2/14/07

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Public Safety  
Title: "An act extending the Council on Domestic Violence.. RDU Council on Domestic Violence and Sexual Assault  
Component: CDVSA  
Sponsor: Representative Fairclough  
Requester: House HESS Component No. 521

### 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	698.2	698.2	698.2	698.2	698.2	698.2
Travel	83.5	83.5	83.5	83.5	83.5	83.5
Contractual	939.2	939.2	939.2	939.2	939.2	939.2
Supplies	12.3	12.3	12.3	12.3	12.3	12.3
Equipment	16.2	16.2	16.2	16.2	16.2	16.2
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	8,877.6	8,877.6	8,877.6	8,877.6	8,877.6	8,877.6
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>10,627.0</b>	<b>10,627.0</b>	<b>10,627.0</b>	<b>10,627.0</b>	<b>10,627.0</b>	<b>10,627.0</b>

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ( )						
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### FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	3,467.9	3,467.9	3,467.9	3,467.9	3,467.9	3,467.9
1003 GF Match						
1004 GF	2,544.8	2,544.8	2,544.8	2,544.8	2,544.8	2,544.8
1007 I/A Receipts	824.7	824.7	824.7	824.7	824.7	824.7
1171 PFD Crim	3,789.6	3,789.6	3,789.6	3,789.6	3,789.6	3,789.6
Other (Specify Type--Do not abbreviate)						
<b>TOTAL</b>	<b>10,627.0</b>	<b>10,627.0</b>	<b>10,627.0</b>	<b>10,627.0</b>	<b>10,627.0</b>	<b>10,627.0</b>

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

### POSITIONS

Full-time	8	8	8	8	8	8
Part-time						
Temporary						

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

This bill extends the termination date of the Council on Domestic Violence and Sexual Assault to June 30, 2011.

Prepared by: Chris Ashenbrenner, Intention Program Administrator  
Division: Council on Domestic Violence and Sexual Assault  
Approved by: Commissioner Walt Monegan  
Agency: Department of Public Safety

Phone: 465-5504  
Date/Time: 2/13/07 10:00AM  
Date: 2/13/2007



## Alaska State Legislature

Representative Anna Fairclough — House District 17

### House Bill 120

#### Extending Council on Domestic Violence

*"An Act extending the Council on Domestic Violence and Sexual Assault; and providing for an effective date."*

The reauthorization of the Council on Domestic Violence and Sexual Assault (CDVSA) is necessary to provide a focal point to address interpersonal violence in our state. CDVSA brings state agencies and victim service providers together to coordinate efforts. We in the Legislature should look to the CDVSA to not only help with delivery of services, but to help reduce and prevent interpersonal violence in our state.

For the past 10 years Alaska has ranked in the top three in the nation per the Uniform Crime Reporting code for domestic violence and sexual assault. Alaska has the highest rate per capita of men murdering women.

CDVSA's mission is to "reduce the causes and incidents; and to alleviate the effects of domestic violence and sexual assault."

The Council works in coordination with the Departments of Public Safety, Law, Education, Health and Social Services, and the Network on Domestic Violence and Sexual Assault to provide a safety net of services to meet the needs of those affected by domestic violence and sexual assault in our state.

In FY 06, the Council funded two prison-based batterers' programs and three community-based batterers' programs and 20 community-based victim's services programs.

The reauthorization of the CDVSA will ensure that Alaska receive its share of Federal funding to combat interpersonal violence and continue to educate our state on issues of domestic violence and sexual assault, while coordinating prevention and response services.

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Session: Alaska State Capitol • Juneau, AK 99801 • 907-465-3777 • Fax 907-465-2819

Interim: 10928 Eagle River Road, Suite 238 • Eagle River, AK 99577 • 907-694-8944 • Fax 907-694-8945

Representative Anna\_Fairclough@legis.state.ak.us

# ALASKA'S WOMEN'S LOBBY

AWL Mission: To defend and advance the rights and needs of Women,  
Children and Families in Alaska

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P.O. Box 20891  
Juneau, Alaska 99802  
[www.akwomenslobby.org](http://www.akwomenslobby.org)

2007  
AWL Steering  
Committee  
Members

Caren Robinson  
Lobbyist

Geran Tarr  
Chair

Jayne Andreen

Diane DiSanto

Marissa Flaumery

Torie Foot

Sherrie Goff

Naeole Heslep

Cady Lister

Patricia Macklin

Rebecca Madison

Lauree Morton

Mary Elizabeth Rider

Nancy Sheetz-Freymler

Libby Silberling

Jana Varrati

Rose Wysocki

## Support for HB 120, CDVSA Extension February 2007

The Alaska Women's Lobby is a statewide citizens group dedicated to advancing and protecting the rights of women and families. **We support extending the Council on Domestic Violence and Sexual Assault.** Unfortunately, Alaska continues to nationally rank in the top five for both of these crimes and we need a Council to coordinate the state's response to them.

Providing formal time and space to allow the Departments of Public Safety, Law, Health and Social Services and Education to work together with the public to develop resources, protocols and procedures to be implemented in reducing domestic violence and sexual assault is essential in a state with our geographic and communications challenges.

The Council also serves as the primary state funding mechanism for services to victims of domestic violence and sexual assault and for rehabilitative services to batterers. Coordinating training, providing monitoring to ensure consistency in offered services and working together with the public to develop and implement strategies to increase victim safety are critical components of the Council's work.

Thank you for your prompt action in hearing HB 120. Please support the passage of this bill from committee and vote yes when it reaches the Floor.



DOVE COTTAGE  
A Place of Peace  
SHAA-KA UT-YATX-N'GOW

## Aiding Women in Abuse and Rape Emergencies

"Serving Juneau and Nine Southeastern Communities"

P.O. Box 20809 • Juneau, Alaska 99802-0809

(907) 586-6623 (business)

(907) 586-2479 (fax)

(907) 586-1090 (crisis)

1-800-478 1090 (toll free in state)

E-mail: aware@alaska.com

February 7, 2007

Dear Representative Fairclough: *Anna*

I am writing to request your support for extending the termination date of the Council on Domestic Violence and Sexual Assault (CDVSA).

As you know, the CDVSA is a key player in our important work to end domestic violence and sexual assault in Alaska. We work closely with the CDVSA to secure adequate funding and to coordinate agency and community responses essential for safety for victims and accountability for offenders.

If you have any questions or would like additional information, please don't hesitate to contact me.

Sincerely,

Saralyn Tabachnick  
Executive Director





The Honorable Rep. Anna Fairclough  
 State Capitol Bldg., Room 411  
 Juneau, Alaska 99801

Dear Representative Fairclough,

Standing Together Against Rape (STAR) is a community based agency which has provided sexual assault advocacy services to victims of sexual assault and their families in the greater Anchorage area for thirty years (30). STAR also provides individual legal advocacy services as well as community education and rural outreach programming. STAR is a member of the statewide coalition, Alaska Network on Domestic Violence and Sexual Assault (ANDVSA). STAR relies on the Council on Domestic Violence and Sexual Assault (CDVSA) to maintain necessary funding levels to meet the growing needs in our community.

The CDVSA is an important and vital link to the voices of Alaskans regarding the impact that sexual assault and domestic violence has in our communities. Through our relationship with CDVSA, STAR has been able to strengthen services to victims of sexual assault, increase community awareness, and build stronger relationships with area providers.

On behalf of STAR and the community of Anchorage we thank you for introducing House Bill 120, an Act that would extend the Council on Domestic Violence and Sexual Assault, thus allowing the good work of the Council to continue to serve communities in Alaska.

Respectfully,

Nancy Haag  
 Executive Director

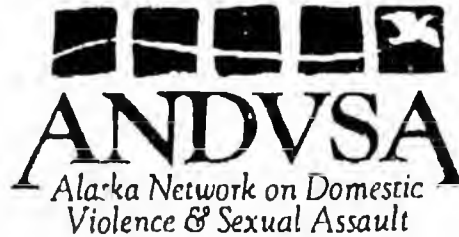


1057 W. FIREWEED LANE, SUITE 220 • ANCHORAGE, ALASKA 99503 • BUSINESS 907-278-7279

24-HOUR CRISIS 907-278-7273 • TOLL FREE 1-800-478-9999 • FAX 907-278-9983 • TDD 907-278-9988 • STAR@STARALASKA.ORG

Providing advocacy and support for victims and their loved ones, and education for our community

Juneau Office  
130 Seward St #209  
Juneau, Alaska 99801  
Phone: (907) 586-3650  
Fax: (907) 463-4493  
www.andvsa.org



Sitka Office  
PO Box 6631  
Sitka, Alaska 99835  
Phone: (907) 747-7545  
Fax: (907) 747-7547

February 7, 2007

The Honorable Rep. Anna Fairclough  
State Capitol Bldg. Room 411  
Juneau AK 99801

Dear Representative Fairclough,

The Alaska Network on Domestic Violence & Sexual Assault (ANDVSA) is a statewide coalition of 19 member shelter and community based programs that provide direct services and advocacy for victims of domestic violence and sexual assault. We would like to thank you for introducing House Bill 120, "An Act extending the Council on Domestic Violence and Sexual Assault (CDVSA)". ANDVSA strongly supports the extension of CDVSA in the Department of Public Safety. The "Council" and the "Network" have a long history of working together. Over the last twenty-seven years, we have seen tremendous change in the knowledge, attitudes, beliefs and behaviors of Alaskans around the issue of domestic and sexual violence. We have worked together to coordinate services to victims of domestic and sexual violence; to provide trainings, conference workshops and tribal forums to law enforcement, judicial and medical professionals, tribal organizations, public health professionals and community members. We've collaborated on grants, projects, policies, legislation and systems change. We have a tremendous amount of work ahead of us, and CDVSA is an invaluable partner.

Sincerely,

Peggy Brown  
Executive Director

Cc: Chris Ashenbrenner  
Executive Director, CDVSA  
Janna Stewart  
Chair, CDVSA

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Member Programs

Anchorage AWAIC, AWRC, STAR Barrow AWIC Bethel TWC Corlova CFRC Dillingham SAFE  
Fairbanks IAC Homer SPHH Juneau AWARE Kenai LecShore Center Ketchikan WISH Kodiak KWRC  
Kotzebue MFCC Nome BSWG Seward SCS Sitka SAFV Unalaska USAFV Valdez AVV



To Whom It May Concern,

Please accept this letter of support on behalf of the Abused Women's Aid in Crisis, Inc. (AWAIC) for House Bill No. 120.

AWAIC has provided domestic violence services in Anchorage for the past thirty years and 65% of operations are currently financed via federal, state and local grants. AWAIC's main grant is awarded by the Council on Domestic Violence and Sexual Assault (CDVSA). We are therefore in full support of House Bill No. 120 as written.

If I can be of further assistance regarding consideration of this bill please feel free to contact me.

Respectfully,

A handwritten signature in cursive script that reads "J. Cordell".

Judy Cordell, M.S., L.P.A.  
Executive Director, AWAIC, Inc.

Cc: Representative Fairclough  
ANDVSA





## *The LeeShore Center*

*Services for Victims of Domestic Violence and Sexual Assault  
Support for the Central Peninsula's Families*

Representative Anna Fairclough  
State Capitol, Room 411  
Juneau, AK 99801-1182

Dear Representative Fairclough,

Please support the bill which extends the sunset of the Council on Domestic Violence and Sexual Assault. The LeeShore Center has been providing emergency shelter, crisis intervention and supportive services for victims of domestic violence and sexual assault for over 20 years. The Council is our agency's main funding source; it's vital they continue to exist.

Sincerely,

A handwritten signature in cursive script that reads "Cheri Smith".

Cheri Smith  
Executive Director  
The LeeShore Center

# TUNDRA WOMEN'S COALITION

WORKING TOGETHER TOWARD A BRIGHTER FUTURE



Michelle DeWitt  
Executive Director  
Tundra Women's Coalition  
February 7, 2007

Representative Fairclough  
State Capitol, Rm. 411  
Juneau, AK 99801

Rep. Fairclough:

Tundra Women's Coalition supports the bill which extends the sunset of the Council on Domestic Violence and Sexual Assault. TWC has received funding from the CDVSA for more than 20 years. Council funds are critical in providing victim safety for the Yukon-Kuskokwim Delta. TWC has also coordinated with CDVSA staff and contractors on a number of educational projects; most recently, a tribal-state forum to discuss violence held last year in our community.

Sincerely,

*Michelle DeWitt*  
Michelle DeWitt

# SITKANS AGAINST FAMILY VIOLENCE

P.O. Box 6136 • Sitka, Alaska 99835  
(907) 747-3370 • Fax 747-3450 • Crisis Line 1-800-478-6511

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February 7, 2007

Representative Fairclough  
House of Representatives  
State Capitol  
Juneau, AK 99801

Dear Representative Fairclough:

Please support the bill which extends the sunset of the Council on Domestic Violence and Sexual Assault. Sitkans Against Family Violence (SAFV) has been working with the Council for more than 20 years. The Council not only provides over half of our funding, they are also at the forefront of State issues around domestic violence and sexual assault. We have teamed up with them on training, federal grant applications, and strategic planning. SAFV also utilizes Council staff for technical assistance. I urge you to support their extension. Thank you.

Sincerely,

Chris Bauman  
Executive Director

